Assessment of Therapeutic Communication Skills and Barriers Between Nursing Students and Patients

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ARTICLE INFO	ABSTRACT
Introduction: The ability of the nurse to communicate with patients has been long recognized as an essential pillar of nursing care. This study aimed to assess the therapeutic communication skills and barriers among nursing students and patients. Methods: A cross-sectional descriptive research design based on a quantitative approach is used in this study. The participants of the study were selected purposively from level 4 to level 8 students in nursing program from Mohammed Al-Mana College for Medical Sciences. An observation checklist named Health Communication Assessment tool was used to assess the communication skills of nursing students. The second tool was a survey questionnaire-the barriers to nursing student-patient communication questionnaire which identified the barriers to therapeutic communication between the nursing students and the patients. **Results:** A total of one hundred six (N = 106) nursing students were involved in the study. The students' mean score in the assessment of their communication skills showed average scores in therapeutic communication skills (M = 3.32, SD =0.69). The students' opinions regarding the common communication barriers between them and their patients, were moderate, with an overall average of (M = 2.58, SD = 0.53). The average and middle scores for both communication skills (M = 6.65 ± 1.37, Md = 6.73) and communication barriers (M =6.37 ± 1.39, Md = 6.37) were almost equal. The Pearson correlation test revealed a statistically significant positive weak correlation (r_s = 0.242, p = < 0.012) between the students' scores in therapeutic communication skills and their scores in communication barriers. **Conclusion:** Recognizing the relationship between therapeutic communication skills and perceived communication barriers can inform targeted educational programs aimed at addressing both skill development and barrier reduction. It's essential to acknowledge that while a statistically significant correlation was found, the strength of the correlation is weak. Further research, including longitudinal studies or qualitative interventions, may provide deeper insights into the nature of the relationship between therapeutic communication skills and perceived barriers among nursing students. **Keywords:** Therapeutic communication, Communication skills, Nurse-patient relationship, Communication barriers, Nursing students

INTRODUCTION

The ability of the nurse to communicate with patients has been long recognized as an essential pillar of nursing care. Communication has a vital part in nursing skills, and it has an enthusiastic effectiveness in the patient's care plan (Fakhr-Movahedi, 2016).

Communication is a process focused on two parts, the sender and receiver. The sender defines as person who initiates a message in the communication process. The role of the sender consists of sending verbal or non-verbal information to the receiver. the "receiver" is the listener, reader, or observer, that is, the individual (or the group of individuals) to whom a message is directed. The receiver is also called the audience or decoder. In

the nurse-patient interaction, the sender is commonly the nurse, and the patient the receiver. Variety of factors influence the communication outcome. It includes emotions, level of education, culture, religion, cognitive ability, environment and level of consciousness (Kelly, 2012)

Nursing communication encompasses a broad range of skills and techniques aimed at establishing rapport, fostering trust, and facilitating understanding between the nurses and the patient. One well-known techniques to facilitate this aim is the use of therapeutic communication. Therapeutic communication means direct communication between healthcare provider and patient. The main purpose of establishing this type of communication is to prioritize the physical, mental, and emotional well-being of patients (Blake & Blake, 2019). Majority of literature pointed out the relationship of communication to common healthcare issues. The Joint Commission estimates that 80% of serious medical errors involve miscommunication (Blake & Blake, 2019). The Joint Commission's analysis of 2012, 2013, and first quarter data of 2014 revealed that communication was one of the top three leading causes of unanticipated events in a health care setting that results in death or serious physical or psychological injury (Neese, 2015). Furthermore, language miscommunication between healthcare provider and patient led to a possible medical error causing the patient into a life-threatening situation (Saqer & Qanbar, 2019).

