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NURSE-PATIENT COMMUNICATION: EXPLORING BARRIERS TO EFFECTIVE THERAPEUTIC COMMUNICATION IN PUBLIC SECTOR HOSPITALS

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Abstract:
Effective nurse-patient communication is fundamental to providing quality healthcare, promoting patient satisfaction, and establishing therapeutic relationships. However, nurses working in public sector hospitals frequently encounter communication barriers that affect patient care, treatment adherence, and healthcare experiences. This study explores the interpersonal, organizational, and institutional barriers that hinder effective therapeutic communication between nurses and patients in public sector hospitals in Lahore, Pakistan. A qualitative exploratory descriptive research design provides the methodological framework for the investigation. The proposed study focuses on 24 registered nurses selected through purposive sampling from Mayo Hospital, Services Hospital, and Jinnah Hospital Lahore. Data collection involves semi-structured interviews, while thematic analysis provides a framework for identifying recurring patterns and experiences. The investigation focuses on excessive workload, staff shortages, language differences, inadequate communication training, patient anxiety, and organizational limitations. These factors may influence nurses' ability to understand patients' emotional needs, provide appropriate information, and establish trust. The research highlights the importance of communication skills development, culturally responsive nursing practices, improved staffing arrangements, and institutional support. Its findings are intended to contribute to strengthening patient-centered nursing practices and improving therapeutic relationships in public sector hospitals.

INTRODUCTION

Communication is an essential component of professional nursing practice because it enables nurses to understand patients' needs, explain treatment procedures, provide emotional support, and establish therapeutic relationships. Nursing extends beyond administering medication, monitoring vital signs, and performing clinical procedures. It also involves continuous interaction with patients, their families, and other healthcare professionals. Effective communication enables nurses to obtain relevant patient information, identify concerns, reduce anxiety, and support informed healthcare decisions.

Therapeutic communication refers to a purposeful, professional, and patient-centered interaction intended to improve the physical, psychological, and emotional well-being of individuals. Unlike ordinary conversation, therapeutic communication requires empathy, active listening, respect, confidentiality, appropriate questioning, and the ability to understand verbal and non-verbal messages. Through these practices, nurses establish trust and encourage patients to participate actively in their treatment.

Amoah et al. explain that therapeutic communication contributes to patients' understanding, emotional comfort, trust, and cooperation with treatment. They emphasize that communication is an inseparable component of nursing care and influences the quality of healthcare services (Amoah et al.).

In hospital environments, patients frequently experience fear, uncertainty, pain, and emotional distress. They may have limited knowledge about their medical conditions and treatment procedures. Consequently, they depend on nurses for explanations, reassurance, and guidance. Ineffective communication can result in misunderstandings, reluctance to express concerns, and dissatisfaction with healthcare services.

Public sector hospitals in Pakistan face several organizational and operational challenges that influence nurse-patient communication. High patient attendance, limited nursing resources, staff shortages, heavy workloads, and inadequate infrastructure reduce the time available for meaningful interaction. Nurses frequently attend to several patients simultaneously, complete documentation, coordinate treatment, and respond to emergencies. Under these circumstances, communication often becomes brief and task-oriented, leaving patients with limited opportunities to discuss their concerns.

Linguistic and cultural differences also create challenges in therapeutic communication. Patients visiting public hospitals in Lahore belong to different educational, socioeconomic, linguistic, and cultural backgrounds. Although Urdu is widely understood, some patients communicate more comfortably in Punjabi, Saraiki, Pashto, or other regional languages. Nurses consequently encounter difficulties when explaining medical procedures, medication instructions, and treatment requirements to patients with limited understanding of the language being used.

Junaid and Rafi examined communication barriers among doctors, nurses, and patients in Lahore. Their research identified linguistic, cultural, behavioral, and management-related difficulties. They also highlighted the limited communication training available to healthcare professionals. Their findings demonstrate that communication problems extend beyond individual interactions and reflect broader organizational and institutional conditions (Junaid and Rafi 560–65).

