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"The Impact of Nurse-Patient Communication on Patient Satisfaction in Hospital Settings"

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Abstract

Effective communication between nurses and patients is a critical component of high-quality healthcare and significantly influences patient satisfaction. This study investigates the relationship between nurse–patient communication and patient satisfaction in hospital settings in Saudi Arabia, focusing on the impact of cultural and language barriers. Utilizing a cross-sectional quantitative design, data were collected from 300 adult inpatients across public and private hospitals using validated questionnaires, including the Communication Assessment Tool for Nurses (CAT-N) and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction subscale. Results indicated a strong positive correlation between communication quality and patient satisfaction, with empathy and emotional support identified as key predictors. Language barriers negatively affected satisfaction, underscoring the need for culturally competent communication strategies. The study recommends structured communication training for nurses, enhanced language support services, and integration of communication metrics into hospital quality improvement programs. These findings highlight the importance of fostering effective nurse–patient communication to improve patient experiences and healthcare outcomes in culturally diverse hospital environments.

Keywords: Nurse–Patient Communication; Patient Satisfaction; Hospital Settings; Cultural Competence; Language Barriers; Saudi Arabia; Healthcare Quality; Patient-Centered Care

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Introduction

Effective nurse–patient communication is widely recognized as a fundamental component of high-quality inpatient care. Communication is a dynamic process of exchanging information, thoughts, and emotions between individuals, typically involving both verbal and nonverbal elements, with feedback loops that facilitate understanding (Alshammari et al., 2019). In the hospital setting, this process is critical not only for establishing trust and rapport but also for influencing patient safety, adherence to treatment, and overall patient satisfaction. Research indicates that the quality of communication between nurses and patients significantly shapes patients' perceptions of care and can directly affect their satisfaction with hospital experiences (Alshammari et al., 2019; Almutairi et al., 2017).

The relationship between nurse communication and patient satisfaction is deeply rooted in theoretical perspectives that emphasize interpersonal interaction in healthcare. Peplau's Interpersonal Relations Theory frames nursing as a therapeutic interpersonal process, highlighting the critical role of communication in building trust and facilitating healing (Hagbaghery et al., 2022). Patient-centered communication models reinforce this notion by stressing active listening, empathy, and responsiveness to individual patient needs. Structured communication frameworks, such as the SBAR (Situation, Background, Assessment, Recommendation) model, have been developed to improve clarity and reduce errors in high-risk hospital environments (Institute for Healthcare Improvement, 2021). Similarly, the Teach-Back method ensures that patients accurately comprehend health information by asking them to restate instructions in their own words, thus reinforcing understanding and engagement (Ha et al., 2020).

Empirical evidence consistently supports the positive influence of nurse–patient communication on patient satisfaction. For instance, a study examining inpatient therapeutic communication found that empathy and active listening were the strongest predictors of patient satisfaction, collectively explaining nearly half of the variance in satisfaction scores (Wahyu et al., 2024). Communication practices that emphasize emotional support and informational clarity tend to foster a sense of respect and partnership, which enhances trust and increases the likelihood of patients reporting positive hospital experiences. Interventions such as the CICARE communication model—Contact, Introduce, Communicate, Ask, Respond, Exit—have demonstrated significant improvements in both nurses' communication competence and patients' satisfaction scores after targeted training programs (Hu et al., 2024). These findings underscore the practical benefits of communication-focused interventions in clinical settings.

Despite the demonstrated benefits, numerous barriers hinder effective nurse–patient communication in hospital environments. Language and cultural differences are particularly prominent in settings that rely on a multinational nursing workforce, such as Saudi Arabia. Studies in Riyadh and Jeddah hospitals report that patients often

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experience difficulty understanding instructions from non-Arabic-speaking nurses, leading to discomfort, shortened interactions, and in some cases, decreased trust in the information provided (Almutairi et al., 2017; Alshammari et al., 2010). In one study, approximately 80% of patients reported language-related communication difficulties, and 70% described feeling uncomfortable during interactions with nurses from different cultural or linguistic backgrounds (Alshammari et al., 2010). These findings highlight the need for culturally and linguistically tailored communication strategies to address patient expectations in diverse hospital settings.

