



Effective Communication in Nursing Practice: A literature review

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<p>ABSTRACT</p> <p>Background Communication is almost a natural involuntary action to nearly all, hence the importance of it's effectiveness could be easily overlooked. Since communication is an integral part of nursing, a medium through nurses relate with patients, therefore an ineffetive communication skills would have positive impact on the quality of healthcare output. This study aims to explore effective communication, it's barriers, how it relates to and affects health and also to find the means to improve effective communication in health care settings.</p> <p>Research methodology: This work is a product of a literature review, which was done on the of basis of the writer's established inclusion and exclusion criteria. The sources of article are EBSCO, PubMed, SAGE, and Science Direct. In total 12 articles were selected for the analysis. The data analysis was according to Graneheim and Lundman (2004) qualitative content analysis and the findings were also sturcturally narrated using imductive content analysis technique.</p> <p>Results The review indicated that effective coomunication directly impacts the health and satisfaction of patients. It also indicates that most barriers to effective communication are associated with the characteristics of healthcare providers and patients. More trainings need to be organised to educate nurses about the professional use of effective communication; awareness of nurses' own characteristics and strategies to understand patients's cues and characteristics.</p> <p>Conclusion The review indicates that the use of effective communication skill in healthcare settings does not only benefit patients it also benefits healthcare providers in the aspect of their and job satisfaction and health.</p>	
Keywords:	Effective communication, effects, barriers, nursing, caring, patient-centered care, therapeutic communication, patient satisfaction
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List of Abbreviations

EC:	Effective Communication
TC:	Therapeutic Communication
PCC:	Patient-Centered Care
MB:	Maintaining Boundary
NI:	Nursing Intervention

FORWARD

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1. INTRODUCTION

Communication is an important and integral part of life, without which no one might survive. Verbal and non-verbal communication start from birth and does not end until death (Vertino, 2014). According to Brinkert (2010), communication is needed not only for transmission of information and knowledge to one another, but more significantly to inter-relate as human beings everywhere in the world. Communication surfaces universally in the context of relationships, families, organizations, nature and nations. The fact that communication is almost a natural involuntary action to nearly all, makes placing importance on its effectiveness easily overlooked, Papadantonaki (2006) also added that this occurrence is undeniably evident in healthcare settings as well. Most times nursing as a health care science focuses on meeting the health needs of human as a biopsychosocial and spiritual being, but according to Lambrini and Loanna (2014), nursing practice requires not only scientific knowledge, but an additional effective interpersonal communication, intellectual and technical abilities and skills.

Effective interpersonal and communication skills between health care providers and patients are one of the most significant factors for improving patients' satisfaction, compliance and overall health outcome (Berengere et al., 1997). Patients make impression of the nurses' based on how these nurses communicate and relate with them, and the impression nurses pass to patients will influence their satisfaction and hence their healthcare output Papagiannis (2010). Faulkner (1998) argued that, being able to communicate effectively with others is at the hearts of every client care. Clear and kind communication affects the client's response to health care service. Berengere et al., (1997) stated that clients who understand details of their illness and treatment, whom perceive and believe the provider is concerned about their well-being, often show greater satisfaction with the care received and are more likely to follow with treatment regimens.

Humans are holistic beings, consisting of body, mind and spirit. It is of importance to care for oneself in related to the whole being as said by Wilkinson et al., (2008). However, as related to caring for others, one cannot offer what one does not have, due to this it is suggested that it is of high necessity to find out about oneself before one can meet

client's needs from the holistic center. Being aware of one's level of communications skills, characteristics, attitudes, cultural backgrounds, one's strength, weakness, limits, areas to improve on, are important skills in work like generally, and particularly in nurse-client relationship in nursing practice. In addition, Bach and Grant (2009) stated that nurses' deep understanding of the effective communications skills, roles and barriers on the process and outcome on healthcare provision could be one way achieving the holistic and client-centered care.

Lambrini 2014 and Berengere et al. (1997) announced that, despite the widespread acknowledgement of the significance of effective communication & interpersonal skills, the subject is not emphasized enough in clinical training. Thus, the purpose of this paper is to explore and find out the importance of effective communication in health care service. It is also purposed to examine; how effective communication impacts patient and nurse; barriers to effective communication and the possible means to better improve on effective communication skills in nursing practice. The writer believes that this paper would contribute a part in the improvement of the quality of health care service.

2. BACKGROUND

Communication has been defined by many as the exchange of information, feelings and thoughts among people (Lambrini and Loanna, 2014; Berengere et al., 1997; Ennis et al., 2013). In addition to that Bach and Grant (2009) identified communication as a significant attribute in nursing (Ennis et al., 2013) a medium through which information, in the context of “care” is conveyed. Nurses convey nursing care to patients verbally (thorough speaking) and non-verbally (acting, showing, touching, doing, etc). The information may be verbal or nonverbal; spoken or written; personal or impersonal, specific or general or even relationship oriented and so on (Sheldon, 2004). As individuals, groups, cultures, religions and countries, in our attempt to co-exist, according to Vessey et al., (2010), the ‘how, what, why and where’ of the choice of communication can either harm or edify us. Raya (2006) justified the previous view by stating that what one says, how one says it, what one really means by it are extremely and all equally important, and could be life changing. In nursing practice, much evidence has found this same view. As can be seen in Papadantonaki’s (2006) statement that “the impact of the ‘how, what, where and when’ of communication could be extremely detrimental to both the health of patients and nurses in nursing settings.

Communication, if well used, helps in the provision of clear, accurate, consistent and easy nursing service, guaranteeing both the satisfaction of the patients and the protection of the nurses, the whole process takes place in a context consisting of physical realm, social and cultural values and psychological state (Verderber 1998). Commonly, the message sent is not the same as what is received. According to Berengere et al. (1997) the decoding of the messages depends on individual factors and internal perceptions. That means, the receiver’s interpretation of what is heard may not be in accordance to what the sender means. It is also argued by Vertino (2014) that in the nursing profession, nurses are responsible to use their voices to represent the voices of the ill people they are caring for, whom may be unable to speak or advocate for themselves. Unfortunately, many are short of effective communication skills to influence and skillfully collaborate and advocate for their patients, especially newly graduated nurses and nursing student (Pines et al., 2012). Evidence also shows that, long-time practicing nurses have high tendency to be poor in effective communication, because they might have gotten so used to same way of communicating that they are no longer aware of

their personal characteristic influence at the expense of professional communication skills influence (Radsma, 1994 and Raya, 2005). Therefore, there is a continuous need for training & creating awareness, with emphasis on the importance of the use of effective communication nursing practice.

There has been, for decades, a concern that nurses might often be ineffective communicators and that there are deficiencies in terms of their communication skills (Jarrett and Payne, 1995). Evidence also suggests that communication problems and shortage of information about health condition are major concerns for patients (Smith 1992; Audit Commission, 1993; Jarrett and Payne, 1995; Moussas et al., 2010), this calls for attention.

The European Union (EU) (2004), the Department of Health (DH) London (2004), the World Health Organization (WHO) (2000), National Health Service Modernization Agency (2003) have all aimed to create awareness and emphasize the significance of effective patient-focused communication between healthcare givers and patients. Person-centered communication is integral to effectiveness in nurse-patient communication, and has been crucial in achieving patient satisfaction, inclusive decision making and top health service Bach and Grant (2009) McCabe and Timmins (2006) also promotes this concept of patient-centered communication as indicative of best practice in nursing. Charlton et al. (2008) found that the use the nursing care outcomes were improved in terms of patient satisfaction, adherence to treatment procedures and patients, health, by the use of person-centered approach in the interaction between nurses and patients. However, more recent evidence found out that that, while qualified nurses often rate their own communication skills as great, patients often report less satisfaction and claiming that communication could be improved (Bach and Grant, 2009; Timmins, 2007). Ineffective communication skills still are a big challenge in healthcare that requires more awareness and solutions. (Duffin, 2000; Reynolds and Scott, 2000; Vydelingum, 2000; Papagiannis, 2010)

2.1 Effective Communication

Communication is intrinsic to human characteristic, everyone communicates, yet not everyone takes time to communicate effectively. Communication has content and value, and for communication to be effectively productive, focus must be placed on its core, especially in nursing practice (Berengere et al.,1997). The characteristics of nurse-patient relationship will be dependent on how the two parties understand the communication pattern. The failure to recognize and follow the two-way capability of communication often leads to negative generalizations and attitudes, which is the outcome of ineffective communication (Moussas et al., 2010). Effective communication is not unidirectional. Berengere et al., (1997) supports this view in the view of healthcare service in his statement that, effective communication is a two-way dialogue between patients and provider, or by definition, a two-way road where both speaks and are as well listened to without either interrupting, both ask questions for clarity, express opinions and interchange information, and both are able completely grasp and understand what other means to say (Boykins, 2014). Therefore, it involves the interaction in which each sender performs also as receivers; and vice versa (Kourkouta, 2011).

It is important that an agreement exist between verbal and nonverbal communication, Papagiannis, 2010) added that most importantly when under stressful conditions where it might be difficult to see and understand the change in the non-verbal messages from the patients with whom we might have been communicating mostly. Verbal communication comprises of spoken and written words which people use to convey ideology (Berengere et al.,1997). In healthcare settings, during care encounter the choice of words of both the patients and the care giver use immensely affect how they understand each other (Lambrini and Loanna, 2014). For example, medical physicians use medical terms to convey information precisely and accurately with other clinicians. Whereas, to use such terms with patients will be inappropriate, because scientific and clinical terms may be confusing to non-medical professionals (DiPrete and Lori, et al., 1995). Verbal Communication of patients may become confusing and frustrating to care providers when patients communicate in their local dialects, accents, slang as this often make comprehension very difficult for care providers from other regions of the countries. Therefore, in such cases especially where there is no alternative nurse that might understand such patients easily and better, as suggested by Ennis et al., (2013), the available

care provider would need to give more attention in order to clearly understand the patients' accents.

