



Level of Nurse-Patient Therapeutic Communication: Perspectives of Nurses and Patients in a Tertiary Hospital in North West Nigeria

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Abstract

Nursing as an interactional care profession requires effective and skillful communication as an important element in the delivery of quality of nursing care. Known as therapeutic communication, the nurse and patient often perceive and experience this interaction differently. This cross-sectional study was carried out to assess the level of nurse-patient therapeutic communication as perceived by nurses and their patients in some clinical wards of a tertiary health facility in northwest, Nigeria. A convenience sample of 70 nurses and 80 patients constituted the study population. Two sets of questionnaires (for the nurses and patients respectively) were used for data collection. The Microsoft Excel Spreadsheet package 2013 edition was used to analyze the data collected employing frequency tables, percentages and mean. Results indicate that nurse-patient therapeutic communication in the study setting is rated poor by nurses (overall mean of 2.6) and very good by patients (overall mean of 4.1). Several facilitating and inhibiting factors were identified. It is concluded that patients are generally satisfied with the level of therapeutic communication with nurses. This finding is counter to the observation and complaints witnessed from the patients in the same institution that motivated this study. It was recommended that a similar research in the same location and other places with a larger sample size, using different methodological and analytic approaches be carried out. A qualitative design can be useful.

Keywords: Therapeutic Communication; Nurse-Patient Relationship

Introduction

Nursing is an interactional care profession in which the nurse is required to engage in constant communications with their clients and various persons in the care setting and often diverse settings. Any communication that occurs between a health worker and patients/clients and is intended to help patients/clients cope with problems, relate with another, adapt to what cannot be changed, and face obstacles to one's self-realization is called therapeutic communication. Nurse-patient therapeutic communication between nurses and patients/clients is a tool for effective nursing care in all the clinical settings and forms a critical element of the delivery of care [1,2].

Strategies of therapeutic communication are categorized into three groups; expression, clarification and validation and these techniques should be used in a conscious, coherent, non-repetitive manner, and when necessary, associated with other straggles to facilitate the development of a therapeutic relationship. This set of technique implies that professionals should consider both verbal and non-verbal aspects of communication during interactions [3].

Satisfaction with Therapeutic Communication

Studies on patients' satisfaction have shown that patients are most satisfied with interpersonal interaction, such as staff-patient relationships

but with varying levels of satisfaction reported. For instance, Khamis and Njau [4] studied level of satisfaction at Mowanaganala Hospital in Dares Salam, Tanzania and reported that patients' level of satisfaction mean gap score was (-2.88±3.1) indicating overall dissatisfaction. The levels of dissatisfaction in five service dimensions were: assurance (-0.47), reliability (-0.49), tangible (-0.52), empathy (-0.55), and responsiveness (-0.72). They recommended that hospital management should focus on improvement on communication skill and showing of compassion, politeness, and active listening among other skills.

Another study by Myburgh *et al.*, in Khamis and Njau, [4,5] on patient's satisfaction at a referral hospital in Tanzania observed a high level of satisfaction among respondents. However, a small portion of patient were dissatisfied with long waiting time, high cost of treatment, and investigation charges [4,6]. It is well documented that if patient's level of satisfaction on quality of care does not meet their standard, they may decide to seek for treatment somewhere else [4,7,8]. In fact, satisfied patients are likely to exhibit favorable behavioral intentions which are beneficial to the health care provider's long-term success.

Factors influencing nurse-patient therapeutic communication

Level of satisfaction with therapeutic communication will vary from person to person and product/service to product/service. This will depend on a number of both psychological and physical variables which

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correlate with satisfaction behaviour. These factors affecting therapeutic communication can be described as barriers and enhancers. On the one hand, Costa *et al.*, [9] reported that improvement (enhancement) in effective therapeutic communication with patient is best achieved through team collaboration with the patient (nurses must have a good relationship with their patients), humanistic ethics with the patient (trust and respect), and improving the interaction between doctor and nurse: using the same language, with the goal of passing the information correctly, removing doubts of the patient, minimizing anxiety and concern.

