



**INFLUENCE OF SOCIAL ENVIRONMENT ON NURSE/PATIENT
INTERACTION IN HOSPITALS IN OSHIMILI SOUTH LOCAL GOVERNMENT
AREA OF DELTA STATE**

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Abstract

The study investigated Influence of Social Environment on Nurse patient communication in Oshimili South Local Government Area of Delta State. Three Research Questions guided the study. The study adopted a descriptive survey research design and non-participant observation. The population of the study comprised 40 nurses selected through purposive random sampling technique. The instrument for data collection was structured questionnaire titled Influence of Social Environment on Nurse Patient Interaction Questionnaire (ISENPIQ). The instrument was validated by experts. The reliability coefficient of the instrument was 0.73 obtained through Cronbach Alpha method. The data collected were analyzed using mean statistics. The findings revealed that level of income, level of education and environment influence interaction between patients and nurses in selected hospitals in Oshimili South Local Government Area of Delta State. Based on the findings, the Study recommended among others; that basic workplace facilities should be installed in hospitals to enhance workplace environment and facilitate interaction between nurses and patients.

Keywords: Influence, Social Environment, Nurse/Patient, Interaction, Hospitals.

Introduction

The importance of communication and interaction for nursing has been an often stated point by nurses and nursing scientists since Florence

Nightingale in the 19th Century and continuing until today. English is widely used in medical practice among Nigerian healthcare professionals. English ability is considered vital to the provision of culturally competent care in Nigeria and used in the dissemination of information in medicine and nursing. In Nigeria, practicing nurses and midwives comprise the majority of health-care professionals. Most nurses and midwives work in hospitals, though some work in clinics, LGA health centres, schools, workplace clinics and social welfare institutions.

There is increasing demands on healthcare workers to use English in culturally diverse contexts of care. Nurses in particular are expected to improve their English ability in order to communicate more effectively with patients and to participate in professional knowledge exchange and interaction within an international health care environment. Therefore, a better understanding of the current uses of English in Nursing is needed. Irrespective of the field of nursing, Spiers (2002) demand that nurses must be skilled in developing effective relationship with their patients.

Meeting language proficiency requirements can be an expensive and stressful process for nurses during and after training. However, the cultural aspects of communication, influenced by the environment are neglected, undermining the fact that every time language is used and interpreted, we perform culturally meaningful acts, and even subtle deviances from accepted norms can lead to misunderstanding and negative stereotyping (Beal, 1992; Kramsch, 1993, Liddicoat, 2004). According to Taiwo (2014), Language barrier was a frequently reported issue as affecting therapeutic communication across different healthcare settings". Approaches and methods to describe or investigate the phenomenon of nurse-patient interaction and communication vary but as professionals spending the most time with patients, nurses ultimately hold a position of obvious importance in the health-care team to satisfy the communication needs of patients. Giving the linguistic diversity in most African countries, including Nigeria, and specifically, Oshimili Local Government Area of Delta State, English language is the language of medical education and is certainly a challenging issue in the healthcare setting. Patients who cannot

speaking English and do not have interpreters to assist, may find it difficult to communicate with healthcare providers.

However, communication in nurse-patient interaction is so important that how it is conceptualized (either as the transmission of information or as a ritualistic relational engagement) can lead to different findings in provider-patient communication studies (Rimal, 2001). Rimal observed that, although contextual factors, as well as physician and patient characteristics, can affect communication in the health nurse-patient dyad, institutional and environmental factors are also often neglected in such studies. Also in many of the studies on Primary healthcare, nurse-patient communication and interaction varied from study to study but in general, using closed-ended questions, not taking clients' views and concerns into consideration or speaking rudely to patients were common communicative practices reported about nurses, especially in public healthcare settings (Nwosu, Inyama and Emeka, 2017).

