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Communication barriers in emergency departments perceived by Saudi population, KSA

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ABSTRACT

Introduction: One of the most important aspects of nursing care in the emergency room is effective communication. Communication obstacles at the emergency department in Saudi Arabia must be overcome with great effort. Because the majority of emergency department staff in various parts of the Kingdom is immigrants from other countries who speak other languages, there is a communication barrier that must be overcome in order to be able to overcome the communication hazards in ER. *Aims:* To identify the communication barrier in emergency departments perceived by Saudi population. *Methods:* Descriptive community-based survey, samples were taken from each person's inter emergency department. During study sampling time, 1507 samples were collected from adults over the age of 18, between Augustus and November 2022. The information was gathered by standardized, close-ended questionnaire. Before data collection, the study had received approval from the Al-Taif University ethical committee. *Results:* Environmental factors, according to emergency nurses, are the primary barrier to effective nurse-patient communication. The following were knowledge-related and psychological elements. As with younger nurses versus older nurses, knowledge-related variables were seen by male nurses to be a larger communication barrier. Languages and educational attainment also had a significant impact on environmental factors. *Conclusion:* There are differences in language, culture and education between Saudi patients and foreign nurses, which have led to obstacles in communication between them. I recommend continuous training for nurses to improve their communication skills.

Keyword: Communication, Barriers, Emergency departments, Perceived and Saudi Population

1. INTRODUCTION

One of the most important aspects of nurse care in the emergency room is the effective communication process (Sibiya, 2018). Communication obstacles at the emergency department in Saudi Arabia must be overcome

with great effort. A common objective to be able to overcome the communication hazards in ER is to list those barriers, describe the essential components for communication, especially with elderly and young patients and try to develop solutions.

A shared system of signs, symbols or actions is used by people to exchange information, thoughts and feelings during the complex process of communication. The sender, recipient, context, media, message and feedback are just a few of the many elements that make up this process. In order for communication to occur, a message (information, thoughts and feelings) must be transmitted from a sender (also known as an encoder) to a receiver (also known as a decoder) over an acceptable medium in a specific context. The National Standards for Hospital Accreditation mandate effective nursing tasks related to communication and education, so nurses can hone their communication abilities as a valuable resource that enables them to assess patient needs and provide appropriate physical care, emotional support, knowledge transfer and information exchange (Shafipour et al., 2014). Additionally, the process of communication is complicated, dynamic and diverse (Alosaimi and Ahmad, 2016).

It's crucial to take the needs of patients into account when designing effective communication since it can enhance nurse-patient interactions and significantly impact patients' impressions of the quality of care and treatment outcomes (Al-Shamsi et al., 2020). Despite the potential advantages of patient-centered communication, barriers to communication have been noted in numerous clinical settings all around the world. For instance, it has been shown that a patient's inadequate familiarity with and understanding of a health system's culture and language can obstruct patient-doctor communication (Fleischer et al., 2009). These obstacles are influenced by a number of variables, including cultural and linguistic diversity. These barriers to communication may affect patient safety, satisfaction and healthcare quality and health outcomes.

Since many nurses in the Saudi Arabian healthcare system are foreigners who do not know Arabic, communicating with patients can be challenging. This is not an easy issue. Saudi Arabia is in a unique position as a result of the increased rates of immigration into industrialized nations like the United States. The cultural ties between Australia and the United States are expanding. Languages are spoken by both nurses and patients.

According to recent studies, barriers to communication like these exist in many countries and negatively affect the general standard of healthcare. Despite the growing body of data, no study has specifically examined patient communication experiences in Saudi Arabia, despite a rise in interest in research on nurse-patient communication that includes both quantitative and qualitative investigations. Additionally, no studies have examined the possibility that a patient's communication experience affects their satisfaction with nursing care.

2. METHODOLOGY

Study designs

The study had descriptive community-based survey design conducted between August to November 2022, the study population consisted of 1510 participant, aged above 18 years, who were selected from different community in Saudi Arabia and who agreed to participate to determine the Communication barriers in Emergency department among Saudi Arabia population.

