



BIDIRECTIONAL COMMUNICATION BETWEEN NURSES AND PATIENTS DURING HOSPITALIZATION: A COMPARATIVE STUDY IN AN INDIAN PUBLIC HEALTHCARE SETTING

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KEYWORDS :

INTRODUCTION

Human communication is a complex and multidimensional process that involves the exchange of ideas, thoughts, and feelings through both verbal and non-verbal channels. In the context of healthcare, effective communication plays a vital role in ensuring the delivery of high-quality care, reducing patient anxiety levels, and enhancing patient satisfaction, compliance with treatment, and overall health outcomes. Nurses, functioning as the primary caregivers who spend the most time with patients, hold a central position in promoting therapeutic communication. This type of interaction is characterised by direct, empathetic engagement aimed at supporting patients' physical as well as emotional well-being. Despite these benefits, various barriers—such as personal, cultural, gender-related, professional, and organisational factors—frequently obstruct effective nurse–patient communication. These obstacles can contribute to misunderstandings, inaccurate diagnoses, extended hospital stays, and greater patient dissatisfaction.

Although the importance of communication in healthcare has received global recognition, including strong emphasis from the World Health Organization, there is still a noticeable shortage of research focused specifically on bidirectional communication barriers within Indian public healthcare facilities. The present study seeks to address this research gap by exploring and comparing the perceptions of nurses and patients concerning communication practices during hospitalization in an Indian public hospital. The ultimate goal is to pinpoint specific barriers and recommend practical areas for improvement in this setting.

Aims and Objectives

The main aim of this study was to compare bidirectional communication between nurses and patients during hospitalization in a public hospital in India.

The specific objectives were:

- To assess the perceptions of nurses and patients regarding the information provided, the care delivered, and the communication experienced during hospitalization.
- To identify any discrepancies in communication perceptions between the two groups.
- To evaluate the internal reliability of the assessment tools employed and to examine the relationships between the different communication domains.
- To offer evidence-based recommendations for overcoming the identified communication barriers.

METHODOLOGY

Study Design and Setting

This investigation adopted a cross-sectional correlational design and was conducted between July and September 2024 in a public hospital in India. Nurses and patients were recruited from a range of clinical wards within the facility.

Participants

A total of 100 qualified nurses who expressed willingness to participate and 100 patients receiving care from these nurses (with hospital stays longer than five days) were included. Participants who returned

incomplete questionnaires or who were admitted to intensive care units or emergency wards were excluded from the study. Selection was performed using simple random sampling combined with proportional allocation across the different wards.

Data Collection

Data were gathered through two anonymous and previously validated questionnaires—one containing 23 questions for nurses and the other 22 questions for patients. These instruments were originally designed by Theodosia et al., drawing on international literature, and were further validated by experts in the fields of hospital administration and nursing. The questionnaires were structured into three main sections: Information during Hospitalization (10 questions), Care Provided by Nursing Staff (8 questions), and Communication during Hospitalization (5 questions for nurses and 4 questions for patients, supplemented by one open-ended question). Basic demographic information was also collected from all participants.

Data Analysis

All data were entered and analysed using SPSS statistical software. The internal reliability of each questionnaire section was determined by calculating Cronbach's alpha coefficients. Pearson's correlation coefficients were computed to explore the relationships among the information, care, and communication domains. Differences in responses between nurses and patients for individual questions were assessed using Mann–Whitney U tests, with a Bonferroni-corrected significance threshold set at $p < 0.0023$. In addition, MANCOVA was performed to compare overall sectional scores while controlling for the potential confounding effects of age and gender.

Ethical Considerations

Prior ethical approval was secured from the hospital's institutional review board. Written informed consent was obtained from every participant, and strict measures were implemented to guarantee anonymity and voluntary involvement throughout the study.