On the other hand, Norouzinia *et al.*; [10] studied communication barriers perceived by nurse and patients on 70 nurses and 50 patients in two hospitals affiliated to Albers University of Medical Sciences, Karaj Iran. Two separate questionnaires were used for nurses and patients. In both groups of nurses, and patients (mean scores of 1.85 and 1.96, respectively) were considered the most and least significant factors, respectively. They observed a significant difference between the mean scores of nurses and patients which means despite the attention of nurse and patients to communication, there are some barriers, which need to be removed through raising of the awareness of nurse and patients along with creating a desirable environment. They recommended that nurses should be effectively trained in communication skills and be encouraged by constant monitoring of the obtained skills. Another study reported a high level of burnout amongst nephrology nurses and physicians resulting in poor patient satisfaction regarding quality of services offered including therapeutic communication [11].

Burnout predictors are apparent in most health care facilities in sub-Saharan Africa including Nigeria and could hinder the achievement of satisfaction by patients in the hospital. This study set out to assess the level of nurse-patient therapeutic communication as perceived by nurses and their patients in Ahmadu Bello University Teaching Hospital, Zaria, North West Nigeria. Perceived factors responsible for the level of satisfaction and suggested ways of improving nurse-patient therapeutic communication would also be examined.

Theoretical framework

Two communication theories are used in this study to help explain and guide interaction made between nurses and patients. Firstly, the *Dyadic Interpersonal Communication Model*, which describes the dynamic interactive process that takes place between two people. Based on a sender and recipient, the encoder and decoder – and outside influences such as perception, attitude, content, and emotional and physical elements, the model points to the many factors that can alter the message or the message delivery. As the sender or encoder provide a message, the recipient or decoder, must process the information. The dyadic interpersonal communication model highlights the importance of clarity and awareness for the many factors that can affect verbal and nonverbal communication.

The second is the *Goffman's Theory of Face Work*, which depicts and conceptualizes the nurse-patient interaction from the theoretical aspect of symbolic interactionism. *Goffman's theory of face work* describes a theory of interaction whereby both individuals (in this case, the nurse and the patient) interpret and act in order to maintain the 'face of self' and 'other'. Goffman [12] coined the term "face work" to describe the interaction ritual in human-to-human encounter. He defined the term 'face' as "the positive social value a person effectively claims for himself (sic) by the line others assume he has taken during a particular contact" [12,p.5]. Goffman's face work theory could further our understanding of

a reciprocal nature of nurse-patient interaction by helping us understand communication behavior. The nurse-patient communication is dyadic and interactive. This study benefits from the tenets of these theoretical leanings.

Method and Materials

The Design/setting

A descriptive cross sectional design to assess the nurse-patient therapeutic communication in Ahmadu Bello University Teaching Hospital, Zaria the north-west Nigeria. This hospital is one of tertiary care centres of excellence in Nigeria, with a 500-bed capacity, with high admission rate. Policy of the hospital is one relation to stay with a patient and visitation period from 4pm to 6pm Monday to Friday and 2pm to 6pm Saturday and Sundays. It is one of Nigeria's first generation Teaching Hospitals in Nigeria.

Study Population and Sampling Technique

All nurses 700 and all patients on admission in the designated wards whose population is 400. A total 10% and 20% of the Nurses and Patients respectively formed the sample size, determined using the scale developed by Micheal and Smith's recommendation [13] of a range of 5% -10% of the target population for the sample for this study. For the 700 nurses, 10% was obtained was 70 and for the 400 patients, 20% represented 80 patients, giving a total of 150 respondents.

Criteria for Selection

For the patients: The inclusion criteria included length of admission between one week and above, patient's level of consciousness and agreement to answer the questionnaire correctly. Exclusion criteria were all patients on admission less than one week and those too ill to participate.

For the nurse: The inclusion criteria were those available and willing. Those not available at time of data collection or not willing to participate were excluded.

A combination of convenience and availability sampling techniques were used to select the study participants that met the inclusion criteria and agreed to complete and return the questionnaires within the time frame allocated for the study.

