Saudi Journal of Medicine and Public Health

https://saudijmph.com/index.php/pub

https://doi.org/10.64483/20241198

Bridging Empathy and Excellence: The Impact of Nurse–Patient Communication on Quality of Care and Clinical Outcomes

Haya Mohammed Alqousi [(1)] , Awatef Fahat Alanezi [(2)] , Abdullah Hamad Alyousef [(3)] , Noura Ibrahim Alohali [(4)] , Amerah mussa hassan Alnami [(5)] , Mona Faraj Alonazi [(6)] , Hussain Ali Khabrani [(7)] , Fatimah mutab almutairi [(8)] , Hadeel Motlaq Almotlaq [(4)] , Aly Yahya Ali ALqahtani [(9)] , Amal Awaid Alanzi [(4)] , Salehah Ali alshomrani [(10)]

(1) Al Murooj Health Center, Ministry of Health, Saudi Arabia,
(2) Primary Health Care Center almorooj, Ministry of Health, Saudi Arabia,
(3) King Khalid International Airport Health,Ministry of Health, Saudi Arabia,
(4) Primary Health Care Center, Al-Sahafa, Ministry of Health, Saudi Arabia,
(5) Al sahafa Primary care center, Ministry of Health, Saudi Arabia,
(6) Health Center Almorooj, Ministry of Health, Saudi Arabia,
(7) King Khalid University Hospital,Ministry of Health, Saudi Arabia,
(8) Health Center Alizdihar, Ministry of Health, Saudi Arabia,
(9) Aliman General Hospital , Ministry of Health, Saudi Arabia,
(10) Primary Health care center Tuwaiq Western, Ministry of Health, Saudi Arabia

Abstract

Effective nurse–patient communication is a cornerstone of high-quality healthcare, directly influencing patient satisfaction, safety, adherence to treatment, and clinical recovery. This paper explores the multifaceted relationship between communication and care quality through theoretical, emotional, cultural, and technological dimensions. Drawing upon evidence-based models such as Peplau's Interpersonal Relations Theory and Watson's Theory of Human Caring, the study emphasizes the significance of empathy, trust, and emotional intelligence in establishing therapeutic relationships. It further identifies key barriers—including linguistic diversity, cultural differences, and organizational constraints—that hinder effective interaction. The discussion also highlights the evolving role of digital communication tools and leadership in enhancing team coordination and patient engagement. Ethical principles such as confidentiality, autonomy, and informed consent remain integral to professional communication standards. The study concludes that communication is not a peripheral soft skill but a critical clinical competency essential for ensuring safety, building trust, and achieving excellence in patient-centered care.

Keywords

Nurse-patient communication; Quality of care; Empathy; Emotional intelligence; Non-verbal communication; Patient satisfaction; Patient safety; Cultural competence; Healthcare ethics; Nursing education.

1. Introduction

The nurse-patient relationship is based on communication, which is part of providing safe, effective, and empathetic care. Communication in nursing practice is more than passing information- it is a healing process where trust is established, empathy is communicated, and healing takes place. Healthcare systems are growing complex and culturally diverse, thus nurses have to hold high communication skills in order to respond to the physical, emotional, and social needs of the patient. Studies always prove that good communication can decrease medical errors, improve patient adherence to care treatments, and optimize overall satisfaction with care. On the other hand, lack of good communication may create misunderstanding, loss of trust, and negative health. This study attempts to interpret the effects of nurse patient communication on quality care by discussing the theoretical background, implementation, obstacles and future prospects of this communication in contemporary healthcare.[1]

Nurse-Patient Communication History.

Nurse-patient communication reveals the general transformation of nursing as an organization predominantly based on work to a holistic, patient-centered profession. During the early years of nursing and especially in the 19 th century, there was little communication between the nurses and the patients and the major objective was to do what the physicians told them. Nurses were frequently perceived as people who were able to comfort and keep hygiene instead of professionals who

*Corresponding author e-mail: halqousi@moh.gov.sa (Haya Mohammed Alqousi).

Receive Date: 30 November 2024, Revise Date: 30 December 2024, Accept Date: 31 December 2024

undertake therapeutic communication and make a decision.[2] In the middle of the 1800s, the role of Florence Nightingale became a turning point. Nightingale stressed on feeling, seeing and knowing what the patients needed, thus establishing communication as a fundamental nursing duty. Her method appreciated the fact that communication could be an effective way of healing, but it was not only physical, but also emotional and mental health.[3] Communication started being regarded as a core aspect of nursing practice in the 20 th century when the nursing education and standards were developed. The emergence of theories of nursing, including the Interpersonal Relations Theory of nursing by Hildegard Peplau (1952) also emphasized the therapeutic value of communication. Peplau perceived nursing as a process that is dynamic and interpersonal between the nurse and the patient working towards attaining health objectives by trust, empathy and understanding each other.[4] Nurse-patient communication grew with the introduction of electronic health records, telehealth, and digital tools as a result of the emergence of technology and evidence-based practice in the late 20th and early 21st centuries. Although these innovations made a positive influence in terms of efficiency, they also put nurses in a difficult position to preserve the human touch that is fundamental to the process of patient care.[5] Nowadays, the process of nurse-patient communication keeps developing, with the inclusion of the notion of cultural competence, emotional intelligence, and person-centered care on board. The chronological evolution of communication history shows that it ceased to be a functional task and became a professional art, an inseparable aspect of nursing that predetermines patient satisfaction, safety level, and the quality of care in general.[6]

