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Saudi Population Perceives Communication Barriers In Emergency Departments In Saudi Arabia

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ABSTRACT

Introduction: Effective communication is one of the most essential aspects of nursing care in the emergency room. In *Saudi Arabia, the emergency department must exert considerable effort to surmount communication barriers. Due to the fact that the majority of emergency department personnel in different regions of the United Kingdom are immigrants from other countries who speak other languages, there is a communication barrier that must be surmounted in order to overcome the communication risks in ER.*
***Aims**: To determine the perceived communication barrier in Saudi emergency departments.*
***Methods**: Samples were extracted from each individual's inter-emergency department for a descriptive community-based survey. Between August and November of 2022, 1507 samples were collected from participants over the age of 18 for the study. The data was collected using a standard, closed-ended questionnaire.*
***Results**: According to emergency nurses, environmental factors are the primary barrier to effective nurse- patient communication. The following were elements related to knowledge and psychology. As with younger nurses versus elder nurses, male nurses viewed knowledge-related variables as a greater communication barrier. The influence of languages and educational attainment on environmental factors was also substantial.*
***Conclusion**: Language, culture, and educational differences between Saudi patients and foreign nurses have created communication barriers between them. We recommend that nurses participate in ongoing training to enhance their communication abilities.*

***KEYWORD:** Communication, Obstacles, Emergency Departments, Perceived Population of Saudi Arabia*

INTRODUCTION

Effective communication is one of the most essential aspects of nurse care in the emergency room (Sibiya, 2018). In Saudi Arabia, the emergency department must exert considerable effort to surmount communication barriers. A common objective to be able to surmount the communication obstacles in the ER is to catalog these obstacles, characterize the essential components of communication, particula[1]rly with elderly and young patients, and attempt to develop solutions. People use a shared system of signs, symbols, and actions to exchange information, thoughts, and emotions during the complex process of communication. The sender, the recipient, the context, the medium, the message, and the feedback are just a few of the many components of this process. A message (information, thoughts, and sentiments) must be transmitted from a sender (also known as an encoder) to a receiver (also known as a decoder) over an acceptable medium in a particular context for communication to occur. The National Standards for Hospital Accreditation mandate effective nursing tasks related to communication and education, so nurses can hone their communication skills as a valuable resource for assessing patient needs and providing appropriate physical care, emotional support, knowledge transfer, and information exchange (Shafipour et al., 2014). In addition, the communication process is complex, dynamic, and diverse (Alosaimi and Ahmad, 2016).

When devising effective communication, it is crucial to consider the needs of patients, as

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doing so can improve nurse- patient interactions and substantially influence patients' perceptions of the quality of care and treatment outcomes (Al- Shamsi et al., 2020).

Despite the potential benefits of patient-centered communication, communication barriers have been identified in a variety of clinical settings around the world. It has been demonstrated that a patient's lack of familiarity with and comprehension of a health system's culture and language can hinder patient-doctor communication (Fleischer et al., 2009). A number of variables, including cultural and linguistic diversity, influence these obstacles. These communication barriers may impact patient safety, patient satisfaction, healthcare quality, and health outcomes.

As many nurses in the Saudi Arabian healthcare system are non-Arabic-speaking expatriates, communicating with patients can be difficult. This is not a simple matter. Due to the increased rates of immigration into industrialized nations like the United States, Saudi Arabia is in a unique position. Expanding cultural connections exist between Australia and the United States. Both attendants and patients speak multiple tongues.

According to recent studies, such barriers to communication exist in a number of nations and have a negative impact on the overall standard of healthcare. Despite an increase in interest in both quantitative and qualitative research on nurse- patient communication, no study has specifically examined patient communication experiences in Saudi Arabia, despite an expanding corpus of data on the topic. In addition, no studies have investigated whether a patient's communication experience influences their satisfaction with nursing care.

METHODOLOGY

Study designs

The study had a descriptive community-based survey design and was conducted between August and November 2022. The study population consisted of 1,510 participants over the age of 18 who were selected from various communities in Saudi Arabia and agreed to participate in order to determine the Communication barriers in the Emergency department among the Saudi Arabia population.

