

BARRIERS TO EFFECTIVE COMMUNICATION TO ENHANCE PATIENT SAFETY

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Abstract

Patients may suffer serious repercussions from poor communication in healthcare settings, such as a higher chance of mistakes, miscommunications, and discontent with treatment. Up to 30% of malpractice cases are related to medical errors, which are primarily caused by poor communication. The World Health Organization highlights that one of the main reasons for unfavourable incidents in healthcare is poor communication. Poor communication can lead to a breakdown in the therapeutic relationship and patient unhappiness. The aim of the research is to explore the barriers of effective communication to enhance patient safety. The qualitative phenomenological research design is utilized with a sample of 15 healthcare professionals. From varied socioeconomic and cultural backgrounds to extract in depth data. The convenient sampling technique is utilized. And in-depth data is collected through semi structured interviews. The ethical guidelines are followed as per the BERA framework. The data is utilized through thematic analysis. The themes were created after rigorous coding and chunking. The four major themes erupted which are Environment related barriers, patient related barriers, nurses related barriers and technological barriers. It is concluded that these barriers effect communication in hospitals. It is recommended to utilize checklists for procedures, medications, administration and patient handover to minimize errors. Conduct regular team training sessions focused on communication skills.

INTRODUCTION

Effective communication is a cornerstone of patient safety in healthcare settings (Alhur, 2024). It is integral to the smooth functioning of healthcare teams, the quality of care provided to patients, and the reduction of adverse events (Bhugra, 2024). However, in many clinical environments, barriers to

effective communication persist, creating risks that can jeopardize patient safety. These barriers may be caused by a variety of factors such as interpersonal issues (), organizational structures, cultural differences, and technical challenges. Addressing these barriers is critical to enhancing patient

outcomes, improving care quality, and minimizing preventable errors in healthcare systems.

In healthcare, the communication process is multi-dimensional, involving interactions between patients, families, healthcare providers, and interdisciplinary teams (Qundos, 2024). Effective communication, therefore, involves not only conveying accurate medical information but also ensuring that messages are understood and acted upon in a timely manner (Offiah, 2022). Poor communication can lead to a breakdown in patient care, delays in treatment, and misunderstandings that contribute to adverse events such as medication errors, misdiagnoses, and surgical complications (Karp, 2024). This challenge is especially significant in complex, high-stakes environments where the margin for error is minimal, and patients' lives are at risk. Globally, research has shown that communication failures are a significant contributor to medical errors (Bender, 2025). According to a report from the World Health Organization (WHO), poor communication is responsible for more than 70% of adverse healthcare events worldwide (WHO, 2016; WHO, 2024). Communication failures can occur at multiple stages of patient care, from the initial point of contact with the healthcare system to the discharge process. Miscommunication during handoffs between healthcare providers, failure to accurately convey patient information, and cultural or linguistic barriers are just some of the issues that can compromise patient safety (Institute of Medicine, 2001).

The problem Statement

Good communication is required for better patient outcome. Miscommunication in health care setting directly impact on patient safety. Language barrier can impact between health care worker and patients with limited English language skills leading to reduce access to care. In our educational institutions, English is used as a medium of instruction, particularly for advanced coursework. All of the assignments and presentations are given in English. There are difficulties for students who struggle with communicating in English. All of Pakistan's provinces use English as their lingua franca. In Pakistan, it is officially utilized in all professional documents and works across a variety of industries,

including technology, education, law, and government. The people who support it also view it as an international language (Bukhari, 2023).

Language barriers in health care can have a profound impact on patient management (Barwise, 2024). Patients who do not generally speak the main language of a healthcare facility are at a higher risk of false diagnosis due to insufficient communication when measuring or explaining symptoms. This can lead to inappropriate treatment and intervention, and deterioration of the patient's condition. Additionally, it may increase the risk of medical errors and increase the risk of serious medical events (Howick, 2024). Patients may feel ignored, excluded or misunderstood, which leads to careful reductions in satisfaction. Language barriers can also impede the development of trust between patients and providers of health services (Salih, 2024). On the contrary, clinic employees complained of disappointing the optimal treatment and additional time spent with patients due to misunderstanding. To solve these problems, many healthcare institutions use translators or multilingual staff, using written documents, simplified languages, and even tools for translating online. The difficulty of communication and misunderstanding can ultimately lead to additional costs associated with hospitals, certified health insurance funds, and the overall health care system (McLean, 2024).