Nursing students often encounter various challenges when communicating with patients. Góes et al. (2017) claimed that many students have difficulty in addressing psychological aspects regarding the treatment and feeling of patient and family. These challenges were associated by previous studies to significant barriers to communication. Dhungana & Dhungana (2020) determined that barriers to communication are categorized into four factors namely as common factors, nurse related factors, patient related barriers, and environmental barriers. These barriers contributed greatly to the ability of nurses to establish effective and therapeutic communication among their patients.

The development of proficient communication skills is essential for nursing students as they transition into professional practice. The importance of teaching nursing students' therapeutic communication is to build trust-relationship among clients, enhance patient's quality of care and prevent medical errors (Blake & Blake, 2019). It is a major concern for nurse educators to ensure that nursing students acquire communication skills that enhances students' clinical competence, critical thinking, and patient-centered care delivery.

Despite the recognition of communication skills as essential to nursing practice, gaps persist in students' acquisition and application of these skills. This study aimed to assess the therapeutic communication skills and barriers among nursing students and patients. It specifically determined the relationship between the skills and the barriers experienced by nursing students in establishing therapeutic communication with their patients.

METHODS

A cross-sectional descriptive research design based on a quantitative approach is used in this study. The participants of the study were selected purposively from level 4 to level 8 students in nursing program from Mohammed Al-Mana College for Medical Sciences. Majority of the study participants were from level 5 and 6 who were enrolled in clinical courses with intermediate to advanced level nursing skills. A total of 106 students participated in the study, out of which 32.1% were from level 5 and 40.5% were from level 6. The least number of participants were from level 4 which offered an introductory level clinical course. The inclusion criteria also included students who were taking clinical courses with training in Al-Mana General hospital in Dammam and Khobar; Al Mana Rakkah medical center and geriatric center. Those students were assigned on a particular patient under the supervision of a clinical instructor which required the use of communication techniques and skills. Students who did not register in clinical courses and nursing interns were excluded from the study.

An observation checklist named Health Communication Assessment tool was used to assess the communication skills of nursing students. It was a structured questionnaire adopted from the study of Nogueira de Goes et al (2017). The second tool was a survey questionnaire-the barriers to nursing student- patient communication questionnaire which identified the barriers to therapeutic communication between the nursing students and the patients. This tool was adopted from the studies of Aghabarary et al., (2009) and Ardalan et al., (2018). The barriers were divided into four (4) categories: common barriers between the nurse and the patient; nurses' barriers; patients' barriers; and environmental barriers. The reliability was 0.96, tested with Cronbach α method. Students' names did not appear in the questionnaire and their right to withdraw from the study was respected. Approval was obtained from IRB before the conduct of the study. The data collection started in the academic year 2022-2023 in spring. Every week the clinical instructor distributed the survey to the student. At the end of each week, the clinical instructor submitted the completed survey. The clinical instructors used the observation checklist to observe the nursing students on their communication skills during their clinical training schedule. On the other hand, the survey questionnaire distributed to the nursing students identified the barriers they have experienced in conducting therapeutic communication.

The data were reviewed and organized thoroughly for ensuring the completeness and accuracy. Data analysis was performed using IBM SPSS version 22. Mean score and standard deviation were used to describe the therapeutic communication skills and barriers between the nursing students and patients. Pearson correlation

test was used to measure the relationship between therapeutic communication skills and barriers between nursing students and patients.

RESULTS

A total of one hundred six (N = 106) nursing students were involved in the study.

Table 1: Students' Frequency per Course

Level	Courses	N	Percentage (%)
Level 4	Health Assessment	6	5.7 %
Level 5	Nursing Care of Adult I	34	32.1 %
Level 6	Nursing Care of Adult II	5	4.7 %
	Obstetrical & Gynecological Nursing	38	35.8 %
Level 7	Nursing Care of Children	14	13.2 %
Level 8	Leadership and Nursing Management	9	8.5 %
	Total	**106**	**100 %**

As indicated in Table 1, the majority of students, comprising 32.1% and 40.5%, respectively, are enrolled in courses at levels 5 and 6.