Setting

The totality of the Kingdom of Saudi Arabia, which consists of 13 administrative regions, 46 cities, of which 20 are considered significant cities, and a variable number of governorates within each region.

Study population

The study is conducted on all inhabitants of the Kingdom of Saudi Arabia, which, according to the most recent figures, has a population of 48 million, including citizens and residents. According to a report issued by the General Administration of Statistics, the total number of Saudi citizens is 35,013,414, or 35 million people.

Sample

Multiple sampling stages were utilized. The Central Region (Riaydh, Qasim) was the most affected region, followed by the Western Region (Mecca, Medina, Jeddah), Eastern Region (Damam, Khafji, Alhasa), Northern Region (Tabuk, Jouf, Hail), and Southern Region (Asir, Najran, Jizan)), and a random number of clusters were selected by the researchers for inclusion in the study. Cluster sampling will be used to identify samples from four regions (Figure 1). Simple random sampling was used to determine samples of respondents from each group (cluster). Saudis over the age of 18 who exhibited a propensity to participate in the study were considered eligible participants.

Data collection plan

A standardized, closed-ended and open-ended questionnaire was used to collect data. An electronic questionnaire has been sent. At the outset of the questionnaire, participants are asked, "Do you consent to participate in the study?" If you consent to share, he or she will proceed to answer the questionnaire's inquiries. Three sections comprise the questionnaire: The first assesses biographical information, the second ED Communication Barriers knowledge and awareness, and the third ED Communication Barriers attitudes and

dispositions. By concentrating on two aspects of the questionnaire, we were able to make it more accessible. The first provides biographical information, while the second provides knowledge and awareness regarding ED Communication Barriers. To meet the objectives and outcomes of the study, a few attitude queries have been modified. In order to ascertain the breadth of our participants' perceptions, we also made a number of the questionnaire's questions more specific.

Ethical consideration

No identifying information such as name, email, or phone number. At the beginning of the survey,participants were asked to indicate their accord. In order to provide participants with clarifications regarding the research, a message describing the primary purpose of the study was created at the beginning of the survey. By consenting to complete the survey, participants have indicated their consent to participate in the study. Additionally, all collected data were retained by the researchers in order to safeguard the privacy of the individuals who participated in this study.

RESULTS

Emergency nurses felt that, of the 1507 domains addressed by the questionnaire, environmental considerations were the greatest barrier to effective nurse-patient communication. Knowledge-based and psychological factors followed. Male nurses perceived knowledge-related variables to be a greater barrier to communication than female nurses, as well as younger nurses than senior nurses. Languages and educational level are the most influential ambient factors.

In the investigation, 1507 questionnaires were included. The mean (SD) age of the participants was 40 (8.2) years; 30.19% of the participants were women and 69.91% were men, with the majority coming from Negran and Makaah; 31% of the participants were university students, 22% had middle school diplomas, 19% had secondary school diplomas, and 9% were illiterate. There were (47%) solitary individuals, (43%) married individuals, and (10) divorced individuals.

Table 1 shows that 40% of the participants traveled in the morning, 50% in the evening, and 10% at midnight.

Table 1 Demographic data analysis among Saudi Arabia population

Variables	Frequency	Percent	Mean	Std. Deviation	PV
Age					
15 to 35	581	38.47	2.1325	1.15250	.008
36 to 56	881	58.34			
> 57	118	7.81			
Total	1510	100			
Education levels					
Illiterate	129	8.54	2.9225	1.12902	.134
Primary school	185	12.25			
Middle School	294	19.47			
Complete 10 years of regular school	334	22.11			
University or postgraduate education	865	57.28			
Total	1510	100			
Time of visit					
Morning visit	586	38.80	2. 2225	1.1102	0.123
Night visit	747	49.47			
Midnight visit	146	9.66			
Total	1510	100			

the questionnaire assessed the nursing barriers, patient- related obstacles, common barriers between nurses and patients, and ambient barriers to optimal innervation and environment in emergency departments (Table 2).

