

Full Length Research

Assessment of the Level of Communication between Healthcare Providers and Patients at the University of Port-Harcourt Teaching Hospital, Port-Harcourt

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Good communication between healthcare providers and patients is central to achieving efficient delivery as an outcome in healthcare facilities. Observations however suggest that hindrances to achieving these outcomes which have been causing untold hardships in healthcare settings. Therefore, the study investigated the level of communication between healthcare providers and patients at the University of Port-Harcourt teaching hospital, Port-Harcourt. Descriptive cross sectional research design was used for the study. A sample size of three hundred and eighty-five (385) was determined using Cochran's formula. Stratified sampling method was adopted. A structured questionnaire and interview were used to collect data from the patients. The response rate was ninety-five percent (95%). Data collected were analyzed using descriptive statistics. The finding shows that there was a high level of communication between healthcare providers and patients at the University of Port-Harcourt teaching hospital, Port-Harcourt. The study concludes that patients felt more comfortable when communicating with young health professionals. It further concludes that gender was a significant factor among majority of the respondents. Additionally, the study also found that patients preferred communicating their health conditions with the doctors more than other healthcare personnel. The study therefore recommended among others, the provision of a more enabling environment to boost communication, and interpreters to reduce language barriers and assurance of upholding the doctrine of confidentiality of ventilated health information.

Keywords: Health information management, Patient health information, Health communication, Communication, Healthcare providers, Patients, Hospitals.

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INTRODUCTION

Background to the Study

The goal of any health care organization, from emergency treatment centers to traditional hospitals, is to provide quality care to its patients. What is considered quality care can be ascertained in a number of ways from a number of perspectives. For health records officers, it may be the quality and content of the folder, their interaction with patients to elicit demographic information. For doctors, it may be the number of remissions or successful treatments of patients. For nurses, it may be the feeling that they provided care that improved the quality of their patients' lives. For patients and their families, quality may include efficient, timely, affordable, and equitable care as well as positive interpersonal relationships with the doctors. Patients, who like their doctors, feel that they are listened to, are treated kindly, and generally perceive the interpersonal dynamics as positive, tend to be more satisfied with their medical care. Patient communication is an important element in health care. Effective communication is crucial in all service contexts, given its high stakes (Danaher, 2023). Good communication in healthcare is about ensuring that patients truly understand and use it for informed decision (Moore, et al., 2024). Communications are not merely a ubiquitous feature of the health care system; they also provide the primary means for the diagnosis and treatment of disease, the management of illness, and the prevention of many health problems.

Health information management professionals who are employed in the health care industry, in hospitals, clinics, nursing homes, or other recognized locations, communicate with thousands of patients and family members in the course of their respective careers. Healthcare providers who communicate effectively provide the best medical treatment for patients. In the view of Coyne (2025) improved communication is central to addressing preventable readmissions, which are costly and often avoidable with effective discharge practices. Good communication can help patients understand complex information; make appropriate choices between treatment options; be more aware of the side-effects and the potential hazards of some procedures; be clearer about likely therapeutic gains and the purpose of treatments and help patients keep to drug regimens and diets.

Healthcare providers who miscommunicate or who do *not* communicate effectively are subject to embarrassment and loss of professional image. The decision to disclose medical errors is one that causes many providers a great deal of anxiety. In some cases, poor communication is the precursor to a medical malpractice suit, filed against a healthcare provider, who used poor communication while practicing medicine. Good communication skills are in positive association with reduced malpractice claims among primary care physicians and surgeons an extreme manifestation of patient dissatisfaction. The need to meet patients' communication and cultural needs should not be trivialized in communication (Jong et al., 2022). However, if a medical mistake has been made, effective communication can be used to resolve the situation. Engaging with the person by listening attentively, looking for acknowledgement, and simplifying the information are key steps to improving communication (Bishaw et al., 2024).