According Lambrini and Loanna (2014), words express only a part of the message being communicated; while attitude, tone and gestures convey the rest. Evans (2003) also added that non-verbal communication is an ongoing process that happens without even knowing. Listening thoughtfully, smiling, sitting at the same height as the patient could enhance interaction. Berengere et al., (1997) stated that most of non-verbal communication styles and interpretations are dependent on peculiar cultural custom of the communicator and the receiver respectively. To support this view, eye contact could mean sign of positive regard and respect in most of the western countries where as decades ago in some parts of Nigeria, direct eye contact might be regarded as disrespectful to an older person or passing a romantic/flirting message to an opposite sex, the basic knowledge of the patients' cultural background by the nurse would enhance the nurse-patient communication. (Okodua 1991)

In summary, effective communication remains a key factor in the improvement of interpersonal relationships and subsequently the improvement of the patient's care and the quality of patients' recovery (Bach and Grant, 2009). Effective communication requires an understanding of the patient and the feelings they express, therefore effective communication demands for skills and sincere intention of the nurse to understand what concerns the patient (Berengere et al.,1997). Meanwhile, Papadantonaki (2006) argued that to understand the patient only is insufficient but the nurse also must pass his/her message to patient in manner that is clear, understandable and acceptable. Often, simple gestures by the care giver such as warm greetings and/or a thoughtful question can help put the patient at ease and strengthen communication, and such actions require no great effort but can yield significant results. Ultimately, what is significant to remember by the care givers is that all forms of non-verbal communication pass a message (Berengere et al., 1997; Ennis et al., 2013; Evans, 2003).

2.2 Nurse & Patient communication

Nurses have many roles in nursing practice, which require effective communications skills to execute them efficiently. Nurses usually take a leadership role in caring for people who are most vulnerable when illness, and other conditions disallow them from being self-coordinated or autonomous (Carter, 2009). Caring and nursing are tightly connected and are inseparable. “Caring is nursing, and nursing is caring” as stated by Kallergis, (2000). In a definition by Watson (1998), nursing is viewed as a human to human relationship where in, one person “nurse” affects and is affected by the other person “patient”, in agreement with that Casey and Wallis (2011) therefore suggested that more emphasis should be placed on the development of effective relationship among other nursing skills in order to achieve the concept of “nursing is caring” and “patient-centered care” which are paramount in nursing practice of now a days because of the improved care satisfaction it brings for the patients. As nursing process, is a scientific method of exercising and implementing of nursing care, this is only achieved through dialogue, interpersonal environment and specific verbal and nonverbal communication skills (Raya, 2006).

The nurse-patient relationship is defined as a professional and therapeutic interaction form of relationship which guarantees that the patients needs are placed on the priority, where the nurse takes the responsibility for the establishment and the maintenance of the boundaries with the patients, irrespective of how the patients behave (College of Nurses of Ontario 2006). Inherently, inequalities are seen in the nurse-patient relationship; generally, people choose their friends voluntarily but the nurse-relationship is involuntary as stated by Hunt in 1991, also nurse-patient relationship is complementary or unequal Ellis et al (1995). Patients are dependent on the nurse for the provisions of safe and effective nursing healthcare (Rowe 1999).

Undeniably, the nurse has a degree of power over the patient, with that to some extent able to: set the purpose of the healthcare interventions programmed for individual patient, manage the environment, and control the information (Crawford et al., 1998). The inequality of power exposes the patient to a position of vulnerability and dependence, which often lead to conflict (Rowe, 1999). Subsequently, Ellis et al (1995) and Rose

(2012) suggested that during the reflection of the acts of interpersonal communication, there is need to consider the social characteristics of the both the sender and receiver of the communication, and the relationship's structural power between the communicators involved. Despite the existence of inevitable inequality, ensuring effective communication with the patient to bring about optimum caring result, is the nurse's responsibility (Rowe 1999). Caring and communicating are inseparably connected, one cannot hope to communicate effectively if one does not care about that person who is to receive the care. (Crawford et al., 1998, Morrison and Burnard 1991). In order to care effectively for a patient, the nurse must first be aware of him or herself, doing self-evaluation, assessing the level of communication skills. Groves, (2014) stated that it is impossible for a person with low self-esteem to give hope to others, self-evaluation even though the most basic but often overlooked.

3. THEORETICAL FRAMEWORK

One of the earliest theorists in nursing to explore the nursing communication and nurse-patient relationship was Hildegard Peplau (1991,1992,1997). Sheldon (2013) stated that Peplau's theory of interpersonal relations is a landmark theory in nursing that places emphasis on reciprocity in the interpersonal relationship between nurses and patients. This study is guided by Peplau's theory of interpersonal relations. It is not a new theory but yet stays relevant to the current nursing practice. The interpersonal relations concept provides a contextual framework for understanding many of the challenges, which lie within the domain of professional nursing practice, especially communication and relationship dilemmas (Peplau, 1991).

3.1 Nursing Elements in Peplau Theory Interpersonal Relations

In the view of Peplau's theory, nursing is defined as an interpersonal process of therapeutic interaction between a person who is ill or in need of health services and a nurse who is educated to recognize, respond to the help need accordingly (Peplau, 1997). It is a growing force and a well-informed instrument which involve an interaction between two or more persons with same goal (Wayne 2014). According to Peplau (1997) the common goal in nursing provides the encouragement for the therapeutic process wherein nurse and patient give respect to each other as individuals, in which both are learning and growing as a result of the interaction.

Assumptions of Peplau's Interpersonal Relations Theory in nursing practice are: 1) the nurse and patient can interact, 2) the nurse and patient will mature together as a result of therapeutic interaction 3) communication and interpersonal skills remain fundamental tools in nursing 4) nurses must clearly understand themselves in order to promote their patient's growth and to prevent the limitation of patient's choices to those that nurses value. The theory narrates that the purpose of nursing is to help others find their felt difficulties and nurses need to apply principle of human relations to every problem that arise at all levels of experience. The major concepts involved in this theory are: nursing, society or environment, health and man, these all co-interact (Peplau, 1997).

3.2 Nurse-Patient Relationship in Peplau Theory Interpersonal Relations

Peplau (1998) identified five overlapping phases in nurse-patient relationship, with each having own specific definable characteristics which are orientation, working and termination. These phases are therapeutic and focus on interpersonal interactions as established in Peplau's theory of interpersonal relations.

Phase 1: Orientation Phase

The orientation phase is important in building foundation for the therapeutic relationship. The therapeutic nurse-patient relationship begins formally during this phase. This phase is coordinated by the nurse and involves engaging patients in their treatment, provision of explanation and information and answering of questions. On meeting a patient, the nurse introduces his or herself by name and professional status, the nurse's warmth of the welcome words during this introductory stage can promote connection between the nurse and patient. Patients can be addressed by their formal names first and then be inquired what they would prefer to be called. The nurse's major focus is the patient, therefore it is important for nurse to listen attentively to what patient says and inquire who-, what-, why-, where-forms of question to keep the patient motivated to be more opened with description of his or her stories.

After introduction/greeting phase, the nurses emphasize the goal and nature of the relationship. Here the nurse provides information about the appointment, describes the nurse's role, help the patient provide relevant information and describe the purpose of the relationship. Each nurse has a personified style, so the way the information is provided may vary. However, it is important not to overlook this part of the relationship as the exterior part of the real work. Once the patient knows what to expect and how participate in the establishment of the relationship, anxiety levels decreases. At the orientation phase, data collection takes place. Obtaining data for the nursing assessment demands for active involvement of the patient to identify health state and functioning. There is need for nurse to have open mind to be able to grasp and understanding the patients' perception of the problem and the need for the treatment, and respond appropriately. A therapeutic contract ends an orientation phase. A verbal contract that explains the roles of patient, nurse and goals of relationship. The nurse may also ask if the patient has any question. (Peplau, 1992,1997).

Phase 2: Identification Phase

This phase is the beginning of the working segment. The patient and nurse work together to clarify problems and set specific goal to each problem. Health issues are identified during data collection; suitable nursing interventions are built in the nursing care plan. Cordial goal setting enhances patients to be active participants in their nursing care. In this phase, nurses can help patients; explore feelings and possible fears, helplessness and anxiety regarding their situation; identify their personal strengths and resources; direct their energy towards helpful actions; all these would help patients cope with the current health concerns and actively be involved in their care Peplau (1992,1997).

Phase 3: Exploitation Phase

During the exploitation phase, the nurse guides patient in the use of health services. The practical work of nurse-patient relationship happens during exploitation. Alongside with the ongoing reassessment and reevaluation, appropriate intervention to the mutually planned goals are carried out. At times, there might be possibility that, even an accurately-established intervention requires to be renewed, and new/more realistic goals to be put in place. The therapeutic relationship permits the nurse and patient to collaborate together during exploitation phase. The patient makes use of their identified strength and resources to regain command and develop solutions Peplau (1992,1997).

Phase 4: Resolution Phase

A resolution phase is described by Peplau as the important period of decisions when about ending a therapeutic relationship (Sheldon, 2013). The patients' old needs are resolved while more goal emerge. Most times, deep and meaningful sharing has occurred between the nurse and patient during some challenging times. The relationship was originally established with a purpose and a time frame. For instance, a perioperative nurse has a short time frame with the patient who is undergoing an arthroscopy at the outpatient surgical ward. Whereas, the oncology nurse has a long-term relationship with the patient who has been diagnosed with colon cancer that might end with the patient dying. Both relationships, short and long-term partnership, demands for the end or resolution (Peplau, 1992, 1997).