Setting

The entirety of the Kingdom of Saudi Arabia, which encompasses 13 administrative regions, 46 cities, of which 20 are major cities and each region is divided into a number of governorates, the number of which varies from one region to another.

Study population

The study is conducted on all residents of the Kingdom of Saudi Arabia, according to the most recent Figures, the population of the Kingdom of Saudi Arabia, including citizens and residents, has reached 48 million. The number of Saudi citizens, including 35 million, is 35,013,414, according to an official report released by the General Administration for Statistics.

Sample

A multi-stage sampling method was used. List of all clusters were made (there are 4 regions of the Kingdom, the Central Region (Riyadh, Qasim) was the most affected area, followed by the Western Region (Mecca, Medina, Jeddah), Eastern Region (Damam, Khafji, Alhasa), Northern Region (Tabuk, Jouf, Hail) and Southern Region (Asir, Najran, Jizan) and a random number of clusters was drawn by the investigators to be included in the study. Samples from 4 regions will select through a cluster sampling technique (Figure 1). Samples of the respondent were selected using simple random sampling from each of the group (cluster). Eligible study subjects included Saudi citizens 18 years and older who showed willingness to participate in the study.

Data collection plan

Data were collected by standardized, close-ended and open-ended questionnaire. An electronic questionnaire has been sent. At the beginning of the questionnaire, there is a question for the participants: Do you consent to taking part in the study? If you agree to share, he/she moves to answer the questions in the questionnaire. There are three sections to the questionnaire: The first contains biographical information, the second assesses knowledge and awareness of ED Communication Barriers and the third assesses attitudes and dispositions toward ED Communication Barriers. By focusing on two elements of the questionnaire, we were able to make it more user-friendly. The first contains biographical information, while the second contains information and awareness about ED Communication Barriers. Some questions about attitudes have been changed to meet the study's objectives and outcomes. We also modified several of the questions in the questionnaire more specific in order to determine the scope of our participants' perceptions.

Ethical consideration

The study had obtained the ethical clearance from ethical committee at Al -Taif University No (44-086) before data collection. No potential identifiers such as name, email or phone no. At the outset of the questionnaire, participants were questioned for their agreement. To provide participants with clarifications regarding the research, a message outlining the primary objective of the study was produced at the start of the survey. By agreeing to answer the survey, that has considered as approval of the participants to involving in the study. Additionally, all of the collected data were kept with the researchers in order to protect persons' confidentiality who involved in this study.

3. RESULTS

Out of the 1507 domains addressed by the questionnaire, emergency nurses felt that environmental considerations were the biggest hindrance to good nurse-patient communication. Knowledge-related and psychological aspects came next. Male nurses perceived knowledge-related variables to be a bigger communication obstacle than female nurses, as well as younger nurses than older nurses, languages and educational level play the biggest rule with the environmental factors.

1507 questionnaires were included in the study. The participant's mean (SD) age was 40 (8.2) years; 30.19% of the participants were women and 69.91% were men nearly from all of Saudi Arabia's countries, but the majority were from Negran and Makaah; 31% were university students, 22% had middle school diplomas, 19% had secondary school diplomas and 9% were illiterate. There were (47%) single people, (43%) married people and (10) divorced people. Of the participants, 40% made their trips in the morning, 50% in the evening and 10% at midnight (Table 1).

Table 1 Demographic data analysis among Saudi Arabia population

Variables	Frequency	Percent	Mean	Std. Deviation	PV
Age					
15 to 35	581	38.47	2.1325	1.15250	.008
36 to 56	881	58.34			
> 57	118	7.81			
Total	1510	100			
Educationlevels					
Illiterate	129	8.54	2.9225	1.12902	.134
Primary school	185	12.25			
Middle School	294	19.47			
Complete 10 years of regularschool	334	22.11			
University or postgraduate education	865	57.28			
Total	1510	100			
Time of visit					
Morning visit	586	38.80	2. 2225	1.1102	0.123
Night visit	747	49.47			
Midnight visit	146	9.66			
Total	1510	100			

The questionnaire tested the following topics: Nursing barriers, patient-related obstacles, common barriers between nurses and patients and environmental barriers to the optimal innervation and environment in emergency departments (Table 2).

