TYPES OF BARRIERS TO COMMUNICATION IN EMERGENCY ROOM BETWEEN NURSE AND PATIENT'S FAMILY IN DOLOKSANGGUL HOSPITAL

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ABSTRACT

The objective of this study was to describe types of barriers to communication in emergency room between nurse and patient's family in Doloksanggul hospital. This research was conducted by using descriptive qualitative research. The data of this study were utterances in conversation between nurse and patient's family in Doloksanggul hospital. Participant observation technique was performed to collect the data. The results showed that (1) The types of communication barriers most frequently encountered in emergency room of the Doloksanggul Hospital 4% related to process barriers, 32 % related to semantic barriers, 1 % related to physical and cultural barriers, 12% related to psychological barriers, and 16 % related to perception. Then, the dominant type is related to psychological barriers. From the analyzed realization types of barriers to communication it was found that Psychological barriers was the largest number, it showed that unstable mental condition or panic because of the patient's family situation who worried about the patient create barrier to communication.

Keywords: Types Barrier,Ccommunication, Nurse, Patient

INTRODUCTION

Communication is simply the act of transferring information from one place,

person, or group to another, as Wunea, Ayalewb, Hailub & Gebretensayec (2020) said effective communication is if a two-way dialogue between two parties occurs and both understand each other's messages, where both speak and listen without interrupting, both ask questions for clarity, express opinions and information between changes, with both being able to capture and understand information. Health professionals in general and nursing staff in particular, spend more time with patients and their families than other health care workers. Effective nurse-patient communication is essential for patient satisfaction. Communication is considered effective when verbal and non-verbal messages are in sync, and the nurse decoded message is conveyed to the nurse. To achieve this, nurses must be able to use simple language in the communication process so that it can be understood by the patient and the parties involved in it.

Effective communication has always been one of the ingredients of success in all fields of work. Ali & Watson (2018) stated effective communication is defined as communication between two or more persons in which the intended message is properly encoded, delivered through appropriate channel, received, properly decoded and understood by the recipient. It means having good communication skills is considered a ladder to success.

In fact, we often encounter many communication problems in health care settings which are called communication barriers which can be interpreted as anything that prevents us from receiving and understanding messages conveyed in the form of ideas and thoughts caused by various kinds of so-called messages not being conveyed. Sibiya (2018) in his research stated, in health organizations an effective communication culture is an important element in determining the success of patient care. There are several things that need to be considered in communicating with patients, namely nurses must be open, friendly in interacting with patients, paying attention to aspects of using simple sentences so that they are easily understood by patients and their discharge, and using a polite but firm tone of voice.

In addition, Amudha, Hamidah, Annamma, and Ananth (2018) said that effective communication plays a major role in helping reduce problems with conveying information and making collaborative decisions towards patient-centered care and driving good results. Overall, the quality of patient care in healthcare

organizations is strongly associated with effective communication between patients and healthcare staff and the type of relationship determines patient safety. However, cultural communication conflicts, as well as misunderstandings caused by ignorance, differences of opinion and interests between patients and healthcare providers often occur in care centers which damages these relationships. In addition, the lack of understanding of the patient's condition also interferes with effective communication and collaboration.

So in this case the researcher is interested in analyzing the communication barriers that occur in the families of patients who seek treatment in the emergency room of the Doloksanggul Hospital that leads to misunderstandings which have to be addressed carefully to ensure the patient's wellbeing.

METHODOLOGY

This research design was specifically chosen by the authors as the best way to obtain data through communication that occurred during the treatment period in the emergency room and make it in the form of a written report to reveal the actual situation. This study uses a qualitative design to fully describe data about the problem of communication barriers that occur.

This study focuses on the results of conversations between nurses and patient families during the emergency treatment period in the emergency room. In this study, all data obtained was in the form of words or statements that were transcribed.

This study was conducted based on qualitative research method. The data of this study were sentences during conversation between nurse and patients family in Doloksanggul hospital. The sources of data in this study were 10 patient's family and 5 nurses. Furthermore, participant observation technique was performed to collect the data.

FINDINGS AND DISCUSSIONS

The data of this study were the results of interviews and observations regarding the type of communication barriers between the nurses and patients' families. This research applied the three steps in analyzing the data, they were data condensation, data display and the conclusion drawing. These three steps were to describe three

research problems namely the types of barriers of communication, how and why do the communication barriers occurs in communication between the nurses and patients' family.

From basic personal data which is based on the classification of emergency levels based on the severity of the disease based on triage at the emergency department of the patient's disease. With the condition of patients who mostly have serious illnesses, nurses are required to quickly establish good chemistry with them to create good communication, as Albagawi (2014) stated that nurses essentially have the ability and skills both in terms of communication which makes it easy for them to establish relationships with patients and families.