Table 2: Students' mean score in the assessment of their communication skills

Item	Mean	SD
Introduce him/herself	4.82	0.57
Greet the patient	4.58	0.82
Explain reasons for the visit	4.17	1.13
Use positive communication	3.91	1.33
Keep eye contact	4.46	0.93
Explain the steps before doing	4.10	1.26
Get permission to touch the patient	2.68	1.76
Applied empathetic touch	1.77	1.35
Stand near the patient	3.15	1.54
Sit down while talking to a patient	1.71	1.23
Apply listening skills	3.78	1.34
Show interest	3.19	1.46
Guide the patient about his illness, treatment, or procedure	2.51	1.39
Ask questions & encourage feedback	3.07	1.54
Response verbally & nonverbally appropriate	3.70	1.25
Use appropriate voice volume	4.00	1.08
Avoid judging	3.58	1.19
Approach psychosocial aspect while caring	2.59	1.26
Showing concern by asking about the patient's feeling	2.38	1.24
Minimize and manage conflict	2.58	1.13
Develop and improve interpersonal relationship	2.57	1.22
Avoid using medical terminology with patient	3.82	1.33
Total Average	**3.32**	**0.69**

Table 2 presents the students' average scores in therapeutic communication skills (M = 3.32, SD =0.69). According to the table, the students' most effective communication interventions with their patients included introducing themselves at the beginning of the visit (M = 4.82±0.57), greeting the patients appropriately (M = 4.58±0.82), maintaining eye contact while talking to patients (M = 4.46±0.93), explaining the reason for the visit using appropriate terminology (M = 4.17±1.13), providing an explanation of the procedure before conducting it (M = 4.10±1.26), and using an appropriate voice tone and volume during the communication with the patient (M = 4.00±1.08).

On the other hand, the students' least frequent communication interventions were sitting down while talking or guiding the patient (M = 1.71±1.23), applying empathetic touch based on the patient's condition (M = 1.77±1.35), showing concern by asking patients about their feelings (M = 2.38±1.24), and effectively guiding and instructing the patient regarding his illness, treatment, or procedure (M = 2.51±1.39).

Table 3: Common therapeutic communication barriers among nursing students and their patients

Item	Mean	SD	Not	Low	Average	High
1. Gender difference between the student and the patient	2.54	1.04	22%	23%	36%	20%
2. Cultural difference between the student and the patient	2.45	1.02	20%	34%	27%	19%
3. Religious differences between the student and the patient	2.74	1.32	31%	9%	14%	45%
4. Conversational language difference between the student and the patient	2.54	0.90	11%	40%	33%	16%
Overall, Common Barriers between the students & the patient	**2.57**	**0.66**				
5. Lack of interest and motivation of students toward the profession	2.69	1.21	26%	14%	24%	36%
6. Lack of students' awareness about the concept of communication and communication skills	2.48	1.10	24%	28%	25%	24%
7. Lack of students` awareness of verbal and nonverbal behaviors	2.60	1.13	25%	17%	32%	26%
8. Low self-esteem of students	2.42	1.01	22%	31%	30%	17%
9. Students' negative attitude toward the patient	2.67	1.29	30%	13%	16%	41%
10. Students' inadequate understanding of the needs and status of the patient	2.67	1.11	20%	24%	26%	30%
11. The type of student's working ward	2.73	1.09	19%	20%	31%	30%
12. Stress related to the student's personal	2.15	1.10	38%	26%	21%	16%
13. Lack of attention from the students' authorities to the manner of communication between the students and the patients	2.47	1.06	22%	31%	26%	22%
14. Not receiving support from the clinical instructor regarding communication skills	2.56	1.13	24%	25%	25%	27%
15. Lack of rules, principles, and standards for students in dealing with patients	2.66	1.16	24%	19%	26%	32%
16. Lack of adequate training about the principles of communication	2.34	1.18	31%	30%	12%	26%
17. Lack of continuous training on communication and skills for the students	2.46	1.14	27%	24%	25%	25%
Overall Students Barriers	**2.53**	**0.74**				
18. Lack of patient awareness about the role of nursing students	2.42	1.14	28%	26%	23%	24%
19. Negative attitude of the patient towards the student	2.51	1.10	26%	20%	33%	22%
20. Resistance and unwillingness of the patient to communicate	2.53	1.16	26%	25%	22%	28%
21. Lack of attention and concentration from the patient	2.56	1.04	17%	35%	24%	25%
22. Anxiety, pain, and discomfort of the patient	2.35	1.10	28%	28%	24%	20%
23. The inability of the patient to speak or hear	2.35	1.23	38%	16%	20%	26%
24. Incorrect interpretation of the patient due to their own ideas and values	2.52	1.06	22%	26%	30%	22%
25. Lack of cooperation by the patients' companion	2.60	1.13	23%	23%	26%	28%