Table 2 common barriers between nurses and patients among Saudi Arabia population

Row Labels	Common barriers between nurses and patients	Mean	Std
Slang linguistic differences between a nurse and a patient	690	571	136.41
Cultural differences between nurse and patient	643		
Sexual differences between nurse and patient other	380		
Grand Total	1507		

participants reported the following proportion of obstacles. While discussing the situation in the ED, 47% of participants mentioned slang linguistic differences between the nurse and

The patient (21%), cultural differences between the nurse and the patient (20%), and sexual differences between the nurse and the patient (12%) (Table 3).

Table 3. Obstacles related to the patient among Saudi Arabia population

Row Labels	Obstacles related to the patient	Mean	Std
Family intervention	297	331.1	96.42
Ignorance of the patient about the nurses' condition and duty	405		
Anxiety, pain and physical discomfort of the patient	444		
Lack of medical history of an unconscious patient	345		
Alzheimer's patients and consciousness disorders	167		

13 percent of individuals report fatigue of nurses, 22 percent report a shortage of nurses, 17 percent cite a lack of time, and

48 percent cite a grand total and confronting it all in the ED (Table 4).

Table 4. Nursing barriers among Saudi Arabia population

Row Labels	Nursing barriers	Mean	Std
Fatigue	425	549	114.40
Nurses shortage	701		
lack of time	521		
Grand Total	1507		

(9%) family intervention, (13%) patient ignorance of the nurse's condition duties, (14% patient anxiety, pain, and

Physical discomfort, (11% lack of medical history for an unconscious patient, (5%) Alzheimer's patients and consciousness disorders, and (48%) stated grand total and dealing with everyone in the ED were reported as patient-

related challenges (Table 5).

Table 5. Environmental factors among Saudi Arabia population

Row Labels	Environmental l Factors	Mean	Std
Critically ill patients	51	372	166.54
The emergency room is crowded with family and relatives	403		
The conditions of the organization are not suitable	511		
Intervention of the patient's family in the decisions of the emergency team	492		

Emergency crowded with patients	403		
Grand Total	1507		

1% of severely unwell patients and 12% of patients overall mentioned environmental factors. 15% of respondents said the workplace is unsuitable, 15% of patients' families

Interfered with the emergency team's decisions, and 12% reported this. The emergency ward was crowded, with 45% of the total population confronting everyone