Literature Review:

In the context of Pakistan, communication barriers are particularly pronounced due to the unique socio-cultural and healthcare system challenges that the country faces. Pakistan's healthcare system is characterized by diverse regional disparities, varying levels of healthcare infrastructure, and a shortage of trained healthcare professionals in rural areas (Yang, 2024). These challenges exacerbate communication difficulties, leading to poor coordination between healthcare providers and, ultimately, suboptimal patient care. Additionally, in Pakistan, there is a significant language barrier, with Urdu being the official language, but numerous regional languages spoken by different ethnic groups. This linguistic diversity can complicate patient-provider communication, especially when healthcare professionals are not proficient in the patient's native

language (Raza et al., 2019). Another major barrier to communication in Pakistan is the hierarchical structure of the healthcare system, which can stifle open communication between different levels of staff. In many healthcare settings, there is a culture of deference to senior professionals, particularly doctors, which may prevent junior staff from voicing concerns or asking questions (Kanwal, 2025). This hierarchy can lead to misunderstandings, delays in decision-making, and missed opportunities for collaborative problem-solving (Zubair et al., 2020). Furthermore, limited access to advanced communication technologies and the lack of standardized protocols for patient information exchange further impede effective communication within the healthcare system.

Internationally, the emphasis on patient safety and communication has led to the implementation of various strategies designed to improve communication in healthcare. Initiatives such as the "Timesteps" program in the United States and the introduction of communication training in medical curricula have shown positive results in reducing medical errors and improving patient outcomes (Heier, 2024). The integration of structured communication tools, like the SBAR (Situation, Background, Assessment, Recommendation) technique, has proven to be an effective strategy in addressing communication gaps in clinical settings. These methods have contributed to the global push for safer healthcare environments, yet similar strategies are still in the early stages of implementation in many developing countries, including Pakistan. Furthermore, the importance of interprofessional communication cannot be overstated. A well-coordinated healthcare team, which includes doctors, nurses, pharmacists, and other healthcare professionals, ensures that the patient's care plan is communicated effectively, preventing unnecessary complications. In Pakistan, efforts to improve interprofessional communication are underway, but cultural norms and the lack of formal training in team dynamics pose ongoing challenges (Anwar et al., 2021). While there is a growing awareness of the need for improved communication in healthcare, the path to overcoming these barriers is fraught with obstacles. In Pakistan, addressing these communication

challenges requires a multifaceted approach that includes changes at the individual, organizational, and systemic levels (Fayaz et al., 2023; Bukhari et al., 2023). Efforts must be made to train healthcare professionals in effective communication skills, create an environment that fosters open dialogue, and implement policies that encourage transparency and collaboration across the healthcare system.

Conclusively, effective communication is a critical factor in ensuring patient safety and improving the quality of care in healthcare settings. Despite the recognition of its importance, significant barriers continue to exist that compromise communication in healthcare systems worldwide, including in Pakistan. Understanding these barriers and taking targeted actions to overcome them is essential to safeguarding patient well-being and enhancing healthcare outcomes (Fayaz et al., 2023). Moving forward, healthcare professionals, policymakers, and educational institutions must work together to address these communication challenges, implement best practices, and create a healthcare environment that prioritizes patient safety and collaborative care.

Theoretical framework

Hymes (1972) explained that communicative competence is the ability of a person to speak and understand language in a particular context. It means communicative competence means effective listening and effective communication. Hymes (1972) elaborated on the communicative user's capabilities and explained that the user is aware of what to speak and where to speak formula and understands how words impact rather than uttering just the right grammatical structures (Lashari, Umrani & Buriro, 2021). A solid grasp of the linguistic, sociolinguistic, and sociocultural facets of a language is necessary for efficient communication. He will be able to use the appropriate language for the correct purpose in the right context thanks to this understanding, and he will then be considered communicatively competent. For foreign language learners, however, achieving this degree of knowledge and comprehension is never easy. They frequently encounter numerous challenges and suffer along the way to achieving this objective. In order to do this, numerous arguments

have been made against creating language programs and courses for foreign language situations.