RESULTS

The final sample consisted of 100 nurses with a mean age of 39.8 years (37% male) and 100 patients with a mean age of 49.2 years (56% male). Responses were organised according to the three questionnaire sections: Information during Hospitalization, Care Provided by Nursing Staff, and Communication during Hospitalization.

Table 1. Patient Responses (n = 100)

Section / Question	Yes	No
A. Information during Hospitalization		
1. You are informed by the nursing staff regarding your rights	62	38
2. The nursing staff informs of the results when taking your vital signs (blood pressure, temperature, heart rate)	85	15
3. The staff informs you of any diagnostic tests (namely on the type of test, its purpose, preparation and what will happen during the test)	84	16
4. The nursing staff informs you about the medication you are taking during hospitalization (kind, dose, side effects)	86	14

5. It keeps you informed on the condition of your health	92	8
6. The nursing staff informed you about the department on the day of your arrival (orientation of space, routines, bell)	48	52
7. They inform you as to whether and how frequently you should be in motion	69	31
8. They try to include/inform you about the decisions related to your therapy	72	28
9. You are satisfied with the frequency of information provided to you by the nurse	78	22
10. You are given information the moment you ask for it	86	14
B. Care Provided by the Nursing Staff		
11. They are polite and friendly towards you (manner of speaking, protection of privacy, respect in diversity)	84	16
12. They immediately respond to your call of help (notification button, sign)	85	15
13. They pay attention to every patient's personal needs	74	26
14. They protect your privacy (partitions, protection of body exposure)	81	19
15. The nursing staff informs you about how to take care of yourself at home, after being released from hospital	66	34
16. They are promptly sensitized on anything bothersome which may have caused your health problem	78	22
17. The nursing staff informs you about positions which help alleviate pain and of the medication given	64	36
18. They check up on you regularly when in pain	88	12
C. Communication during Hospitalization		
19. The nursing staff dedicates adequate time to your communication (to support you through difficult times, to discuss, to listen and understand your problems)	76	24
20. They respond to your concerns and complaints during your stay at hospital	72	28
21. You trust the nursing staff with something that troubles	83	17
22. You are satisfied with your communication with the nursing staff	80	20

Table 2. Nurse Responses (n = 100)

Section / Question	Yes (%)	No (%)
A. Information during Hospitalization		
1. You inform patients about their rights	79	21
2. You inform patients of the results when taking their vital signs (blood pressure, temperature, heart rate)	90	10
3. You give the patient information on any diagnostic tests (namely on the type of test, its purpose, preparation and what will happen during the test)	88	12
4. You inform the patient about the medication they are taking during hospitalization (kind, dose, side effects)	91	9
5. You keep patients informed on the condition of their health	94	6
6. You inform patient about the department on the day of your arrival (orientation of space, routines, bell)	61	39
7. You inform the patients as to whether and how frequently you should be in motion	73	27
8. You try to include/inform them about the decisions related to their therapy	75	25
9. You are satisfied with the frequency of information you provide to the patient	85	15
10. You provide patients with information the moment they ask for it	92	8
B. Care Provided by the Nursing Staff		
11. You are polite and friendly towards your patients (manner of speaking, protection of privacy, respect in diversity)	89	11
12. You immediately respond to their call of help (notification button, sign)	92	8
13. You pay attention to the patient's personal needs	78	22
14. You protect patients privacy (partitions, protection of body exposure)	86	14

15. You inform patients about how to take care of themselves at home, after being released from hospital	68	32
16. You are promptly sensitized on anything bothersome which may have caused their health problem	79	21
17. You inform patients about positions which help alleviate pain and of the medication given	71	29
18. You check up on the patient regularly when in pain	93	7
C. Communication during Hospitalization		
19. You dedicate adequate time to your communication (to support you through difficult times, to discuss, to listen and understand your problems)	84	16
20. The patients are satisfied with your communication	72	28
21. You respond to patients concerns and complaints during their stay at hospital	78	22
22. Patients trust the nursing staff with something that troubles them	77	23
23. You are satisfied with your communication with the patients	72	28