In relation to professional communication, studies have also shown that language, context and intercultural understanding are important factors in developing a shared understanding and effective communication between nurses and their clients. (Coupland and Coupland, 2001; Roberts et al, 2004). Thus, meeting language proficiency requirements can be an expensive and stressful process for nurses during and after training; the cultural aspects of communication are neglected undermining the fact that every time language is used and interpreted, we perform culturally meaningful acts, and even subtle deviances from accepted norms can lead to misunderstandings and negative stereotyping (Beal, 1992; Kramsch, 1993; Liddicoat, 2004).

Furthermore, becoming a nurse is also about being socialized into a professional discourse that is sometimes a mystery. (Barret, 1999; Sarangi and Roberts, 1999). In this regard, communication between patients and practitioners conveys expectations about each side's management. Practitioners, on one hand, may enact at different times the role of experts or of facilitators in knowledge building; whereas the patients can change between being active participants in their illness management and seeking

more direct guidance. Research in healthcare and other settings shows that professionals who work under institutional constraints in not giving advice or direct responses tend to rely on sets of conversational routines to maintain the flow of conversation while complying with the constraints. A possible risk associated with this, is a decrease in the flexibility and attainment to the person on the other side, making interactional sensitivity less likely to happen. Thus, immediate environment will have positive or negative influence on patient who is sensitive and responsive to his environment consciously or unconsciously.

Some patients actively display interactional difficulties in consultations, which can result in clear contextualization cues that indicate that the patient has not understood the information provided by the healthcare provider. By making such difficulties manifest in the interaction, patients can use difficulties as a resource in the sense that the healthcare provider can then proceed to co-construct with the patient the information needed to make an informed choice. This kind of active, though not necessarily fluent participation can be interpreted and responded to by health provider/nurse who, in turn, may initiate new strategies for making the communication more successful. A successful delivery of information is critical to decision-making; therefore, patients must be fully informed of their various options in their health management. These informed the researcher's observation and aroused the interest to assess the influence of social environment on nurse-patient interaction in hospitals in Oshimili South Local Government of Delta State.

While studies examining the nature of second language learning abound and some investigate the issues of working across language and cultures, professional roles; there is limited focus on the influence that environment can have on nurse patient interaction. The purpose of this study, therefore, is to document and explore how nurses can bridge the gap between environmental influence and using English effectively in their professional lives in hospitals in Oshimili South Local Government Area of Delta State. This is very important when one considers the consequences of not preparing or supporting nurses appropriately to carry on their duties.

Statement of the problem

Some patients actively display interactional and communication difficulties in consultation, which can result in clear contextualization cues that indicate that the patient has not understood the information provided by the healthcare provider. By making such difficulties manifest in the interaction, patients can use difficulties as a resource in the sense that the healthcare provider can then proceed to co-construct with the patient the information needed to make an informed choice. This kind of active, though not necessarily fluent participation can be influenced by social environmental factors, is not visible in nurse/patient interaction in hospitals in Oshimili South Local Government Area of Delta State, in successful delivery of information.

This informed the researcher's observation and aroused the interest to assess the influence of social environment on Nurse-patient interaction in Oshimili South Local Government Area of Delta State.

Purpose of the Study

The main purpose of this study is to investigate the influence of social environment on Nurse-Patient interaction in hospital in Oshimili South Local Government Area of Delta State. Specifically, the study examined whether:

1. Nurse level of income influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State.
2. Nurse educational qualification influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State.
3. Nurse/Patient workplace/home influence Nurse-patient interaction in hospitals in Oshimili South Local Government of Delta State.

Research Questions

The following Research Questions guided the Study.

1. To what extent does Nurse level of income influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State?

2. To what extent does Nurse educational qualification influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State?
3. To what extent does workplace/home influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State?

Method

Descriptive survey design; non-participant observation of interaction was adopted for the Study and conducted in two government hospitals in Oshimili South Local Government Area of Delta State. The population of the Study comprised 40 Nurse Respondents. The data was collected using structured validated questionnaires. The instrument was designed after the four (4) points rating scales of Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE). The reliability coefficient of 0.73 was obtained using Cronbach Alpha method which showed that the instrument was reliable and fit for the Study. The researcher administered 40 copies of instruments on Nurses purposively selected for the Study. The researcher retrieved all 40 copies distributed and a 100 rate of return was recorded. The data was analyzed using mean statistics on a four point rating scale and a mean score of 2.50 and above was regarded as high extent and a mean score of 2.50 was recorded as low extent.