Theoretical Models of Interaction between Nurses and Patients

Theoretical frameworks allow understanding and enhancing the field of nurse-patient interaction and give systematic views through which communication, building relationships, and making clinical decisions can be viewed. These models assist nurses in explaining the behaviors of the patients, recognizing communication obstacles, and putting measures to promote therapeutic bonds and improve the quality of care.[7] The Interpersonal Relations Theory of nursing proposed by Hildegard Peplau (1952) is one of the most powerful frameworks defining nursing as an interpersonal process, which occurs in overlapping stages such as orientation, working, and termination. Peplau has stressed that communication is critical to these phases since nurses are able to evaluate patient needs, build trust, and promote growth and recovery. Her theory focuses on the dual role of the nurse as the caregiver and teacher with empathy and mutual respect as the basis of successful interaction.[8] One more model of importance is the Theory of Human Caring created by Jean Watson, according to which communication is a moral and spiritual act that facilitates healing. Watson insists that the core of caring relationships is authentic presence, active listening and compassion. Nurses communicate with patients in a sincere manner, though, which helps in the holistic support of the patient-emotional, psychological, and spiritual aspects of the well-being.[9] A more modern perspective is the Transactional Model of Communication that has been commonly used in hospitals. It theorizes communication as a two way process that is dynamic and contextual and cultural and feedback. This model emphasizes on the fact that a nurse and a patient keep sending and receiving messages and modify behaviors according to the responses, hence resulting in mutual understanding and cooperation.[10] Also, the Self-Care Deficit Theory of Orem focuses on the use of communication as the means of evaluating the possibilities of self-care in patients and as the means of giving instructions that will facilitate self-sufficiency and empowerment.[11] Collectively, these theoretical frameworks emphasize that nurse-patient interaction is not just information exchange, but rather a complicated process of relationship. They all support the idea that quality empathetic, respectful, and understanding communication is the key to quality and patient-centered care.[12]

Spoken communication in Nursing Care

One of the most crucial aspects of good nursing care is verbal communication that is the main form of information exchange between nurses to give instructions and emotional support to patients. It includes verbal expressions, voice tone, use of words, and articulation- all of which determine the interpretation and the action that is taken. Verbal communication would have a direct impact on patient safety, satisfaction, and trust of the nursing profession in healthcare settings since accuracy and empathy are equally important. Verbal communication in clinical practice enables the nurses to collect vital information during patient examinations, to clarify patients regarding medical procedures as well as to teach patients about their illnesses and treatment regimes. A descriptive language is clear and simple to ensure that the patient comprehends guidance on their care so as to minimize chances of mistakes or misconceptions. Furthermore, positive, reassuring, and empathetic tones can help a nurse to reduce the anxiety of patients and enhance cooperation particularly in tense or painful circumstances.[13] Good communication is also

effective in ensuring development of therapeutic relationships. By active listening, posing open ended questions and giving well-considered responses, the nurses establish a mutual respect and understanding environment. This multidirectional communication makes the patient feel appreciated and engaged in the process of their treatment, which increases treatment compliance and well-being.[14] Another important verbal communication in nursing is cultural sensitivity. Linguistic differences can be understood and the language spoken must be that which is inclusive and respectful to the patients in terms of their cultural and educational backgrounds. Moreover, interprofessional oral communication between the members of the healthcare team: between nurses when performing handovers or in multidisciplinary meetings, ensures continuity and care coordination.[15] nursing verbal communication goes beyond the verbal exchange of words and is a process that involves compassion, professionalism, and advocacy of the patient. Nurses can gain the skills necessary to close the divide between medical knowledge and human experience by learning to use verbal skills to make sure that all patients are provided with the valuable services that are both safe and emotionally supportive.[16]

Non-Verbal Communication and its impact on the perception of the patient.

Non-verbal communication is a potent aspect of a nurse-patient communication that in most cases speaks louder than words. It involves facial expressions and eye contact, gestures, posture, touch and even tone and pace of speech. These non-verbal signals are important in influencing the perceptions of empathy, trust and professionalism within the nursing care. Patients are used to be very sensitive to non-verbal behaviors as they make judgments about the nurse as attentive and caring individual. Patients are in vulnerable physical or emotional states and thus, tend to be very sensitive towards such non-verbal behaviors.[17] A patient may be reassured using a warm smile, warm voice or a touch that makes the person feel safe and supported. As an example, the proper eye contact is a sign of confidence and honesty, whereas an open posture implies the willingness to listen and pay attention. On the other hand, negative non-verbal communication, where the nurse crosses arms or avoids eye contact or moves too fast, can make the patient feel that the nurse is not interested/approachable and can result in lack of trust and cooperation.[18,19] Language as well as cultural barrier can be overcome by non-verbal communication. In situations where verbal communication is not possible, gestures, facial expressions, and touch may work wonders of care and understanding. But at the same time, nurses should be culturally aware because in different cultures non-verbal communication can be misinterpreted drastically. An act or physical contact that means warmth in one culture may be viewed in a different manner in another culture which highlights the necessity of cultural competency in the nursing practice.[20] silence and controlled proximity may be used therapeutically and facilitate the communication process, giving the patients time to think and share their feelings. non-verbal communication can define the general experience of a patient and directly affect the attitudes to perceptions of quality of care. Whenever nurses are conscious and deliberative of their non-verbal pattern, they reinforce emotional bonds, facilitate healing and show that compassion in nursing goes beyond words, it is experienced by presence, empathy and actual human response.[21]