Similarly, Amoah et al. investigated barriers to therapeutic communication among nurses and patients at Komfo Anokye Teaching Hospital in Ghana. Their qualitative research identified patient-related, nurse-related, and environmental barriers, including language difficulties, workload, misconceptions, pain, and noisy hospital environments (Amoah et al.).

In Pakistan, this issue remains particularly relevant because public sector hospitals serve patients from diverse socioeconomic backgrounds. Nurses communicate with individuals who have different educational levels, health literacy, linguistic abilities, and expectations regarding medical care. Understanding nurses' experiences provides valuable insight into these challenges and their influence on everyday nursing practices.

The present study focuses on barriers to effective therapeutic communication in Mayo Hospital, Services Hospital, and Jinnah Hospital Lahore. It examines nurses' experiences, perceptions, institutional challenges, and perspectives regarding improvements in professional nurse-patient interactions.

Problem Statement

Effective therapeutic communication is necessary for establishing trust, understanding patients' concerns, and ensuring safe and patient-centered healthcare. Nevertheless, communication between nurses and patients is frequently affected by interpersonal, cultural, organizational, and environmental barriers.

In public sector hospitals, nurses work under demanding conditions characterized by high patient attendance, limited time, staff shortages, and administrative responsibilities. These circumstances restrict their ability to engage in meaningful conversations with patients. Furthermore, language differences, limited health literacy, emotional distress, and cultural misunderstandings complicate the communication process.

Although nurses are responsible for providing compassionate and individualized care, institutional limitations frequently restrict their ability to maintain effective therapeutic relationships. Communication difficulties contribute to patient dissatisfaction, misunderstandings regarding treatment instructions, reduced cooperation, and limited involvement in healthcare decisions.

Previous research has examined communication barriers across different healthcare settings. However, further qualitative exploration across multiple public sector hospitals in Lahore provides an opportunity to understand how nurses experience these challenges in different clinical environments.

The central problem addressed in this research concerns the interpersonal and institutional barriers that prevent nurses from establishing effective therapeutic communication with patients. The study examines these barriers from nurses' perspectives and identifies practical strategies for improving professional communication.

Research Objectives

1. To explore nurses' experiences of nurse-patient communication in public sector hospitals.
2. To identify interpersonal and institutional barriers affecting effective therapeutic communication.
3. To examine the influence of workload, staff shortages, and time constraints on communication practices.
4. To explore the effects of linguistic, cultural, and educational differences on nurse-patient interactions.
5. To identify strategies for improving therapeutic communication and patient-centered nursing care.

Research Questions

1. How do nurses describe their experiences of therapeutic communication with patients?
2. What interpersonal and organizational barriers affect effective nurse-patient communication?
3. How do workload and staff shortages influence nurses' communication practices?
4. How do language and cultural differences affect therapeutic interactions?
5. What strategies contribute to improved communication between nurses and patients in public sector hospitals?

Literature Review

Therapeutic communication is a professional interaction through which nurses establish meaningful relationships with patients and address their healthcare needs. It involves verbal and non-verbal communication techniques that encourage patients to express their feelings, understand treatment procedures, and participate in healthcare decisions.

A therapeutic relationship is based on mutual respect, trust, empathy, confidentiality, and professional responsibility. Nurses recognize that patients frequently experience emotional distress, uncertainty, and fear during hospitalization. Effective communication enables nurses to understand these experiences and respond appropriately.

Amoah et al. explain that therapeutic communication contributes to patient understanding, emotional comfort, and cooperation with treatment. Their research

identifies verbal and non-verbal communication as important components of the nurse-patient relationship (Amoah et al.).

Kwame and Petrucka also emphasize the importance of patient-centered communication in nursing practice. They identify communication barriers and facilitators within nurse-patient interactions and discuss the relationship between effective communication and individualized healthcare (Kwame and Petrucka).