26. Interference by the patient's companion	2.47	1.15	28%	21%	26%	25%
27. Presence of the patients' companions at the patient's bedside	2.68	1.07	19%	21%	34%	26%
Overall Patient Barrier	**2.50**	**0.72**				
28. The presence of the patient in the unfamiliar environment of the hospital	2.59	1.06	21%	22%	35%	23%
29. Busy environment of the ward	2.84	1.11	14%	27%	19%	40%
30. Inappropriate environmental condition	2.83	1.13	15%	27%	17%	41%
31. Caring for critical patients	2.60	1.15	26%	17%	29%	28%
Overall Environmental Barrier	**2.72**	**0.86**				
Overall, Students' perception of the Communication Barrier	**2.58**	**0.53**				

Table 3 displays the students' opinions regarding the common communication barriers between them and their patients, which were moderate, with an overall average of (M = 2.58, SD = 0.53). The highest mean score barrier was associated with the environmental barrier category (M = 2.72, SD = 0.86). Overall, the barrier sub-categories, such as the patient barrier category, have the lowest mean score. (M = 2.50, SD = 0.72).

Table 4: Descriptive data for the students' scores in therapeutic communication skills and the student's scores in communication barriers

	N	Range	Minimum	Maximum	Mean	Std. Deviation	Median	Skewness		Kurtosis	
								Statistic	Std. Error	Statistic	Std. Error
Communication Skills	106	5.36	3.82	9.18	6.65	1.37	6.73	-.107	.235	-.867	.465
Communication Barriers	106	6.21	2.98	9.19	6.37	1.39	6.37	-.355	.235	-.310	.465

The Shapiro-Wilk test for normality revealed that the students' communication skills scores did not follow a normal distribution (W = 0.972, p = 0.023). However, the students' communication barrier scores (W = 0.979, p = 0.091) were found to be normally distributed. The Spearman correlation is employed to evaluate the correlation between two sets of scores. According to Table 4, the average and middle scores for both communication skills (M = 6.65 ± 1.37, Md = 6.73) and communication barriers (M =6.37 ± 1.39, Md = 6.37) were almost equal.

Table 5: Correlation between students' scores in therapeutic communication skills and the students' scores in communication barriers

		Communication Skills	Communication Barriers
Communication Skills	Pearson's r	—	
	p-value	—	
Communication Barriers	Pearson's r	0.242*	—
	p-value	0.012	—

*. Correlation is significant at the 0.05 level (2-tailed).

The Pearson correlation test in Table 5 revealed a statistically significant positive weak correlation (r_s = 0.242, p = < 0.012) between the students' scores in therapeutic communication skills and their scores in communication barriers.

DISCUSSIONS

Based on the findings, the distribution of students across different course levels indicates a varied stage of academic advancement within the nursing program. Level 5 and 6 courses typically represent intermediate to advanced nursing skills. At these levels, they may have progressed beyond the foundational stage and are likely to have delved deeper into more complex nursing skills. It means that at these levels, it can be expected that the students have acquired more specialized knowledge and skills, for instance, in terms of therapeutic communication and establishing nurse-patient relationships, compared to earlier levels.