Effective communication is valued at all stages of human life, most especially in healthcare organizations because it enables good relationships between healthcare providers and healthcare seekers and helps them in challenging healthcare choices. According to the World Health Organization (WHO, 2023), Health information needs to be broken down into simple, more understandable sentences, in order to make it more effective. Effective communication also is linked to improved adherence to treatment and positive healthcare outcomes as well as patients' recall of information. Effective communication in healthcare can safeguard against malpractice suits. Studies have shown that effective communication coupled with mutual sharing of information and collaborative decision making between healthcare professionals and patients are the most essential determining factors of patients' satisfaction in the delivery of healthcare, and also help to develop healthcare professionals' sense of competence and confidence

In the delivery of healthcare, communication is a vital ingredient (Farsi, 2021). Effective communication tailored to the family's needs, can improve their management of health conditions both in the hospitals and at home (Vasegaard et al., 2025). The ability to communicate information and ideas effectively is increasingly recognized as critical to the success of healthcare organizations. Effective healthcare assumes effective communication between the patient and the healthcare professional. However, effective communication is required, not only for successful interactions between healthcare seekers and healthcare providers, but also between healthcare providers themselves. Practices such as open communication among staff members and providing patient-centered care have an impact on both patient safety and patient satisfaction.

Statement of the Problem

Communication between healthcare providers and patient is central to achieving expected outcome in healthcare facilities. Improving communication between health professionals, patients and families will enhance both short-and long-term health outcomes (Mileski et al., 2023). Lack of proper communication may hamper good relations between the

patients and healthcare professionals. Trenholme (2020), views interpersonal communication as a process by which individuals share information, ideas and knowledge.

Miscommunication is responsible, in part, for some medical errors in the hospitals. Miscommunication, not only makes patients feel helpless, but also contributes to errors with prescriptions and errors made while performing medical tests. According to World Health Organization (2023), over half population are struggling to understand medication labels effectively. Medical errors that are the result of miscommunication have a range of consequences, from a simple misunderstanding to a fatality.

It is believed that effective communication between healthcare providers and patients would enable patients to ventilate their core health problems, assist in accurate diagnosis, facilitate quality health care and better health outcomes. However, this has not been proved empirically, which necessitate the researcher to embark on assessment of the level of communication between healthcare providers and patients at the University of Port-Harcourt Teaching Hospital, Port-Harcourt.

Aim of the Study

The broad objective of this study is to assess the level of communication between healthcare providers and patients at the University of Port Harcourt Teaching Hospital. Port Harcourt. The specific objectives are as follows:

Objectives of the Study

1. To determine the status of communication existing between healthcare providers and the patients.
2. To determine the effect demographic variables of patients, have on communication with the providers at University of Port Harcourt Teaching Hospital.
3. To determine whether the organizational structure and procedure affect healthcare providers' communication with patients.
4. To examine if patients play an active role in interacting with healthcare providers.

Scope of the Study

The research work covers only healthcare providers at the University of Port Harcourt teaching hospital that have direct communication with the patients. It will also involve patients who are actively attending clinics in any of the clinical department.

REVIEW OF RELATED LITERATURE

Communication in healthcare setting

Communication is an enigma that is detrimental to the healthcare world and to the resulting health of a patient. Communication is an activity that involves oral speech, voice, tone, nonverbal body language, listening and more. It is a process for a mutual understanding to come at hand during interpersonal connections. A patient's communication with their healthcare team and vice versa, affects the outcome of their health. Strong, clear, and positive relationships with physicians can chronically improve and increase the condition of a certain patient. Through two approaches, the biomedical model and the biopsychosocial model; this can be successfully achieved. Evidence has shown that communication and its traditions have altered throughout the years. With the use of many new discoveries and the changes within our technology market, communication has severely improved and become instantaneous.

Effective Communication in Healthcare

Effective communication can be defined as verbal speech or other methods of relaying information in order to get a point across (Ratna, 2019). If either party does not understand the purpose of the information conveyed, communication cannot be effective. Effective communication within a healthcare setting is critically important. Workers of varying skillsets within a healthcare setting must communicate clearly with each other to best coordinate care delivery to patients. Some of these skillsets can be very different. For example, the role of a physician is very different from the role of an occupational therapist. However, both must communicate clearly with each other to ensure that appropriate care recommendations are met.

With regards to patient-system interactions, communication is bidirectional:

1. Patients need to be able to convey information about their health complaints to healthcare workers.
2. Healthcare workers must be able to adequately comprehend and interpret the information in order to treat health complaints appropriately.
3. In order to decrease the risk of health complaints from recurring, healthcare workers must convey adequate information to patients to help them take preventative measures in order to maintain their health.