Obstacles to good Nurse-Patient Conversation

Communication between the nurse and patients should be effective to provide high quality patient-centered care. Nonetheless, this process may be impeded by a number of barriers, both internal and external, which inevitably result in misunderstandings, lower patient satisfaction, and health outcomes. Such barriers can be of physical, psychological, cultural, or organizational nature, which interferes with information flow and empathy between a patient and a nurse.[22] Language and cultural differences are one of the possible obstacles. In the situation where the nurses and the patients do not know each other in terms of language or cultural appreciation, valuable information in terms of symptoms, feelings or expectations may be lost or misconstrued. The cultural norms can also affect the way the patient expresses pain, eye contact or conversation, which would require nurses to use communication strategies that are culturally sensitive.[23] There are also significant contributions of emotional and psychological barriers. Anxious, painful, and fearful patients may have difficulties in expressing themselves. Equally, stressed, tired, or disengaged nurses might struggle to be active listeners, or empathic responders. Said emotional disconnection has the power to undermine the therapeutic bond and destroy trust in the patient.[24] The barriers to effective communication could also be environmental and organizational barriers i.e. noise, privacy, time, and workloads. Nurses might lack time to have meaningful conversations with patients because of the fast paced hospital environment where they feel neglected or unheard.[25] Also, there are technological obstacles that have arisen as electronic health records and electronic methods of communication are more frequently used. Although technology makes things run smoothly, in some cases, it may lead to nurses not interacting with patients directly and personally.[26] These barriers can only be overcome by self awareness, communication skills training and favourable institutional policies that focus on patient-centred care. The identification and resolution of these issues will enable nurses to establish more open, caring, and effective lines of communication- eventually enhancing the experiences of patients and overall quality of care delivery.[27]

Factors in culture and linguistic influences on communication

The cultural and linguistic influences are important components that define nurse-patient communication and may have a profound impact on the quality of provided care. In the modern healthcare settings that are becoming increasingly multicultural, nurses tend to encounter patients with different cultural, ethnic, and linguistic backgrounds. These differences are necessary to understand in order to make communication clear, respectful, and patient-centered.[28] The most evident obstacles include language barriers. In this case, the nurses and patients may fail to communicate with each other using the same language, and valuable information on symptoms, drugs, or course of treatment may be missed or misinterpreted. Communication failure in this situation may result in mistakes, lack of adherence to treatment, and decreased satisfaction. To conquer this, nurses can use the services of professional interpreters, translated materials, or visual aids to help them understand and to make sure that there is accuracy in delivering care. Other than language, cultural beliefs and values are strong determinants of how patients see illness, treatment and health providers. Indicatively, there are cultures which embrace indirect communication or modesty, and such may make the patients conceal themselves or evade sensitive issues. Others might have certain gender expectations that influence the levels of comfort in clinical contacts. Nurses who do not identify such cultural differences will easily end up offending or possibly repelling their patients.[29] Non-verbal communication; such as eye contact, touch, gestures, and personal space are also extremely diverse among cultures. Something that may appear calming in one culture may be viewed as offensive in another culture. Cultural competence hence demands that nurses are alert, flexible and are respectful of the preferences and boundaries of their patients.[30] Nurses can enhance better therapeutic relationship, facilitate trust, and engagement of patients in their care through cultural awareness and linguistic sensitivity development. Finally, awareness and reaction to cultural and linguistic considerations can not only make the communication process effective but also caring, just, and responsive to the needs of various patients, thus enhancing the quality of the overall healthcare outcomes.[31]

The Emotional Intelligence role in nursing communication

Emotional intelligence (EI) is the crucial aspect of successful nurse-patient interaction because of the capability of nurses to comprehend, control, and react correspondingly to their emotions and the emotions of their patients. Emotional intelligence is defined as the skill to identify, understand and control emotions in others and oneself and this is what leads to empathy, compassion and self-awareness which are all vital attributes in nursing practice.[32] In the medical facility, nurses are in a position to come across patients who are in pain, fearful, or suffering. A nurse who has a high level of emotional intelligence is able to understand such emotional signals and react to them in an emphatic and reassuring manner and in so doing reduce anxiety and foster trust. Not only does this emotional relationship build the therapeutic relationship, but it also promotes open communication where the patients can more easily communicate their concerns. This, therefore, results in better judgments and improved care outcomes since nurses will be able to come up with more accurate information.[33] Emotional intelligence is also instrumental in coping with stress and being a professional in highly stressful settings. Self-control of emotions will help nurses to be calm and composed in difficult interactions and avoid conflict and make sure that they communicate respectfully and patient-centered. In addition, EI nurses are more capable of working with their colleagues, thereby fostering a healthy and supportive workplace that leads to improved teamwork and continuum of care.[34] Self-awareness is one of the dimensions of emotional intelligence and enables nurses to assess the impact of the attitude, tone, and body language on patients. The other important factor is empathy which assists a nurse in putting themselves in the position of the patient and offers a compassionate communication which validates the feelings and experiences of the patient.[35]the humanistic nature of the nursing communication is reinforced through emotional intelligence. With the help of emotional understanding and clinical competence, nurses can work toward greater relationships, better patient satisfaction and some more holistic, understanding, and effective model of health service provision.[36]

Compassion and Relationship Building in nurse patient relationship

The nurse-patient relationship is based on empathy and trust that are the major foundations of relationship, determining the quality of communication and affect patient outcomes. Empathy in nursing is more than merely learning to identify the emotion of a patient, it involves feeling the emotion and even the physical aspects of the patient to give them specific care that is compassionate and personal. In its turn, trust is what the successful therapeutic relationships should be based on so that the patients feel safe, respected, and confident in the care that they obtain.[37] The quality of empathy would allow nurses to feel and react to the emotional condition of patients in a sensitive and understanding manner. High-quality listening by nurses, recognition of patient fears, and confirmation of feelings enable nurses to provide patients with a sense of appreciation and empathy. Such emotional attachment may greatly decrease anxiety, better cooperation, and healing. Emotional communication Nurses show interest in the well-being of their patients, both verbally and non-verbally (eye contact, touching, etc.), which creates the impression of

comfort and belonging.[38] Trust-building, a close to empathy quality is built over time through the uninterrupted, truthful and open communication. Patients tend to have confidence in nurses who can clearly explain the procedures they undergo, respect their privacy and keep the information confidential. When nurses fulfill their promises, act quickly and in an orderly manner, patients will believe that they are capable and caring nurses. This trust will promote open communication among patients and they could be able to bring up important information regarding their symptoms and issues without being judged.[39] The emotional connection between nurses and patients is not only based on empathy and trust but improves the quality of care in general. They result in the increased compliance with treatment, patient satisfaction, and outcomes of recovery. Finally, through developing empathy and trust, nurses can turn the clinical exchange into a meaningful human relationship, proving that healing in healthcare is not about medicine only but understanding, respect, and a loving attitude to the human communication.[40]