Therapeutic communication requires active listening. Rather than providing information without considering patients' responses, nurses encourage questions, clarify misunderstandings, and assess patients' understanding of the information being communicated.

Workload represents an important organizational factor influencing nurse-patient communication. Nurses working in busy hospitals frequently attend to several patients simultaneously. Their responsibilities include medication administration, patient monitoring, documentation, coordination with doctors, and responding to emergencies.

These responsibilities reduce the time available for meaningful interpersonal communication. Nurses frequently prioritize immediate clinical tasks over extended conversations with patients.

Pérez-Francisco et al. examined the influence of workload on nurses' health, professional burnout, patient safety, and quality of care. Their review highlights the consequences of increasing healthcare demands and insufficient staffing resources (Pérez-Francisco et al.).

In public sector hospitals, inadequate staffing further intensifies these pressures. When patient numbers exceed available nursing resources, individualized attention becomes difficult.

Consequently, communication frequently becomes task-oriented rather than therapeutic. Patients receive essential clinical instructions but have fewer opportunities to discuss their concerns, emotional experiences, and treatment-related questions.

Language represents an important element of effective communication. Nurses communicate medical information in a manner that patients can understand. However, linguistic diversity creates difficulties when patients and nurses do not share a common language.

In Lahore's public sector hospitals, patients communicate in Urdu, Punjabi, Pashto, Saraiki, and other languages. Differences in vocabulary and health-related terminology sometimes result in misunderstandings.

Cultural differences also influence how patients understand illness, respond to treatment, express pain, and interact with healthcare professionals. Some patients prefer family members to participate in medical discussions, whereas others feel uncomfortable discussing personal matters in the presence of relatives.

Junaid and Rafi identify linguistic barriers such as unfamiliar medical terminology, differences in accents, language proficiency, and difficulties interpreting patients' expressions. They also discuss the relationship between cultural diversity and communication difficulties in Lahore's healthcare institutions (561–62).

These findings indicate that nurses require appropriate communication skills and cultural awareness when working with diverse patient populations. Communication is influenced not only by nurses but also by patients' physical, emotional, and social circumstances. Patients experiencing severe pain, anxiety, fear, or confusion frequently encounter difficulties expressing themselves. Similarly, individuals with limited education or health literacy may struggle to understand medical terminology and treatment instructions.

Amoah et al. identify patient-related barriers such as personal and social characteristics, language differences, misconceptions, pain, and difficulties within the nurse-patient relationship. Patients sometimes hesitate to ask questions because of fear, embarrassment, or perceived differences in professional authority. Some individuals consider questioning healthcare professionals inappropriate. These circumstances require nurses to employ patient-centered communication techniques, including simple explanations, reassurance, active listening, and appropriate questioning.

The hospital environment plays an important role in determining the quality of therapeutic communication. Noise, overcrowding, insufficient privacy, inadequate facilities, and frequent interruptions negatively influence interpersonal interactions.

For example, nurses working in crowded wards encounter difficulties when discussing sensitive health matters privately. Similarly, noise from medical equipment, visitors, and other patients prevents some individuals from hearing important information.

Amoah et al. identify noisy and unconducive hospital environments as barriers to effective therapeutic communication. Their findings demonstrate that communication depends not only on individual professional abilities but also on the conditions in which healthcare is delivered (Amoah et al.).

Organizational policies and administrative expectations also influence communication practices. When hospitals emphasize clinical task completion without allowing sufficient time for patient education and interaction, therapeutic communication receives less attention.

Junaid and Rafi also highlight the influence of management and professional relationships on communication among healthcare professionals. Their findings demonstrate that institutional coordination and effective teamwork contribute to better communication practices (563–64).

Communication is a professional nursing competency requiring continuous development. Although nursing education introduces students to communication principles, clinical environments present complex situations requiring practical interpersonal skills.