Phase 5: Termination Phase

This is the termination of professional relationship between the nurse and patient. The termination phase is often overlooked due to the fact more emphasis is placed on the health diagnosis and treatment, but endings are a time of review and growth (Sheldon, 2013). No matter how brief, the proper endings of a therapeutic relationship, can be valuable time for both the nurse and the patient to check the achievement of their goals and review their time together. The nurse makes use of summarization skills to evaluate the progress of the care intervention towards the established goal. Such review can boost a perception of achievement and closure for both parties. Emotions are normally part of ending relationships. Caring attitude from nurse, shared experiences particularly in a long-term relationship may bring about sadness and uncertainty. Termination of therapeutic-relationship can awaken feelings of past experiences of lost relationships. Acceptance of these feelings that arise is benevolent to the dissolution of sadness and learning healthy techniques to deal with ending and feeling of loss. During termination phase, the nurse and patient identify possible unmet goals and some cases may require referral and follow-up care. When the relationship end is approaching, patients may encounter regression, anxiety, and act strangely superficial to the nurse or even become more dependent. The nurse may separate, by spending less time the patient in the preparation for termination of the relationship. The therapeutic nurse-patient relationship between the nurse and patient will end with a completeness and satisfaction that is rewarding for both the nurse and the patient (Sheldon (2013) and Peplau (1997)).

3.3 Relevance of the theory

The relevance of this chosen theory is that firstly, the theory moves nursing's intellectual thinking from "what nurses do to patients" to "what nurses do with patients"; which means it goes beyond technical care to nurse-patient relationship and patient-minded care. Secondly, it establishes a communications guide, which enhances the effectiveness of a nurse-patient interpersonal relationship, thereby envisioning nursing as an ongoing interactive and collaborative process between nurses and patients. These values in Peplau's theoretical framework are very integral in this study, as the study is aimed on finding, supporting and raising an awareness about the significance of effective communication in nursing.

4. AIMS & RESEARCH QUESTIONS

The purpose of this study is to explore existing knowledge and understanding of effective communication skills; to remind and help nurses develop conscious style of communication as well as enhance their confidence and self-ability to notice and respond to patient cues; and also, to increase nurses' awareness and understanding of the role of and barriers to effective communication in nursing practice

In order to reach the study aim, the following research questions were posed:

1. What are the barriers to effective communication in nursing practice?
2. How does effective communication relate with or affect patient and nurse?
3. What are the means to improve effective communication in nursing?

5. RESEARCH METHODOLOGY

This work is a literature review; done through a qualitative research method in which an inductive approach is used to analyze the collected data from scientific literature sources. The means is to summarize and analyze relevant previous research literature on the effective communication in nursing, in seeking for answers to the writer's research questions. A number of analysis steps were followed to transpose research questions into a research and bring out the common knowledge with regard to relevant contexts and concept, which will be shown later in this study. In this chapter, firstly the methods which were used for data collection will be presented and later analyzed by Graneheim and Lundman (2004) method.

5.1 Data Collection

During the data retrieving process, multiple search engines and core key words and phrases related to the research questions were used. The data search is categorized into 4 stages according to the database which are EBSCO, PubMed, Sage and Science direct with varying search words. The inclusion and exclusion criteria (as found in table 1) were applied in the process of data search to acquire the chosen articles.

Table 1. The inclusion and exclusion selection criterion is presented in the table below

INCLUSION CRITERIA	EXCLUSION CRITERIA
Articles written in English language	Articles in other languages
Content is nursing-practice oriented	Content not focusing on nursing practice
Research is applicable to male and female gender	Gender-specific articles
Articles of publish date of 2007 to till date	Articles published before 2007
Articles that are relevant to the research topic and questions	Irrelevant articles as related to research questions

First search was carried out in “Arcada Search Elite”, commonly known as EBSCO, wherein first search was conducted using the Boolean phrase: “effective communication AND in nursing practice” resulting in 103 hits under the default published date duration of this search engine which is 1980-2017. Due to the writer’s desire to base this study result on most updated knowledge possible which can be more relevant and applicable to modern situations in nursing settings. Because of this, the previous search results were then filtered by choosing the articles published with the range of 10years backward, which then is in 2007-2017 duration, this reduced the number of hits to 70. (EBSCO 1)

After reading through the aims and abstracts of the 70 articles, only 6 articles were selected for further studies, the rest 64 articles were eliminated. Among the 70 articles some were not written in English language in which this study is based, so such articles were automatically disqualified. The inclusion and exclusion criteria were first, the level of relevance of these article’s abstracts in relating to the intended research questions of this study and second the extent of the similarity between those article’s and this study’s keywords. Subsequently, the articles that failed to meet these specified standards were removed.

The number of the chosen articles were insufficient to carry out a reliable literature review, because of this the writer widened the scope of the research in order to get suitable more results. Using the same condition as in the previous search written above that is with the same past 10 years range, search engine EBSCO (2) and search conditions, but with these search words “effective communication AND Nursing Practice AND Health”, brought 81 hits. The exact inclusion and exclusion criteria were applied to select the most closely connected articles to the study’s research questions, this process into 8 articles been selected while 73 were eliminated. The total number of articles to be taken further in this research was 14

Lastly in EBSCO (3), still with the same condition, another advance search was conducted with search words “effective communication AND barrier or challenges AND nursing practice, to obtain the articles which look into the research questions, specially the the first research question of this study. This resulted into 18 hits from which 4 articles were picked, with the application of fore-mentioned pre-inclusion and exclusion criteria. A total of 18 articles were gathered from ESBSO to further with the study.

The second stage of the search was carried in “PubMed database” using the same process as indicated in the first search phase. Wherein the search words for the advanced search were “((Communication (Title/Abstract)) AND nursing (Title/Abstract)) AND health (Title/Abstract)”, this resulted in 27 hits. By choosing the option “10 years Publication date” again to obtain the fewest most updated results, the number of articles reduced to 20 hits. After undergoing same inclusion and exclusion process applied in the initial search, only 6 articles were chosen from PubMed.

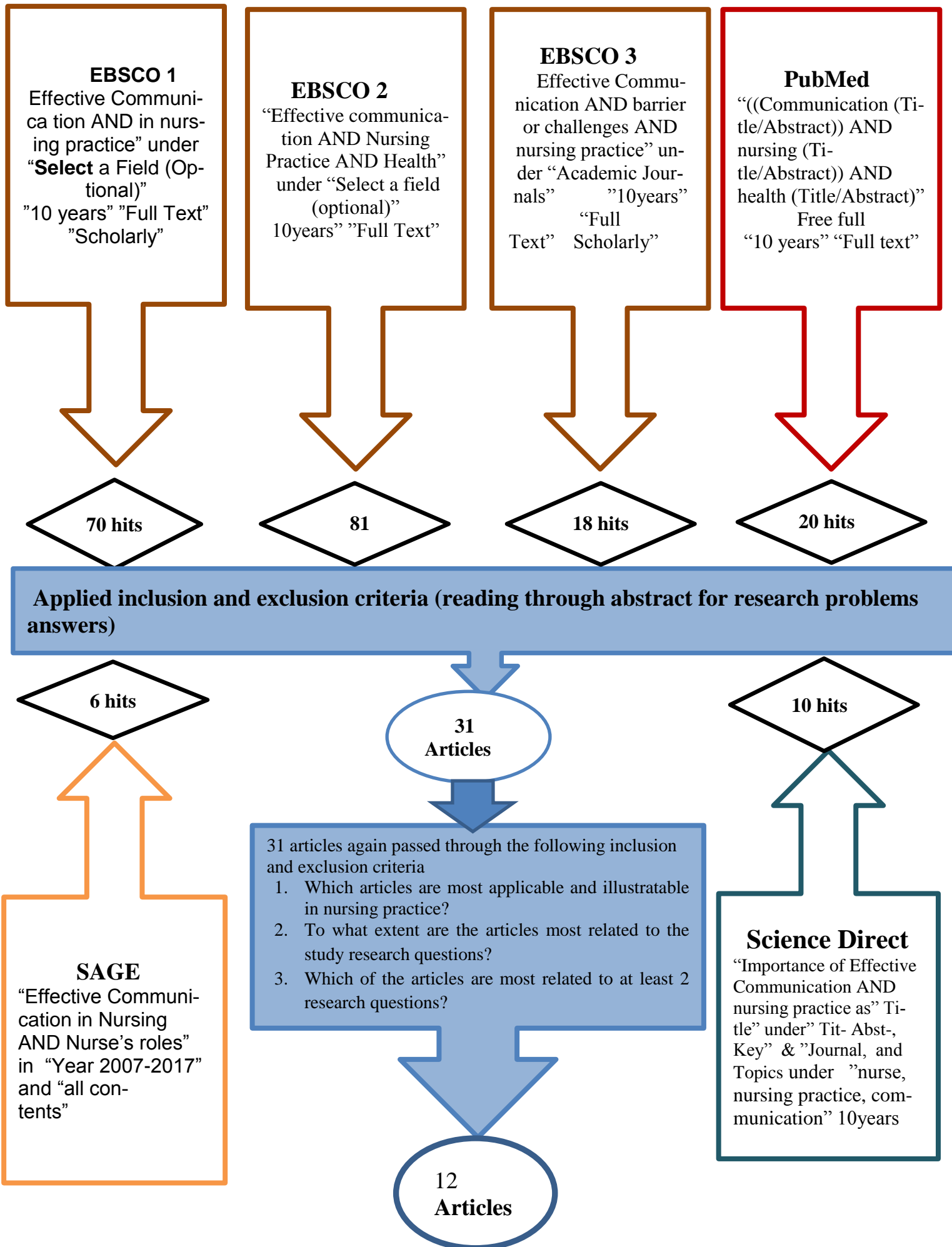
Sage Journal is the third database where the third stage of advanced search was conducted with the search words “Effective communication IN nursing AND Nurse’s role” in the year range of “2007-2017” under “all contents”, 6 hits. The same pre-inclusion and exclusion procedures been used the former search and 2 articles were taken

The final advanced search took place in “Science Direct”. The inputted search words are as: “importance of effective communication” AND “nursing practice” in “Title, Abstract, Keywords” field, and limiting the results by choosing “Journal and All” and year range “2007-2017, the output result was 34 hits. Further application of filtering option in “topics” to “nurse, nursing practice, communication” reduced the articles numbers to 10 hits. The usual pre inclusion and exclusion criteria are then applied after which 5 articles were found useful to further into the next phase. A total number of 31 articles were taken from EBSCO, PudMed, Sage & Science Direct for further scrutinization.

