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Original Article
Nurse-Patient Communication
Pak Armed Forces Med J 2019; 69 (1): 123-29

A NARRATIVE INQUIRY OF NURSE-PATIENT COMMUNICATION

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ABSTRACT

Objective: Identify to the explores: the main causes of verbal abuse of patients by nurses and nurses by patients and to steps needed to promote positive nurse-patient interaction at hospitals.
Study Design: A qualitative study.
Place and Duration of Study: The study was conducted in the University of Health Sciences, Lahore for a period of one week, in Aug 2017.
Material and Method: A sample of six senior nurses pursuing Master degree in Health Sciences was selected to address the research questions. In addition to this, a sample comprising six patients and faculty members was taken to counter check the narratives told by the senior nurses.
Results: The study revealed that verbal abuses by nurses and/or patients are situational and fragmented. Lack of time and space, lack of resources and lack of training were the predisposing factors leading up to the verbal abuse of patients by nurses.
Conclusion: The study recommends introducing professional training program of nurses in communication skills for nurse-patient conflict resolution. Moreover, the State must provide an environment complete with resources that can be conducive for an efficient health care delivery.

Keywords: Nurse-patient communication, Narrative inquiry, Verbal abuse.

INTRODUCTION

Communication skills play a pivotal role in the successful discharge of professional duties by nurses. Standardization of nursing language reduces confusion and adverse events in patient care[1]. Both verbal and non-verbal behaviors of patients and nurses affect the professional ties. Verbal abuse has been related to compromised patient care, increased inaccuracies, low determination, declined job satisfaction, mistrust and decreased efficiency[2]. It is vital for managers to take an honest look at verbal violence in their institutions and departments. Few publications on the nurses' bad attitudes towards their patients and vice versa show a serious problem for healthcare delivery practices.

Nursing work environment is a determining factor of patient care[3]. When patients have positive experiences of nursing care, nurses also experience a good and healthy work environment, in which nurses are able to both achieve the goals of the organization and derive personal satisfaction from their work, fostering a climate where nurses are challenged to use their expertise, skills and clinical knowledge to provide patients with excellent nursing care. Eight "essentials of magnetism," define and influence the nursing work environment and the quality of nursing care[4]. The quality of the health services is directly associated with the care given by the nurses.

The institutionalization of patients' rights is a modern phenomenon[5]. In 2006, the Ministry of Health in Kenya, for example, took steps to develop patient satisfaction through a charter on the rights of patient. They focused on linguistic indicators of violation in connection with health care. They observed that impolite words by patients or nurses obstruct rather than promote the implementation of fundamental human rights and affect the stakeholder's satisfaction.

Clear and precise evidence based language at work place improves understanding[6]. Commu-

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Received: 15 Aug 2018; revised received: 01 Nov 2018; accepted: 13 Nov 2018

nication breakdown between patients and health care providers leads to misunderstandings and adverse effects on interlocutors. The study aims to understand from the perspective of the senior nurses, the causes that may lead to verbal abuse of patients by nurses and vice-versa. They were made to reflect on incidences in which they were involved in verbal abuses. The pre determining factors leading to verbal abuse of patients by the nurses and vice versa were identified, for their resolution. Hence, the researchers explore: What are the reasons that senior nurses identify for the use of abusive and inappropriate language with the patients? The results of the study shall inform the nursing curricula, Pakistan Nursing Council, rules and regulations and institutional standards.

Appendix-1: Themes.

Nurses as Oppressed Females Remarks by Nurses Patients do not think of us as care providers, especially men, who merely think of us as women there to serve them. Male patients think of us as their house maids.	Nurses as Oppressed Females Remarks by Patients What is the use of coming to the hospital, one can just hire a maid at home at least she will be available to me 24/7. These nurses think that they are very competent the service is rubbish wish the system has more males as nurses.
2. Nurses as Power Symbols Remarks by Nurses after all I am a nurse, I am not their personal servant patient should obey me or suffer the consequences.	Nurses as Power Symbols Remarks by Patients Nurses are responsible for everything in the ward. They are queens and we respect them as queens. Who else can we expect anything from nurses are in full control.
Nurses as Professionals: Remarks by Nurses As nurse professionals, we feel that we know how to take care of patients but nobody teaches us how to resolve a conflict or even how to prevent the conflict from arising. It is our duty to take care of patients sometimes it becomes overwhelming but that is what our job is.	Nurses as Professionals: Remarks by Patients Majority of the patients were able to relate to this theme as follows: Nurses are the only constants within the ward and they do pretty well jobs of what they are trained for. Without nurses, I would have been doomed...they take such good care of patients.

