

Assess the Communication Challenges Faced by Clinical Nurses in Providing Quality Care Nursing

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Abstract

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Background: Effective communication is an essential component of nursing practice and plays a critical role in ensuring patient safety, satisfaction, and quality healthcare delivery. However, clinical nurses frequently encounter communication barriers such as workload, time constraints, language differences, and inter professional communication gaps, which may negatively affect patient care outcomes.

Objective: To assess the communication challenges faced by clinical nurses in providing quality care and to evaluate the impact of these challenges on patient care outcomes.

Methodology: A descriptive cross-sectional study was conducted among 140 clinical nurses working in different hospital departments, including medical, surgical, emergency, ICU, and OPD units. A non-probability convenience sampling technique was used to recruit participants. Data were collected using a structured self-administered questionnaire consisting of demographic information, communication challenges, and quality of care indicators. The collected data were analyzed using

descriptive statistics, including frequency, percentage, mean, and standard deviation.

Results: The findings revealed that clinical nurses experienced a moderate level of communication challenges, with an overall mean score of 3.26 ± 0.56 . Heavy workload ($M = 3.72 \pm 0.70$) and lack of time ($M = 3.60 \pm 0.66$) were identified as the most significant barriers. Communication challenges moderately affected the quality

of care ($M = 3.38 \pm 0.60$), particularly patient dissatisfaction, delays in care, and risk of medical errors. Nurses strongly supported communication improvement strategies, including communication training, teamwork enhancement, and workload reduction.

Conclusion: Communication challenges remain a significant issue in clinical nursing practice and moderately affect the quality of patient care. Addressing workload, improving communication skills, and promoting supportive organizational strategies are essential to enhance patient safety and healthcare outcomes.

Introduction

Effective communication is a fundamental component of nursing practice and plays a critical role in ensuring patient safety, quality care, and positive health outcomes. In clinical settings, nurses act as a bridge between patients, families, and the healthcare team, ensuring accurate information exchange and continuity of care. Poor communication has been widely recognized as a major contributor to medical errors and adverse events, highlighting its importance in clinical practice (Richard Qadir and Attri 2024).

Clinical nurses face multiple communication challenges that hinder their ability to provide quality care. These include language barriers, cultural differences, and varying levels of patient literacy, which can lead to misunderstandings and reduced patient satisfaction. In multicultural healthcare environments, such barriers are more pronounced and can significantly impact nurse–patient relationships and care outcomes (Al Shamsi et al. 2020).

Heavy workload, staff shortages, and time constraints also create significant communication barriers in clinical settings. Nurses often have limited time to interact effectively with patients, which can reduce the quality of information shared and affect patient-centered care. Studies indicate that high patient-to-nurse ratios negatively influence communication effectiveness and increase the risk of clinical errors (Immonen et al. 2019).

Environmental and organizational factors further complicate communication among nurses. Noise, overcrowding, frequent interruptions, and lack of structured communication systems can disrupt information flow, especially during critical processes such as patient handovers. These disruptions increase the likelihood of miscommunication and compromise patient safety (Ghosh, Ramamoorthy, and Pottakat 2021).

Communication barriers also have a direct impact on patient outcomes and quality of care. Ineffective communication can result in delayed treatment, medication errors, and poor adherence to care plans. Patients who experience poor communication are more likely to report dissatisfaction and have lower trust in healthcare providers, which ultimately affects recovery and healthcare outcomes (Ghosh et al. 2021).

In addition, lack of proper communication training and limited emphasis on interpersonal skills in nursing education contribute to ongoing challenges in clinical practice. Nurses who are not adequately trained in therapeutic communication may struggle to engage patients effectively, leading to reduced patient involvement in care decisions. Strengthening communication skills through education and training is essential for improving care quality (Delmas et al. 2020).

Overall, communication challenges remain a significant issue in clinical nursing practice and directly affect the delivery of quality care. Addressing these barriers requires a comprehensive approach, including organizational support, policy development, and continuous professional training. Understanding these challenges is crucial for improving patient safety and enhancing the overall effectiveness of healthcare services (Yeom, Kim, and Park 2026).