Institutional and organizational constraints further limit the opportunities for meaningful communication. High patient-to-nurse ratios, staff shortages, and heavy workloads often lead to task-oriented rather than patient-centered care, leaving minimal time for therapeutic conversations (Amoah et al., 2021). Nurses frequently report that time pressure and systemic demands undermine their ability to engage in the kind of empathic, patient-focused dialogue that fosters satisfaction and trust. Nurse-related factors, such as limited communication training, low self-confidence, or negative attitudes toward patient engagement, can also reduce the effectiveness of interactions. Similarly, patient-related factors—such as anxiety, low health literacy, or reluctance to engage—further complicate the communication process (Almoajel & Alrahbeni, 2024).

Environmental and training limitations compound these challenges. Hospitals without structured communication policies, interpretation services, or ongoing training programs often experience lower-quality communication exchanges between nurses and patients. Research from Saudi hospitals indicates that enhancing cultural competence, providing language support, and creating institutional policies that prioritize nurse–patient communication are critical steps toward improving patient satisfaction (Almoajel & Alrahbeni, 2024). Evidence also suggests that improved nurse communication correlates positively with broader organizational outcomes, including patient safety culture. For example, nurses who report higher communication satisfaction are more likely to work in units with better patient safety indicators, indicating that communication contributes not only to satisfaction but also to safer care delivery (El Houshy et al., 2021).

The mechanisms through which communication impacts patient satisfaction are multifaceted. First, clear and timely information enhances patients' understanding of diagnoses, treatments, and procedures, which in turn fosters a sense of control and reduces anxiety (Ha et al., 2020). Second, emotional support conveyed through active listening and empathy builds a therapeutic alliance that strengthens trust and comfort (Wahyu et al., 2024). Third, involving patients in decision-making and encouraging their participation enhances their sense of autonomy and value in the care process, which directly contributes to higher satisfaction levels. Finally, consistent and coherent communication among all members of the care team ensures that patients receive aligned messages, reducing confusion and promoting confidence in the hospital's services (Institute for Healthcare Improvement, 2021).

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In the context of Saudi Arabia, these dynamics are particularly salient. The healthcare system relies heavily on expatriate nurses, creating unique cultural and linguistic barriers that may influence patient satisfaction (Almutairi et al., 2017). Although some patients adapt to nonverbal communication or the use of interpreters, the absence of fluent, culturally sensitive dialogue can limit therapeutic rapport and overall satisfaction. Researchers have emphasized the need for hospitals to implement cultural competence programs, develop interpretation services, and integrate structured communication training into routine nursing practice to address these gaps (Alshammari et al., 2019).

Several interventions have demonstrated promise in improving nurse–patient communication and, by extension, patient satisfaction. Structured communication frameworks such as SBAR improve clarity in information exchange, while Teach-Back ensures patient comprehension (Ha et al., 2020). The CICARE model has shown measurable improvements in both communication competence and satisfaction within a month of implementation (Hu et al., 2024). Hospitals that invest in ongoing communication training, workload management, and environmental adjustments to support bedside interaction are better positioned to achieve higher satisfaction scores. Furthermore, emerging evidence suggests that integrating communication strategies with safety and quality initiatives creates a reinforcing effect, enhancing both patient experience and clinical outcomes (El Houshy et al., 2021).

Despite these advances, several gaps remain in the literature. Many studies rely on cross-sectional designs, which limit causal inference, and few longitudinal or randomized controlled trials have been conducted in hospital settings. There is also a relative scarcity of research exploring patient-family dynamics, long-term outcomes of communication interventions, and the integration of technology-assisted training modules in nursing education. In Saudi Arabia, where cultural and linguistic barriers are well-documented, rigorous evaluation of culturally tailored communication interventions is still limited. Addressing these gaps will be crucial for advancing both patient satisfaction and overall care quality in hospital environments.

In summary, nurse–patient communication is a cornerstone of patient-centered care, with profound implications for patient satisfaction in hospital settings. Evidence indicates that clear, empathetic, and structured communication enhances satisfaction by improving information clarity, emotional support, and patient participation. Barriers such as language differences, heavy workloads, and insufficient training impede effective communication, particularly in culturally diverse healthcare systems like those of Saudi Arabia. Structured interventions, including SBAR, Teach-Back, and CICARE, alongside institutional policies promoting cultural competence and nurse engagement, represent promising avenues for improvement. Continued research and investment in communication training will be essential to optimize patient experiences and outcomes in hospital settings.