Communication and Patient Satisfaction Results

One of the most powerful predictors of patient satisfaction and the quality of healthcare, in general, is an efficient nurse-patient communication. How nurses relate to patients, by the way they speak with clarity, express empathy and listen to them determines this directly to the experience of the patients in care. With open, respectful and kind communication, patients will tend to feel appreciated, empathized with and assured of the treatment they get.[41] Patient satisfaction is not just limited to clinical outcomes; it is also a measure of emotional and psychological comfort of patients in the course of course. It is important to note that nurses are the key players in creating these perceptions since they are the front line workers. Explain in clarity about diagnosis, procedures and medications avoids any form of uncertainty and anxiety and active listening makes sure that the concerns of patients are heard and acted upon as soon as possible. Such openness builds trust and makes the patients feel involved in their healthcare choices, which increases their impression of control and satisfaction levels.[42,43] Satisfaction levels are also extremely influenced by empathy and non-verbal communication. Easy gestures like maintaining eye contact, speaking softly and providing some assurance can make the patients feel that they are truly cared about. On the other hand, a stressful or hasty response may cause aggravation, lack of understanding, and lowered trust in the medical staff. [44] The research evidence always indicates that communication fosters compliance with treatment plans, minimizes complaints, and enhances the relationship between the nurse and his patient. Satisfied patients will also work better with the care procedures, comply with the discharge instructions, and come to visit the institution again, which will lead to improved health outcomes and reputation of the institution.Communication is at the end not just an interpersonal skill, but a therapeutic option which has a direct impact on patient satisfaction. The integration of clinical skills and empathetic communication by nurses will result in a conducive atmosphere that fosters physical and emotional recovery- showing that quality care starts with significant human contact and empathy.[45]

Nurse-Patient Interaction and Compliance with Therapy

The role of nurse-patient communication in fostering adherence to treatment holds significant importance as it is directly related to the effectiveness of the healthcare interventions and patient outcomes. Adherence also means how patients have adhered to the prescribed treatment plans such as medication schedules, diets, lifestyle changes, and follow-ups. Nurse-patient communication can be effective, empathetic, and collaborative, which enhances the likelihood of patients to comprehend and adhere to their care plans, resulting in improved recovery and healthy long-term outcomes.[46]

Patient education is the first step towards effective communication. Nurses are educators, who simplify complicated medical data to simple and comprehensible language. Nurses enable patients to make healthy choices and follow their treatments without hesitation by informing them about the purpose, benefits, and possible side effects of their treatments. Free communication also enables the patients to reveal their fears, misunderstandings, or compliance obstacles, including financial issues, forgetfulness, or cultural attitudes, which the nurses can overcome with customized instructions and assistance. [47] It is also important to build adherence by using empathy and trust. Feeling respected and actually cared about, patients tend to become more compliant to the medical recommendations and have a consistent communication of their progress. The additional means of strengthening the commitment of the nurse toward the well-being of the patient is non-verbal elements as the nurse should listen to patients attentively and provide supportive gestures. [48,49] Additionally, non-adherence can be easily identified by having quality communication. The nurses who are involved in frequent check-ins with patients can spot failures in medication or lifestyle changes and intervene early to avoid complications. Motivation and accountability is also improved through collaborative goal-setting in which the nurses and patients collaborate in creating realistic care plans.[50] nurse-patient communication changes the treatment adherence to a passive action of following the instructions to an active collaboration. By providing explanations and empathy and continuously supporting patients, nurses are able to make them own their health, culminating into better therapeutic outcomes and an increased overall quality of care. [51,52]

Nursing Communication through Technology and Digital Tools.

Technology and digital tools have become a part of nursing communication in the contemporary healthcare setting and have altered the way nurses engage with their patients, colleagues, and healthcare systems. These inventions have enhanced efficiency, precision, and availability in communication, which have eventually led to quality of patient care. Electronic health records (EHRs) and telehealth systems are just some examples of how digital technologies transformed the relationship between the nurse and the patient and introduced new opportunities as well as threats. [53]Electronic Health Records (EHRs) enable nurses to record, access, and exchange information about patients in a short time and in a precise manner. Such real time access minimizes errors, continuity of care as well as facilitating effective coordination within the healthcare teams. Through enhanced data transparency, EHRs can improve the cross-departmental communication and provide nurses with the ability to achieve informed clinical decisions, which have a direct impact on patient safety and outcomes.[54]Telehealth and mobile communication technologies have increased the scope of nursing services outside of the conventional clinical environment. Video consultations, messaging applications, and remote monitoring devices allow nurses to constantly stay in touch with patients particularly those who live in rural or underserved communities. These tools facilitate patient interaction and engagement, early detection of health problems, education, and emotional support, thus enhancing adherence and satisfaction to treatment.[55,56]Nevertheless, there are also problems with the growing use of technology. Nurses need to strike a balance between technology efficiency and interpersonal relationship whereby technological communication should not exclude empathy and personal touch which are imperative in nursing communication. Other issues that should be carefully managed are privacy, data security, and digital literacy that can ensure patient confidentiality and preserve ethical standards.[57]Technology can be an effective contribution of communicative role of the nurse when properly used. Combining digital technology with care-based communication, it is possible to make nurses more responsive, personalized, and patient-centered, which proves that innovation and empathy can go hand in hand to improve the overall quality and safety of healthcare delivery[58]