"Communicative competence," according to Hymes (1972), is the degree of language acquisition that permits language users to express themselves to

others and comprehend those of others in particular settings. It also suggests that language learners can apply what they have learned in the classroom to real-world situations.



Fig 1: Communicative Competence by Dell Hymes

Ethical Consideration

Ethical considerations refer to the moral meaning of a decision, action, or policy. All relevant ethical rules are followed in accordance with BERA framework. An informed consent was taken prior to interview. It was made sure to maintain integrity.

Methodology:

Qualitative phenomenological approach is opted. Qualitative phenomenological research gathers participants' experiences, perceptions, and behavior. The interview is one of the data collection methods used in qualitative research. Qualitative research is a process of determining the meaning of an interviewee (Dursun, 2023). The data were gathered through semi-structured interviews and observations. The researchers chose interviews as a study tool. Phenomenology is a type of research that seeks to explain the nature of things through the way people experience them (Johnson, 2024). The concept of phenomenological research is a highly effective way to explore barriers to communication in healthcare environment. Phenomenology as an approach to qualitative research focuses on understanding individuals' lived experiences and the meanings that they result from these experiences (Bayuo, 2024). With regard to barriers to healthcare

communication, this approach can open up the nuances of how patients, healthcare workers and staff face communication problems and how these issues affect healthcare.

The population of the research was doctors and nurses from different ethnic and cultural backgrounds. The sample size was 15 and convenient sampling technique was used for sample selection. On-probability sampling, or convenience sampling, is frequently employed in qualitative and clinical research (Shamsudin, 2024). Those participants were selected who could provide us rich data. Small-scale research is best served by semi-structured interviews. It gives participants a fair amount of leverage to say anything they want and as much as they want, except from answering questions. It is a flexible method. The interview was 30 minute long and took place at hospital at the workplace of the participants of the study. Data was analyzed through thematic analysis.

Results:

The results of the data are achieved in the forms of themes. To analyze the data thematic analysis method is adopted. After collecting data, the data was read and re read four times then it was organized to see the patterns clearly. After organizing and reading coding is done which lead to chunking

process. After coding and chunking the major themes that erupted were: Patient related barriers, Nurse related barriers, environmental barriers and

technological barriers. The graphic representation of the major themes and the sub themes that erupted from data are as follows.

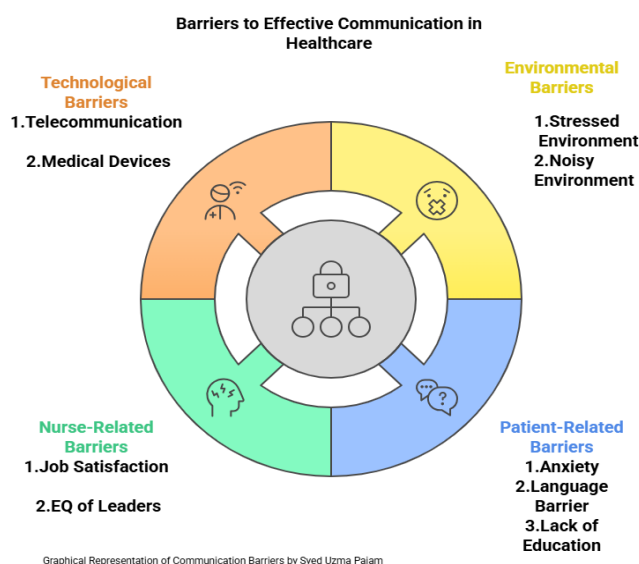


Fig 2: Graphic Representation of the Communication Barriers in healthcare.

Environment related barrier Stressed environment

Ineffective communication, stress has a major impact on nonverbal clues, affecting how people express and understand nonverbal actions. Studies reveal that elevated stress levels might result in decreased involvement and modified nonverbal cues, thus impeding successful communication in a variety of settings. Stress reactions can reduce audience engagement and communication efficacy in high-stress settings, such professional sports. Stress impairs nonverbal communication in teams, according to a study that identified a correlation between lower testosterone-cortisol ratios and less audience participation during presentations (Serpell et al., 2019). Nonverbal cues like physical touch and eye contact were severely restricted during the COVID-19 epidemic, which resulted in poor communication between patients' family and healthcare professionals. According to Marra et al. (2020), this lack of nonverbal communication increased emotional distress and hampered the development of trust.