If any of the aforementioned steps of this process is compromised, healthcare delivery becomes ineffective. Ineffective healthcare delivery increases the likelihood of negative patient outcomes. It also increases patient utilization of inpatient and emergency care. Consequently, the burden of cost on healthcare systems increases. For example, if the necessity for taking statin medication is not conveyed to the patient, he/she will not realize its importance and his/her high cholesterol will go unchecked. If the complications of statin medication are not conveyed to the patient, he/she might not realize that his/her muscle aches and darkened urine are a rare complication from taking the medication.

Healthcare workers may make mistakes due to lack of comprehension of the patient's concerns. The most likely scenario where this would arise is when taking the history of present illness (HPI) from the patient. Misunderstanding the timeline of the HPI can lead to healthcare workers focusing too much on a particular differential diagnosis. Or they may even discount a potential differential diagnosis entirely.

THEORETICAL FRAMEWORK

Communication Accommodation Theory

Communication Accommodation Theory (CAT), developed by Giles, a social psychologist who attempted to account for the variations in dialect and word choice which depended on one's communication partner (Giles and Powesland, 1975). CAT has since been expanded to encompass a wider range of conversational strategies and a theoretical model of the overall communication process. CAT examines interpersonal interactions from an intergroup perspective. CAT seeks to explain the attitudes, motivations, intentions, and identities that interface with social and contextual factors to impact communication choice and outcomes (A.D'Agostino and Bylund, 2014).

The theory of communication accommodation is made up of two constructs: convergence and divergence. Convergence is defined as a strategy whereby individuals adapt their communicative behaviors in order to become more similar to their interlocutor's behavior. This is done to seek approval, affiliation, and/or interpersonal similarity to reduce social distance. Convergence leads to accommodation and the exchange is productive. Convergence may at times lead to over-accommodation. Even though over-accommodation is seen as a form divergence, at times it can lead to productive exchange. Divergence is said to occur when the interlocutor's express differences in their speech and nonverbal gestures (Bourish and Giles, 1976). Divergence leads to counter accommodation where an individual aim to maximize differences between himself or herself and their communicative partner and the exchange in often counterproductive. Divergence may also lead to over accommodation where the behavior of the interlocutor becomes exaggerated and artificial, according to the situational norms, and it may offend the communicative partner.

Communication Theory

The communication theory was developed by Frank Dance in 1967 and he stated that communication is sending and receiving messages (Craig, 1999). An essential concept within this theory is that communication is challenging. There are distinctive characteristics that define the message each leader must attempt to discern with the problems that are occurring in the organization (Craig, 1999). Applying this theory might uncover the best practices leaders can use to communicate (Craig, 1999). Communication should come from inside the organization, and leaders must be able to explain the change processes (Craig, 1999).

Communication is the focus on relaying messages (Koschmann, 2016). The communication theory is used to understand and evaluate how to relay a message in the best way possible, and give leadership and direction (Jong, et al., 2022). The fundamentals of communication theory give guidance and frame the traditional view of how people accept communication (Craig, 1999). The communication theory frames the exploration of relationships within an organization and the expressions of human processing of information (Craig, 1999).

Review of Empirical Studies

Zangeneh *et al.*, (2019) carried out a study to investigate the status of communication skills in health care and the role of nurses' demographic variables at the Educational, Therapeutic, and Research Center of Imam Reza Hospital, Kermanshah, Iran in 2018. In this descriptive–analytic study, the statistical population was 926 nurses working at the

Educational, Therapeutic, and Research Center of Imam Reza Hospital affiliated to Kermanshah University of Medical Sciences, Kermanshah, Iran in 2018. Moreover, the random sampling was used as the sampling method. As for data collection, a two-part questionnaire, containing the demographic questions and the Queendom Communication Skills Test, was used. Furthermore, the independent *t*-test and one-way ANOVA using SPSS Statistical Software Version 22.0 were used for data analysis. The results of the present study demonstrated that the mean and standard deviation of the total score of communication skills measured 2.70 ± 0.43 . The results also indicated that assertiveness and understanding verbal and nonverbal messages had the highest and lowest mean scores (3.20 ± 0.64 and 2.30 ± 0.58 respectively). Further, there was a significant relationship between the mean scores of communication skills and variables such as marital status, employment background, department, work shift, and type of employment ($P < 0.05$). The results of the present study revealed that nurses' knowledge of communication skills was moderate. Therefore, it is recommended that courses on communication skills training be considered in their continuing education and on-the-job training, with the aim of improving the quality of nursing care.