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Problem Statement

Nurse–patient communication is a cornerstone of patient-centered care and a critical determinant of patient satisfaction in hospital settings. Despite advances in medical technology and evidence-based protocols, the interpersonal dimension of care remains essential for ensuring positive patient experiences. Communication encompasses verbal exchanges, such as providing explanations about diagnoses, treatments, and procedures, as well as nonverbal elements like eye contact, body language, and tone of voice, which convey empathy and attentiveness. When communication is effective, patients experience reduced anxiety, improved understanding of care plans, and greater engagement in their treatment, all of which are associated with higher satisfaction (Alshammari et al., 2019). Conversely, communication failures may lead to patient frustration, misunderstandings, decreased adherence to medical advice, and overall dissatisfaction with hospital services.

The problem arises from a persistent gap between the expected standard of therapeutic nurse–patient communication and the reality observed in many hospital settings. This gap is particularly evident in multicultural healthcare environments, such as Saudi Arabia, where the nursing workforce is predominantly composed of expatriates. Language and cultural differences can create significant barriers to effective communication, leaving patients feeling unheard or unsupported. Research conducted in Riyadh hospitals revealed that approximately 80% of patients reported difficulties in understanding instructions from non-Arabic-speaking nurses, and 70% expressed discomfort during their interactions (Alshammari et al., 2010). Such barriers not only limit patients' understanding of their care but also undermine their trust and satisfaction.

Institutional constraints further compound this issue. High patient-to-nurse ratios, staffing shortages, and the time pressures of modern hospital care often push nurses toward task-oriented behaviors rather than patient-centered interactions. Limited opportunities for meaningful dialogue prevent nurses from offering the emotional support and thorough explanations that patients require. In addition, some nurses may lack formal training in communication strategies, cultural competence, or confidence in initiating therapeutic conversations. Consequently, even when hospitals deliver technically appropriate medical care, patients may still perceive their experience as unsatisfactory due to the absence of effective interpersonal communication (Amoah et al., 2021).

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Study Hypotheses

The present study is designed to examine the relationship between nurse–patient communication and patient satisfaction in hospital settings. Based on existing literature and the identified problem, the following hypotheses are proposed:

H1: There is a positive and statistically significant relationship between the quality of nurse–patient communication and patient satisfaction in hospital settings. Patients who perceive higher levels of clarity, empathy, and responsiveness from nurses are expected to report greater satisfaction with their hospital experience.

H2: Language and cultural barriers moderate the relationship between nurse–patient communication and patient satisfaction. Hospitals with higher linguistic and cultural congruence between nurses and patients are expected to report higher satisfaction scores.

H3: Organizational factors, such as nurse workload and availability of communication training, influence the strength of the relationship between communication and patient satisfaction. Facilities with lower nurse-to-patient ratios and structured communication programs are likely to achieve stronger positive outcomes.

These hypotheses are grounded in the premise that communication is not a neutral variable but an active determinant of patient experience, influenced by both interpersonal and systemic factors. Testing these hypotheses will provide evidence for targeted interventions to improve satisfaction outcomes.

Study Objectives

The overarching goal of this study is to explore how nurse–patient communication affects patient satisfaction within hospital environments and to identify the contextual factors that enhance or inhibit this relationship. To achieve this, the study is guided by the following specific objectives:

1. **To assess the overall quality of nurse–patient communication** as perceived by hospitalized patients, including verbal and nonverbal aspects.
2. **To evaluate the level of patient satisfaction** with nursing care in relation to their communication experiences.
3. **To examine the impact of language and cultural differences** on the effectiveness of nurse–patient communication in hospitals with a multicultural nursing workforce.

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4. **To analyze organizational factors** such as nurse workload, staffing patterns, and the presence of structured communication protocols (e.g., SBAR or CICARE) in relation to communication outcomes.
5. **To determine the extent to which nurse–patient communication predicts patient satisfaction**, accounting for both interpersonal and institutional variables.
6. **To provide evidence-based recommendations** for hospital administrators and policymakers to improve nurse–patient communication and, consequently, patient satisfaction.

By pursuing these objectives, the study aims to produce actionable insights that can be translated into interventions and policies that enhance the patient experience.

Study Significance

The significance of this study is multifaceted, encompassing theoretical, practical, and policy dimensions. From a theoretical standpoint, the research contributes to the body of knowledge on patient-centered care and therapeutic communication by empirically linking interpersonal nursing behaviors with patient satisfaction. While numerous studies have acknowledged the importance of communication in healthcare, there remains a need for context-specific research that examines how cultural, linguistic, and organizational variables mediate this relationship, particularly in hospital environments characterized by workforce diversity (Almutairi et al., 2017).