MATERIAL AND METHODS

In this qualitative study, Labov's synchronic/thematic organization was followed for narrative analysis. Six senior nurses with more than five years of experience and currently studying in the University of Health Sciences Lahore, in the MSc programme and six staff members were approached for writing one detailed account of verbal abuses with patient in which they were directly involved. They were requested to be as expressive as possible in detailing the account including the events immediately preceding and following the verbal abuse and their reflections on the incidents.

The researchers investigated the nurses' social and psychological interaction with their patients. The analysis is situated in time, space, culture and experience. Feminist theory and symbolic interactionism were used as an interpretative lens for the data analysis. Symbolic interactionism is the verbal and nonverbal relation between patients and nursing staff. The data was organized through synchronic organization technique and narrative smoothing by constantly comparing at all levels of analysis to find the factors behind ill conduct of communication. Patterns were identified and coded into themes. During the interpretation of the data, the researchers specifically looked for inconsistencies and irregularities within the data set individually, that did not fall under the feminist paradigm or satisfied the race, gender

and class criteria. Written consent with full disclosure was obtained from all the participants and approval from the institutional ethical review board was obtained before conducting this study.

RESULTS

Synchronous organization led to the generation of the given themes from the data set.

Nurses as Oppressed Females

One of the most important themes that emerged from all the narratives identified nurses within their feminine, frail, weaker gender role. Under this theme, the nurse being weaker and frail is considered as inadequate to fulfil the professional role as a care giver within the health care delivery structure. The data shows a number of direct speech acts used by both nurses and the staff members, indicative of the use of impolite speech which does not mitigate the face of the hearer. Some of the reflections are mere assumptions reflective of the mind-sets of male dominating society, caused by conflicts which both nurses and patients lack the ability to resolve. The linguistic indicator "think" is used four times in the data set. The words, care providers and maid are linked with women who are taken as a commodity and it is men who have assigned these roles to them.

The statements in Appendix 1 are critical to the role of nurses and assignment of that role to the opposite sex. The undertone of the patient is abusive here. The nurses are being ridiculed and their service is being made fun of. The words such as rubbish discount nurses as weak, frail and inefficient. This renders a denial of their inner reality, negative evaluations and judgments, critical and abusive use of language. Some of the statements starting with the determiner "these" are very critical, abusive and judgmental. Nurses as females belonging to lower class are marginalized and oppressed.

Appendix-2: Predisposing Factors.

Lack of Time and Space Remarks by Nurses The nursing profession is a very demanding profession one does not even get time to go to the wash room during one shift. We are under such tremendous pressure. We are just a handful required to do a whole army's job.	Lack of Time and Space Remarks by Patients No matter how serious the condition is, one cannot find the nurse. I requested a nurse again and again to explain the procedure the doctor had told me, that he would undertake on me, but the nurses would not listen...I did not know how to make her listen.
Lack of Training Remarks by Nurses We are only human...under such immense pressure and without training to avoid or resolve conflict, we unfortunately sometimes enter into conflict with the patient and often after wonder why did it all happen in the first place. I wish we had formal training in conflict resolution I am sure I would not have been involved.	Lack of Training Remarks by Patients I wonder if nurses are taught how to speak to patients or how to avoid conflict I think it should be an important part of their training. I told a nurse you should get training on how to speak to patients before you get kicked out of here.
Lack of Resources Remarks by Nurses There was this guy waiting for a simple chest X-ray on a wheel chair for three hours and then when I went to tell him of the further delays, he became abusive. Most of the times, the patients are already under a lot of stress because of a number of factors including the non-availability of certain facilities especially empty bed at the time of their arrival.	Lack of Resources Remarks by Patients There was no bed availabe for me to lie down. I had been waiting for a bed to get empty for three hours and finally I just could not take it anymore so I shouted at the nurse. I just couldn't take the nurse's excuse for the delays in taking me to the X-ray department any longer so I shouted at her.

Nurses as Power figures

Another theme that emerged from the narratives identified the nurses as power figures within the ward and was thought to create disconnection in communication between the nurses and their patients. This theme is opposite to nurses as feminists, as here we see nurses in full control. As power symbols, nurses voice their identity and give a number of "should's" and "should not's" that the patients must follow. The focus of the statements in data set is on "I" and "we," symbolic of in-group identity. They have clearly defined who they are and how they should be treated, demanding some respect as more than a maid (Appendix 1).