Nurses require the ability to manage difficult conversations, communicate with anxious patients, respond to complaints, provide emotional support, and explain medical information clearly.

Junaid and Rafi identify inadequate communication training as an important barrier to effective healthcare interaction. They emphasize the importance of developing communication skills that address linguistic and cultural diversity (560–65).

Training programs focusing on active listening, empathy, conflict management, cultural awareness, and patient education contribute to stronger professional communication.

However, communication training alone cannot resolve institutional barriers. Hospitals also require adequate staffing, supportive supervision, appropriate facilities, and organizational policies that provide nurses with sufficient time for meaningful patient interaction.

Research Gap

Existing research establishes that therapeutic communication is influenced by interpersonal, organizational, cultural, and environmental factors. Studies conducted in Ghana and Pakistan identify several barriers, including language differences, workload, inadequate training, and institutional limitations.

Amoah et al. provide evidence concerning patient-related, nurse-related, and environmental barriers, while Junaid and Rafi offer relevant findings from Lahore's healthcare settings.

Kwame and Petrucka further emphasize the importance of patient-centered communication and the conditions that facilitate effective nurse-patient interactions.

Nevertheless, further multi-site qualitative exploration provides an opportunity to understand how nurses experience these challenges across different hospital environments. The present research addresses this area through a qualitative investigation involving Mayo Hospital, Services Hospital, and Jinnah Hospital Lahore. Its primary focus remains nurses' experiences and the interaction between individual communication practices and institutional conditions.

Research Methodology

Research Approach

The study employs a qualitative research approach because its primary purpose is to understand nurses' experiences, perceptions, and interpretations of communication barriers.

Qualitative research is appropriate for investigating complex human experiences that cannot be adequately understood through numerical measurements alone. This approach enables participants to explain their experiences in their own words and describe the challenges encountered during patient interactions.

Research Design

An exploratory descriptive research design provides the methodological framework for the study. The exploratory component examines different types of communication challenges, while the descriptive component focuses on detailed accounts of nurses' experiences.

Amoah et al. similarly employed an exploratory qualitative approach to investigate barriers to therapeutic communication among nurses and patients. Their research demonstrates the suitability of qualitative interviews for examining communication experiences and identifying recurring themes (Amoah et al.).

The present research focuses on developing an in-depth understanding of the factors affecting therapeutic communication rather than establishing statistical relationships or testing numerical hypotheses.

Study Setting

The research focuses on three public sector hospitals in Lahore, Pakistan.

Table 1. Study Hospitals and Proposed Participant Distribution

Hospital	Location	Participants
Mayo Hospital	Anarkali, Lahore	8
Services Hospital	Shadman, Lahore	8
Jinnah Hospital	Faisal Town, Lahore	8
Total	**Three hospitals**	**24**

These hospitals represent major public sector healthcare institutions providing tertiary-level medical services to diverse patient populations.

Their selection provides an opportunity to examine communication experiences across different clinical departments and hospital environments.

Study Population

The target population consists of registered nurses employed in the selected public sector hospitals.

Participants represent relevant clinical departments, including:

- Medical wards
- Surgical wards
- Emergency departments
- Intensive care units
- General inpatient units

The inclusion of nurses from different departments provides a broader understanding of communication challenges in clinical practice.

Sample Size and Sampling Technique

The proposed research sample consists of 24 registered nurses selected through purposive sampling.

Eight participants represent each hospital. Selection criteria include professional experience and direct involvement in patient care.

The inclusion criteria comprise:

1. Registered nurses employed in the selected hospitals.
2. At least one year of clinical experience.
3. Direct involvement in patient care.
4. Voluntary participation.
5. Informed consent.

Administrative personnel without direct patient-care responsibilities fall outside the study population.

The final sample size depends on the depth and adequacy of the interview data. Data saturation provides an additional consideration when determining the adequacy of the qualitative sample.

Data Collection Instrument

Semi-structured interviews provide the primary data collection method.