Stress has an impact on how people perceive nonverbal cues about dishonesty and honesty. In

stressful situations, nonverbal cues may be misjudged, emphasizing the need to prioritize verbal content over nonverbal signals in credibility assessments (Bogaard et al., 2025).

P 4: due to the shortage of medical staff in the hospital we are under pressured so we will not focus patient safety regarding miscommunication. That why our stress environment the biggest barrier in communication that affect patient safety.

When diagnosing PTSD, nonverbal cues like body posture and facial expressions are very important. These cues can be made worse by stress, which makes diagnosing them more difficult and calls for clinician training to properly identify them (Beyan, 2023). Although stress can affect nonverbal communication, it's important to keep in mind that some people may modify their nonverbal cues in reaction to stress, which could improve their effectiveness in specific situations. Improved techniques for handling communication under pressure can result from an understanding of these dynamics. Stress is one of the communication barriers in the hospital sitting which effect on patient safety.

Noisy environment

Background noise considerably reduces the efficacy of vocal communication in public areas. According to research, people must modify their communication techniques to preserve understanding as background noise levels rise. Changes in interpersonal distance and speech volume are common components of this adaptation, but they have boundaries beyond which communication breaks down. Research indicates that when background noise increases, speech intelligibility decreases. There is a noticeable threshold at 78 dB SPL where communication breakdowns occur often. In response to noise, conversational partners modify their physical proximity and speaking volumes, going into behavioral coordination stages to maintain communication. To regain clarity when communication breaks down, people frequently go closer or speak louder. According to Blockstael et al. (2018), listening effort is increased by fluctuating background noise, such as city sounds, which might result in slower reaction times and more trouble recognizing speech. Temporal Features of Noise: Speech transmission is also impacted by the nature of background noise (impulsive vs. stationary), with impulsive noises producing more noticeable disruptions (Lee & Jeon, 2011).

There is great concern in noise-sensitive areas, such as hospitals where noise affects patients' well-being, healthcare professional performance, medical errors occurring, visitors, hospitals in general (McCullagh, 2022).

P 12: Noise environment is a big challenge in communication barrier. A noisy health environment affects communication, patient safety and quality of care, leading to communication disorders, risks of patient safety, and reduced patient satisfaction, especially in emergency services, intensive care units and operating rooms.

Excessive noise levels in hospitals have potential implications for healthcare delivery as it can lead to psychological and physiological effects on all healthcare professionals – reduce their performance and work efficiency, disturb oral communications, and increase the rates of perioperative adverse events. In patients, these high noise levels impinge on their healing, recovery, and healthcare outcomes.

Patient-related barrier

Anxiety

Anxiety affects how adults perceive their symptoms after a concussion, delaying their full recovery. The authors aimed to ascertain whether parental concern was linked to their children's ongoing post concussive symptoms (PCS) after a concussion..Anxiety and depression rates among emergency department (ED) patients are substantially higher than those in the general population. Additionally, those with mental health issues often have difficulty accessing care. Unfortunately, issues of anxiety and depression are frequently not addressed in the ED due to competing care priorities.

P 7: I believe that anxiety affects more than just mental health, it can also have a direct effect on physical safety by affecting choices, actions, and even how the body reacts to therapy. In a medical setting, anxiety is essential for enhancing patient safety and general health results.

Additionally, a lack of access to mental health care and the high rates of anxiety and depression among ED patients can lead to overcrowding in EDs and a greater strain on healthcare systems. Reducing the burden on emergency services and enhancing recovery results may require addressing mental health issues, especially in the context of concussion management.

Language Barrier

Language barriers have a major impact on healthcare quality. Usually, if the two groups do not have their native language, health service providers are necessary to adhere to the principles of human rights and justice of all patients. They say that in their local language there is a disadvantage when it comes to accessing health services. Similarly, several studies have shown that patients facing language barriers have worst health-related outcomes compared to patients who speak local language. Language barriers contribute to a decrease in the satisfaction of both the patient and the medical supplier, as well as communication (Ellahham, 2021).

P 3: In a healthcare setting, language barriers arise when patients and providers do not share a common language, or when patients are limited in proficiency in the language they speak. This can lead to a variety of challenges and may affect patient safety.