Instrument for Data Collection

Two sets of questionnaire were used as the instruments for data collection. One set was for the Nurses, and which comprised the following sections:

Section A: socio – demographic characteristic of the respondents

Section B: level of nurse – patient therapeutic communication

Section C: Factors affecting the level of therapeutic communication

Section D: ways of improving the level of nurse patient therapeutic communication

While the other set was for patients, which comprised of the following sections:

Section A: socio – demographic characteristic of the respondents

Section B: level of nurse – patient therapeutic communication

Section C: Factors affecting the level of therapeutic communication



Section D: patient's satisfaction about nurse communication skills

Section E: ways of improving the level of nurse patient therapeutic communication

Validity and Reliability of the Instrument

Validity was by face and content analysis while the reliability was established by test retest. To ensure the validity and reliability of the instrument, it was subjected to expert corrections and approval before it was administered to the respondents. Reliability of the instrument using Cronbach's coefficient was 7.84.

Data Collection

Prior to data collection, ethical approval was obtained from the Health Research Ethics Committee (HREC). Permission was then sought from the participants whose participation in the study was voluntary after being assured utmost confidentiality. The data were collected by the researcher using face to face (personal) contact. Those patients who were not literate to fill the questionnaire were helped by the researchers in completing the questionnaire(s) based on their responses. For the nurses, all the questionnaires were self-administered.

Method of Data Analysis

The data collected were coded after data cleaning and entered into Excel sheet of Microsoft package 2013 version. For the analysis of the Likert Scale, rated 5 to 1, the mean of 3 were determined to represent positive interaction or good nurse-patients therapeutic communication. Mean variables of less than 3 were rated negative. The descriptive statistical analysis using SPSS 21 was employed. Data were presented using of frequency tables, percentages and mean.

Results

Socio-demographic Data of Nurse Respondents

Table 1 shows the socio-demographic variables of the nurse participants. Two age groups, 20-29 and 30-39 constituted the predominant groups (22.9%), most (64.29%) of them were females and (61.43%) were married, with the average age of marriage ranging from 19 to 30 years for both females and males and (55.71%) were Christians. Their years of experience range between one and five years.

Socio-demographic data of patients

Table 2 presents the socio-demographic data of patients that participated in this study. The patients were relatively young (22.50% were within 21 to 30 years), 60.00% were married, Muslims (67.25%) and 66.25% Hausas. 36.25% of the respondents, constituting the majority were business persons by occupation. This shows that majority of Hausas are business men and women. Most of the patients (43.75%) responded that they have been on admission in the hospitals for 1-2 weeks as at when the survey was conducted.

Nurses' Views on Level of Nurse-Patients Therapeutic Communication

The level of nurse-patient therapeutic communication was surveyed from the nurses' views using four question items, and the data collected are presented in Table 3. Nurses opinion indicated a weak mean nurse-patient therapeutic communication (mean score of 2.6), indicating an overall poor the nurse-patient therapeutic communication (a good nurse-patient therapeutic communication is considered from 3 and above). In particular, nurses reported being "... too busy to attend to some of my patient's complaints" (mean=1.8) and simply ignoring the patients who

refuse to comply with nurses' instructions (mean=1.8). However, the nurses reported good standing by treating their patients with empathy (the mean response is 3.5) and in making their patients feel comfortable to share their problems with them (mean of responses is 3.4).

Table 1. Socio-demographic data of the respondents (Nurses).