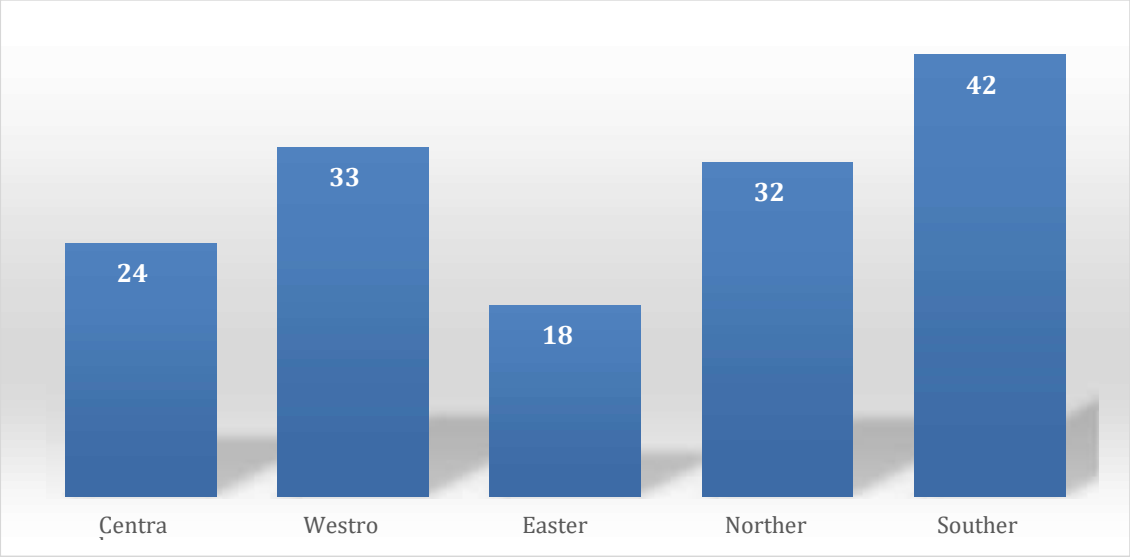

Figure 1 Region which data collected among Saudi Arabia population

DISCUSSION

There were 1,507 participants in the study, and the majority of them were between the ages of 36 and 56. 30.19% of the contributors were female and 69.91% were male; 31% of the contributors were college students. There were (47%) solitary individuals and (10) divorced individuals. Table 1 shows that 40% of the participants traveled in the morning, 50% in the evening, and 10% at midnight.

Prior research indicates communication barriers included job dissatisfaction due to workload, uncontrolled patient family presence (Seijo et al., 2016), mistrust of nurse competency, gender incompatibility, nurse lack of attention, informational delays and negligence, a nurse's lack of responsibility, a language barrier and overwork (Abdulla et al., 2022), patient physical discomfort, physical and psychological complaint, nurse reluctance to communicate, language barrier, and overwork. Communication barriers between the nurse and the patient affected the efficacy of healthcare services.

Eleven papers were discovered, all of which were self-

reporting surveys with a combination of open-ended and

Closed-ended queries. In the United States, Canada, Australia, and Ireland, they first appeared. A variety of healthcare professionals participated in the trials, with nurses obtaining the most attention. Most commonly, a dearth of information and a lack of time are obstacles to advance care planning. According to Douglas, advance care planning appears to have a substantial amount of support, and nurses and other healthcare professionals report feeling competent and confident in their ability to carry out the responsibility. According to other studies, nurses comprise a sizable portion of the healthcare industry, and their behavior may have a negative impact on patient outcomes (both positive and negative). Nurses have frequent interactions with patients and those providing care for them. Consequently, healthy nurse- patient and caregiver relationships are therapeutic and essential to treatment (Norouzinia et al., 2015).

In addition to providing primary care, nurses frequently advocate for patients or serve as interpreters. Good nurse- patient relationships have a positive impact on nurse-patient communication and interaction, despite the fact that studies

Have demonstrated that a number of factors can impede great nurse-patient relationships,

which can have significant implications for care outcomes and quality (Shafipour et al., 2014). Due to these obstacles, it is more challenging for nurses and other healthcare personnel to provide treatment that satisfies both patients' and caregivers' requirements. Four categories of barriers to patient-centered care and communication have been identified: institutional and healthcare-related, environmental, psychological, and behavioral. In clinical practice, despite the fact that these challenges fall under various categories, they are closely related (Alshammari et al., 2019).

Participants in our study reported the following proportion of barriers across the 1507 domains covered by the questionnaire. Twelve percent (12%), twenty percent (80%), and eighty percent (80%) of respondents noted sexual and cultural disparities between nurses and patients, and forty- seven percent (47%) of respondents said that these disparities affect everyone in the ED overall. These distinctions were reported by survey respondents in varying proportions (Table 2). 13% of respondents cited nursing barriers. Table 4 lists as factors the fatigue of nurses, the reported paucity of nurses (22%), the lack of time (17%), and the overall challenges faced by the ED (48%).

CONCLUSION

The study concludes that there are disparities in education, culture, and language between Saudi Arabian patients and nurses. This is owing in part to the large number of immigrant nurses employed in the nation's healthcare system. These differences impair the health outcomes of Saudi Arabian patients and impede effective communication. In addition, the findings of this study indicate that improved patient-provider communication is necessary in Saudi Arabia in order to deliver safe and high-quality practice, which will contribute to the improvement of care quality and patient satisfaction. A comprehensive education for nurses should place a heavy emphasis on research. Improved nurse-patient communication is contingent on a pleasant work environment and regular communication skills training for health care workers.

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Conflict of interest

The authors declare that no conflicts of interest exist.

Data and materials availability

All data sets collected during this study are available from the corresponding author upon reasonable request.

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