Table 2 Common barriers between nurses and patients among Saudi Arabia population

Row Labels	Common barriers between nurses and patients	Mean	Std
Slang linguistic differences between a nurse and apatient	690	571	136.41
Cultural differences between nurse and patient	643		
Sexual differences between nurse and patient other	380		
Grand Total	1507		

Participants reported the following percentage of impediments. Slang linguistic distinctions between a nurse and a patient were mentioned by (21%) of the participants and (20%) cultural differences between the nurse and the patient, sexual differences between the nurse and the patient (12%) and overall (47%) were cited while discussing the situation at the ED (Table 3).

Table 3 Obstacles related to the patient among Saudi Arabia population

Row Labels	Obstaclesrelated to the patient	Mean	Std
Family intervention	297	331.1	96.42
Ignorance of the patient about the nurses' condition and duty	405		
Anxiety, pain and physical discomfort of the patient	444		
Lack of medical history of an unconscious patient	345		
Alzheimer's patients and consciousness disorders	167		

Nursing barriers were reported (13%) of people report fatigue of nurses, (22%) reported nurses' shortage, (17%) lack of time and (48%) stated grand total and facing all at the ED (Table 4).

Table 4 Nursing barriers among Saudi Arabia population

Row Labels	Nursing barriers	Mean	Std
Fatigue	425	549	114.40
Nurses shortage	701		
lack of time	521		
Grand Total	1507		

Patient-related challenges were reported as (9%) family intervention, (13%) patient ignorance of the nurse's condition and duties, (14%) patient anxiety, pain and physical discomfort, (11%) lack of medical history for an unconscious patient, (5%) Alzheimer's patients and consciousness disorders and (48%) stated grand total and dealing with everyone at the ED (Table 5).

Table 5 Environmental factors among Saudi Arabia population

Row Labels	Environmental l Factors	Mean	Std
Critically ill patients	51	372	166.54
The emergency room is crowded with family and relatives	403		
The conditions of the organization are not suitable	511		
Intervention of the patient's family in the decisions of theemergency team	492		
Emergency crowded with patients	403		
Grand Total	1507		

Environmental variables were mentioned by 1% of severely ill patients and 12% of patients overall. Family and friends are swarming the emergency room, 15% of respondents said the workplace is unsuitable, 15% of patients' families have interfered with the emergency team's decisions and 12% have reported this. The emergency room was full with people, with (45%) being the whole total and confronting everyone.