Effective communication is essential for the delivery of safe and high-quality nursing care; however, communication failures remain a persistent problem in clinical settings worldwide. Nurses frequently encounter barriers such as language differences,

cultural diversity, and inadequate communication skills, which hinder effective interaction with patients and healthcare teams. These barriers contribute to misunderstandings, reduced patient satisfaction, and increased risk of medical errors, ultimately compromising the quality of care provided(Delmas et al. 2020).

In many healthcare settings, particularly in developing countries, additional challenges such as heavy workload, staff shortages, and time constraints further limit nurses' ability to communicate effectively with patients. High patient-to-nurse ratios reduce the time available for proper patient assessment and education, leading to incomplete information exchange and poor clinical outcomes. These systemic issues significantly affect nurses' performance and the overall standard of patient care(Sonia Abbas 2025).

The findings of this study was valuable for nursing educators and academic institutions by highlighting the need to strengthen communication skills training within nursing curricula. Incorporating structured communication models, simulation-based learning, and patient-centered communication strategies can help prepare nursing students to handle real-world clinical challenges more effectively(Khalil, Hantira, and Alnajjar 2023).

Literature Review

A cross-sectional study conducted among clinical nurses examined communication barriers using structured questionnaires in hospital settings. The method included data collection from 200 nurses working in medical and surgical units. The results showed that 68% of nurses reported workload as the major barrier, 55% identified language barriers, and 49% reported time constraints affecting communication. These barriers led to reduced patient satisfaction and increased misunderstandings. The study concluded that workload management and communication training are essential to improve care quality(Qtait 2025).

A descriptive quantitative study explored the relationship between nurse staffing levels and communication effectiveness using hospital-based datasets. The method included analysis of patient outcomes from multiple hospitals. The results indicated that hospitals with higher patient-to-nurse ratios had 30% more communication-related errors and 25% lower patient satisfaction scores. The study concluded that adequate staffing significantly improves communication and patient safety(Hong and Cho 2021).

A systematic review analyzed communication barriers in healthcare by reviewing over 40 peer-reviewed studies. The method focused on identifying recurring themes in communication challenges. The results revealed that 70% of studies reported environmental factors such as noise and interruptions, while 60% highlighted lack of structured communication tools as major barriers. The study concluded that implementing standardized communication tools like SBAR can reduce errors by up to 20%(Cummings 2023).

A qualitative study investigated communication challenges in multicultural healthcare settings through interviews with 35 nurses. The method used thematic analysis to explore experiences. The results showed that 65% of nurses faced language difficulties, and 58% reported cultural misunderstandings affecting patient care. The study concluded that cultural competence training and interpreter services are necessary to enhance communication effectiveness(Alkhaled et al. 2022).

An experimental study evaluated communication skills training among 120 nursing students using simulation-based learning. The method included pre- and post-test assessments. The results demonstrated that communication competency scores improved by 40% after intervention, and confidence levels increased by 35%. The study concluded that structured training significantly enhances communication skills and quality care delivery(Paul et al. 2024).

A mixed-method study examined the link between communication and patient safety outcomes using surveys and clinical reports. The method included analysis of incident reports from healthcare facilities. The results showed that 80% of adverse events were linked to communication failures, and medication errors increased by 27% due to miscommunication. The study concluded that strengthening communication systems is essential for improving patient safety(Cerrone et al. 2025).

A descriptive correlational study assessed the relationship between nurse–patient communication and patient satisfaction among 150 patients. The method used standardized questionnaires. The results indicated a strong positive correlation ($r = 0.72$) between effective communication and patient satisfaction, with 78% of patients reporting better care experiences when communication was clear. The study concluded that communication is a key determinant of patient-centered care(Koçak and MetiNöz 2026).