Language barriers in the health sector pose important challenges that can affect quality of care and patient outcomes. If patients and providers do not share a common language, or if patients have limited skills, this can lead to misunderstanding, reduced satisfaction, and reduced patient safety. Acquired communication issues can contribute to the worst outcomes related to patient health and put a burden on the healthcare system. Applying to these barriers by providing appropriate services to support language support is important for all patients to receive fair, effective and safe support that supports the principles of human rights and justice in health care.

Lack of education:

Lack of education can be a significant communication barrier in healthcare (Weerapol, 2024). Patients who lack education may struggle to understand medical instructions, the importance of following treatment plans, or the potential consequences of not adhering to prescribed regimens. This can lead to poor health outcomes, mismanagement of conditions, and overall dissatisfaction with care.

P5: Lack of health education can have a significant impact on both the quality of patient care and the overall functioning of the health system.

Lack of education, particularly in the field of medical literacy, can significantly hinder the effectiveness of providing health services. Patients who do not receive an appropriate education in relation to health issues, processing options, and the importance of adherence to medical consultations are more likely to know bad outcomes regarding increased health and complications. This creates bills not only for individual patients but for health systems, contributing to higher inefficiencies and costs. Solutions to gaps in the field of health education are important to improve patient outcomes, increase patient satisfaction, and ensure the overall effectiveness of the health system.

In recent years, the Pandemic COVID-19 has contributed to a sharp increase in the symptoms of anxiety and depression, increasing the global burden on mental health and highlighting the need for effective and effective treatment at different levels of

medical care for example, primary care, ambulatory treatment and state treatment (Seegan, 2024)

Nurses Related Barriers

Job Satisfaction

Since good communication improves patient outcomes and healthcare practitioners' job happiness, there is a substantial correlation between job satisfaction and effective communication among healthcare professionals. Healthcare workers' sense of fulfillment and job satisfaction are influenced by effective communication, which also promotes a collaborative work atmosphere, lowers errors, and enhances patient safety (Sahoo et al., 2024). Quality patient care depends on effective communication, which also affects treatment compliance and patient satisfaction (Gangopadhyay, 2024).

As a multifaceted phenomenon that is subject to different definitions and perspectives, there is no single definition of job satisfaction. Keep in mind that satisfaction with work is a positive feeling of work results based on the evaluation of its characteristics. This can be measured by indicators such as increased work safety in the group, satisfaction with the authorities and satisfaction with their work, their salary and their professional capacities.

P 8 : In the opinion of healthcare staff, job satisfaction positively affects patient safety by reducing stress and burnout, improving focus and teamwork, and encouraging adherence to safety protocols, ultimately leading to better patient outcomes.

Ineffective communication can result in adverse occurrences and medical errors, which can have a detrimental effect on patient outcomes and the morale of medical staff. Effective communication techniques are associated with high job satisfaction among healthcare professionals, which improves their capacity to give high-quality care. Healthcare workers' interpersonal skills, which are essential for patient happiness, are directly impacted by communication satisfaction (Kipourpoulou & Varsamaki, 2023).

EQ of Leaders:

Leaders' attitudes, values, and communication style generate a ripple effect that impacts everyone (Bukhari, 2024; Nguyen, 2025). affecting peoples

mental, social, and emotional well-being. This influence is significant for a number of reasons. The general mood is shaped by leaders. Their ideals, morals, and communication style have an impact on everyone. Hierarchy-related issues when answering questions about belonging, frustrations, decision making, power and leadership, and aspirations. Hierarchy-related issues emerged as a major concern through the coding process of the data.

P 6: In healthcare professional opinion, hierarchies can affect patient safety by fostering clear leadership and responsibility, or by creating communication disorders that discourage errors and declarations of concern, which can lead to patient care.

P7: In front of flared up bosses whose emotional quotient is minimal, out of stress miscommunication occurs.