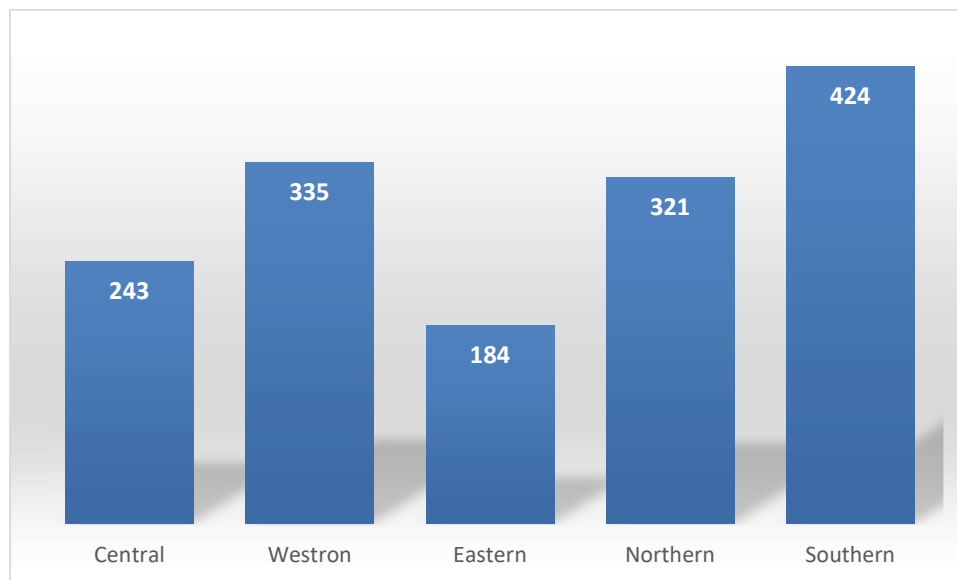


Figure 1 Region which data collected among Saudi Arabia population

4. DISCUSSION

The number of participants in the study was 1507; most of the participants were between the ages of 36 to 56 years old. 30.19% of the contributors had been women and 69.91% had been men from all of Saudi Arabia's countries, 31% have been college students. There had been (47%) single people and (10) divorced people. Of the participants, 40% made their journeys in the morning, 50% in the evening and 10% at midnight (Table 1).

Prior research indicates communication barriers included job dissatisfaction due to workload, uncontrolled patient family presence (Seijo et al., 2016), mistrust of nurse competency, gender incompatibility, nurse lack of attention, informational delays and negligence, a nurse's lack of responsibility, a language barrier and overwork (Abdulla et al., 2022), patient physical discomfort, physical and psychological complaint, nurse reluctance to communicate, language difficulties and limited nurse communicative skills. The quality of healthcare services was communication hurdles between the nurse and patient.

There were found to be eleven papers, all of which were self-reporting surveys with a mix of open and closed-ended questions. The USA, Canada, Australia and Ireland are where they first appeared. The participants included a range of healthcare workers, with nurses receiving the majority of the attention in the trials. Advance care planning is most frequently hampered by a lack of information and a lack of time. According to Douglas, advance care planning seems to have a lot of support and nurses and other healthcare professionals report feeling confident and competent in their ability to carry out the responsibility. According to other studies, nurses make up a significant percentage of the healthcare industry and their behavior may negatively affect patient outcomes (both positive and negative). Nurses interact often with patients and those who are providing care for them. As a result, healthy nurse-patient and caregiver relationships are therapeutic and a crucial component of treatment (Norouzinia et al., 2015).

In addition to their primary care duties, nurses frequently represent patients' interests or serve as interpreters. Good nurse-patient relationships have a positive effect on nurse-patient communication and interaction, even though studies have shown that a number of factors can hinder great nurse-patient relationships with significant implications on care outcomes and quality (Shafipour et al., 2014). Because of these difficulties, it is more difficult for nurses and other healthcare professionals to deliver care that satisfies the needs of both patients and caregivers. We have identified four categories of barriers to patient-centered care and communication: Institutional and healthcare-related, environmental, psychological and behavioral barriers. Although these challenges fall under various categories, they are closely related in clinical practice (Alshammari et al., 2019).

In our research the following proportion of barriers were reported by participants out of the 1507 domains covered by the questionnaire. Twelve percent (12%), twenty percent (20%) and eighty percent (80%) of respondents noted sexual and cultural disparities between nurses and patients and (47%) said overall and facing everyone at the ED. These distinctions were reported by participants in the survey in varying percentages (Table 2). 13 percent of people cited nursing barriers. Nurses' weariness, the reported shortage of nurses (22%) and lack of time (17%), as well as the overall challenges the ED is facing (48%) are all factors (Table 4).

5. CONCLUSION

The study concludes that there are differences between Saudi Arabian patients and nurses in terms of education, culture and language. This is partly due to the high percentage of foreign nurses employed in the nation's healthcare system. These differences harm Saudi Arabian patients' health results and obstruct clear and effective communication. Additionally, the findings of this analysis indicate that better patient-provider communication is required in Saudi Arabia in order to deliver safe and high-quality practice, which will assist to improve the quality of care and patient satisfaction. Nurses should receive comprehensive training that places a big emphasis on research. Improved nurse-patient communication depends on a friendly work environment and health care worker should receive regular communication skills training.

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Author Contributions

All the authors listed have made a substantial and intellectual contribution to the work and approved it for the publication.

Ethical approval: The study was approved by the Medical Ethics Committee of Al -Taif University (Ethical approval code: 44-086).

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Conflict of interest

The authors declare that there is no conflict of interests.

Data and materials availability

All data sets collected during this study are available upon reasonable request from the corresponding author.

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