Leng (2019) carried out a study to discover factors that underlie effective communicative behavior of the healthcare provider. This study conducted a systematic review and a secondary data analysis. The systematic review systematically collected 703 studies. An inductive and deductive content analysis was used to analyze the secondary data. The COM-B model was applied in this study by categorizing the results of the systematic review and the secondary data into the components of the model. In the systematic review 31 studies were included in this study. An interesting result was that only one study focused on people of low SES. The factors discovered in the secondary data seem to correspond with a patient-centred communication style. This study found that the factors underlying effective communicative behavior of healthcare providers towards people of low SES differs much from the factors found in the literature about doctor-patient communication among other groups than low SES. In practice, it is advised that communication would be more effective towards people of low SES when healthcare providers adapt a patient-centred communication style.

Madula *et al.*, (2018) examined the nature of communication in the maternity ward, identify facilitators and barriers to healthcare provider-patient communication, and understand how they affect maternal healthcare. This was a descriptive study that used qualitative data collection and analysis methods. Data were collected through face-to-face in-depth interviews using a semi-structured interview guide to collect information about women's perceptions of their communication with healthcare providers. A total of 30 in-depth interviews were conducted with women admitted for delivery in six health facilities drawn from three administrative regions in Malawi. The information collected focused on the communication that pregnant women had with healthcare providers, their perception of that communication, and the barriers to effective communication. A thematic approach was used for data analysis. The main themes that emerged regarding the nature of communication between healthcare providers and patients were: 1) good healthcare provider-patient interaction; 2) verbal abuse and lack of respect; 3) failure by healthcare providers to answer or entertain questions; 4) linguistic barriers to communication and lack of competency in non-verbal communication; and 5) discrimination due to one's status. This study has revealed the existence of some communication barriers such as disrespecting and verbally abusing pregnant women, language limitations by some healthcare providers and discrimination due to one's status which are affecting maternal service delivery in some health facilities in Malawi. The study has also shown that pregnant women who are happy with the way healthcare providers communicate with them have the motivation to deliver at a health facility. There is a need, therefore, to develop an intervention that could help healthcare providers to communicate better with their patients.

Study Design

This is a cross sectional descriptive study. This study used both qualitative and quantitative research methodology aimed at assessing the level of communication between healthcare providers and patients at the University of Port Harcourt Teaching Hospital. The use of qualitative research method is more appropriate for exploratory study like this study because this study method makes room for flexibility and in depth questioning of the reasoning and experiences of users (Aguinis, 2024) and provides tertiary healthcare services. This is designed for full assessment of main concept or perceptions that people may have their observation and possible hindrances to communication with patients in tertiary healthcare service utilization enabling the researcher to get a wide information from different group of people in a freely communicative environment. A proportionate stratified sampling of the population into the different specialties of health worker presently providing health care services at the University of Port-Harcourt Teaching Hospital was done to allow for a fair distribution of respondents in the different departments. These included the Medical Doctors, Nurses, Health Information Management Officers, Laboratory, Pharmacists and radiologists. Sample size of three-hundred and eighty-five (385) was determined using Cochran's formula. Close ended semi-structured questionnaire was used for data collection. Response rate of 95% was achieved. Data collection comprised of qualitative and quantitative method with statistical and mathematical techniques, and analyzed using SPSS.

Sample Size Determination

Using a cross sectional descriptive study, the sample size was determined using the Cochran formula below;

$$n = \frac{z^2 P q}{d^2}$$

Where

n=Minimal Sample Size determined

z= Standard normal deviate taking

p=50% (gotten from pilot testing the questionnaires)

Q= 1-p=0.50

e= Margin of error at 95% confidence interval

e= 0.05

n=z² 1-α/2² p (1-p)

_____ d² (Cochran (1977)).

z= 1.96

P= 50%

q= 1-p

= 385

Inclusion and Exclusion Criteria

Inclusion Criteria

All inpatients who are admitted in University of Port Harcourt Teaching Hospital

Exclusion Criteria

Any patient that is admitted on Accident and Emergency that have not spent up to 24 hours will be excluded

Result and Discussion

Research Question 1

What is the status of communication between healthcare providers and patients?