S/no.	Variable	Frequency (f)	Percentage (%)
1	Age Group (years)		
	20-29	16	22.86
	30-39	16	22.86
	40-49	10	14.29
	50-above	15	21.43
	N. A	13	18.57
	Total	70	100%
2	Sex		
	Male	10	14.28
	Female	45	64.29
	N. A	15	29.43
	Total	70	100%
3	Marital Status		
	Married	43	61.43
	Single	12	17.14
	Divorced	1	1.43
	Widowed	1	1.43
	N. A	13	18.57
	Total	70	100%
4	Religion		
	Christianity	39	55.71
	Islam	18	25.72
	Others	0	0.00
	N. A	13	18.57
	Total	70	100%
5	Years of Experience		
	1-5	17	24.29
	6-10	10	14.29
	11-15	11	15.71
	16-above	18	25.71
	N. A	14	20.00
	Total	70	100%

Patients' Views on Level of Nurse-patient Therapeutic Communication

The level of nurse-patient therapeutic communication was assessed from the patients' responses on an 8-question item subscale as shown in Table 4. Contrary to the rating giving by nurses, the patients seem to rate their communication with nurses very good (overall mean score is 4.1). These specific factors indicated by patients were: nurses introducing themselves before any procedure (mean: 4.2), always pays attention to their complaints (mean: 4.0), ensuring patients' understanding of the information given, signifying that the patients always gets correct feedback from the nurses and patients are comfortable to share their problems with the nurses (mean: 4.1).

Nurses' Views on Factors Affecting the Level of Therapeutic Communication

The factors affecting the level of nurse-patients therapeutic communication were surveyed from the views of nurses using four question items and the responses are presented in Table 5. They agreed there are factors influencing nurse-patient communication (The overall



mean is 3.7) including address their patients with respect (mean=3.9), pays good attention to the patient's socio-cultural background in relating with them (mean=3.6) explaining to their patient, the nature of their medical condition in a simple and understanding manner (3.6) and nurses demonstrates good effort in seeking for an interpreter whenever their patients don't understand their language (3.6).

Table 2. Socio-demographic data of the respondents (Patients).

S/no.	Variable	Frequency (f)	Percentage (%)
1	Age Group (Years)		
	10-20	16	20.00
	21-30	18	22.50
	31-40	10	12.50
	41-50	16	20.00
	51-60	6	7.50
	61-above	14	17.50
2	N. A	0	0.00
	Total	80	100%
	Marital Status		
	Married	48	60.00
	Single	21	26.25
3	Divorced	2	2.50
	Widowed	4	5.00
	N. A	5	6.25
	Total	80	100%
	Religion		
	Christianity	16	20.00
	Islam	61	76.25
4	N. A	3	3.75
	Total	80	100%
	Tribe		
	Hausa	53	66.25
	Fulani	5	6.25
	Yoruba	7	8.75
5	Others	12	15.00
	N.A	3	3.75
	Total	80	100%
	Occupation		
	Farmer	5	6.25
	Business	29	36.25
	Civil Servant	9	11.25
6	Student	8	10.00
	House wife	15	18.75
	Driver	1	1.25
	Banker	1	1.25
	N.A	12	15.00
	Total	80	100%
7	Duration of Admission		
	1-2 Wks	35	43.75
	3-4 Wks	19	23.75
	2-3 Mts	11	13.75
	4Mts- above	12	15.00
	N.A	3	3.75
	Total	80	100%

Patients Views on Factors affecting the level of therapeutic communication

The factors affecting the level of nurse-patients therapeutic communication were evaluated for patients using five question items

and the responses are presented in Table 6. Patients believe strongly there are factors influencing nurse-patient communication(mean=4.0) some of which are negative such as hospital generator, nurses addressing them in an 'insulted manner.'There were however some enhancers of the therapeutic communication reported by patients such as explanations to their medical condition made simple and understandable by nurses, nurses' respect to their patients rated good, and patients viewed concordance of doctors' explanations on the patients' medical condition with that of the nurses, thus increasing trust and consistency.

Improving the Level of Nurse-Patient Therapeutic Communication: Patients Views

Ways of improving the level of nurse-patient therapeutic communication from the s of patients' perspectives are presented in Table 7a. Specifically, the need for nurses to communicate with patients in a language they will easily understand (mean=4.1), more encouragements of patients to comply with their treatment (mean=4.0), and more effort from nurses toward clarifying any misunderstanding about patients' medical condition. The overall mean is 3.7, indicating that the patients agreed that there is need for improvement

Ways of Improving the Level of nurse-patient Therapeutic Communication: Nurses' Views

On ways of improving nurse-patient therapeutic communication,the responses of nurses are presented in Table 7b.The overall mean was found to be 3.7, indicating a general agreement on the need to improve the therapeutic communication. Specifically, nurses are to encourage their patients to comply with treatment procedure is good (mean=3.9), to clarify patients' misunderstanding about their medical condition (mean=3.6), and to constantly evaluate their patient's understanding after health educating them (mean=3.5), among others.