Thirty-one articles went through the final phase of inclusion and exclusion. In this final phase the writer studied each article carefully and the such articles which did not fit the inclusion and criteria were excluded, subsequently the total number of articles eliminated was seventeen. The inclusion criteria are as follows:

1. Which article are most applicable and illustratable to the nursing practice?
2. To what extent are these articles related to this study’s research questions?
3. Which articles are most related to at list two of the research questions?

Figure 1 Flow diagram of data collection process and the applied inclusion criteria.



5.3 List of articles

The 12 chosen articles for this study areas follows and also found with their corresponding results in appendix 5.

1. Ennis G, Happell B, Broadbent M, Reis-Searl K. The Importance of Communication for Clinical Leaders in Mental Health Nursing: The Perspective of Nurses Working in Mental Health. *Mental Health Nursing*. 2013. Volume 34, No. 11. Pp. 814-819.
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5.4 Content Analysis

Content analysis is a popularly known and used qualitative research technique and it is a method of analyzing data which has come into large use in health studies in the recent years (Hsiu-Fang & Shannon 2005). There have been a number of different approaches for performing qualitative content analysis. In this thesis work, Graneheim & Lundman's (2004) qualitative content analysis approach is used to analyze the data. The writer preferred and chose this approach because it is patient-care centered and an "inductive approach" as mentioned by Graneheim & Lundman (2004), which is fitting with this study. In this study's content analysis, each concept or new idea is interpreted in its own context within the broad view.

One out of the important basic decisions when using content analysis is choosing the unit of analysis. In literature, the unit of analysis refers to an enormous variety of objects of study, for instance a person, a classroom, an organization, a program or a hospital, a community, state or a whole nation (Patton, 2002). Unit of analysis consist of full text, which is "article" in this case as regards to this study, which can be kept in mind as a context in the analyzing process of the meaning unit. Meaning units are words of statements, sentences and paragraphs which are related together in terms of content and context. The process of abbreviation of meaning unit its while still preserving the core point is called condensation.

The further abstracting of the condensed text is named aggregation/abstraction, it entails the description, interpretation and creating of codes, categories and themes on diverse levels. The Parts of a text which deals a specific issue is called content area (Farrell et al., 2000). The labelling of a meaning unit is referred to as a code. Where as, a group of codes with similar content is called a Category, it answers the question "what" (Kon-dracki et al., 2002), and each category can consist of two or more sub-categories, which are the same as the codes. According to Wisdom et al.,8 2011) the concept of theme is the series of underlying meaning, interpretation or a description of latent meaning, and it answers the question 'How?'

5.4.1 Reading and Coding

The writer carefully read through the chosen articles which in this case can be referred to as the “the unit of analysis”. In the process of detailed reading, notes were taken on the margin of the papers with different colored pens, whenever applicable and important data was found, this process took another couple of days. Found in the notes taken, were the main keywords of the meaning units used as labelling codes, this would make it easy for the writer to locate, whenever there is need to read the text. Different colors were applied to different codes, keywords were circled and asterisk or other symbol were applied beside the codes. The application of asterisk and/or other symbols besides the codes guides in showing the level of relevance and significance to this study’s subject.

Again the writer carefully reviewed the notes which had been put down on the paper margins and then listed separately the different types of information which were found. With focus on the answer to research questions, the related listed piece of information was read thoroughly and categorized in accordance to the codes in a manner that all codes got into a relevant category as seen in **Table 2**.

Table 2. The illustration of the common categories and their distribution within the 12 units of analysis and coming up with a theme.

Content analysis of the chosen 12 units/articles													
Theme	Barriers to effective communication in nursing practice.				How effective communication relates with patients and nurse.					Means to improve effective communication in nursing settings.			
Major & Minor categories	Environment	Personal Characteristics	Poor Communication Skills	Health	Effects of EC on patient's health.		Nature of Relationship between effective communication and patients' health			Therapeutic Communication (TC).	Patient Centered Care (PCC).	Maintaining Boundaries. (MB).	Nursing Intervention (NI).
					Patients	Nurses	Uni-directional	Bi-directional	Correlation				
Units of analysis	1,2,3,4,6,8,9,10,11,12	1,2,3,4,6,7,8,9,10,11,12	1,2,3,4,5,6,7,8,9,10,11,12	1,2,3,4,5,6,7,8,9,10,11,12	1,2,3,4,5,6,7,8,9,10,11,12	1,2,3,4,5,6,7,8,9,10,11,12	1,2,3,4,5,6,7,8,9,10,11	No	3,4,5,6,7,8,10,11	1,2,3,4,6,7,8,9,10,11	2,3,4,5,6,7,8,9,10,11	2,3,6,8	1,2,3,4,5,6,7,8,9,10,11,12

Table 2 shows the theme, both the major and the minor common categories among the 12 articles. Only relevant and important categories which are related to the the subject matter in this study's research questions 1, 2 and 3. In more details, the answer to the three research questions are narrated in appendix 1 and also diagrammatized in appendixes 2, 3, 4.

5.5 Ethical Consideration

Nurses are required to base their decisions and actions on ethical standard in the cause of caring for their patients (Fain, 2004; Fry and Johnstone, 2012). According to Angelica et al., (2000), there is evidence that every research study is faced with ethical issues.

Most times such issues come up when researcher are to generalize certain information for the purpose to benefiting the public and preventing harm to the right and privacy of participants or other authors(researchers) involved. The proper application of ethical standard is one way to reduce or eradicate any harm which may occur in research process. In the course of this study, the writer integrated the International Centre for Nursing Ethics (ICNE 2003)'s five broad principles which are beneficence, justice, contextual caring, respect for persons, and respect for community in no particular order.

As regards this study, being that the writer is full-time student of Arcada University of Applied Sciences, the writer made efforts to maintain the guideline required by Arcada in her standards and instructions in writing scientific research as given in Thesis Guide 2009 version 1.2. The writer ensured to let the stated guideline's standard guide this paper. At the onset, the topic of this study is chosen after deliberation of the subject with the supervisor to receive appropriate guidance. During the process of data collection, the writer made use of her official right to search and obtain scientific articles through the ARCADA's databases, to achieve total avoidance of piracy or unofficial electronics source and subsequently eliminate copyright violation.

The writer completely followed the rules that guide quotation and referencing, in this paper is honestly and correctly referenced any quotation. The writer preferred to paraphrased the quotations with care not to lose the original meaning by removing or adding to any author's quotation, with great effort to prevent any form of plagiarism. Despite the writer's attempt to only use primary and original sources, this was not possible in all cases, so in such situation the writer honestly referenced such quotations through their secondary sources, this is carried out in accordance to Arcada's guidelines.

The writer gave respect to the articles authors' privacy and copyright. The writer disallowed "copy and paste" process. There is no single fabricated data neither is there the falsification of ideas, concepts, themes and categories provided though out this paper. The writer also tried to be objective and open minded to avoid any sort of personal influence and bias opinions. Articles are analyzed individually and independently in such manner that no one article's content has influence over the other.

6. RESULTS

The major categories which surfaced during the article's data analysis will be presented below in the orderliness by which they appear in the Table 1 as regards to research questions of this study. The number in the bracket represent the analyzed articles which were previously mentioned in the section of data analysis, figures 2, 3, 4 and 5 concisely illustrate answers to each research questions.

6.1 Barriers to effective communication in nursing practice.

In the process of this study, the found barriers to effective communication across the 12 articles were grouped into four major categories which are: environment, personal characteristics, poor communication skills and Health.

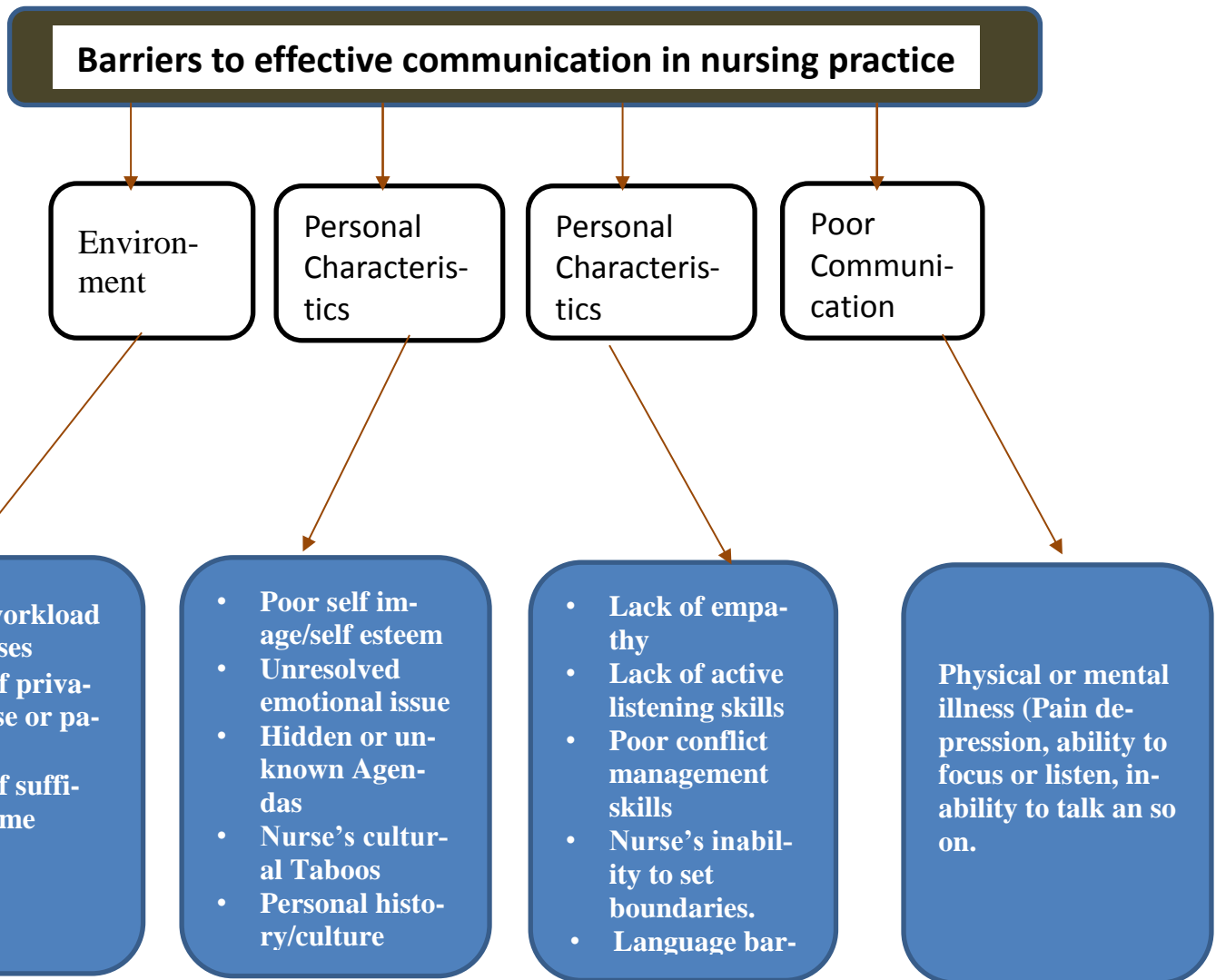
10 out of the 12 articles identified 'environment' as a major cause of ineffective communication between nurse and patient. Environment from the results can be subcategorized into noise, privacy, water, light, workload, time and staff support. The presence of noise and lack of privacy; and the absence of basic needs (water, food and light) hinder patients from genuinely expressing their whole healthcare needs to nurses, subsequently nurses' diagnosis become less accurate.