The interview guide focuses on the research objectives and questions. Open-ended questions enable participants to describe their experiences and professional challenges.

The interview questions include:

1. How would you describe your communication experiences with patients?
2. What major challenges do you encounter when communicating with patients?
3. How does your workload influence your ability to communicate with patients?
4. What difficulties arise when communicating with patients from different linguistic backgrounds?
5. How do patients' emotional conditions affect therapeutic communication?
6. What institutional factors make communication difficult?
7. What measures contribute to improved nurse-patient communication in your hospital?

Each interview has an estimated duration of 25–40 minutes.

Data Collection Procedure

Institutional permission and ethical approval constitute the initial requirements for data collection. Eligible nurses receive information regarding the research objectives, confidentiality arrangements, voluntary participation, and withdrawal rights.

Interviews take place in suitable locations within the hospitals, subject to institutional approval.

With participants' consent, interviews are audio-recorded and transcribed. Interviews conducted in Urdu or other languages are translated into English when required for analysis.

Data Analysis

Thematic analysis provides the framework for examining interview transcripts.

The analytical process follows the six phases described by Braun and Clarke: familiarization with the data, generation of initial codes, identification of potential themes, review of identified themes, definition and naming of themes, and preparation of the final analytical report (Braun and Clarke 87).

The analysis focuses on recurring patterns, similarities, and differences in participants' experiences across the three hospitals.

Ethical Considerations

Ethical principles remain central to the research process.

Institutional ethical approval and administrative permissions are necessary before participant recruitment and data collection. Informed consent ensures voluntary participation.

Participants' identities remain confidential, and pseudonyms or participant codes protect their privacy.

Audio recordings and interview transcripts require secure storage and restricted access. Participants retain the right to withdraw without professional or personal consequences.

Thematic Findings and Analysis

The thematic analysis focuses on six major areas of nurse-patient communication. These themes are derived from the research objectives and existing literature and provide the analytical framework for examining the interview data.

Table 2. Thematic Framework

Main theme	Related subthemes
Workload and time constraints	Staff shortages, multiple patients, documentation
Language and cultural differences	Regional languages, health literacy, cultural expectations
Communication training	Limited training, lack of confidence, difficult conversations
Patient-related factors	Anxiety, pain, fear, misunderstanding

Organizational barriers	Noise, overcrowding, limited privacy
Professional relationships	Empathy, trust, listening, professional attitude

Heavy Workload and Limited Interaction Time

Workload represents a major organizational challenge affecting therapeutic communication. Nurses working in busy hospital departments perform several clinical and administrative responsibilities simultaneously. These include medication administration, patient monitoring, maintaining records, coordinating with doctors, and responding to emergencies.

Such responsibilities reduce the time available for meaningful interaction with patients.

Under demanding working conditions, nurses frequently provide brief explanations instead of engaging in detailed conversations. This situation limits patients' opportunities to ask questions and discuss their concerns.

Junaid and Rafi identify overwork and professional dissatisfaction as factors affecting healthcare communication. Their research highlights how demanding clinical responsibilities can reduce attention to holistic patient care (562).

Similarly, Pérez-Francisco et al. associate excessive workload with professional burnout and concerns regarding the quality and safety of healthcare.

This theme highlights the relationship between workload management, staffing arrangements, and effective communication.

Language and Cultural Differences

Language and cultural differences represent important interpersonal barriers.

Patients visiting public sector hospitals belong to diverse linguistic and cultural backgrounds. Although nurses frequently communicate in Urdu, some patients understand Punjabi, Pashto, Saraiki, or other regional languages more comfortably.

These differences complicate explanations of treatment procedures, medication instructions, and medical conditions. Cultural expectations also influence patients' willingness to communicate openly, particularly when discussing sensitive health concerns.

Junaid and Rafi identify medical terminology, language proficiency, different accents, and cultural differences as important communication challenges in Lahore's healthcare settings (561–62). The theme emphasizes culturally responsive communication and the use of simple language as important components of patient-centered nursing care.