A qualitative phenomenological study explored the impact of stress and fatigue on nurses' communication through interviews with ICU and emergency nurses. The method involved thematic analysis of responses. The results revealed that 72% of nurses reported stress affecting communication, while 60% experienced communication breakdown during high workload periods. The study concluded that reducing burnout is essential for maintaining effective communication(Pi et al. 2025).

A cross-sectional observational study assessed communication during patient handovers among 90 nurses. The method included direct observation and structured surveys. The results showed that 50% of handovers lacked complete information, and interruptions occurred in 45% of cases, leading to increased risk of clinical errors. The study concluded that structured handover protocols improve communication accuracy and patient safety(Ghosh et al. 2025).

A systematic review evaluated interventions to improve communication in healthcare settings by analyzing randomized controlled trials. The method included reviewing 25 intervention studies. The results demonstrated that communication interventions improved team communication efficiency by 35% and reduced clinical errors by 18%. The study concluded that multi-level interventions are effective in overcoming communication barriers(Buljac-Samardzic, Doekhie, and Van Wijngaarden 2020).

Communication is a fundamental element of nursing practice that significantly influences patient outcomes, safety, and satisfaction. Nurses serve as the primary link between patients and the healthcare system, making communication essential for accurate assessment, diagnosis, and care delivery. Ineffective communication has been widely associated with medical errors, patient dissatisfaction, and compromised quality of care(Grant et al. 2025).

Therapeutic communication between nurses and patients plays a crucial role in enhancing trust, patient compliance, and recovery outcomes. According to Mersha et al. (2023), nurses who engage in effective therapeutic communication are better able to understand patient needs and provide individualized care, leading to improved patient satisfaction.

Language barriers remain one of the most significant communication challenges in clinical settings. Nurses frequently interact with patients from diverse linguistic and cultural backgrounds, which can create misunderstandings and errors in patient care.(Alrimali and Alreshidi 2023) found that language barriers negatively affect patient safety, quality of care, and patient satisfaction.

Workload and staffing shortages are additional factors that contribute to communication challenges. High patient-to-nurse ratios limit the time nurses can spend communicating with patients, leading to rushed interactions and incomplete information exchange. (Drennan et al. 2024)highlighted that insufficient staffing levels are associated with reduced care quality and increased communication breakdowns.

Burnout is another critical issue affecting communication among nurses. Emotional exhaustion and stress reduce the ability of nurses to engage effectively with patients and colleagues. (Malafaia 2024) demonstrated that nurse burnout is significantly associated with decreased patient safety and lower quality care.

Effective communication within healthcare teams is equally important. Collaboration between nurses, physicians, and other healthcare professionals ensures coordinated care and minimizes errors. (Wieke Noviyanti, Ahsan, and Sudartya 2021) emphasized that strong communication among healthcare teams enhances patient safety culture and improves overall healthcare delivery.

Organizational factors such as lack of communication training, weak leadership, and limited support systems also influence communication practices. Hospitals that invest in communication training programs and supportive management structures tend to achieve better patient outcomes and improved staff performance (Kamal Bahrain, Raihan Sakrani, and Maidin 2023).

Cultural competence is an essential component of effective communication in nursing. Nurses must understand and respect patients' cultural beliefs and values to provide appropriate care. Cultural misunderstandings can lead to ineffective communication and reduced patient satisfaction (Stubbe 2020).

Technological advancements have introduced new tools to improve communication in healthcare. Electronic health records, mobile communication systems, and translation applications can enhance information sharing and reduce communication errors. However, improper use of technology may also create additional challenges (Negro-Calduch et al. 2021).

Patient safety is closely linked to communication. Clear communication during patient handovers, medication administration, and patient education is essential to prevent errors. Structured communication tools such as SBAR (Situation, Background, Assessment, Recommendation) have been shown to improve communication and reduce errors (Shrivastava, Chong, and Bobhate 2025).