The findings (Table 2) suggest that the nursing students understand the importance of establishing rapport and building trust during the nurse-patient relationship. A high score in introducing self, indicates that students recognize the importance of establishing an initial connection with patients. Introductions create a sense of familiarity, which sets the tone for the interaction. Furthermore, greeting the patients appropriately demonstrates respect and attentiveness, which later on contributes to the patient's comfort and confidence in the nurse. Guest (2016) explored the process of introducing self to patient as an essential interaction that serves the basis for nurse-patient relationships.

Equally, the nursing students can effectively use eye contact in their interactions. Several previous studies have highlighted the role of nonverbal communication, in enhancing nursing care (Khan, 2023; Xu, 2012). To cite, James et al. (2020) indicated that eye contact was among the most common nonverbal communication used by nurses. Nurses support patients through non-verbal interactions especially during conversations. As for the nursing students, the study of Góes et al. (2017) found out that 100% of the student's sample adequately performed the skill of maintaining eye contact in their communication. By maintaining eye contact during interaction, it can be assumed that these nursing students has the ability to enhance sense of attentiveness and empathy among their patients.

Moreover, the findings of the study emphasize that the students can effectively explain the purpose of the interaction and before conducting nursing procedures. This means that the students have the ability to foster collaboration and alleviate anxiety among their patients. Significant studies have affirmed the role of pre-procedure explanation in reducing the anxiety of the patients (Boyer et al., 2020; Samawi & Kax, 2022). Lastly, the students have the skill to influence the emotional tone of the patient interaction through appropriate use of their voice. Sørensen (2009) suggested that student skills such as communicating calmly contributed to creating mutual trust in the student nurse-older adult relationships whereas Frietas et al. (2016) reported that the tone of voice used by nurses favored communication and understanding.

For the least identified communication skills, the findings suggest that the nursing students lack the skill to establish strong and deeper relationships with their patients, as reflected in the least-identified communication interventions. A low score in terms of sitting down during interactions implies the unwillingness of students to engage in meaningful dialogue. This could also signal that the students are not investing time in the interaction. Anecdotal evidence and patient feedback obtained through surveys and qualitative interviews indicated that the patients appreciate health care providers who take the time to sit down during interactions. Medvene & Lann-Wolcott (2010) posited that spending time with the patients was described by nurses to give them positive regard. However, speaking far away and remaining standing during interaction were identified as barriers to communication (Johnson et al., 2018; Park & Song, 2005). Furthermore, this result is aligned with previous studies of Amoah et al. (2019) and Fathi et al. (2015) which showed that lack of time was the barrier in communication between nurses and patients.

Likewise, the students are unable to incorporate empathetic touch into their interactions. Several studies have claimed that physical touch, when appropriate and consensual, can convey empathy and support. While (2021) included the use of consensual touch as part of nonverbal communication to express compassion and authentic relationship between nurses and their clients. Therapeutic touch was also reported to reduce fear and anxiety and strengthens patient-nurse relationships (Alp & Yucel, 2016). However, the finding can suggest that students might have use this skill with caution and sensitivity in line with patient preferences and cultural norms. Van Dongen & Elema (2010) stated that touching in nursing reflects cultural ideas, values and norms. Okougha & Tilki (2010) posited that culture can act as both facilitator and barrier to communication. In addition, Sheldon & Hilaire (2015) included that when students communicate with patients from cultures different from their own, they may lack confidence and perceive more difficulty with their communication skills. This can be particularly similar to the experience of the nursing students in this current study since most of their patients are from different races and nationalities. This reflects the need to further identify specific factors associated in the use of touch as essential skill and barrier to communication. The findings further infer the students' lack of concern for inquiring about patients' feelings, thus showing their limitations in identifying patients' psychological needs. Al-amer et al. (2022) concluded that nursing students encountered challenges in managing patients' emotions. On the other hand, challenges on addressing psychosocial needs of patients were pointed out in the study of Mersin et al. (2019).