Interestingly, almost all the six participants belonging to the patient group hinted towards the power complex of the nurses.

Nurses are the communicators between patients/attendants and the doctors. They explain the situation of a patient to physician and can recommend steps that should be taken for his/her wellness. This renders them a great deal of power as the physicians are mostly dependant on them.

Nurses as Professionals

Within this theme, struggle continued between competence and incompetence. As professionals, they are in full control to handle a difficult situation involving conflict with patients or with their relatives. They learn through trial and error till they gain some experience (Appendix 1).

As the narratives were interpreted to identify the factors predisposing to the verbal abuse of patients/nurses, it became clear that conflict arose between nurses and patients whenever the identity of the nurse in accordance with the three themes as a female professional power figure was challenged by the patient. Synchronous organization and interpretation led to the following predisposing factors towards conflict:

Lack of Time and Space

The majority of conflicts arose when patients felt that a nurse was not giving adequate attention to the patient. This usually led to the frustration on the part of the patient leading to the breakdown of politeness between the two parties; one requesting for more time, the other already under the pressure for the same. The frustrations and complaints of patients manifested in the statements and many others, in the data are due to their unheard voice. The nurses felt that they were already hard pressed for time (Appendix 2).

Lack of Training

Another very important factor that emerged from analysing the data was lack of training of nurses in conflict recognition, avoidance and resolution.

Appendix 3: Kinds of Abuses

Abuses Remarks by Nurses	Abuses Remarks by Patients
We do not have time to listen to the patients...they should obey and follow. A nurse was observed commanding a patient's attendant: Go and sit there. Don't bother me. The doctor will come in the evening. Ask him what you want.	A patient in intensive care unit reported: I went to the nurse for help as my mother's IV had been blocked. I had no idea how to fix that. I complained to a nurse who was sitting at reception and doing nothing. She did not answer. I complained again. She just raised her eye brow and stared at me without answering. I waited for ten minutes but no one came for help. My mother's arm was swelling badly. When I asked her again, the nurse started shouting at me. Yet another patient amongst many reported an incident in gynaecology ward: I was asked to clean the mess just after the child birth.

Nurses play a crucial and undeniable part in health care system but still there is a question whether their role is properly defined and explained to the society, even to the nurses themselves[7]. According to the results of this study, the role of a nurse in our society is very important and a nurse can enhance it by gaining more training and education in this field[8].

Lack of Resources

Interestingly this came up as a factor that was always lurking behind a conflict (Appendix 2).

All the nurses identified lack of resources as a major factor that led to patients' getting frustrated, angry and abusive.

Kinds of Abuses

Evans identified a number of categories of verbal abuse[2]. With holding information or not sharing information, countering or being argumentative, discounting or being insensitive to someone's feelings or thoughts, accusing or blaming, judging or criticizing, trivializing, undermining, name calling, ordering, denial and abusive anger were eleven amongst the fifteen indicators that are found in this study.

Lacking time to listen to the patients when it is their job is being abusive. A series of very interesting incidents are being reported by the patients in which nurses are seen as the initiators of dispute with the patients (Appendix 3).

There were reports of nurses threatening and also reports of physical abuse towards the patients who could not understand their commands during the child birth process[9]. They not only threatened the positive face of the patients but also humiliated them. The speech acts used by the nurses are mostly directive, which are used to control others and exercise their power.

DISCUSSION

The origins of mistrust between nurses and patients arise due to a strong sense of injustice such as medical costs and drug costs are inflated[10]. Patients have to go through diagnostic test procedures which they believe is a means to increase hospital revenue instead of increasing their health outcomes[11]. On top of that, they do not receive full care and have to bear up with the cold behavior of nurses which is often unnerving especially when the patients with acute illness deserve immediate care, and they are refused that due to insufficiency of hospital resources[12] (figure).