Patients' Satisfaction with Therapeutic Communication

Patients' responses on their satisfaction with nurses' therapeutic communication were also surveyed using five question items and their responses are summarized in Table 8. The overall mean is 3.8, showing that the patients were generally satisfied with therapeutic communication between them and the nurses. They reported enjoying good reception in the hospital (mean=4.3), and received good care from the nurses (mean=4.1) as well as good attention during nurses' intervention (mean=4.0). However patients were dissatisfied with their treatments charges.

Discussion of Findings

Socio-demographic Characteristics

The socio-demographic characteristics of the patients and nurses are presented:

For patients: The 66.25% Hausa population seen in the study shows dominance of Hausa Muslims which is explainable by the location of Hospital itself is sited which is in a typical northern region of Nigeria where the Hausa are dominant.

For the nurses: Young study participants with years of experiences ranging from one to five years is attributable to the fact that these age categories were more willing to participate in the study (personal observations). The predominance of the female gender is an indication of the dominant feminine gender in nursing profession in the study setting.



Table 3. Level of nurse-patient therapeutic communication: Nurses' Views.

S/N	Items	E (%)	V (%)	G (%)	F (%)	P (%)	NA (%)	Total (%)	Mean
1	I'm too busy to attend to some of my patient's complaints	4 (5.71)	7 (10.00)	11 (15.72)	9 (12.86)	26 (37.14)	13 (18.56)	70 (100)	1.8
2	I treat all my patients with empathy	29 (41.43)	23 (32.86)	3 (4.28)	0 (0.00)	2 (2.86)	13 (18.57)	70 (100)	3.5
3	I always make my patients comfortable to share their problem with me	23 (32.86)	27 (38.57)	3 (4.28)	1 (1.43)	2 (2.86)	14 (20.00)	70 (100)	3.4
4	When a patient refuse to comply with my instruction(s) I simply ignore them	6 (8.57)	9 (12.86)	8 (11.43)	5 (7.43)	29 (41.43)	13 (18.57)	70 (100)	1.8

Mean of means (overall mean)= 2.6; Key: E= Excellent, V= Very good, G= Good, F= Fair, P= Poor, N.A = Not Attempted; Scale: E =5, V= 4, G= 3, F= 2, P= 1, NA= 0.

Table 4. Level of nurse-patient therapeutic communication: Patients' Views.

S/N	Items	E (%)	V (%)	G (%)	F (%)	P (%)	NA (%)	Total (%)	Mean
1	The nurse always introduces herself/himself to me	35 (43.75)	21 (26.25)	19 (23.75)	2 (2.50)	3 (3.75)	0 (0.00)	80 (100)	4.0
2	The nurse (s) always pays attention to my complaints	41 (51.25)	24 (30.00)	9 (11.25)	2 (2.50)	1 (1.25)	3 (3.75)	80 (100)	4.2
3	The nurse (s) always tries to cheer me up when communicating with me	32 (40.00)	28 (35.00)	13 (16.25)	3 (3.75)	2 (2.50)	2 (2.50)	80 (100)	4.0
4	I always understand the information the nurse gives me	38 (47.50)	21 (26.25)	15 (18.75)	2 (2.50)	2 (2.50)	2 (2.50)	80 (100)	4.1
5	I always get the correct feedback from the nurse	38 (47.50)	21 (26.25)	15 (18.75)	1 (1.25)	3 (3.75)	2 (2.50)	80 (100)	4.1
6	I feel very comfortable to share my problem with the nurse (s)	43 (53.75)	20 (25.00)	9 (11.25)	1 (1.25)	1 (1.25)	6 (7.50)	80 (100)	4.1
7	The nurse always encourage me not to loose hope on my condition	36 (45.00)	29 (36.25)	10 (12.50)	2 (2.50)	0 (0.00)	3 (3.75)	80 (100)	4.1
8	The nurse always gives me information using the correct means/medium	38 (37.50)	28 (35.00)	5 (6.25)	5 (6.25)	4 (5.00)	0 (0.00)	80 (100)	4.1

Mean of means (overall mean)= 4.1.