Moreover, the nursing students lack the ability to provide clear guidance and instruction during care. The inability to provide patients with clear information about their treatment and nursing care was identified in most literature as contributing to a lack of patient cooperation with the nurse, less adherence to treatment regimens, and possibly errors in medical care. Khamaiseh & Altarawneh (2023) emphasized in their study that

the majority of the nursing students report that they have not engaged in health education with patients, particularly due to the little time given to them due to paper work and other assignments.

Overall, the nursing students demonstrate proficiency in employing fundamental communication interventions to effectively engage with the patients. However, there remains a noticeable gap in the mastery of advanced communication skills considering the level of the students (levels 5 and 6), as discussed in Table 1. Xie et al. (2013) posited that nursing students generally only receive instruction on communication techniques from lecture-based teaching without any hands-on training. The study further revealed that 88.1% of the nursing students require extra training in clinical communication behavior, treatment communication skills, and interpersonal communication skills. Moreover, nurses lack communication skills due to inadequate training or a failure to appreciate the importance of patient-centered communication (Hsu et al., 2015). Hence, addressing the shortcomings in students' therapeutic skills is imperative, as they directly impact patient care outcomes. This issue underscores the significance of enhancing nursing education and preparing students for their future practice.

In terms of communication barriers, the findings suggest that nursing students perceive moderate communication barriers between themselves and their patients. As suggested in the findings, while there are barriers present to affect the interactions, they are not considered extremely challenging by the nursing students. The most significant barriers that affect nursing students and patients' interactions are associated with the environmental category. This indicates that environmental factors such as unfamiliar environments and busy and noisy conditions are significant to effective communication. These findings were consistent with most studies (Amoah et al., 2019; Pazargadi et al., 2015; Rassouli et al., 2014; Anoosheh et al., 2009). Environmental barriers may interfere with the quality of communication and hinder the establishment of rapport and trust between students and their patients. Likewise, these may contribute significantly to the delay of nursing care and inaccurate interventions and treatments among patients.

On the other hand, nursing students perceive the patient barrier category as the least likely factor to affect the nursing student-patient relationship. This indicates that the resistance of patients, the lack of cooperation of companions, and the negative attitudes of patients towards the students are perceived as less challenging to establish effective communication. However, Dhungana and Dhungana (2020) pointed out otherwise, claiming that patient barriers are the most commonly reported barriers during nurse-patient communication. Furthermore, Aghamolaei & Hassani (2011) identified patient-related factors as more important than environmental factors to consider in communication.

To specify, the highest-rated barriers in each sub-category, as reported by the students, were as follows: "religious differences between the student and the patient" (45%) for common barriers between the students and the patient; "students' negative attitude toward the patient" (41%) for student barriers; both "resistance and unwillingness of the patient to communicate(28%) and "lack of cooperation by the patients' companion" (28%) for patient barriers; and "busy environment of the ward" (40%) for environmental barriers. Religious differences as the most common barrier between students and patients indicate that contrasting religious beliefs and practices may influence health care decisions and may often lead to misunderstandings during interactions. In contrast, Wubeh et al. (2020) claimed that religious differences were the least perceived barrier in their study. Sinaulan (2017) also suggested that therapeutic communication will be more meaningful when a nurse interacts directly with the patient, especially through strengthening the spiritual elements that will be a positive suggestion for recovery. In this case, the nurse made himself or herself therapeutic through the optimal use of various communication techniques with the aim of leading the patient's behavior toward a positive direction through strengthening religious values.