Environmental factors like: high work load; lack of time and staff support; insufficiency of valuable resources like computer and internet for proper documentation; water and light; lack of privacy and low staff support pose pressure on nurses and hinder them from practicing effective communication skills. Nurse's or patient's self-image/self-esteem, fear, anxiety, unresolved emotional issue, hidden known or unknown agendas, nurse's cultural taboos about communication, personal history and background, psychosocial level, literacy, financial and cultural factors are commonly mentioned in more than majority of the articles of the articles as barriers to effective communication.

All articles revealed that when are nurse or patient is found deficient of techniques of communication as empathy or understanding of others, active listening skills, conflict management skills, nurse's ability to set boundaries, and language fluency, nurse-patient communication becomes effective. Physical or mental illness like pain, depres-

sion, ability to focus or listen, inability to talk adversely impact effective communication (all articles).

Figure 2. Illustrating barriers to effective communication in nursing practice.



6.2 How effective communication relates with patients and nurses.

This study revealed that the level of effective communication in healthcare settings has direct impact on the quality of patient's health recovery process and care satisfaction in the health care settings. They also show that there is possibility that nurse's poor communication skills have been a leading factor in wrong administration of medications to patients which have in some cases lead to death (5,6,7,8,9). Further evidence was gotten that, the recurrence revisit of patient to the hospital can be linked to lack of effective communication of health care providers (6, 10, 11). Eight articles showed similar evidences that the nurses who have better effective communication and interpersonal skills are most likely to have better quality of life and job satisfaction than the ones who don't (1,2, 3, 6, 7, 8, 10, 11). When there is effective communication between nurse and patient, patient feels secured and satisfied and hence able to trust the nurse (2,3, 6). The sense of trust that nurse get from patient adds to the confidence and satisfaction of nurses (8, 10, 11). In summary as found in figure 3 and 4 below, effective communication is found to enhance patient's medication adherence, safety, care satisfaction and nurses' job satisfaction.

There appear to be a close connection between the health of patients and effective communication skills of nurses. A professional relationship that is strengthened with effective communication directly (unidirectional relationship) impact the satisfaction and health of patient (1,2 ,3,4,5, 6, 7,8, 9,10,11). No evidence indicates bidirectional relationship between effective communication and health. About sixty-seven percent (8 of 12) shows a correlation between effective communication and other benefits like low medication error, satisfaction, increased of patients' self esteem, low or eradicated conflicts between nurse and patient, job satisfaction to nurses, care satisfaction to patients and many others. (3,4, 5, 6, 7, 8, 10, 11).

Figure 3. How effective communication affects patients and nurses.

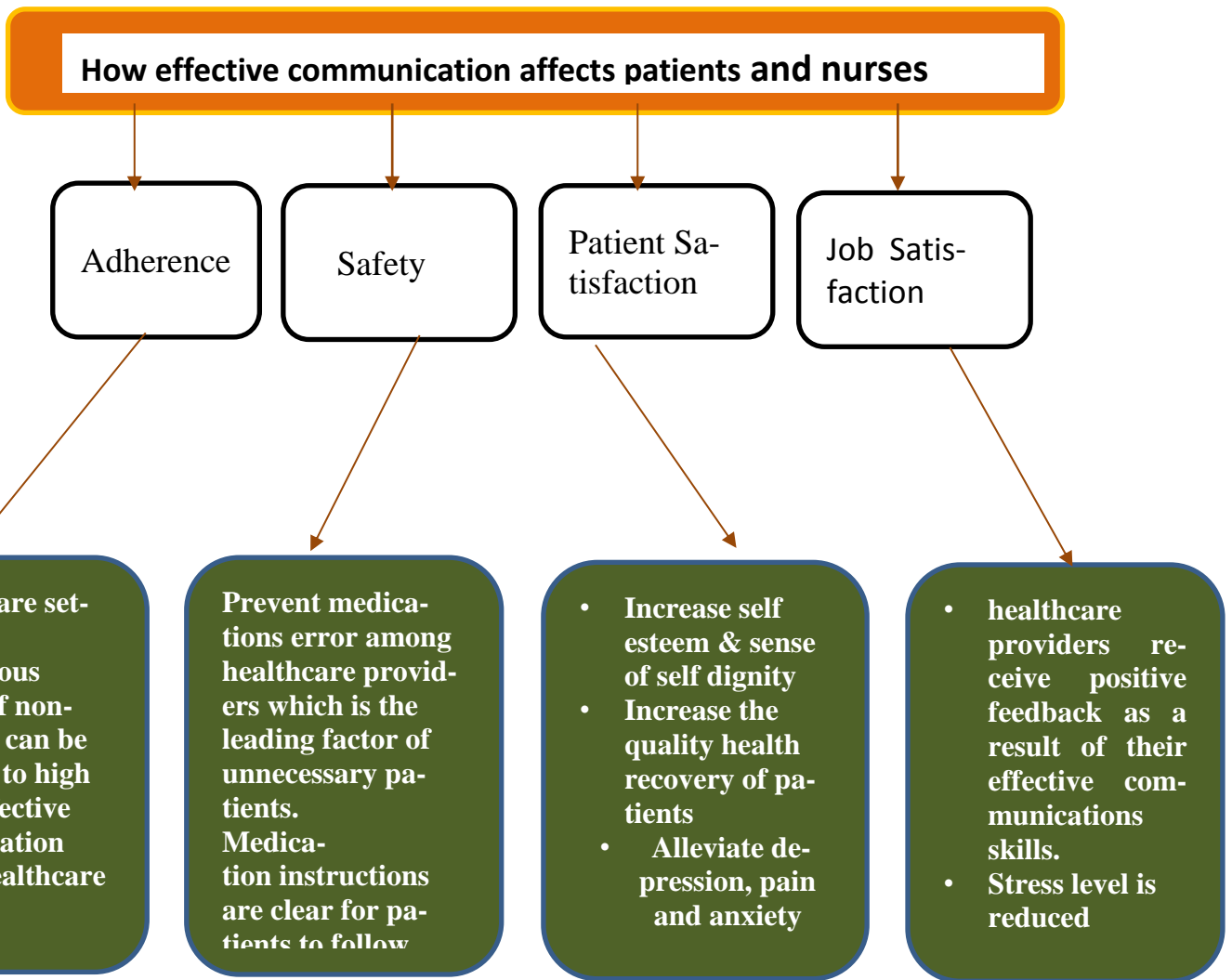


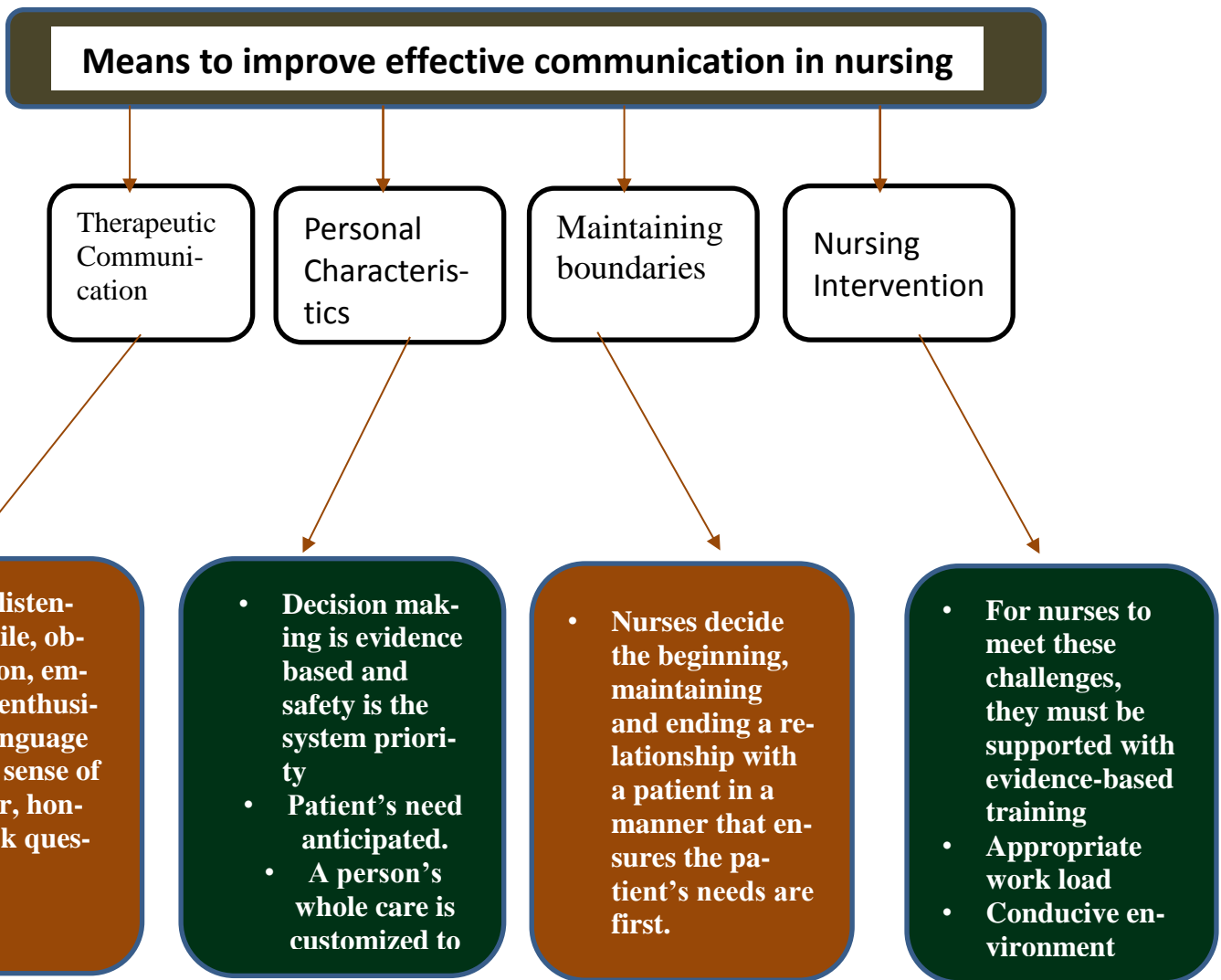
Figure 4. Summary of the effect of Effective communication on patients and nurses