Table 1. Status of communication between healthcare providers and patients

Variables	Options	Frequency	Percentages
Did the admitting health worker ask about your illness?	Yes	294	84.0%
	No	56	16.0%
Did you find it easy to talk to the health worker?	Yes	266	73.1%
	No	98	26.9%
Did the nurse or doctor tell you about the treatment you are being given?	Yes	364	100.0%
	No	0	0.0%
Did you understand what you were told about the treatment?	Yes	308	88.0%
	No	42	12.0%
Did the nurse/doctor tell you about the possible consequences of your illness?	Yes	294	80.8%
	No	70	19.2%
Do you understand what you were told about the possible consequences?	Yes	280	76.9%
	No	84	23.1%

Continuation of Table 1

Do you think the doctor listens to what you tell him/her?	Yes	308	84.6%
	No	56	15.4%
Has the consultation with the health workers been useful to you?	Yes	336	92.3%
	No	28	7.7%

Source: Field Survey, 2022

The results in Table 1 reports on the status of communication between the healthcare providers and the patients. Majority of the respondents agreed that the admitting health worker did ask about their illness, accounting for 84.0% of the studied population. Most respondents (73.1%) found it easy to talk with the health worker. All respondents agreed that the healthcare provider told them about the treatment they are being given (364 respondents, 100.0%). 88% of the respondents reported that they understood what they were told about the treatment. According to 80.8% others, the nurse/doctor did tell them about the possible consequences of their illness. Moreover, 76.9% reported that they understood what they were told about the possible consequences of their treatment. 84.6% of the respondents believes that the doctor is attentive to them. According to the report by 92.3% of the respondents, the consultation with the health workers has been useful to them.

Research Question 2

What effect does demographic variable of patients have on communication with healthcare providers?

Table 2. Demographic variable of patients and healthcare providers' communication

Variables	Options	Frequency	Percentages
Do you have preference for a particular gender among health workers?	Yes	224	64.0%
	No	126	36.0%
Are you shy to communicate with opposite gender health care provider?	Yes	98	26.9%
	No	266	73.1%
Are you free to communicate with older healthcare providers?	Yes	266	76.0%
	No	84	24.0%
Are you free to communicate with younger healthcare providers?	Yes	294	84.0%
	No	56	16.0%

Source: Field Survey, 2022

The results in the Table 1.2 reports on the respondents' opinion on the impact of the sociodemographic characteristics of the caregiver on communication. Gender was a significant factor among 64% of the respondents as they reported to have a gender preference when communicating in a healthcare setting, with only 36% reporting it as a non-issue. Regardless, 73.1% of the respondents reported that they do not feel shy when talking to the opposite gender in a healthcare setting. Another sociodemographic variable assessed was the age of the caregivers. Among the respondents, more respondents felt free/comfortable to communicate with younger healthcare providers (84%) than older healthcare providers (76%).

Research Question 3

Does the organizational structure and variable affect healthcare providers' communication with patients?

Table 3 Organizational structure and communication

Variables	Options	Frequency	Percentages
To whom you prefer to communicate regarding your illness?	Doctor	322	88.5%
	Nurses	42	11.5%
	Health record personnel	0	0.0%
Why do you prefer to communicate with option selected in 8 above?	They have knowledge of what I am going through	238	65.4%
	They can give me accurate information	42	11.5%
	I trust what they say	56	15.4%
	Others	28	7.7%
Do you understand the language the healthcare providers uses?	Yes	196	56.0%
	No	154	44.0%
Do you understand the medical language used by healthcare providers?	Yes	196	53.8%
	No	168	46.2%
Do you get time with the healthcare providers when you want to communicate with him?	Yes, immediately	280	76.9%
	I have to wait for one or two days	0	0.0%
	It is very difficult to get time with the doctor	70	19.2%
	No	14	3.8%
Do you think you get enough time with the doctor?	Yes	238	65.4%
	No	126	34.6%
Are you satisfied with the allocated time with the doctor?	Yes	266	79.2%
	No	70	20.8%

Source: Field Survey, 2022

Table 3 assessed some aspects of organizational structure to establish how they influence communication between patients and healthcare providers. It was found that the respondents mostly prefer communicating with the doctor, as 88.5% of the patients will rather communicate with the doctor than any other practitioner. According to most respondents (65.4%), they believe the doctor (or their preferred healthcare providers) have good understanding of their health challenges. In view of language, it was a bit imbalanced most respondents reported not understanding the language the healthcare providers use (44.0%) or reported difficulty in understanding the medical terminologies in use (46.2%), with a little above these numbers reportedly understanding the language used by the doctor (56.0%) and the medical terminologies employed (53.8%). 65.4% of the respondents believe they get enough time with the doctor/healthcare providers, and 79.2% of the respondents are satisfied with the time allocated to them for healthcare.