Results

Research Question 1: To what extent does Nurse level of income influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State?

Table 1: Influence of Nurse Level of Income on Nurse-patient interaction (N=40)

S/N	Items	VHE	HE	LE	VLE	x	Remark
1.	High income of nurses to a large extent contribute	14	12	6	8	2.80	

	considerably to nurse patient interaction.						High Extent
2.	Low income Nurses always provided some of the patients needs that would facilitate interaction.	15	15	5	5	3.00	Low Extent
3.	Low income nurses cannot facilitate effective patient interaction because they cannot afford incentives.	23	10	3	4	3.00	High Extent
4.	Patients with low income cannot interact effectively because of their low income status.	14	12	4	10	2.58	High Extent
5.	Patients with high income can interact effectively because of their high income status.	19	11	4	6	2.90	High Extent
6.	Low income parents cannot afford to buy their drugs to improve on their health status.	15	12	6	7	2.70	High Extent
	Grand Mean					2.83	High Extent

Analysis on Table 1 reveals that the respondents rated all items above a mean score of 2.50. This implies nurses' level of income to a high extent

influence nurse patient interaction in hospitals in Oshimili South Local Government Area of Delta State. A grand mean score of 2.83 shows high extent which is an evidence of the response given by the respondents.

Research Question 2: To what extent does Nurse educational qualification influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State?

Table 2: Influence of Nurse educational Qualification on nurse/patient interaction (N=40)

S/N	Items	VHE	HE	LE	VLE	x	Remark
7.	Nurses acquire only basic language skills during Nursing education and in service training.	23	10	4	3	2.98	High Extent
8.	Most nurses from educated homes have better communicative strategies than those from uneducated homes.	18	12	7	3	3.18	High Extent
9.	Educated patients present enough interactive skills than those from uneducated homes	10	21	7	4	2.85	High Extent
10.	Educational background of nurses has no influence on patients' interaction.	6	5	22	7	2.28	Low Extent

11.	Educated patients present their illnesses before the nurses well to be understood by the nurses.	16	14	5	5	3.05	High Extent
12.	Uneducated patients are not able to express themselves adequately.	17	12	6	5	3.03	High Extent
13.	Uneducated patients because of the nature of their job cannot improve on their interactive skills.	7	3	22	8	2.30	Low Extent
14.	Educated nurses sometimes employ interpreters to help them have better understanding.	5	7	15	13	2.10	Low Extent
	Grand Mean					2.72	High Extent

Data analyzed on Table 2 reveals that all items were rated by the respondents above a mean score of 2.50 except items 11, 13 and 14 with mean scores of 2.28, 2.30 and 2.10 respectively. The grand mean score of 2.72 further shows that nurses' educational qualification to a high extent influence nurse patient interaction in hospitals in Oshimili South Local Government Area of Delta State.

Research Question 3: To what extent does workplace/home influence Nurse-patient interaction in hospitals in Oshimili South Local Government Area of Delta State?

Table 3: Influence of workplace/home on nurse/patient interaction in the hospital (N=40)

S/N	Items	VHE	HE	LE	VLE	x	Remark
15.	Nurses whose workplaces are conducive exhibit skills that facilitate interaction with patients in the hospitals.	20	15	3	2	3.33	High Extent
16.	Nurses whose poor workplaces are not conducive exhibit poor interactive skills that do not facilitate interaction with patients in the hospitals.	18	12	5	5	2.85	High Extent
17.	Some patients who come from high social environment/workplace interact better with nurses in the hospitals.	17	15	4	4	3.05	High Extent
18.	Some patients who come from poor environment/workplace cannot interact with nurses and are helpless during interaction with nurses in the hospitals.	17	16	3	4	3.10	High Extent
19.	Some parents who are from good and conducive environment/workplace	17	13	5	5	2.93	

	cooperate with nurses during interaction in the hospitals.						High Extent
20.	Most nurses from good environment/workplace show power in speech and are uncooperative with patients in the hospitals.	12	22	2	4	3.15	High Extent
	Grand Mean					3.70	High Extent

Table 3 shows that the respondents rated all items above a mean score of 2.50 which imply that workplace/home, to a high extent influence nurse/patient interaction in Oshimili South Local Government Area of Delta State.