Patients recorded average “yes” responses of 76.2% in the Information domain, 77.5% in the Care domain, and 77.8% in the Communication domain. Nurses reported higher averages of 82.8% (Information), 82.0% (Care), and 76.6% (Communication). Cronbach's alpha values indicated good internal reliability for all sections in both groups: for patients, Information (0.784), Care (0.762), and Communication (0.731); for nurses, Information (0.802), Care (0.779), and Communication (0.745). All coefficients were above the accepted threshold of 0.70. Pearson's correlation analyses revealed moderate to strong positive associations ($p < 0.05$) between domains for patients (Information vs. Care: 0.682; Information vs. Communication: 0.657; Care vs. Communication: 0.704) and for nurses (Information vs. Care: 0.695; Information vs. Communication: 0.641; Care vs. Communication: 0.672). These findings suggest that perceptions across the three domains were consistently interrelated. Mann–Whitney U tests identified significant differences ($p < 0.0023$) solely for Question 1 (informing about rights: 62% patients vs. 79% nurses, $p = 0.0012$) and Question 6 (department orientation: 48% patients vs. 61% nurses, $p = 0.0020$). No other individual questions showed statistically significant differences. MANCOVA results indicated no significant group differences for the Information section ($F = 2.34, p = 0.128$) or the Communication section ($F = 1.89, p = 0.171$) once age and gender were controlled.

The most notable discrepancies were observed in departmental orientation on admission and in the provision of information about patient rights.

DISCUSSION

The present study reveals generally high levels of satisfaction with nurse–patient communication within an Indian public hospital, as evidenced by section mean affirmative response rates ranging between 76.2% and 82.8%. At the same time, it identifies specific areas requiring attention, particularly the communication of patient rights and the provision of orientation to the hospital department on the day of admission. These results are in line with previous international research. For instance, earlier work has highlighted how ethnocultural factors can act as obstacles to effective communication, a consideration that is especially pertinent in India's highly diverse cultural landscape. Similarly, the World Health Organization has long stressed that strong communication practices contribute to better patient outcomes, which supports the relatively positive satisfaction levels documented here.

Comparative studies conducted in other resource-constrained environments have similarly pointed to barriers such as language differences, time limitations, heavy workloads, and extensive documentation requirements—challenges that are likely mirrored in Indian public hospitals because of comparable staffing pressures and high patient-to-nurse ratios. The observed gap in departmental orientation aligns with findings from research on organisational barriers in hospital settings and suggests that the introduction of standardised admission protocols could help close this particular shortfall. Interestingly, unlike some European studies that reported

gender-based differences in communication patterns, the current analysis (using MANCOVA) found that neither age nor gender exerted a significant influence on perceptions. This outcome may be attributable to the unique social and cultural dynamics that characterise the Indian healthcare context.

Limitations

Limitations of the study include its restriction to a single hospital, which limits the generalisability of the findings, and the deliberate exclusion of intensive care and emergency wards, where communication demands and challenges may differ substantially. Future investigations should therefore expand to multiple hospital sites and incorporate qualitative research methods to gain a richer understanding of the cultural and organisational factors at play.

CONCLUSION

This research emphasises the critical importance of effective bidirectional communication between nurses and patients in Indian public hospitals. While the study demonstrates high overall satisfaction across the domains of information provision, care delivery, and interpersonal communication, it also uncovers targeted deficiencies—most notably in educating patients about their rights and providing clear orientation to the hospital environment upon admission. The results point to the need for focused staff training programmes and the development of standardised protocols to strengthen these aspects of care. By systematically addressing the identified barriers, public healthcare institutions can enhance patient satisfaction, improve treatment compliance, and achieve better clinical outcomes, thereby aligning more closely with established global standards for therapeutic communication. Additional multicentre studies that encompass a broader range of patient populations will be valuable in further clarifying the nature of communication challenges within the Indian healthcare system.

Conflict of Interest: None declared.

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