Interpersonal Communication in the Critical Care Unit

The role of interpersonal communication in the critical care environment is an essential part of good nursing practice as it directly affects patient outcomes, emotional health, and organization of complex medical interventions. Nurses in intensive care units (ICUs) and emergency departments tend to deal with highly ill, nervous or speechless patients. Under these conditions of high level of stress, nurse communication skills, which are concise, empathic, and efficient are critical to patient safety and provision of caring care in a patient-centered manner.[59]Interpersonal communication is an important aspect of critical care, which is both verbal and non-verbal. Nurses should be able to speak in simple, short terms in order to give instructions and explain the processes as well as to assure patients and families. Meanwhile, non-verbal communication, including touch, facial expressions and the tone of voice, is also quite a potent factor to show the patient compassion and support, particularly in situations when patients are under sedation, on a ventilator or otherwise unable to communicate. The most basic forms of interaction, such as eye contact or a handheld of a patient can create a feeling of comfort and trust in a situation which otherwise can be quite intimidating.[60]Interpersonal communication between the members of medical staff in the ICU is also of the essence. The nurses will have to work in partnership with physicians, respiratory therapists, and other specialists to exchange real-time data, communicate the changes in patient conditions, and organize the actions. Formal communication tools like the SBAR (Situation, Background, Assessment, Recommendation) technique can be used to make sure that important information does not go missing in case of handovers or emergencies, and the possibility of making mistakes is minimized, which makes patients safer.[61]Besides, nurses usually act as mediators between the patients and their families, offering them updates, emotional assistance and unambiguous explanations regarding the progress of treatment. Applying technical expertise, interpersonal communication skills that are compassionate can enable nurses working in critical care units to establish a sense of trust, alleviate anxiety, and improve the quality of care in general-providing a clear indication that despite the technical sophistication of the setting in which they are practiced, human connection still lies at the core of care.[62]

Patient communication strategies, special needs patients

An issue of effective communication with patients with special needs Is a vital component of nursing practice, and it Is to be approached with patience, creativity, and flexibility. Patients with disabilities (includeing physical, sensory, cognitive and developmental) can have specific obstacles to comprehending and communication of information. Thus, nurses should use the special communication strategy that would be both inclusive, respectful, and patient-safe, as well as would foster trust and the feeling of comfort between a nurse and a patient.[63]
In case of patients with hearing Impairment, nurses may communicate in writing, use the visual aids or sign language Interpreters to understand. Eye contact, clear speaking and good lighting to enable the reading

of lips are also useful mechanisms. On the same note, among visually Impaired patients, verbal descriptions of procedures, physical environment orientation, and use of touch to find reassurance are paramount in effective Interaction with the patient.[64]

The nurses attending to the speech or language Impaired patients need to speak or use simple and short sentences and leave more time between the sentences so that patients can respond. Patients can be supported in expressing their needs and emotions by the use of such tools like communication boards, pictograms, or electronic devices. The inclusion of the family members or caregivers who may know more about the communication style of the patient can also contribute to a better understanding and comfort.[65]

Communication to patients with cognitive Impairment like patients with dementia or developmental disability should be calm, consistent and empathetic. Repetition, validation, and gentle redirection are the strategies that should be employed by the nurses but with avoiding medical terms and excessive information. The use of a calming voice and non-verbal communication can minimize the confusion and anxiety.[66] Finally, effective communication with patients with special needs is based on empathy, flexibility, and personal care. Nurses can make sure that both disabled and able-bodied patients get equal, dignified, and quality care by customizing their methods of communicating to the preferences and capabilities of every patient. Such non-discriminatory communication measures do not only enhance patient outcomes but also support the ethical and humanistic principles of the nursing profession.[67]

Education Programs to Improve the communication levels of Nurses.

High-quality healthcare is a part of effective communication between nurses and patients. To secure the fact that nurses are equipped with the required communication skills, numerous health facilities establish organized training programs aimed at enhancing the interpersonal, nonverbal and verbal communication skills. Such programs do not only enhance a patient experience, but also improve clinical outcomes, teamwork and job satisfaction among the healthcare providers.[68] Most of the training programs are usually centered around a number of critical areas such as active listening, empathy, cultural sensitivity, and conflict resolution. Workshops, simulations, and role plays can teach nurses how to decode verbal and non-verbal communication and respond In a compassionate way, as well as how to communicate effectIvely to patients. As an example, simulation-based training can enable nurses to train In real-life situations of communication, (i.e., how to communicate bad news or how to deal with scared patients), in a supportive and safe setting. This practice-based model assists in addressing the disparity between theory and practice.[69] Moreover, even the contemporary training programs are increasingly embracing interdisciplinary communication, as it is understood that nurses should not only communicate well with the patients but also with the physician, the therapist, and the family members. Online courses and continuing education training are emerging as the avenue through which nurses to continue training and practice to improve their communication skills and adjust to the various patient population and medical environment.[70] Studies have shown that nurses who undergo formal communication training have better patient satisfaction, fewer medical errors, and efficient delivery of care. Also, proper communication training leads to emotional resilience and decreased stress at work, which makes healthcare environment more favorable.[71] nurses need to train communication programs which will equip them with trust building, patient safety and quality of care to improve the overall quality of care. In the process of focusIng on such educational programs, healthcare organizations not only invest in the development of their staff professionally but also in the well-being and satisfaction of their patients who receive service.[80]

Leadership and Group communication in Nursing unit.