Research Question 4: Do patients play an active role in interacting with healthcare providers?

Table 4. Patients' role in actively interacting with healthcare providers

Variables	Options	Frequency	Percentages
Do you feel free to communicate healthcare providers all your challenges?	Yes	308	88.0%
	No	42	12.0%
Do you tell your healthcare providers all truth about your health condition?	Yes	322	95.8%
	No	14	4.2%

Continuation of Table 4

In case you are not fluent with English Language, do you go to hospital with someone who understands English Language?	Yes	280	83.3%
	No	56	16.7%
Do you demand clarification and further explanation about the possible consequences and treatment process?	Yes	364	100.0%
	No	0	0.0%

Source: Field Survey, 2022

Table 4 reports on the level of patients' involvement in communication with healthcare providers. From the results, it is seen that most patients (88.0%) reported being free to communicate their healthcare needs/challenges to the healthcare providers. 95.8% of the respondents agreed that they always tell the whole truth about their condition to their healthcare provider. 83.3% of the respondents agree to readily make arrangements to improve communication if they have issues understanding the language use of the healthcare provider. All of the respondents (100%) agree to demand further clarification and explanations about possible outcome and treatment processes.

Discussion

Research question one sought to know the status of communication between healthcare providers and patients. Based on the results, it is evident that the status of communication between healthcare providers and their patients in the study area is smooth, as healthcare providers and their patients seem to get well along with each other and patients found the engagement with their healthcare providers useful. The majority of the respondents, or 84.0% of the total population that was surveyed, were of the opinion that the health care worker who admitted them had inquired about their condition.

Research question two investigated the effect which demographic variable of patients have on communication between healthcare providers and patients. The results of the study revealed the potential role of demographics on communication between healthcare providers and their patients. Only 36% of the respondents claimed that gender was not a problem when it came to speaking in a healthcare context. However, 64% of the respondents reported that they had a preference for one gender over the other when communicating in a healthcare setting. In spite of this, 73.1% of those who participated in the survey indicated that they do not have any feelings of shyness when speaking to someone of the opposite gender in a healthcare setting. The age of the caregivers was another sociodemographic factor that was taken into consideration. 84% of respondents said they felt free or comfortable communicating with younger healthcare providers, whereas only 76% said they felt free or comfortable communicating with elder healthcare providers.

Research question three investigated how the organizational structure affect healthcare providers' communication with patients. The organizational structure seems to play a significant role in communication. When provided the choices, in the presence of a doctor, among other healthcare personnel, patients are more willing to share their concerns with a doctor. The study identified disparities in language use as well. It was discovered that the majority of respondents favour interacting with their doctor, as 88.5% of patients would rather communicate with their doctor than with any other practitioner.

Research question four sought to find out patients' active role in interacting with healthcare providers. The patients in this study seems to play active roles in communicating with care providers, especially, active listening. According to the findings, it is clear that the vast majority of patients (88.0%) reported feeling comfortable to communicate their healthcare requirements and challenges to their respective healthcare professionals. The majority of respondents (95.7%) expressed agreement with the statement that they are completely honest with their healthcare practitioner regarding their situation. The majority of respondents (83.3%) are in agreement that they are willing to rapidly make plans to improve communication if they are having trouble comprehending the language that the healthcare professional is using. One hundred percent of those who responded believe that additional clarification and explanations should be demanded regarding potential outcomes and treatment procedures.

Conclusion

This study concluded that there was high level of communication between healthcare providers and patients at the University of Port-Harcourt Teaching Hospital, Port-Harcourt. Majority of the patients affirmed that healthcare workers usually ventilate information on treatment rendered and its consequences. Gender was a significant factor among majority of the respondents when communicating with healthcare personnel.

The study further concluded that, unlike old healthcare providers, patients felt more comfortable when communicating with young healthcare providers. They also prefer to communicate their health conditions with doctors more than any other practitioners. Patients also desired further clarification and explanations about the possible outcome of their treatment processes.

Recommendations

1. There should be provision of a more enabling environment by the management to boost communication between the patients and healthcare providers.
2. To reduce language barrier, there should be an interpreter for the patients to make an informed decision.
3. Patients should be assured that healthcare professionals would adhere strictly to confidentiality of the communication that exist between them and other healthcare professionals.

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