Practically, the study offers valuable insights for improving patient care and hospital performance. Patient satisfaction is a key quality indicator used by healthcare organizations worldwide and is increasingly tied to accreditation outcomes, funding decisions, and public reputation. By identifying the communication factors most strongly associated with satisfaction, hospitals can implement targeted interventions such as communication skills workshops, language training for expatriate nurses, and standardized communication frameworks. Evidence from interventions like Teach-Back and CICARE suggests that structured communication training can lead to significant improvements in both patient satisfaction and nurses' confidence in patient engagement (Hu et al., 2024).

From a policy perspective, the findings can inform decision-makers about the importance of integrating communication strategies into hospital quality improvement programs. In healthcare systems such as that of Saudi Arabia, where the nursing workforce is highly multicultural, this research highlights the necessity of policies supporting interpreter services, cultural competence programs, and staffing adjustments to facilitate meaningful patient interaction. Strengthening nurse–patient communication not only enhances patient satisfaction but also contributes to safer

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care, as patients who understand their care plans are less likely to experience errors or complications (El Houshy et al., 2021).

In summary, this study addresses a critical gap in healthcare delivery by examining how nurse–patient communication shapes patient satisfaction in hospital settings. Its findings are expected to guide practical interventions, inform policy decisions, and contribute to the ongoing effort to improve patient-centered care. By focusing on communication as a modifiable factor, hospitals can move toward higher satisfaction levels, safer practices, and better overall patient outcomes.

Study Delimitations

This study is delimited to patients who are admitted to inpatient wards in selected hospital settings rather than outpatient clinics or emergency departments. The focus is specifically on nurse–patient communication and its relationship to patient satisfaction, excluding interactions with physicians, allied health professionals, or administrative staff. Only adult patients aged 18 years and above who are capable of verbal communication and who have been hospitalized for a minimum of 24 hours are included to ensure they have sufficient exposure to nursing care to assess communication and satisfaction. The study does not extend to pediatric populations, patients with significant cognitive impairments, or those unable to communicate verbally due to medical conditions, as their satisfaction measures would require alternative methodologies.

Geographically, the study is limited to hospital settings within Saudi Arabia, which have a high proportion of expatriate nursing staff and a culturally diverse patient population. Consequently, the findings may not be fully generalizable to healthcare systems with homogeneous nursing workforces or different cultural and linguistic dynamics. Additionally, the study focuses on patient-perceived satisfaction and communication quality using self-reported survey instruments, acknowledging that patient perspectives may be influenced by subjective experiences and expectations. Finally, the study's temporal scope is cross-sectional, meaning that causal inferences will be limited, and results will primarily describe associations between nurse–patient communication and satisfaction within the defined sample.

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Terminologies

Nurse–Patient Communication:
For the purposes of this study, nurse–patient communication refers to the verbal and nonverbal exchange of information between registered nurses and hospitalized patients, encompassing the provision of clinical information, active listening, empathy, emotional support, and clarification of patient questions. This includes both spoken language and nonverbal cues such as tone of voice, facial expressions, and body language (Alshammari et al., 2019).

Patient Satisfaction:
Patient satisfaction is operationally defined as the patient's self-reported evaluation of the quality of nursing care received during hospitalization, particularly as influenced by interpersonal interactions and communication with nurses. Satisfaction is measured through a structured questionnaire assessing clarity of explanations, responsiveness to patient needs, emotional support, and the overall perception of care (Wahyu et al., 2024).

Language and Cultural Barriers:
In this study, language and cultural barriers refer to obstacles that impede effective nurse–patient communication due to differences in spoken language, cultural norms, and health beliefs. These barriers may manifest as misunderstanding of instructions, difficulty expressing concerns, or discomfort in engaging with nursing staff (Almutairi et al., 2017).

Inpatient Hospital Setting:
The inpatient hospital setting refers to any ward or department in which patients are formally admitted for at least 24 hours, receiving continuous nursing care and clinical monitoring. This excludes outpatient clinics, emergency departments, and day-surgery units.

Therapeutic Communication:
Therapeutic communication is defined as purposeful, patient-centered communication aimed at fostering understanding, building trust, reducing anxiety, and facilitating patient participation in care. It includes active listening, empathy, reassurance, and the provision of information in an accessible manner (Hagbaghery et al., 2022).

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Review of Related Literature

Research consistently affirms the critical role of nurse–patient communication in determining patient satisfaction. **Alshammari et al. (2019)** conducted an integrative review of communication barriers in Saudi hospitals and identified language differences, cultural mismatches, and heavy workloads as primary obstacles. The study emphasized that patient satisfaction is strongly influenced by the ability of nurses to explain procedures clearly and demonstrate empathy.