6.3 Means to improve effective communication in nursing settings

Four factors were mostly and commonly mentioned in all the twelve articles as means of integrating effective communication as also represented in figure 5 are: therapeutic – communication as mentioned by 90% of the articles, patient-centered care (90% of articles), maintaining boundaries (2,3,6,8) and nursing intervention (all articles). As therapeutic communication has been proven by 90% of the articles as mean of effective communication that decrease anxiety and depression level of patient. Genuineness, empathy, trust, compassion, confidentiality and listening are the aspect of therapeutic communication skills which enhance effective communication (6, 7). Nurses making intentional efforts to build TC with patients by the use of communication strategies and interpersonal skills is a core means to establish and build stronger and effective communication in nursing practice (3,4,6, 7, 8).

When patient centered care PCC is integral in nursing process, effective communication is less difficult to attain (2,3,4,5,6,7, 8, 9, 10, 11). A nurse who is PCC informed and concerned is likely to be rightly emotionally positioned to correctly interpret both the verbal and verbal clues of the patient, and respond appropriately (2, 10, 11). Nurses must be emotionally intelligent enough to professionally set and maintain boundaries of therapeutic relationship with patients to achieve effective communication (2,3,6,8). Assertiveness and setting limits appropriately is an ART which must be acquired by nurses (8, 99 All articles recommend nursing intervention as a mean to improve effective communication in nursing. Articles supports that in healthcare settings, staff needs a larger support from her/his employment institution, without which it is hard for any healthcare provider not to lose focus on establishing and maintaining effective communication.

Figure 5. Means to Improve effective communication in nursing.



7. DISCUSSION

Both the result from the analysis of 12 articles and the content of theoretical frame work unveiled that effective communication is of utmost importance in providing excellent nursing care, and in enhancing the quality of patient's health recovery and care satisfaction. The study also indicated that when nurses master the techniques of effective communication, the results yields job satisfaction and lower stress that is associated with interacting with patients (Peplau 1997, Casey 2011)

7.1 Discussion of results

The aim of this study was to explore barriers to effective communication in nursing. The review indicated that: personal characteristics like poor self esteem, fear, anxiety, lack of confidence, cultural backgrounds, personal history and level of literacy; poor communication skills like lack of empathy, insight, ability to set boundaries, understanding and active listening listening skills; environment and health status of both the patients and nurses are the major inhibiting factors to effective nurse-patient communication in healthcare settings. Another aim was to find how effective communication relate or affect the patient's health. The result clearly showed a bidirectional relationship between effective communication and health which implies that effective communication skill of healthcare provider has positive effect on the health and recovery rate of patient's health status, and the other hand it also means poor communication skills could negatively impact the health status of patient. The third aim of this was to identify possible means to improve the effective communication in nursing. The study suggested four major components to improve Effective Communication EC which include building therapeutic communication TC, be aware of patient centered care PCC, maintaining boundary MB, and implementation nursing intervention NI, these components are also seen to be interconnected.

7.1.1 Discussion of Results as related to theoretical concept

Building nurse-patient therapeutic relationship which is a major suggested evidence found in this study in improving effective communication, is also a core focus of Peplau theory of interpersonal relations (Peplau, 1997). The suggested phases of building effective communication by Peplau which are: orientation, identification, exploitation and termination as already broadly discussed in chapter 3 of this review have been proven to be productive and effective (Haber, 2000). Evidence showed that, Peplau's suggested communication phases if followed by care providers would efficiently help them in preventing the manifestation of their personal characteristic barriers to effective communication skills such as lack of confidence, cultural background, inability to set boundaries, fear and anxiety when relating with patients and co-workers, although this theory has not been proven to totally eradicate these barriers (Deane and Fain, 2016). Environmental barrier such low staff support, high work load, lack of privacy and time were discovered as threats to the ease of implementation Peplau's theory by healthcare providers and therefore should be considered by healthcare institutions (Vandemark, 2006).

7.1.2 Discussion of results as related to other literatures

The literature on the barriers of effective communication are similarly consistent in results. As already found about two decades ago by DiPrete Brown, Lori, et al. (1995) and Wilkinson, (1991), this study also exposed and that the lack of communication skills and strategies to cope with strenuous reactions, questions and emotions; environmental circumstances such as high workload, conflicts among staffs, lack of support and, time; and anxiety and fear are barriers to EC which are associated with care providers. Of which the same result was shown in a recent literature by Connoll, et al., (2014). Also environmental situation like lack of privacy or space, noise; inability to express feelings, fear and anxiety as regard being judged. Nurses who are aware of these common barriers are able to anticipate and properly react to obstruction. With this understanding, it becomes possible to manage and reduce the impact of these potential barriers in the clinical settings, subsequently nurses are able to help assure optimal communication and patients' care. (Vertino, 2014, Bloomfield & Pegram, 2015, Groves, 2014))

As found in this study, other literature review by Donnelly and Neville (2008) also mentioned that; the awareness of bidirectional and correction form of relationship between effective communication and patients' health and care satisfaction by healthcare providers guides them to be aware of the importance of striving to acquire and maintain effective communications strategies when interacting with patients (Tay et al, 2011 & Doherty et al., 2016).

From this study's findings, patients centered care PCC which is often mentioned as key to effective communication and quality care, can be achieved by intentional efforts in building therapeutic nurse-patient relationship. Patient-centered care' focus is on patient and his/ her care need whereby nurses support and empower patients by helping them to cope and adjust their situation and guiding them to self-care (Bloomfield, & Pegram, 2015). PCC requires healthcare providers and other professionals in health care settings to device an effective communications skill to properly handle patients needs. (Carter, 2009; Casey, 2011; Boykins, 2014 and Bloomfields, 2015) and also seen in other studies by Epstein, and Street Jr, (2011)

Several reviews for instance by Aghabarari, et al., (2002) and Downey and Happ, (2013) alongside with the report from this study suggests that, health care providers need to engage with setting boundary by ethically and legally clarifying the roles of nurse's and patient's role which is very importance in ensuring nurse-patient effective communication (Vertino, 2014, Groves, 2014 and Bramhall, 2014). Healthcare providers must become aware of their possible inabilities to set boundaries in related to emotional insecurity (Shipley, 2010), fear of being rejected and pleasing people, which are limitation to achieving effective communication in healthcare. Assertiveness in saying NO and setting limits carefully is an important ART that healthcare providers must learn in order to attain effective communication in healthcare settings. Since nurse-patient relationship is one in which often involves touch in providing care, therefore nurses must be able to balance when physical touch is needed and not, by paying attention to patients cues, interest, culture and so on (Papadantonaki, 2006; Downey and Happ, 2013).

Institutions need to design ward structures & nurses' work load that provide nurses with supports and encouragement to be person oriented and take responsibility for providing holistic care to patients (O'Hagan, et al., 2014 and Shipley, 2010), the view is also supported by Brinkert, R. (2010) who alongside with many evidences found in this study suggested that some educational programs should be executed to educate nurses about the possible challenges in providing and managing psychological emotional care for palliative clients; and to help nurses build strategies to conquer communication barriers. In addition, training courses could be useful to improve nurses' reception and response to clients' cues, and simultaneously providing the skills and strategies for effective communication especially in the emotion-loaded ward. Institution should also embrace the need to fully explore the affective factors to effective communication in every individual ward environment before implementing these strategies to improve nurse-patient communication.

8. CONCLUSION

In conclusion, this study review brought about the direct association of effective communication, patients' health and satisfaction. The result indicates that the use of effective communication skill in healthcare settings does not only benefit patients it also benefits healthcare providers in the aspect of their job satisfaction and prevention of stress which have positive influence on health. It was found in the process of this study that; the personal characteristics of patients and nurses are the major key factors influencing the effective communication between nurse and patients in healthcare settings. There have only been very little evidences to expatiate the role of environment in the nurse-patient communication and interaction.

8.1 Strengths, limitations and recommendations

One strength of this article is the selection of relevant scientific literatures on the basis of strict inclusion and exclusion. The author strictly carried out the search, extraction of data and creation of themes and categories with no bias. Another strength of this study is the use of methodological approach where some are experimental, cross-sectional, and very few are case controlled. Lastly, this study considered strong for not being limited to an age group, meaning that that the result can be viewed applicable to all age groups, however specific review as related to specific age group may give more ground-ed specific result.