Inadequate Communication Skills and Professional Training

Professional communication training represents another important area of concern. Although nurses receive clinical education, opportunities for developing advanced interpersonal skills vary across healthcare institutions.

Effective therapeutic communication requires active listening, empathy, conflict management, emotional support, and the ability to explain complex medical information in simple terms. Limited professional development opportunities can make challenging interactions more difficult.

Junaid and Rafi identify insufficient communication training as a barrier to effective interaction between healthcare professionals and patients. Their findings highlight the importance of communication skills development in culturally diverse healthcare environments (560–65).

Regular communication workshops, clinical supervision, and structured professional development contribute to stronger nursing communication competencies.

Patient Anxiety and Emotional Distress

Patients frequently experience emotional distress during hospitalization. Fear of medical procedures, uncertainty about diagnosis, financial concerns, and physical pain influence their willingness and ability to communicate.

Some patients become frustrated when treatment takes longer than expected, while others hesitate to express their concerns.

Amoah et al. identify pain, misconceptions, and patients' adjustment to the hospital environment

as factors that interfere with therapeutic communication.

Nurses recognize emotional signals and respond with empathy and reassurance.

This theme emphasizes emotional support as an essential component of therapeutic nursing communication.

Organizational and Environmental Limitations

The hospital environment influences the effectiveness of communication.

Overcrowded wards, noise, interruptions, limited privacy, and insufficient facilities create difficulties for nurses and patients.

Nurses encounter challenges when discussing sensitive medical information in environments where several patients and attendants share the same space.

Similarly, noisy environments interfere with patients' ability to hear and understand important instructions.

Amoah et al. identify environmental conditions, particularly noise and an unconducive hospital environment, as barriers to effective therapeutic communication.

This theme highlights the importance of improved ward organization, privacy arrangements, and communication-friendly clinical environments.

Professional Attitudes and Nurse-Patient Relationships

Professional attitudes play an important role in establishing therapeutic relationships. Empathy, patience, respect, and active listening contribute to trust between nurses and patients.

However, heavy workloads and professional stress influence nurses' emotional availability and interpersonal behavior. Patients generally feel more comfortable communicating when nurses demonstrate patience and give attention to their concerns. Kwame and Petrucka emphasize the importance of patient-centered interactions in promoting effective communication and meaningful relationships between healthcare professionals and patients. This theme emphasizes the importance of professional behavior and interpersonal skills in maintaining effective therapeutic relationships.

Discussion

This study examines the barriers influencing effective therapeutic communication between nurses and patients in public sector hospitals in Lahore. The thematic framework demonstrates that communication challenges extend beyond individual communication skills and emerge through the interaction of interpersonal, organizational, professional, and environmental factors. These dimensions collectively influence the quality of nurse–patient interactions, patients' understanding of healthcare information, and the development of therapeutic relationships.

Excessive workload and insufficient time for patient interaction constitute significant organizational challenges in nursing practice. Nurses working in high-demand clinical environments are required to manage multiple responsibilities, including direct patient care, medication administration, clinical documentation, and administrative duties. When these responsibilities exceed available staffing capacity, opportunities for meaningful interpersonal communication become restricted.

This perspective is consistent with Pérez-Francisco et al., who identify nursing workload as an important determinant of professional well-being, patient safety, and the quality of healthcare delivery. Similarly, Junaid and Rafi highlight overwork and professional dissatisfaction as factors that undermine communication and holistic patient care in Lahore's hospitals (562).

These findings suggest that therapeutic communication cannot be strengthened exclusively through individual professional training. Organizational measures, particularly appropriate staffing arrangements, balanced workload distribution, and adequate time allocation for patient interaction, are equally important. Effective communication therefore requires institutional support alongside individual nursing competencies.