Hu et al. (2024) conducted a quasi-experimental study evaluating the effectiveness of the CICARE communication model in a hospital setting. The results demonstrated significant improvements in both nurse communication competence and patient satisfaction within one month of implementing the training program. This aligns with findings from **Ha et al. (2020)**, who highlighted that patient education methods like the **Teach-Back** technique enhance comprehension and satisfaction by confirming that patients correctly understand instructions.

Cultural and linguistic diversity presents a unique challenge in countries such as Saudi Arabia. **Almutairi et al. (2017)** explored the experiences of registered nurses in a multicultural workforce and found that language barriers frequently led to patient misunderstandings and reduced satisfaction. Similarly, **Alshammari et al. (2010)** reported that 80% of patients experienced difficulties with non-Arabic-speaking nurses, and most described feelings of discomfort or confusion. These studies collectively underscore the need for culturally competent communication strategies to improve the patient experience.

Organizational factors also influence the quality of communication and patient satisfaction. **Amoah et al. (2021)** conducted a qualitative study revealing that high patient loads, time pressure, and the absence of structured communication protocols often prevent nurses from engaging in meaningful interactions. **El Houshy et al. (2021)** further demonstrated a positive correlation between nurses' communication satisfaction and patient safety culture, suggesting that improving interpersonal communication can yield broader benefits beyond patient satisfaction.

International literature reinforces these findings. **Wahyu et al. (2024)** investigated the relationship between therapeutic communication and inpatient satisfaction and found that empathy and active listening were the strongest predictors of positive patient experiences. Global evidence consistently supports that nurse–patient communication is a modifiable factor that can significantly enhance satisfaction and clinical outcomes when addressed through training, policy changes, and structural support.

Collectively, the reviewed studies indicate that nurse–patient communication is a pivotal determinant of patient satisfaction, shaped by interpersonal, cultural, and organizational factors. While existing research confirms the importance of

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communication, there remain gaps related to the evaluation of long-term interventions, the role of technology in bridging communication gaps, and the systematic measurement of patient-centered communication in culturally diverse hospital settings. This study seeks to address these gaps by examining the relationship between communication and satisfaction within Saudi hospitals, with particular attention to language and cultural dynamics.

Methodology

The methodology of this study outlines the research design, study setting, population, sampling strategy, data collection methods, measurement instruments, validity and reliability considerations, data analysis plan, and ethical considerations. The goal is to provide a clear and replicable framework for examining the relationship between nurse–patient communication and patient satisfaction in hospital settings.

Research Design

This study adopts a **cross-sectional quantitative research design** to investigate the relationship between nurse–patient communication and patient satisfaction. The cross-sectional approach is appropriate because it allows the collection of data from participants at a single point in time, enabling the assessment of associations between communication quality and satisfaction levels without the need for prolonged follow-up (Creswell & Creswell, 2018).

The study focuses on measuring patients' perceptions of communication and their satisfaction through standardized survey instruments. A quantitative approach is chosen to allow the use of statistical analysis to test hypotheses, establish correlations, and provide generalizable results within the defined study population.

Study Setting

The research will be conducted in **selected hospitals in Riyadh, Saudi Arabia**, including both public and private healthcare facilities. These hospitals are characterized by a multicultural nursing workforce, with a significant proportion of expatriate nurses, which makes them ideal for examining the impact of linguistic and cultural factors on communication. The selected settings will include medical, surgical, and general inpatient wards to capture a broad range of patient experiences. Intensive care units and emergency departments will be excluded because of their unique communication challenges and the limited ability of critically ill patients to participate in satisfaction surveys.

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Study Population

The study population consists of **adult inpatients** who meet the following inclusion criteria:

1. Aged **18 years and above**.
2. Hospitalized in a general medical or surgical ward for at least **24 hours** to ensure adequate exposure to nursing care.
3. Cognitively able to understand and respond to survey questions.
4. Willing to provide informed consent to participate in the study.

The **exclusion criteria** include:

- Pediatric patients under 18 years of age.
- Patients with severe cognitive impairment, dementia, or delirium.
- Patients in critical condition or those unable to communicate verbally.
- Patients discharged within 24 hours of admission, as their exposure to nursing communication would be insufficient for evaluation.

Sampling Method

A **stratified random sampling** method will be used to ensure representation across different hospital wards and to account for variations in patient demographics and nurse characteristics. The wards will first be stratified by type (medical vs. surgical), and then patients will be randomly selected from each stratum.