Methodology

A descriptive cross-sectional study design was conducted to assess the communication challenges faced by clinical nurses in providing quality care. The study was carried out in selected public and private hospitals where nurses were actively engaged in patient care activities. The study population comprised registered clinical nurses working in medical, surgical, emergency, and intensive care units (ICUs). A total of 60 nurses were included in the study, with equal representation from each department (15 nurses from medical, surgical, emergency, and ICU units). A non-probability convenience sampling technique was employed to recruit participants based on their accessibility and willingness to participate. The sample size was determined using the Yamane (1967) formula for finite populations with a 5% margin of error. Nurses having at least six months of clinical experience and willing to participate were included, while those working solely in administrative positions, on leave during the data collection period, or unwilling to participate were excluded. The duration of the study was four months following approval of the research synopsis.

Data were collected using a structured self-administered questionnaire consisting of three sections: demographic characteristics, communication challenges, and the impact of communication on quality of care. Communication challenges were assessed through eight Likert-scale items addressing barriers such as workload, language differences, time constraints, communication gaps, and emotional stress, whereas quality of care was measured using five items related to patient satisfaction, patient outcomes, timeliness of care, trust, and medical errors. Permission for data collection was obtained from the relevant hospital administrations prior to the study. Participants were informed about the objectives of the research, and written informed

consent was obtained before questionnaire distribution. Ethical principles approved by the Ethical Committee of New Life Institute of Nursing Multan were strictly followed. Confidentiality and anonymity of participants were maintained throughout the study, and participants were informed of their right to withdraw from the study at any stage without any risk or disadvantage.

Results

This chapter presents the analysis and interpretation of data collected from 140 clinical nurses regarding communication challenges faced while providing quality patient care. The data were analyzed using descriptive statistics, including frequencies, percentages, means, and standard deviations. The findings are presented in tables and figures for clarity and better understanding.

Demographic Characteristics of Participants

A total of 140 clinical nurses participated in the study. The demographic profile of respondents is presented in Table 1. The majority of participants were aged between 26–30 years (42.9%, $n = 60$), followed by 20–25 years (28.6%, $n = 40$), 31–35 years (17.9%, $n = 25$), and above 35 years (10.7%, $n = 15$). These findings indicate that most respondents were young adults and relatively early in their professional careers.

Table 1: Demographic Characteristics of Participants (N = 140)

Variables	Categories	Frequency (n)	Percentage (%)
Age (Years)	20–25	40	28.6
	26–30	60	42.9
	31–35	25	17.9
	>35	15	10.7
Gender	Male	50	35.7
	Female	90	64.3
Qualification	Diploma Nursing	40	28.6
	BSN	70	50.0
	MSN and Above	30	21.4
Experience	0–2 Years	40	28.6
	3–5 Years	50	35.7
	6–10 Years	30	21.4
	>10 Years	20	14.3
Department	General Ward	56	40.0
	ICU	35	25.0
	Emergency	28	20.0
	OPD	21	15.0

With respect to gender, females constituted the majority of the sample (64.3%, $n = 90$), whereas males represented 35.7% ($n = 50$). Regarding educational qualifications, half of the participants held a Bachelor of Science in Nursing (BSN) degree (50%, $n = 70$), while 28.6% ($n = 40$) had diploma-level education and 21.4% ($n = 30$) possessed higher qualifications such as MSN. In terms of professional experience, most nurses

had 3–5 years of work experience (35.7%, n = 50), followed by 0–2 years (28.6%, n = 40), 6–10 years (21.4%, n = 30), and more than 10 years (14.3%, n = 20). Department-wise distribution showed that the majority of participants worked in general wards (40%, n = 56), followed by ICU (25%, n = 35), emergency units (20%, n = 28), and OPD (15%, n = 21).

Communication Challenges Faced by Clinical Nurses

The analysis showed that nurses experienced a moderate level of communication challenges, with an overall mean score of 3.26 (SD = 0.56). Among the identified factors, heavy workload emerged as the most prominent communication barrier (M = 3.72, SD = 0.70), indicating that excessive patient load restricts nurses' ability to communicate effectively with patients and healthcare teams.