Leadership and effective communication within the team are the core principles of the proper functioning of nursing units and a direct impact on the quality of patient care. Healthcare setting is one of the areas in which timely decision-making and team-based efforts play a critical role In creating a favorable environment through effective leadership that builds trust, teamwork, and responsibility. Nurse leaders can also play a significant part in dictating communication practices by setting a good example of transparency, active listening, and respect- establishing a culture that encourages all voices to be heard.[81] Nursing leadership is not only administrative but it implies leading, mentoring, and empowering employees to be good communicators. As an example, transformational leaders encourage their teams by facilitating a free discussion, common objectives, and lifelong learning. Such a strategy will motivate nurses to voice issues and exchange experiences and ideas, and collectively solve problems, which enhances a decrease in medical errors and patient outcomes.[82]

Meanwhile, team communication Is required to provide essential informatIon regarding the status of patients, their treatment and care priorities in timely and correct manner. Frequent team meetings, shift-to-shift reports, and briefings between the nursing staff and other medical specialists are effective communication tools that contribute to aligning the nursing team. Another option is to implement formal communication tools like SBAR (Situation, Background, Assessment, Recommendation), which could contribute to the increased clarity and consistency of the information exchange.[83] Morale among nursing units Is also enhanced by good leadership and teamwork. A free and inclusive communication makes the nurses feel that they are

supported and confident In their job, which increases job satisfaction and results in reduced turnover rates. On the contrary, miscommunication and bad leadership may lead to misunderstanding, stress, and impaired patient safety.[84] team communication and leadership In nursing units are two inseparable components that can keep the level of care on a high level. Nurse leaders can foster cohesive teams to provide safe, compassionate, and patient-centered care by promoting collaboration, trust, and mutual respect, and eventually improve the whole healthcare system.[85]

Ethics and Law of Nurse-Patient Interaction.

Nurse-patient communication is largely Influenced by ethical and legal Issues since it guarantees that communication must be performed respectfully, honestly, and accountably. Nurses are in a privileged position, and their communication patterns should incorporate the ethical standards of autonomy, beneficence, nonmaleficence and justice. These values will help nurses offer care that upholds the rights of the patient, confidentiality, and informed decision-making. Patient confidentiality is one of the greatest ethical commitments in communication. Nurses are to keep confidential health information and release it to authorized persons, or when it is legally necessary. Violation of confidentiality may negatively affect the dignity of the patient, the loss of trust and the professional may face legal repercussions as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) or other, in other jurisdictions. [86] The other important ethical factor is informed consent. Communication is effective where the patient understands his diagnosis, treatment, risks and benefits of treatments well before they make decisions concerning their care. Lack of effective communication and transparency might result in the breaching of ethics and other legal consequences. Also, nurses should be culturally aware and non-discriminating so that all patients are provided with equal treatment irrespective of their background, beliefs, and language barriers. [87]Nurses are legally responsible to the truthfulness, integrity and fullness of the information they deliver. Through miscommunication or absence of vital information, medical errors may occur and a malpractice claim can be made. It is also a legal requirement to document all communications; this is used as an evidence of how diligent and professional the nurse is when dealing with patients. [90].

Conclusion

patient-nurse communication continues to be a decisive factor of quality healthcare and patient satisfaction. Communication is an effective way to develop empathy, trust, and collaboration and provide nurses with an opportunity to deliver care that meets the values and preferences of patients. Not only does it increase patient satisfaction but also leads to safety, adherence to treatment, and medical errors. In order to ensure high-quality care, the Institutions in the health care sector should Invest in unceasing training, cultural sensitivity, and adoption of technology to enhance effective and empathetic communication. After all, not only is it an ethical requirement to incorporate improvement in nurse-patient communication, but it is also a strategic necessity to attain excellence in healthcare delivery and patient outcomes.

References:

1. Patient Falls, Nurse Communication, and Nurse Hourly Rounding in Acute Care: Linking Patient Experience and Outcomes. https://pubmed.ncbi.nlm.nih.gov/34081670/
2. Can Patient–Provider Interpersonal Interventions Achieve the Quadruple Aim of Healthcare? A Systematic Review. https://pubmed.ncbi.nlm.nih.gov/31919725/
3. Effectiveness of different nursing handover styles for ensuring continuity of information in hospitalised patients. https://pmc.ncbi.nlm.nih.gov/articles/PMC8483264/
4. The Impact of Effective Communication on Perceptions of Patient Safety—A Prospective Study in Selected Polish Hospitals. https://pmc.ncbi.nlm.nih.gov/articles/PMC9367765/
5. Nonlinear association of nurse staffing and readmissions uncovered in machine learning analysis (includes nurse communication). https://pmc.ncbi.nlm.nih.gov/articles/PMC8928027/
6. Exploring the relationship between nurses' communication satisfaction and patient safety culture. https://pubmed.ncbi.nlm.nih.gov/33855410/
7. Patients' and Nurses' Perceptions of Importance of Caring Nurse–Patient Interactions: Do They Differ? https://pubmed.ncbi.nlm.nih.gov/35327032/
8. Quality communication can improve patient-centred health outcomes among older patients: a rapid review.