Linguistic and cultural diversity represents another important dimension of nurse–patient communication. Public sector hospitals in Lahore serve patients from different linguistic, educational, and cultural backgrounds.

Differences in language proficiency, cultural expectations, and familiarity with medical terminology can complicate the exchange of healthcare information.

Junaid and Rafi identify linguistic differences and unfamiliar medical terminology as barriers to effective communication between healthcare professionals and patients in Lahore (561–62). Such difficulties may affect patients' understanding of diagnoses, treatment procedures, medication instructions, and discharge information.

The adoption of culturally responsive communication strategies can help address these challenges. Nurses can facilitate understanding through simple language, clear explanations, culturally sensitive interaction, and appropriate interpretation support where necessary. These practices strengthen patient participation and reduce the likelihood of misunderstandings during clinical consultations.

Professional communication competency constitutes an essential component of effective nursing practice. Clinical knowledge and technical expertise alone do not ensure successful therapeutic interaction. Nurses also require interpersonal skills that enable them to listen attentively, recognize patients' emotional needs, explain medical information, and manage difficult conversations professionally.

Junaid and Rafi emphasize the importance of communication skills in improving interactions among patients and healthcare professionals in hospital settings (560–65). Their discussion supports the integration of communication competency into professional nursing development.

Continuous professional education can strengthen these competencies through practical training, supervised clinical interaction, role-playing exercises, and reflective learning activities. Particular attention to empathy, active listening, non-verbal communication, and patient education can improve the quality of nurse–patient relationships. Communication training is therefore an important component of professional development and patient-centred nursing care.

Emotional support represents an important dimension of therapeutic communication. Hospitalization frequently exposes patients to uncertainty, physical discomfort, fear, and psychological distress. These experiences may influence their willingness and ability to communicate health-related concerns.

Amoah et al. identify patient-related factors, including pain, misconceptions, and anxiety, as barriers to effective therapeutic communication. Their findings demonstrate that communication difficulties are not exclusively attributable to healthcare professionals; patients' physical and emotional circumstances also influence interpersonal interaction.

Nurses who recognize emotional distress and respond through empathy, reassurance, and attentive listening can create a more supportive clinical environment. Clear explanations of treatment procedures and opportunities for patients to express concerns further strengthen therapeutic relationships. Consequently, therapeutic communication performs both an informational and an emotional function within nursing care.

Institutional and environmental conditions considerably influence the effectiveness of nurse–patient communication. Overcrowding, excessive noise, inadequate privacy, and interruptions can restrict meaningful interaction, particularly when patients require detailed explanations or wish to discuss sensitive health concerns.

Amoah et al. identify environmental conditions as an important category of barriers affecting therapeutic communication. Similarly, Junaid and Rafi emphasize the significance of effective team management and institutional coordination in improving healthcare communication (563–64).

These observations indicate that communication quality is partly determined by the organizational environment in which nursing care takes place. Providing appropriate consultation spaces, protecting patient confidentiality, minimizing unnecessary interruptions, and strengthening

coordination among healthcare professionals can facilitate more effective interactions. Communication-friendly hospital environments are therefore an important component of broader patient-care improvement strategies.

The discussion highlights several implications for professional nursing practice and hospital administration. First, therapeutic communication represents an integral clinical responsibility rather than an additional activity performed after routine nursing duties. Second, continuous professional development can strengthen nurses' interpersonal and communication competencies. Third, culturally responsive communication practices are necessary to address the linguistic and cultural diversity of hospital populations.

Furthermore, nursing supervisors and hospital administrators have an important responsibility to establish organizational conditions that facilitate effective communication. Adequate staffing, manageable workloads, professional supervision, and supportive clinical environments can collectively improve the quality of nurse–patient interactions.

The integration of these measures into routine nursing practice can strengthen patient-centred care, improve the exchange of healthcare information, and support more constructive therapeutic relationships.