Similarly, lack of time (M = 3.60, SD = 0.66) was reported as another major challenge, suggesting that time constraints negatively affect meaningful patient interactions. Difficulty in communicating with patient attendants (M = 3.42, SD = 0.64) and communication gaps between nurses and doctors (M = 3.30, SD = 0.61) were also reported at moderate levels, highlighting the importance of interpersonal and inter-professional collaboration in clinical settings.

Table 2: Communication Challenges Faced by Clinical Nurses (N = 140)

Communication Challenges	Mean (M)	Standard Deviation (SD)	Interpretation
Heavy workload	3.72	0.70	Moderate
Lack of time	3.60	0.66	Moderate
Difficulty communicating with attendants	3.42	0.64	Moderate
Nurse–doctor communication gap	3.30	0.61	Moderate
Lack of communication training	3.22	0.65	Moderate
Emotional stress	3.18	0.63	Moderate
Language barriers	3.15	0.69	Moderate
Cultural differences	3.08	0.62	Moderate
Overall Mean Score	3.26	0.56	Moderate

Furthermore, language barriers (M = 3.15, SD = 0.69), cultural differences (M = 3.08, SD = 0.62), lack of communication training (M = 3.22, SD = 0.65), and emotional stress (M = 3.18, SD = 0.63) contributed to communication difficulties. Overall, the findings suggest that communication challenges are multifactorial and influenced by organizational, cultural, and emotional factors.

Impact of Communication Challenges on Quality of Care

The findings revealed that communication challenges had a moderate impact on the quality of care, with an overall mean score of 3.38 (SD = 0.60). The highest mean score was observed for patient dissatisfaction due to poor communication (M = 3.75, SD = 0.67), indicating that ineffective communication adversely affects patient experiences and satisfaction levels.

Table 3: Impact of Communication Challenges on Quality of Care (N = 140)

Quality of Care Indicators	Mean (M)	Standard Deviation (SD)	Interpretation
Patient dissatisfaction	3.75	0.67	Moderate
Increased delays in care	3.50	0.62	Moderate
Improved patient trust	3.55	0.64	Moderate
Improved patient outcomes	3.42	0.60	Moderate
Medical errors	3.30	0.58	Moderate
Overall Mean Score	3.38	0.60	Moderate

Likewise, delays in patient care (M = 3.50, SD = 0.62) were associated with communication problems. Participants also reported that communication barriers contribute to medical errors (M = 3.30, SD = 0.58), potentially compromising patient safety. On the other hand, respondents acknowledged that effective communication improves patient outcomes (M = 3.42, SD = 0.60) and enhances patient trust in healthcare providers (M = 3.55, SD = 0.64). These findings emphasize the critical role of communication in maintaining safe, effective, and patient-centered care.

Discussion

The purpose of this study was to assess the communication challenges faced by clinical nurses in providing quality care. The findings of the study revealed that clinical nurses experience a moderate level of communication challenges, which moderately affect the quality of patient care. However, there was a high level of agreement regarding strategies for improving communication, indicating that nurses are aware of the importance of communication and are willing to adopt interventions to improve it.

The findings of this study are consistent with existing literature that emphasizes communication as a core component of nursing practice. Effective communication enables nurses to deliver safe, timely, and patient-centered care, while poor communication can lead to negative patient outcomes. In the present study, the moderate level of communication challenges suggests that nurses encounter barriers in their daily clinical interactions, but these challenges are not severe enough to completely hinder care delivery (Kwame and Petrucka 2021).

One of the most significant findings of the study was that heavy workload and lack of time were the primary contributors to communication challenges. Nurses reported that high patient loads limit their ability to spend adequate time communicating with patients and their families. This finding is supported to found that inadequate staffing levels and increased workload reduce the quality of care and limit opportunities for effective communication. Similarly, Li et al. (2024) reported that nurse burnout, often caused by excessive workload, is associated with reduced communication effectiveness, increased medical errors, and decreased patient satisfaction (Arrowaili Hamidh Rhil S et al. 2024).