Discussion of findings

Theoretical reflections and observation of study on nurse-patient relationship indicate that the status of their income is primarily mediated by verbal and non-verbal communication (Aguilera, 1967). Like communication, relationships are unique situations also (Anderson 1979) and are mutually constructed in their level of income, whereby the professional nurse-patient relationship is responsive and inter subjective (Aranda and Street 1999). It is this interpersonal relationship that makes the difference between nursing and caring (Tuckett, 2005). The nurse-patient relationship is said to be of importance for patient participation in nursing care (Millard et al 2006). In the researcher’s observation of nurse patient relationship, there are frequent encounters that portray empathy, intimacy, and esthetical distance. This collaborates (Larrson and Starrin 1990) which emphasized the fact that these concepts are relevant to communication and interaction; reflecting how strong the concepts of interaction, communication and relationship are intertwined.

From researcher's observation, nurses used wide range of conversational tactics to maintain control over verbal nurse-patient interaction. Although nurses have basic communication skills to initiate conversation and listen to patients, they did not take patients' concerns into care and did not give feedback to the patients. This confirms May, (1990) which stated that an often not consciously used mode of speech conveys relative power in conversation and conforms to Williams et al (2005) that stated that speech modulation of patients covers the use of diminutives, inappropriate plural pronouns, tag questions, shortened sentences, slow speech rate and simple vocabulary.

Moreover, the study revealed that nurse educational qualification is relevant to achieve desired quality interaction between nurse and patients. Although it was discovered and observed that within the hospital setting, communication between patients and nurses conveys expectations about each side's level of knowledge and control on the illness and its management, Nurse practitioners, for example, enact at different times the role of experts or of facilitators in knowledge building; whereas, the patient change between being active participants in their illness management or seek more direct guidance.

In relation to professional communication, this study showed that workplace/home context/and intercultural understanding are important factors in effective Nurse-patient interactions. This is in line with Coupland and Coupland, (2001); Robert et al, (2004) which stated that inter cultural understanding in interaction helps in developing a shared understanding and effective communication between health professionals and their clients. Consequently, the Study further revealed that nurses in health sector that are not properly educated or qualified, work under institutional constraints and when not giving advice or direct responses, tend to rely on sets of conversational routines to maintain the flow of conversation while complying with the constraints. A possible risk associated with this is a decrease in the flexibility and attunement of the person on the other side, making interactional sensitivity less likely to happen.

Conclusion

Nurses in Oshimili South Local Government Area of Delta State have great need for the use of English especially in their workplace. There is no doubt that there are noticeable discrepancies between the language needs of nurses; language use in workplace environment and their level of proficiency in hospitals in Oshimili South Local Government Area of Delta State. This confirms Taiwo (2014) that a widespread lack of intercultural communication skills in English among nurses; considerable anxiety about using English in workplace as well as confusion and misunderstanding between patients and nurses, resulting from language use, are major influences on nurse/patient interaction in hospitals.

Recommendations:

1. The Government should improve on the remuneration of nurses to encourage them to provide basic assistance to their patients who may not be of equal income status with them that would facilitate nurse/patient interaction.
2. Nurses require additional English language courses during nursing education/regular in-service training on basic interactional procedures/skills needed to enhance verbal and non verbal communication in nurse/patient interaction.
3. The government should provide some basic social and workplace facilities that would have positive influence on the behavior of individuals and subsequently affect positively, interaction between nurses and patients in hospitals.

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