Table 5. Factors Affecting the Level of Therapeutic Communication.

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)	NA (%)	Total (%)	Mean
1	I always address my patients with respect	38 (54.29)	20 (28.57)	0 (0.00)	0 (0.00)	0 (0.00)	12 (17.14)	70 (100)	3.9
2	I consider my patients socio-cultural background in relating with them	24 (34.28)	30 (42.86)	0 (0.00)	2 (2.86)	1 (1.43)	13 (18.57)	70 (100)	3.6
3	I explain my patients medical condition to them in a simple and understanding ways	25 (35.71)	30 (42.86)	2 (2.86)	1 (1.43)	0 (0.00)	12 (17.14)	70 (100)	3.6
4	If my patient don't understand my language, I seek for an interpreter	31 (44.29)	22 (31.42)	3 (4.29)	2 (2.86)	1 (1.43)	11 (15.71)	70 (100)	3.7

Mean of means (overall mean) = 3.7; Key: S.A=Strongly Agreed, A=Agreed, U=Undecided, D=Disagreed, SD=Strongly Disagreed; Scale: SA=5, A=4, U=3, D=2, SD=1, NA=0

Table 6. Factors affecting the level of therapeutic communication.

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)	NA (%)	Total (%)	Mean
1	The hospital generator is always at work in the absence of PHCN power	28 (35.00)	38 (47.50)	5 (6.25)	5 (6.25)	4 (5.00)	0 (0.00)	80 (100)	4.0
2	The nurses addresses me in an insulted manner	8 (10.00)	8 (10.00)	3 (3.75)	19 (23.75)	40 (50.00)	2 (2.50)	80 (100)	2.0
3	The nurses explanation of my medical condition are simple and understanding	42 (52.50)	35 (43.75)	1 (1.25)	0 (0.00)	0 (0.00)	2 (2.50)	80 (100)	4.4
4	The nurse (s) treated me with respect when I came in contact with them	35 (43.75)	30 (37.50)	1 (1.25)	0 (0.00)	0 (0.00)	4 (5.00)	80 (100)	3.7
5	There is no contradiction about the doctor's explanation of my medical condition and that of the nurse	45 (56.25)	29 (37.25)	2 (2.50)	2 (2.50)	2 (2.50)	0 (0.00)	80 (100)	4.5

Mean of means (overall mean) = 3.7

Level of Nurse-Patients Therapeutic Communication

Results indicated that the level of nurse-patients therapeutic communication in the study area is rated by good by nurses and very good by patients. The pattern of nurses' responses and that of the patients

was very consistent. This consistency validates the results obtained in this research. The results were also compared with results of the work of Mohammed and Dorathy [14], at some selected health care centers in Edo state, Nigeria, in which a good nurse-patient communication relationship was found to be maintained, it was found to have good corroboration.



Table 7a. Patients’ suggestions on improving nurse-patient therapeutic communication.

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)	NA (%)	Total (%)	Mean
1	The nurse needs to enquire on the onset of my medical condition and the treatment given to me	33 (41.25)	35 (43.75)	6 (7.50)	1 (1.25)	2 (2.50)	3 (3.75)	80 (100)	4.1
2	The nurse needs to communicate with me in a language I don’t understand	19 (23.75)	8 (10.00)	3 (3.75)	20 (25.00)	30 (37.50)	0 (0.00)	80 (100)	2.6
3	The nurse needs to encourage me to always comply with my treatment	34 (42.50)	33 (41.25)	1 (1.25)	1 (1.25)	5 (6.25)	3 (3.75)	80 (100)	4.0
4	The nurse needs to clarify my misunderstanding about my medical condition	36 (45.00)	35 (43.75)	3 (3.75)	1 (1.25)	3 (3.75)	2 (2.50)	80 (100)	4.2

Mean of means (overall mean) = 3.7

Table 7a. Nurses’ Suggestions on improving nurse-patient therapeutic communication.