The emotional quotient of higher hierarchy is found minimal. Effective communication in corporate contexts is greatly influenced by the emotional quotient (EQ) of higher hierarchies. High emotional intelligence (EI) leaders are skilled at controlling their own emotions and recognizing those of others, which improves their capacity for decision-making, communication, and conflict resolution. This emotional intelligence creates a productive workplace, which in turn improves team cohesion and employee morale (Carter, 2024; Ridho, 2024). Leaders with high EI are able to express themselves empathically and clearly, which promotes candid discussion. Leaders with emotional intelligence are better able to handle disagreements and maintain positive lines of communication. Leaders with high EI are able to modify their communication methods to fit a variety of cultural settings, which fosters inclusivity (Mishra, 2022). These arrangements encourage independence and candid dialogue, which has favorable emotional results. Taller hierarchies frequently lead to regulated interactions, which can hinder communication and stifle emotional expression (Geetu & Verma, 2024).

Technical Barrier

Telecommunication:

Telecommunications companies implementing comprehensive solutions to Mega data have achieved significant improvements in operational efficiency, customer holdings and revenue receipts while

reducing costs for maintenance and security risks (Ochuba, 2024).

P 2: It's such an amazing technology that everything informs the client at home from telehealth and also medication that how can we take dose its very helpful nowadays but rural areas where people don't have screen phone it's difficult for them to use app and know about their current conditions and medicines ,so participant told that its quite different for them to understand .

It is concluded that telecommunication and technology that folk get benefit from it and which decrease the expense of the client but for people living in remote area, it's pretty difficult for them so it is suggested that our health program, health sector like hospitals should be provided there for easy access to everyone.

Medical Devices:

Medical devices and consumables, home health, personal assistance, and qualified treatment services are essential to the health and well-being of many patients (Lizano-Diez, 2022). Lack of supply chains and workforce and other dysfunctions during the Covid-19 pandemic. Many of them are preserved and exacerbates the problem of accessing medical care. Faulty devices lead to miscommunication as readings are wrong so the wrong readings are forwarded which eventually put patient safety on stake (Nkereuwem, 2023). These challenges are exacerbated by cultural stigma, limited access to mental health care, and ignorance about mental health issues (Aziz, Bukhari et al, 2025).

P11: Medical devices is beneficial for patient but sometimes its affect the communication barrier that directly affect the patient safety. Like most of the error is occur in digital thermometer that affect patient safety

From the medical device it is concluded that its very crucial for single person to know about the medical devices and also our health profession teach the right method to use and avoid the faulty machine that harm the client. but its easy for client that everything record in medical device. Definitely if the device or medical equipment doesn't give the right reading it leads to faulty communication which directly affects patient safety measures.

Discussion:

Effective Communication is an intricate process that can affect the overall procedure in health care tasks

and dealings. The poor communication can have drastic effect on patients' health and care. The poor environment is one of the key reasons that can affect the health of the patient due to the obstruction of effective communication. The noisy and stressful environment can hinder the flow of right message. The message can be misinterpreted because of stress and noise that can lead to negative results which can be lethal for a patient. The patient related barrier is another reason that erupts because of lack of health knowledge. The lack of knowledge on patient part is the key barrier which requires special attention. patients need education to stay updated about their key scenario so that they can follow safety precautions. The language barrier can be minimized by having an interpreter which can solve the language barrier hurdle. Technological hurdles in hospitals are noticed that impede accurate communication. The regular repairing and updating is neglected which led to such issues. Leaders at hospital are not emotionally strong they throe their frustration on the subordinates. Eventually subordinates do mistakes out of frustration and depression. It s a whole chain. The leaders with high EQ can lead to the change in whole healthcare ambience. The positive work environment gives motivation for work and fix all the system that leads to barriers of miscommunication. If the nurses are happy and mentally relaxed, they would be positive towards their tasks. The tasks will be done whole heartedly leaving minimal chances of errors.

Conclusion:

In medical settings, good communication is crucial to guaranteeing patient safety and high-quality treatment. This study identifies important communication impediments, such as technology constraints and patient-related restrictions, nurse-related constraints and environmental constraints. These obstacles promote medical errors, patient discontent, and misunderstanding. Structural interventions including stranded checklists, better patient handover procedures, and frequent communication training for healthcare teams are necessary to address these problems. Hospitals can improve patient outcomes by reducing errors, improving communication, and putting these initiatives into practice.

Recommendations:

1. It is recommended to utilize checklists for procedures, medications, administration and patient handover to minimize Communication errors.
2. Conduct regular team training sessions focused on communication skills.
3. Put Socio Emotional Learning (SEL) programs in practice to improve EQ of leaders.

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