Equally, the present findings and the results from the study by Papastavrou et al. (2016) suggest that students' negative attitudes toward patients impact effective communication. This student barrier highlights the importance of self-awareness and professionalism among nursing students. Patient barriers, resistance and unwillingness of patients, and lack of cooperation of patients' companions suggest challenges related to patient engagement and involvement in care. Prior studies by Ardalan et al. (2018) and Kourkouta & Papathanasiou (2014) attested to these findings. In addition, Loghmani et al. (2014) asserted that nurse-patient communication is declining due to family interference. Furthermore, the findings could possibly stem from various factors related to patients fear and anxiety during hospitalization. Norouzinia et al. (2016) also identified patients' pain, discomfort, and anxiety as communication barriers in patients' interactions. On the other hand, for environmental factors, a busy environment was also identified in most studies (Wubeh et al., 2020; Amoah et al., 2019).

This study showed a non-normal distribution for communication skills scores which suggests that the distribution of these scores may be skewed or non-symmetric. This could indicate variability in students' communication skills and performance. Conversely, the normally distributed communication barrier scores suggest a more consistent perception of communication barriers among the students. These findings imply that addressing the identified communication barriers may help improve overall communication skills and enhance the quality of care provided to patients. Finally, though weak, the findings reported that as students demonstrate higher levels of therapeutic communication skills, they also tend to perceive more communication barriers. One possible explanation for this result is that as students' progress through their education and gain practical experience, they become more knowledgeable about effective communication techniques. They learn to recognize not only what constitutes effective communication, but also the various obstacles that hinder it.

As students become more proficient in therapeutic communication, they naturally become more sensitive to the complexities of human interaction. They begin to notice small details such as nonverbal cues, cultural differences, and personal biases that can impede effective communication. This heightened awareness enables them to identify and acknowledge communication barriers more readily.

CONCLUSIONS

Nursing students demonstrate proficiency in certain communication skills but exhibit areas for enhancement in others. Educational interventions focusing on empathetic communication, active listening, and patient-centered care may be beneficial. Encouraging students to practice sitting down during interactions, using appropriate touch, and expressing genuine concern for patients' feelings can augment their therapeutic communication skills. Providing opportunities for simulated patient interactions and constructive feedback can help students refine their communication techniques in a safe and supportive environment.

A noticeable discrepancy between students' academic progression and their competency in therapeutic communication suggests potential shortcomings in the nursing curriculum and educational approach. To bridge this gap, nursing education programs may need to reevaluate their curriculum to ensure adequate coverage of communication skills across all levels of education. Furthermore, nursing students recognize the presence of communication barriers; they perceive environmental factors as posing the greatest challenges. Addressing these environmental barriers may be essential for improving communication effectiveness and the quality of care provided by nursing students. Additionally, although patient-related barriers are perceived as less challenging, they should not be overlooked, and strategies should be implemented to mitigate them effectively. Strategies to address these barriers may require a combination of education, training, organizational changes, and cultural sensitivity to create an environment conducive to open and respectful communication between nursing students and their patients.

Recognizing the relationship between therapeutic communication skills and perceived communication barriers can inform targeted educational programs aimed at addressing both skill development and barrier reduction. It's essential to acknowledge that while a statistically significant correlation was found, the strength of the correlation is weak. Further research, including longitudinal studies or qualitative interventions, may provide deeper insights into the nature of the relationship between therapeutic communication skills and perceived barriers among nursing students.

Conflict of interest
No conflicts of interest are reported.

Institutional Review Board Statements. Ethical approval was obtained from the institutional review committee of Mohammed Al-Mana College for Medical Sciences with a reference number of SR/RP/99 dated 16/01/2023.

Authors' contributions
Alaa Mohammed AlMarzooq (First Author): Overall Concept, Introduction, Data collection, Supervision, Review and Manuscript writing
Myra Cusi Britiller (Co-author): Overall Concept, Discussion of Results, Conclusions, Editing, Review and Manuscript writing
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Alaa Hani AlMarzooq (Co-author): Introduction and Manuscript writing Dareen Adil Alrefaiy (Co-author): Data collection and References
All authors have critically reviewed and approved the final draft, and are responsible for the content and similarity index of the manuscript.

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