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)	NA (%)	Total (%)	Mean
1	I always encourage my patient to comply with the treatment procedure	36 (51.43)	24 (34.29)	0 (0.00)	0 (0.00)	0 (0.00)	10 (14.28)	70 (100)	3.9
2	I always clarifies my patients’ misunderstanding about their medical condition	25 (35.71)	30 (42.86)	3 (4.29)	0 (0.00)	0 (0.00)	12 (17.14)	70 (100)	3.6
3	I always evaluate my patients understanding after health educating them	21 (30.00)	31 (44.29)	4 (5.71)	1 (1.43)	0 (0.00)	13 (17.14)	70 (100)	3.5
4	I always take my patient medical history	24 (34.29)	29 (41.43)	4 (5.71)	1 (1.43)	0 (0.00)	12 (17.14)	70 (100)	3.6

Mean of means (overall mean) = 3.7

Table 8. Patients’ satisfaction with therapeutic communication.

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)	NA (%)	Total (%)	Mean
1	I am always well received by the nurse (s) on my arrival at the hospital	39 (48.75)	34 (42.50)	3 (3.75)	1 (1.25)	0 (0.00)	3 (3.75)	80 (100)	4.3
2	The nurse (s) treat me with so much care as though I am related to her	35 (43.75)	30 (37.50)	10 (12.50)	0 (0.00)	1 (1.25)	4 (5.00)	80 (100)	4.1
3	My treatments and investigation charges are of the high cost	17 (21.25)	26 (32.50)	23 (28.75)	1 (1.25)	7 (8.75)	6 (7.50)	80 (100)	3.3
4	There are no enough staff and equipment for treatment compared to the number of patients in this hospital	26 (32.50)	18 (22.50)	15 (18.75)	5 (6.25)	13 (16.25)	3 (3.75)	80 (100)	3.3
5	The attention I received during nurse (s) intervention is satisfactory	44 (55.00)	16 (20.00)	9 (11.25)	6 (7.25)	0 (0.00)	5 (6.25)	80 (100)	4.0

Mean of means (overall mean)= 3.8

Factors Affecting the Level of Therapeutic Communication

The general factors that affect the level of therapeutic communication have been established in literature by many authorities and reviewed in chapter two of this work. Questions were built around these factors to investigate their workability in the study setting. From the results, the overall mean of nurses and patients views both 3.7. Unlike the results obtained by Norouzinia *et al.*; [10] in Karaj Iran, where significant barriers to effective communication between nurses and patients were identified, the results of this research showed that the factors affecting the level of therapeutic communication in this study setting are insignificant.

Patients’ Satisfaction with Therapeutic Communication

From the results, patients appear satisfied with their communication with nurses at the setting (mean of 3.8), which demonstrates high satisfaction of the patients with nature and manner of communication between them and the nurses irrespective of their socio-demographic characteristics. This indicates that nurses in study setting treats their patients fairly without favoritism. Unlike the results obtained by Khamis and Njau [4] at Mowanaganala hospital in Dares Salam, Tanzania, where patients demonstrated a significant level of dissatisfaction with therapeutic nursing care, the level of patients’ satisfaction with nurses’ therapeutic communication skills in the study area was found to be good.

Ways of Improving the Level of Nurse-Patient Therapeutic Communication

To explore ways of improving the level of nurse-patient therapeutic communication, the overall mean scores for nurses and patients’ responses were found to be 3.7 and 3.7 respectively. This indicates that both nurses and patients demonstrated good concordance with the effectiveness of the ways of improving nurse-patients therapeutic communication identified in the sets of questions administered in those sections of the questionnaires.