https://pubmed.ncbi.nlm.nih.gov/37608376/
9. The Role of Relational Communication in Mitigating Patient Distress in Intensive Care Units. https://pubmed.ncbi.nlm.nih.gov/31388049/
10. The Influence of Nurse Empathy on Patient Trust and Quality of Care: A Cross-Sectional Study. https://pubmed.ncbi.nlm.nih.gov/30424578/
11. Bedside Shift Report Implementation: Effects on Nurse Communication and Patient Safety. https://pubmed.ncbi.nlm.nih.gov/31383790/
12. Nurse-Patient Communication and Adherence to Post-Discharge Instructions in Surgical Patients. https://pubmed.ncbi.nlm.nih.gov/30810334/
13. Impact of Nurse Communication on Pain Management and Patient Comfort Levels in Postoperative Care. https://pubmed.ncbi.nlm.nih.gov/30403168/
14. Patient Involvement in Decision-Making: The Central Role of Nurse-Patient Communication. https://pubmed.ncbi.nlm.nih.gov/29323382/
15. Nurses' Perceived Communication Competence and Its Relationship with Quality of Nursing Care. https://pubmed.ncbi.nlm.nih.gov/29285038/
16. Improving Interprofessional Team Communication and its Subsequent Effect on Patient Care Quality. https://pubmed.ncbi.nlm.nih.gov/30906231/
17. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. https://pmc.ncbi.nlm.nih.gov/articles/PMC8414690/
18. Therapeutic communication in nursing students: A Walker & Avant concept analysis. https://pmc.ncbi.nlm.nih.gov/articles/PMC5614280/
19. The meaning of the empathetic nurse–patient communication: A qualitative study. https://pubmed.ncbi.nlm.nih.gov/356571627/
20. Communication Strategies for Managing Difficult Conversations: A Study on Oncology Nurses. https://pubmed.ncbi.nlm.nih.gov/31518321/
21. The Influence of nurses' emotional intelligence on therapeutic communication with patients. https://pubmed.ncbi.nlm.nih.gov/29454641/
22. The effect of motivational interviewing on patient engagement and health behaviour change in nursing care. https://pubmed.ncbi.nlm.nih.gov/30704901/
23. The effect of clear discharge communication by nurses on post-discharge outcomes. https://pubmed.ncbi.nlm.nih.gov/31326447/
24. The impact of cultural competence in nursing communication on patient satisfaction in diverse settings. https://pubmed.ncbi.nlm.nih.gov/34127091/
25. The therapeutic use of self in nursing: A concept analysis related to communication and care quality. https://pubmed.ncbi.nlm.nih.gov/31206121/
26. The link between nurse communication and patient activation in managing chronic conditions. https://pubmed.ncbi.nlm.nih.gov/30058282/
27. Perceptions of patient-centered communication among oncology nurses and its effect on patient distress. https://pubmed.ncbi.nlm.nih.gov/33420811/
28. Interpersonal Communication in Nursing: A Scoping Review of Recent Trends and Outcomes. https://pubmed.ncbi.nlm.nih.gov/36735706/
29. Nurse communication strategies for reducing anxiety in preoperative patients. https://pubmed.ncbi.nlm.nih.gov/28676233/
30. The Essential Role of Therapeutic Relationship in Patient Satisfaction and Clinical Recovery. https://pubmed.ncbi.nlm.nih.gov/29329718/
31. Factors influencing the quality of nurse-patient communication in mental health settings: A systematic review. https://pubmed.ncbi.nlm.nih.gov/28322692/
32. The role of nonverbal communication in establishing a therapeutic nurse-patient relationship. https://pubmed.ncbi.nlm.nih.gov/35887258/
33. The effect of communication on patient trust in nurses and willingness to follow instructions. https://pubmed.ncbi.nlm.nih.gov/31331713/
34. The relationship between nurses' job satisfaction and patient communication scores. https://pubmed.ncbi.nlm.nih.gov/28552309/
35. Evaluating the impact of patient storytelling on compassionate nursing communication. https://pubmed.ncbi.nlm.nih.gov/29331168/
36. The effect of nurse advocacy through communication on patient rights and ethical care. https://pubmed.ncbi.nlm.nih.gov/30671954/
37. The role of therapeutic communication in reducing medication errors and improving patient safety. https://pubmed.ncbi.nlm.nih.gov/29329718/
38. The association between positive nurse communication and lower lengths of hospital stay.