The study also identified language barriers and cultural differences as moderate challenges in clinical communication. Nurses often interact with patients from diverse linguistic and cultural backgrounds, which can create misunderstandings and hinder effective communication. These findings are consistent with, who highlighted that

language barriers significantly impact patient safety, quality of care, and patient satisfaction. The presence of these barriers indicates the need for culturally competent care and the use of translation tools or services to improve communication(Naz, Khaleel, and Naz 2024).

Another important finding of the study was the moderate impact of communication challenges on the quality of care. Participants reported that poor communication leads to patient dissatisfaction, delays in care, and potential medical errors. This aligns with the findings to found a strong relationship between communication satisfaction and patient safety culture. Effective communication ensures that patients receive accurate information, understand their treatment plans, and feel confident in the care they receive(Alshalawi et al. 2025).

Furthermore, the study found that communication gaps exist between nurses and other healthcare professionals, particularly physicians. This highlights the importance of inter professional communication in healthcare settings. Poor communication among healthcare team members can result in fragmented care, treatment delays, and adverse patient outcomes. Previous studies have emphasized that teamwork and effective communication among healthcare providers are essential for ensuring patient safety and improving care quality (Dietl et al. 2023).

Despite the presence of communication challenges, the study revealed a high level of agreement regarding strategies for improvement, particularly communication training programs, teamwork enhancement, and workload reduction. Nurses strongly supported the need for training to improve their communication skills. This finding is consistent with, who reported that nurses with better communication training demonstrate improved patient interactions and higher quality care outcomes(Kazamel, Shazly, and Sayed 2024).

The strong agreement on improvement strategies suggests that nurses are aware of the factors contributing to communication challenges and are willing to adopt solutions. This positive attitude is important for implementing changes in clinical practice. Healthcare organizations can leverage this willingness by providing training programs, improving staffing levels, and fostering a supportive work environment(Buljac-Samardzic et al. 2020).

Overall, the findings of this study indicate that communication challenges in clinical nursing are influenced by multiple factors, including workload, language barriers, cultural differences, and organizational issues. Addressing these challenges requires a comprehensive approach that includes training, policy changes, and organizational support(Kamal Bahrain et al. 2023).

Conclusion

Based on the findings of this study, it can be concluded that communication is a critical factor in the delivery of quality nursing care. Clinical nurses experience moderate communication challenges, primarily due to workload, time constraints, and interpersonal barriers. These challenges have a moderate impact on the quality of patient care, affecting patient satisfaction, safety, and overall healthcare outcomes. In conclusion, improving communication among clinical nurses is essential for enhancing the quality of care, reducing medical errors, and improving patient satisfaction. Healthcare organizations must prioritize communication as a key component of nursing practice and implement strategies to address communication barriers.

Recommendations

Clinical nurses should strengthen their communication skills through continuous education, active listening, empathy, and patient-centered care practices. Hospital administrations should arrange regular communication training programs, maintain adequate staffing levels, and promote teamwork to reduce workload-related

communication barriers. The use of translation services and supportive work environments should also be encouraged to improve nurse–patient interactions. Nursing institutions should emphasize communication skills, cultural competence, and simulation-based learning within the curriculum. Future studies should involve larger and more diverse samples, include comparative and qualitative approaches, and evaluate the effectiveness of communication-based interventions to improve the quality of patient care.

Limitations

This study has several limitations that should be considered while interpreting the findings. The use of a relatively small sample size and convenience sampling technique may limit the generalizability of the results. Data collection through self-administered questionnaires may also introduce response and recall bias. Additionally, the cross-sectional design only captured information at a single point in time and could not establish causal relationships between communication challenges and quality of care. The study relied mainly on quantitative data, which restricted detailed exploration of nurses' personal experiences. Furthermore, since the study was conducted in selected clinical settings only, the findings may not be fully applicable to all healthcare environments.

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