Felbinger demonstrates that although nursing discourse emphasizes "caring," nursing practices are often different and are characterized

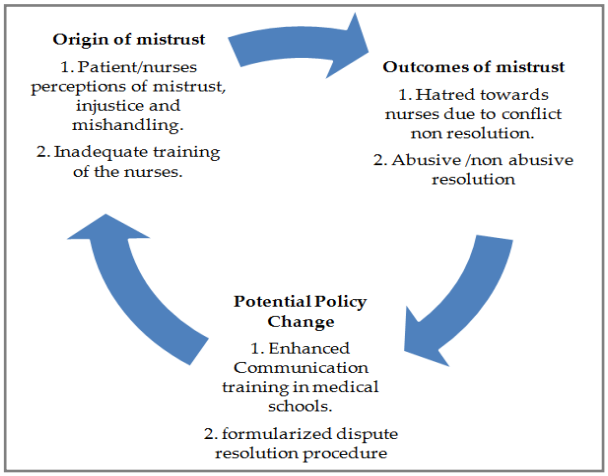

Figure: Origins, outcomes of mistrust and potential policy change.

by humiliation and physical abuse[13]. The nurses in Pakistan are engaged in asserting their professional identity. In this process, some of them deploy violence to create social distance from patients and to maintain the fantasy of identity and power. The deployment of violence has become common place as there is a lack of action against nurses from their managers[14], which seriously needs to be looked into.

This is an important study conducted in Lahore, Pakistan. It is the first one of its kind nationally. Such studies are important to avoid the rising incidences of unprofessional behaviour by doctors and allied health workers[15]. Moreover, there is an increased expectation by the society from the health professionals to provide medical care while maintaining the highest standards of professional behaviour[16]. This unfortunately is

proving even harder with the rapidly increasing disparity between health services and population[17]. With the population increasing unchecked and health services resources both human and physical, not growing at the same pace and remaining insufficient to cater for this increased population, it is not surprising that the conflicts will arise so often, so frequently.

The conflicts arising and escalating to verbal abuse is unthinkable for both within and outside the community of practice of health professionals[13]. Governed by the Hippocratic Oath, the nursing charter or any or all principals of humanism, ethics, morality or professionalism it is not expected of health professionals whether doctors or nurses to abuse patients in any manner psychological or physical[18]. There is a direct relationship between professionalism and environment[19]. The profession of nursing is regulated by the Pakistan Nursing Council. The teaching and training of nurses as well as the regulatory council do not allow any room for nurses to engage in verbal abuse of patients. Such incidents occurring and going unnoticed by the council is alarming.

Lack of time and space is an important predisposing factor, as shortage of man-power divorces a medical ward from individual attention of the nursing staff that should be paid to the patients[20]. Basinka & Wilczek-Ruyczka assert that nurses face the challenges of getting a lot of requests, in return they receive very little or no respect at all[7]. In Pakistan, there is no incentive system for nurses doing over time duty in wards. Most of the patients do not understand that the nurses are over worked, as the patients are emotionally depressed, which becomes the cause of outrage. Administering more equipment and nursing staff in each ward is needed to fulfill the requirements of the patients.

Nurses play a major role by connecting the community, edification, health and communal improvement[16], which is perpetuated by adequate communication skills training provided to them. The patients should also learn how to treat the staff appropriately. Their mind sets need to be changed, so that nurses can perform their duties efficiently.

The question about the teaching and training communication skills, conflict identification, avoidance or resolution to nurses has been asked by a number of researches[10]. Communication skills and conflict avoidance and resolution are an integral component of the nursing curriculum and as such are also the examinable components of the curriculum[21]. Never the less, it is in fact the environment that determines the degree of professional behaviour exhibited. University of Health Sciences Lahore introduced behavioural sciences and communication skills as part of the nursing curriculum ten years ago[22]. No matter how well the nurses perform in the examinations of behavioural sciences communication skills, their own behaviour at the work place is largely determined by the behaviour of their senior colleagues, doctors and the environment. That one of the theme that emerged was sexist identifying nurses as feminine as a separate identity to that of their profession should not be surprising in a male dominating society.

CONCLUSION

Nursing care forms the foundation of health services delivery all over the world. In Pakistan, the unique male dominated social fabric combined with lack of physical and human health service delivery resources creates a conflict culture at these sites leading to abuse of and by nurses. The researchers believes that where as it is important to train nurses in communication skills, ethics, humanism and conflict avoidance and resolution, it is perhaps more important for the government to provide environment complete with resources that is conducive to safe and efficient health care delivery.

Authors' Contribution

AJ: principal author, conceived the idea, collected data and did write up as part of her PhD requirement; MSR: supervised the study, improvement of manuscript; JSK: Research

facilitator, proof read the manuscript; NS: proof read the draft, research facilitator.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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