Limitations

This study was undertaken following complaints from patients of alleged poor communications between patients and their nurses in the clinical wards of the study setting. The findings of this study particularly from the patients suggest otherwise. This is probably due to the quantitative methods used to collect data. A qualitative approach may be more revealing based on the patients’ personal experiences and perceptions and rigor of probing characteristic of qualitative methods.

Conclusion

The nurse-patient therapeutic communication and relationship between nurses and patients is effective and performed in an excellent



fashion in the study setting. The level of the nurse-patients therapeutic communication in the Teaching Hospital is good/very good, and most patients were satisfied with the level of such communications between them and nurses. There are facilitating factors responsible for this, alongside inhibiting factors considered and rated minor.

Recommendations

Based on the limitations and conclusions drawn from this study, the following are recommended:

Further study on this same concept should be carried out with a larger sample population (size) using a qualitative method or combined with quantitative method of data collection and analysis to obtain more concrete degrees of consistency with pre-study views of respondents.

Similar work should be carried out in different study areas to explore more ways of improving therapeutic communication.

Nurses should be encouraged by appropriate stakeholders to pay more attention to therapeutic communication skills to enhance effective nursing care.

Nurses in the study area should be encouraged to maintain and improve their impressive rating in therapeutic communication skills so as to maintain a continuously growing relationship with their patients.

References

1. Fawcett J. (2005) *Contemporary Nursing Knowledge; Analysis and Evaluation of Nursing Models and Theories*, (2nded): Philadelphia. F.A davis company
2. Ayman MHM, Aboshaiqah AE, Imad NI, Salim WM, Azzeghaiby SN, et al. (2014) Patients' communication skills. *Journal of life science* 11 (03); 339 - 345.
3. Damaceno MMC, Zanetti ML, Decarvlho EC, eixeira CRS, DeAraujo MFM et al. (2012) Therapeutic communication between health workers and patients concerning diabetes mellitus care. *Rev.Latino-Am. Enfermagem* 20 (4); 685-692.
4. Khamis K and Njau B (2014) Patient level of satisfaction on quality of health care at mwananyama's hospital in dares salaam, janzania. *BMC Health Service Research* 14: 400-408.
5. Myburgh NG, salanki GC, smith MJ, Lallo R (2005) Patient satisfaction with health care providers in South Africa: the influences of race and socioeconomic status. *Int J Quality In Health Care*, 17(6): 473-477.
6. Muhondwa E, Ileshabari M, Mwangu M, Mbembeti N, Ezekiel M (2008) Patient satisfaction at mutrinbili national hospital in Dar Essalam, Tanzania. *East Africa Journal of Public Health* 5:13.
7. Leonard KL (2008) Is patient satisfaction sensitive to the changes in the quality of care? An exploitation of the Hawthone effect. *Journal of Health Economics* 27 (2): 444-459.
8. Aldana M, Piechulek H, Al-Sabir A (2001) Client Satisfaction and quality of health care in rural Bangladesh. *Bull World Health Organization* 79: 512-517.
9. Costa TFD, Costa KNFM, Martins KP, De oliveira DST, Lima JTS (2017) Therapeutic communication between Nurses and patient of pre-operative prostatectomy. *J. Nurs. UFPE on line, Recife* 4: 1107-1112.
10. Norouzinia R, Aghabarari M, shiri M, Karimi M, sarrami E (2005) Communication barriers perceived by nurses and patients. *Global Journal of Health Science* 8(6): 65-74.
11. Ndambuki J (2013) The level of patients' satisfaction and perception on quality of nursing services in the Renal unit, Kenyatta National Hospital Nairobi, Kenya. *Open Journal of Nursing* 3:186-194
12. Goffman E (1959) *The presentation of self in everyday life*. Garden City, NY: Doubleday.
13. fhop.ucsf.edu. (2017) *Sample Size Determination in Survey Development*.
14. Mohammed MA and Dorathy OT (2014) Evaluation of patients perception of nursing care in selected health institutions in Edo state, Nigeria. *Journal of Medicine and Medical Science* 5 (1) pp 12-19.