Recommendations

Based on the identified dimensions of therapeutic communication, the following recommendations are proposed for nursing professionals, hospital administrators, and healthcare policymakers.

Strengthening Communication Skills Training

Public sector hospitals can incorporate regular professional development programmes focusing on:

- Active listening and attentive interaction.
- Empathy and emotional support.
- Clear explanation of medical information.
- Conflict resolution and difficult conversations.
- Verbal and non-verbal communication.
- Patient education and counselling.

Practical training activities, including role-playing and supervised clinical exercises, can help nurses apply communication strategies in routine patient-care situations.

Improving Nursing Staff Availability

Hospital administrations need to review staffing arrangements and workload distribution to address excessive professional demands. Appropriate nurse-to-patient staffing arrangements can provide nurses with more opportunities for meaningful patient interaction. Reducing unnecessary administrative burdens can also support effective communication during clinical care.

Promoting Culturally Responsive Communication

Nursing professionals can adopt communication approaches that accommodate patients' linguistic and cultural backgrounds. The use of simple language, culturally sensitive explanations, and appropriate interpretation services can improve patient understanding. Hospitals can also provide communication resources for patients who experience language-related difficulties.

Developing Communication-Friendly Hospital Environments

Hospital management can improve communication conditions by reducing unnecessary noise, protecting patient privacy, minimizing avoidable interruptions, and organizing patient-care areas more effectively. Appropriate spaces for confidential discussions can further support communication about sensitive medical concerns.

Strengthening Patient-Centred Care

Patients need meaningful opportunities to ask questions, express concerns, and participate in treatment-related decisions. Nurses can promote patient-centred interaction through clear explanations, attentive listening, and confirmation of patient understanding. Such practices support informed participation and strengthen professional relationships.

Establishing Institutional Communication Policies

Public sector hospitals can develop institutional guidelines covering professional conduct, confidentiality, empathy, patient education, and respectful communication. Regular monitoring

and professional supervision can support the consistent implementation of these guidelines across nursing departments.

Limitations of the Study

The study focuses on three public sector hospitals in Lahore; therefore, its findings cannot automatically be generalized to all public and private healthcare institutions in Pakistan. Differences in institutional resources, staffing arrangements, patient populations, and administrative structures may produce different communication experiences across healthcare settings.

The proposed sample of 24 registered nurses provides a focused qualitative research framework. Its purpose is to explore professional experiences and identify recurring themes rather than achieve statistical generalization. The adequacy of the sample ultimately depends on the depth of the interviews and the richness of the collected information.

Furthermore, the study primarily examines nurses' perspectives, while patients' direct experiences and interpretations are not its principal focus. Including patients, nursing supervisors, and other healthcare professionals in subsequent research could provide a more comprehensive understanding of communication challenges.

The reliance on interview-based information also introduces the possibility of subjective interpretation and socially desirable responses. Participants may describe their professional experiences differently according to their institutional responsibilities, personal experiences, and willingness to discuss workplace challenges.

Future research can address these limitations through comparative studies involving public and private hospitals, multiple healthcare professional groups, and direct patient perspectives. Observational approaches and mixed-methods designs can also provide additional evidence regarding the relationship between communication practices, organizational conditions, and patient-care experiences.

Conclusion

Effective therapeutic communication is a fundamental component of professional nursing practice and patient-centred healthcare delivery. The discussion identifies workload pressures, linguistic and cultural differences, inadequate communication competencies, patient anxiety, and institutional conditions as important dimensions influencing nurse–patient interaction in public sector hospitals.

Addressing these challenges requires coordinated efforts from nursing professionals, hospital administrators, and healthcare policymakers. Professional communication training, appropriate staffing arrangements, culturally responsive practices, supportive clinical environments, and institutional communication policies can collectively strengthen therapeutic relationships.

Ultimately, improving nurse–patient communication requires an integrated approach that recognizes both the interpersonal responsibilities of nursing professionals and the organizational conditions in which healthcare services are delivered.

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