This study is not without limitations. This study reviewed only those articles that are published between 2010 and 2017, older articles were eliminated regardless of their relevance to this study. Chosen articles were also limited to English texts, and articles that could be accessed freely were also chosen for this study. Twelve articles are considered sufficient to carry out study at bachelor degree level, but the author believe that this number is not enough to represent studies about effective communication in nursing, and findings could not be generalized. The selected search keyword might have also been another limitation. Therefore, larger number of articles is recommended broadly represent and generalize this study.

Despite the limitations, the aim and purpose of this studied was reached and the writer experienced no conflict or contradictions among the resources being used for the study. The area of this study is very broad, therefore more studies could be done about the means to improve effective communication and more trainings to create awareness about barriers to effective communication in related to nursing intervention, because of the very busy schedule of nurses in majority of healthcare settings, they become less aware of the problem of ineffective professional communication style. This goal can be achieved by shortening the working hours and workload by recruiting more nurses or practical nurses, this will reduce stress and make available more time to thoughtfully communicate more professionally. More training can be implemented to; educate nurses about communication barriers; equip them with effective communication skills and strategies and thereby enhance their receptivity to patient's cues.

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APPENDICES

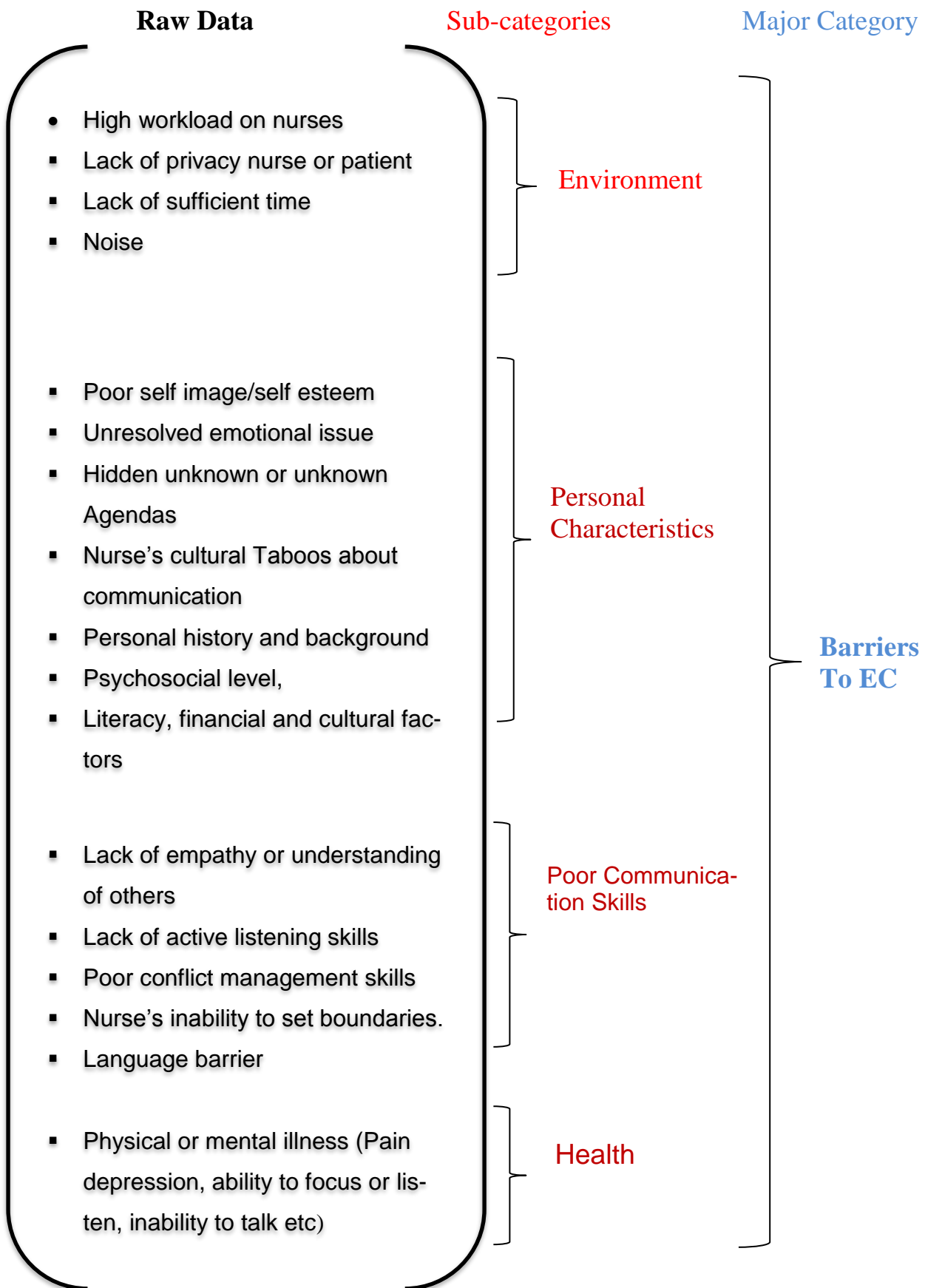
Appendix 1: The answers to the three questions by each unit analysis.

NO	Studies	1. What are the barriers to effective communication in nursing practice?	2. How does effective/ineffective communication affect patient and nurse?	3. What are the means to improve effective communication in nursing.
1	Ennis G. H. et al. (2013)	Poor conflict Management Skills. Not knowing how to properly disagree; remain calm and professional in all situations.	Effective communication skills assist nurses in leadership positions to achieve productive results when handling nurse-nurse's or nurse-patient's communication or conflicts. A nurse leader's ability to communicate in a way that supports and empowers is seen promote care & job satisfaction for patients and nurses respectively.	Therapeutic Communication: The use of communication strategies and interpersonal skills. Listening: Effective communication requires active listening. Controlled Body language: Controlled body language allows nurses leader to establish and build stronger relationship with patients. Nursing intervention.
2	Boykins A., D (2014)	Deficient Language skills (Lack of clear, plain, speech or writing e.g accents, acronym, slang and codes) could set limitation to effective communication between nurse and patient.	When nurse have good command in communication & language, patients would have confidence and feel secured in the nurse, thus improve the patient's health care satisfaction.	Effective communications tools as Patient-Centered care, Nurse intervention, inter-professional collaboration is essential in improving patient outcomes.
3	Tay L. et al. (2011)	Personal characteristics of nurses, patients and environments are key factors. Nurses were found inadequate to set boundaries.	Emotional build up: Nurse's unawareness of own characteristics and patients could interfere negatively on the nurse-patient relationship leading to conflict and patients' discouragement from	Therapeutic Communication, Nursing Intervention (training staff and patients support),

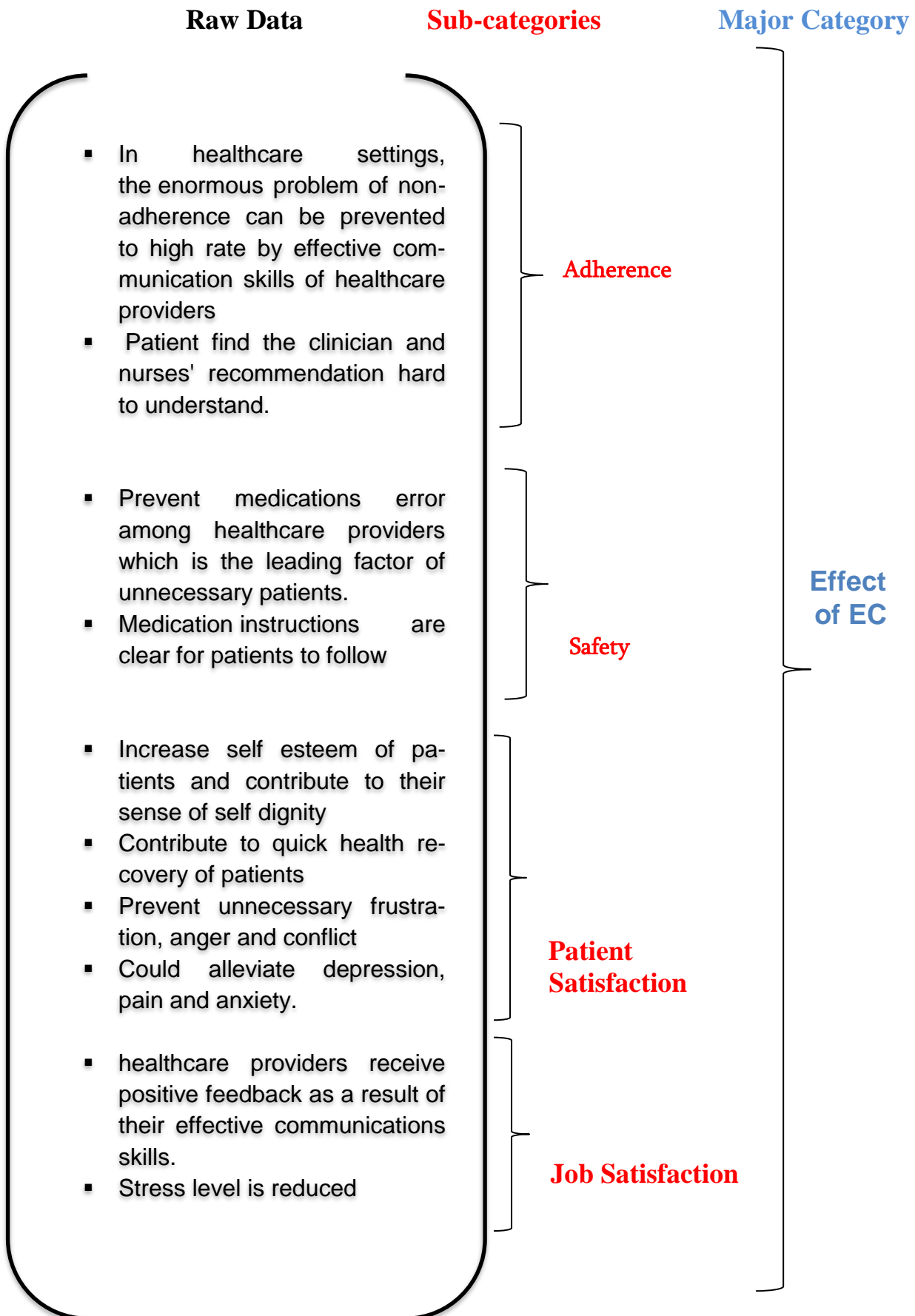
			sharing his/her emotional concerns.	
4	O'Hagan S. et al. (2014)	Lack of Empathy, generic & in appropriate voice tone of nurses are seen barriers to effective communication.	When nurses approach nurses with good manners, patients' self-esteem is boosted	Therapeutic Communication, Patient-Centered care, Nursing Intervention were mentioned as means to improve EC.
5	Casey A. & Wallis A. (2011)	Nurses cultural influence, Inaccurate and out dated documentation of patients' data lead to ineffectiveness in nursing communication	Lack of accuracy and confidentiality in reporting patients' information could lead to life threatening error and care dissatisfaction	Patient-Centered care and Nursing Intervention are emphasized along with accuracy and respecting confidentiality.
6	Bloomfield J. & Pegram A. (2015)	Nurses lack of insight, empathy and compassion put set back on effective communication process.	Nursing care without compassion and empathy would leave the patients unsatisfied and slower recovery process.	Compassion, Trust, Dignity, Respect, TC, PCC, NI are important factors to enhance effective communication in nursing.
7	Shipley S. D. (2010)	Preconceived beliefs, prejudices, negative attitudes & inactive listening of nurses are arguably the largest hindering factors to effective communication.	Active Listening is therapeutic, empathetic, and the absence of it in nurse-patient relationship leads to patient's sense of well-being and acceptance.	The attribute of EC must involve active listening and understanding the whole person. PCC, TC, NI summarizes the means to improve EC as mentioned in this article.
8	Vertino K A (2014)	Lack of Empathy, boundaries, insight & language skill. Poor conflict management skill, poor self-image, unresolved emotional issue, and physical and mental illness.	The lack of effective communication is the number one cause of unnecessary patient deaths as related to medical error.	PCC, TC, TC, MB are seen throughout this article. as means to integrate EC in clinical practice.
9	Bramhall E (2014)	Patient's barriers: environment (noise, lack of privacy),	-Stress and dissatisfaction for patients.	The practice of PCC, TC, NI, Empathy,