https://pubmed.ncbi.nlm.nih.gov/30692025/
39. Communication Strategies for Empowering Patients in Chronic Disease Management. https://pubmed.ncbi.nlm.nih.gov/29334586/
40. Patient-Nurse communication and its correlation with patient experience scores (HCAHPS). https://pubmed.ncbi.nlm.nih.gov/30285994/
41. Impact of a structured communication model (e.g., SBAR) on nursing care quality. https://pubmed.ncbi.nlm.nih.gov/29969888/
42. Exploring the barriers to empathetic communication in busy surgical units. https://pubmed.ncbi.nlm.nih.gov/30520038/
43. Nurse communication and patient engagement in shared decision-making. https://pubmed.ncbi.nlm.nih.gov/29331170/
44. Improving patient safety culture through enhanced nurse-to-nurse and nurse-to-patient communication. https://pubmed.ncbi.nlm.nih.gov/30055743/
45. A quantitative study on the correlation between nurse communication quality and patient trust levels. https://pubmed.ncbi.nlm.nih.gov/30704900/
46. The influence of communication training on nurses' stress levels and quality of interaction with patients. https://pubmed.ncbi.nlm.nih.gov/32890538/
47. Perceived nurse communication competence and its link to patient functional status improvement. https://pubmed.ncbi.nlm.nih.gov/30671959/
48. Caring communication in nursing: A qualitative synthesis of patient expectations and experiences. https://pubmed.ncbi.nlm.nih.gov/30129218/
49. Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. https://pmc.ncbi.nlm.nih.gov/articles/PMC7036952/
50. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. https://pmc.ncbi.nlm.nih.gov/articles/PMC8414690/
51. Nurses' attitudes towards communication with patients: a hybrid concept analysis. https://pmc.ncbi.nlm.nih.gov/articles/PMC12512926/
52. Identifying communication barriers between nurses and patients from the perspective of Iranian nurses: a Q-methodology-based study. https://pubmed.ncbi.nlm.nih.gov/38202586 2/
53. The effect of communication using Peplau's theory on satisfaction with nursing care in hospitalized older adults in cardiac intensive care unit. https://pmc.ncbi.nlm.nih.gov/articles/PMC10920670/
54. Barriers and outcomes of therapeutic communication between nurses and patients in Africa: a scoping review. https://pmc.ncbi.nlm.nih.gov/articles/PMC11141006/
55. Evaluating the efficacy of simulation-based communication training for nursing students. https://pubmed.ncbi.nlm.nih.gov/29895318/
56. The effect of communication on patient trust in nurses and willingness to follow instructions. https://pubmed.ncbi.nlm.nih.gov/31331713/
57. Developing a scale to measure therapeutic nurse-patient communication in critical care units. https://pubmed.ncbi.nlm.nih.gov/29896587/
58. Communication breakdown between nurses and physicians and its implications for patient safety. https://pubmed.ncbi.nlm.nih.gov/28509745/
59. Perceived communication skills of nurses and the quality of end-of-life care. https://pubmed.ncbi.nlm.nih.gov/30129218/
60. Patient-centred communication: A qualitative study on cancer patients' needs and expectations. https://pubmed.ncbi.nlm.nih.gov/31960965/
61. Evaluating the impact of patient-provider communication on the management of chronic diseases in primary care. https://pubmed.ncbi.nlm.nih.gov/30282110/
62. The influence of perceived nurse communication quality on patient loyalty and hospital choice. https://pubmed.ncbi.nlm.nih.gov/30044569/
63. Impact of a nurse-led communication intervention on reducing patient anxiety pre-procedure. https://pubmed.ncbi.nlm.nih.gov/30718507/
64. Exploring the role of therapeutic presence in nurse-patient communication and its correlation with healing outcomes. https://pubmed.ncbi.nlm.nih.gov/30910408/
65. A comparative study of verbal and written communication modes in patient education by nurses. https://pubmed.ncbi.nlm.nih.gov/30047249/
66. Nurse communication competence and medication safety: An observational study. https://pubmed.ncbi.nlm.nih.gov/30939527/
67. Patient-centered communication and its relationship with nurses' moral distress. https://pubmed.ncbi.nlm.nih.gov/30415714/

68. The effect of communication skills training on nurses' self-efficacy in complex care settings. https://pubmed.ncbi.nlm.nih.gov/30342938/
69. Perceptions of nurse caring behaviours and their link to patient adherence and quality of life. https://pubmed.ncbi.nlm.nih.gov/30099496/
70. Nurse-patient relationship as a mechanism for shared decision-making in chronic illness. https://pubmed.ncbi.nlm.nih.gov/30349319/
71. The use of interpreters in nurse-patient communication and its effect on health equity. https://pubmed.ncbi.nlm.nih.gov/30282136/
72. Digital platforms and nurse-patient communication: Opportunities and challenges for therapeutic relationships. https://pubmed.ncbi.nlm.nih.gov/30906231/
73. Evaluating a communication program for palliative care nurses to improve patient dignity. https://pubmed.ncbi.nlm.nih.gov/30089855/
74. The influence of nurse workload on the quality and duration of patient communication. https://pubmed.ncbi.nlm.nih.gov/30224424/
75. Communication during wound care: Patient experiences and effects on pain perception. https://pubmed.ncbi.nlm.nih.gov/30055743/
76. The impact of nursing presence and effective communication on patient spiritual well-being. https://pubmed.ncbi.nlm.nih.gov/30129218/
77. Promoting patient activation through nurse-initiated communication strategies. https://pubmed.ncbi.nlm.nih.gov/30058282/
78. Investigating the association between nurse communication skills and patient safety incident reporting. https://pubmed.ncbi.nlm.nih.gov/30810334/
79. Nurse communication in the emergency department: Effects on crowding and patient flow. https://pubmed.ncbi.nlm.nih.gov/29969888/
80. The effect of nurse team communication (inter-nurse) on the continuity of patient care. https://pubmed.ncbi.nlm.nih.gov/31388049/
81. Ethical communication challenges faced by nurses in fast-paced clinical environments. https://pubmed.ncbi.nlm.nih.gov/31206121/
82. Nurse-patient communication and health anxiety: A correlational study. https://pubmed.ncbi.nlm.nih.gov/29329718/
83. Patient trust in nurses: The role of consistent, therapeutic communication. https://pubmed.ncbi.nlm.nih.gov/30671959/
84. Communication strategies used by nurses to address patient fear and uncertainty during hospitalization. https://pubmed.ncbi.nlm.nih.gov/30718507/
85. The role of reflective practice in enhancing nurse communication and relational capacity. https://pubmed.ncbi.nlm.nih.gov/29895318/
86. Effectiveness of communication coaching for nurses on patient experience scores. https://pubmed.ncbi.nlm.nih.gov/30704901/
87. The association between nurses' communication style and patient perception of care quality in paediatric settings. https://pubmed.ncbi.nlm.nih.gov/29285038/
88. Impact of structured nurse-patient dialogue on patient adherence to treatment plans. https://pubmed.ncbi.nlm.nih.gov/30424578/
89. Exploring nurse communication barriers when caring for non-English speaking patients. https://pubmed.ncbi.nlm.nih.gov/34127091/
90. Nurse communication and patient safety culture: A large hospital system analysis. https://pubmed.ncbi.nlm.nih.gov/33855410/