Based on the result of data analysis, the findings of the study are formulated as the following. Theoretically Eisenberg (2010) argues that the types of barriers are (process barriers, physical and cultural barriers, semantic barriers, psychosocial barriers and perception. From the number of data, it is found that 4% related to process barriers, 32% related to semantic barriers, 12% related to physical and cultural barriers, 1 % related to psychological barriers, and 16% related to perception.

From the types of barrier to communication proposed by Eisenberg, the researcher analized the realization of how communication barrier by classified the recording of conversation between nurse and patients' family, from the amount of data, Psychological barriers data was the largest number, it showed that unstable mental condition or panic because of the patient's family situation which worried the patient create barrier to communicaton. From the data analysis, it was found that from five types proposed by Eisenberg (2010), all types appropriate with the theory. The description of patients basic personal data can be seen in this table 1.

Table 1. Patients 's basic personal data

No	Patients	Ages	Diagnose
1.	OS	72 years old	Acute Gastritis
2.	HS	49 years old	Cardiac arrest
3.	TP	70 years old	Stroke hemoragik
4.	MS	67 years old	PPOK
5.	SL	63 years old	DM tipe 2 + loss of consciousness
6.	GLH	17 years old	Rat poison intoxication
7.	MLG	38 years old	Trauma Capitis gcs 15 a/i Vulnus multiple Laceratum
8.	FDS	57 years old	Sepsis + Pulmonary tuberculosis relapsed + Cardiac arrest

9.	SM	66 years old	Stroke Iskemik		
10.	PN	72 years old	Stroke Iskemik		

As can be seen from the above description of the patient's basic personal data, which is based on the classification of emergency levels based on the severity of the disease based on triage at the emergency department of the patient's disease, 7 of them are in an emergency condition, namely patients with numbers 2, 3, 6, 7, 8, 9, 10, then 2 patients with emergency conditions but not serious, namely patient numbers 4 & 5, and 1 patient with a non-emergency position, namely patient number 1 (Kemenkes RI, 2010).

Table 2. The data of type of barriers to communication

Data	Type				
	Process	Semantic	Perception	Psycological	Phsycal and culture
OS		1	1		
HS			1	2	
TP			1		
MS					
SL				2	
GLH		3	1	1	1
MLG				2	1
FDS		2		1	
SM	1			1	
PN		2			1
Total	1	8	4	9	3
Percentages	4%	32%	16%	36%	12%

From the data above, the researcher found 4% related to process barriers, 32% related to semantic barriers, 12% related to physical and cultural barriers, 36% related to psychological barriers, and 16% related to perception. Psychological barriers type greater number than the others, it shows anxiety and stress are the reasons why it is possible to be in a state of vulnerability to communication problems. For many people, a visit to the hospital already makes their heart race. Stress, anxiety, and weakness are common emotions experienced by patients and families, and the reasons are understandable.

The researcher found that psychological barriers type greater number than the others, it shows that mental and mindset affect greatly in barrier to

communicationin Hospital at Doloksanggul. Psychological barriers patient and family have problem with suspicion, panic, grieving situations, or psychiatric disorders so it created barrier to communication and made communication ineffective and condition inconducive.

Furthermore, in analysis the findings all types proposed by Eisenberg (2010) as caused of barrier to communication appropriate with relevant studies. It was found that there is no a gap between fact and theory. The types of communication barriers found from the number of data, it is found that 4% related to process barriers, 32% related to semantic barriers, 12% related to physical and cultural barriers, 36% related to psychological barriers, and 16% related to perception. From amount of the data psychological barriers type greater number than the others, it shows that mental and mindset affect greatly in barrier to communication in Hosital at Doloksanggul. On psychological barriers patient and family have problem with suspicion, panic, grieving situations, or psychiatric disorders so it creates barrier to communication and made communication ineffective and condition inconducive. While it was found in the process barrier type that only 1 type of barrier was found due to noise, in physics and culture there were also 3 patients who faced barriers to communication with nurses, this type occurred when physical distractions can interfere with the effectiveness of communications, including telephone calls, visitors dropping by, and distance between people, walls, and radio static and 4 of 10 patient include to type perception, this type occurred when different levels of perception involved when communicating about a particular topic, condition, problem, issue, situation, dilemma, stress or concept. Lack of understanding of the various levels of perception may prove to be a barrier.

CONCLUSIONS

The types of communication barriers most frequently encountered in emergency room of the Doloksanggul Hospital 4% related to process barriers, 32 %related to semantic barriers, 12% related to physical and cultural barriers, 12% related to psychological barriers, and 16 % related to perception. Then, the dominant type is related to psychological barriers. From the result of analysis data, it is concluded that mental and mindset affect greatly in barrier to communication in Hosital at Doloksanggul, while all type is appropriate with the theory.

The realization of how communication barrier by classified the recording of conversation between nurse and patients' family, from the amount of data, Psychological barriers data was the largest number, it showed that unstable mental condition or panic because of the patient's family situation which worried the patient create barrier to communicaton. From the data analysis, it was found that from five types proposed by Eisenberg (2010), all types appropriate with the theory.

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