		fear, anxiety and personal difficulties in explaining feelings. Nurse's barrier: environment (high work load, lack of time, privacy and staff support), lack of emotional intelligence, & communication strategies etc.	-Stress and lack of job fulfilment for nurses.	compassion, active listening by the healthcare professionals could bring a dramatic improvement to the quality of communication in healthcare
10	Lambrini K. & Loanna V. P. (2014)	Lack of training and continual education pertaining to EC in nursing.	-Stress and dissatisfaction for patients. -Stress and lack of job fulfilment for nurses.	Kindness, Sincerity, PCC, TC, and NI (healthcare staffs need to be provided with training to improve their communication strategies skills from time to time.
11	Groves W. (2014)	Lack of further training, good research skills and team work's The professional side of communication need to emphasized through training.	Effective communication skill of nurses make patient feel respected and valued, hence speed up recovery process.	Critical self-reflection, respect, self-confidence, inquisitiveness, active listening, open-mindedness, PCC, TC, MB, NI.
12	Doherty C. et al. (2016)	The lack of communication training in school and work places.	Effective communications skills of nurses directly influence the delivery of healthcare.	Nursing Intervention: The development of professional communication skills must be incorporated into educational program and healthcare settings.

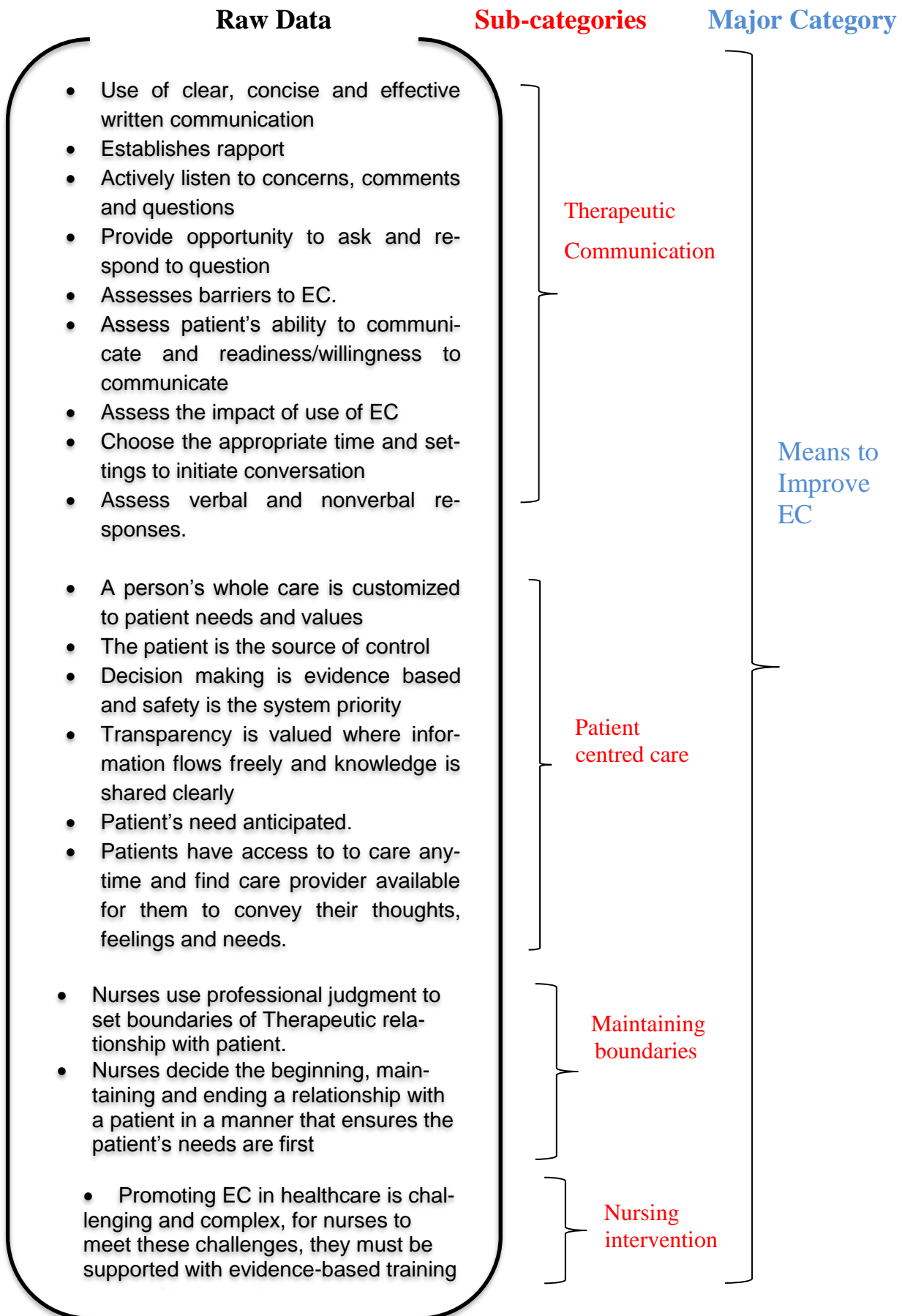
Appendix 2: Result analysis for barriers to effective communication.



Appendix 3: Result analysis for effects of effective communication on patient’s health and nurse.



Appendix 4. Result analysis for means to improve effective communication in nursing



NO	YEAR	Author	n	Design	Intervention/Method	Article's Results
1	2013	Gary E., Brebda., Kerry R. S	11	Qualitative	Data were collected through individual semi structured interview. Data were analyzed in a manner consistent with grounded theory.	Effective communication is found to be major importance in clinical nurse leaders in mental healthcare settings and in the patient health recovery process.
2	2014	Anita D. B	2	Qualitative	Review	Effective communications tools possessed by nurses, including patient-centered care, inter-professional collaboration, and informatics are important for improving patient outcomes and delivering high quality and safe care.
3	2011	Tay L. H., Hegney D, Ang E.	2	Qualitative	Review and Meta-Synthesis	The personal characteristics of patients and nurses are the key factors that affect effective nurse-patient communication in oncology settings
4	2014	O'Hagan, Manias, Elder, Pill, Woodward-Kron, McNamara, Webb, McColl.	6	Qualitative	Explorative Design	Nurse's approach to patient & patient's care; manner towards patients; communication techniques used for interacting with patients; and generic aspects of communication count counts and impact as an impact effective communication.
5	2011	Casey A, Wallis A	32	Qualitative	Review	Effective communication is recognized as a factor in excellent nursing practice.
6	2015	Bloomfield J Pegrarn A	25	Qualitative	Review	The ability of nurses to demonstrate care, compassion and effective communication in healthcare giving make great impact in the patients' recovery and health outcome.
7	2010	Sheila D., S.	2	Qualitative	Review	Effective communication technique like listen.
8	2014	Vertino K A	3	Qualitative	Review	Health professionals need effective interpersonal communication is needed to handle everyday chal-

						lenge in nursing settings.
9	2014	Bramhall E	14	Qualitative	Review	Every point of contacts with patients and their loved ones can be an opportunity to improve patients care, health and relationships using EC.
10	2014	Lambrini K Loanna V	1	Qualitative	Review	Effective communication improves the quality of care provided to the patients, and the result is visible in the result
11	2014	Groves W	1	Qualitative	Review	Correct application of effective communication skills could fulfil the important needs of patients, empower nurses to provide compassionate care, and enhance to manage work-related and personal stress
12	2016	Christi D Heidi L		Quasi-Experimental Design	A research design which include approximately 138 sophomore ADN students to determine the communication competency educational program of nursing students' communication and self-advocacy skills.	The provision of communication competency education to nursing students would positively impact the students' advocacy skills which should also influence their delivery of health care and thereby promote patient satisfaction.

Appendix 5: List of articles for data analysis.