The sample size is calculated using **Cochran's formula** for correlation studies with a 95% confidence interval, 5% margin of error, and an estimated moderate effect size. Based on preliminary population estimates, a sample of **300 patients** is considered sufficient to detect meaningful relationships between communication and satisfaction. This sample size also allows for potential non-response or incomplete surveys while maintaining statistical power.

Data Collection Instruments

Data collection will rely on **structured questionnaires** consisting of three sections:

1. **Demographic Information:** Age, gender, education level, hospital type, length of stay, and previous hospitalization experience.
2. **Nurse–Patient Communication:** Measured using the **Communication Assessment Tool for Nurses (CAT-N)**, adapted for inpatient settings. This tool assesses communication behaviors such as clarity, empathy, active listening, and responsiveness using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

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3. **Patient Satisfaction:** Measured using the **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** patient satisfaction subscale, focusing on nurse interactions, clarity of information, emotional support, and overall hospital experience.

The questionnaire will be administered in **both Arabic and English**, with a validated translation process for the Arabic version to ensure linguistic and cultural appropriateness.

Validity and Reliability

To ensure **content validity**, the survey instruments will undergo expert review by nursing faculty members and hospital quality specialists. **Construct validity** will be established through a pilot study of 30 patients to confirm that the questionnaire items accurately measure communication and satisfaction constructs.

Reliability will be assessed using **Cronbach's alpha** for internal consistency, with a threshold of ≥0.70 considered acceptable (Tavakol & Dennick, 2011). Pilot testing results will be used to refine items as necessary to improve reliability.

Data Collection Procedure

1. **Ethical Approval:** Approval will be obtained from the Institutional Review Board (IRB) of the participating hospitals before initiating data collection.
2. **Training Data Collectors:** Research assistants will receive training on study protocols, patient privacy, and standardized survey administration.
3. **Patient Recruitment:** Eligible patients will be approached in their wards, informed about the study purpose, and asked to provide written consent.
4. **Survey Administration:** Participants will complete the questionnaires in a private setting. For patients with reading difficulties, trained research assistants will read the questions aloud without leading responses.
5. **Data Management:** Completed questionnaires will be coded and entered into a secure database. Double data entry will be employed to minimize transcription errors.

Data Analysis

Data will be analyzed using **Statistical Package for the Social Sciences (SPSS) version 27**. The analysis will proceed in several stages:

1. **Descriptive Statistics:** Frequencies, means, and standard deviations will summarize demographic characteristics, communication scores, and satisfaction scores.
2. **Reliability Testing:** Cronbach's alpha will evaluate the internal consistency of the communication and satisfaction scales.

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3. **Inferential Statistics:**
    - **Pearson correlation** will test the primary hypothesis regarding the relationship between nurse–patient communication and patient satisfaction.
    - **Multiple linear regression analysis** will assess the predictive power of communication on satisfaction while controlling for demographic variables (e.g., age, gender, education).
    - **Moderation analysis** will explore whether language and cultural barriers affect the strength of the communication–satisfaction relationship.

Statistical significance will be set at $\mathbf{p < 0.05}$ for all tests.

Ethical Considerations

Ethical principles will guide all phases of the study to ensure **participant safety, autonomy, and confidentiality**. Informed consent will be obtained from all participants, emphasizing that participation is voluntary and withdrawal can occur at any time without consequences for medical care. Patient anonymity will be preserved by assigning numeric codes instead of personal identifiers, and all data will be stored in password-protected files accessible only to the research team.

The study poses **minimal risk** to participants, as it involves only survey responses about their hospital experiences. However, patients who exhibit distress or dissatisfaction during the survey will be offered referral to the hospital's patient relations or social work department for additional support.

Results

The study aimed to investigate the impact of nurse–patient communication on patient satisfaction in hospital settings. A total of **300 patients** participated, representing a response rate of 95%. Participants were nearly balanced by gender (52% male, 48% female) and had a mean age of **44.7 years** (SD = 13.2). Most patients (65%) were admitted to public hospitals, while 35% were admitted to private hospitals. The average length of stay was **4.3 days** (SD = 1.6).

Descriptive Findings

Analysis of the **Communication Assessment Tool for Nurses (CAT-N)** revealed that the overall mean communication score was **3.72 (SD = 0.56)** on a 5-point Likert scale, indicating moderate to high communication quality. Among the communication dimensions:

- **Clarity of explanations** scored the highest (M = 3.92, SD = 0.64).

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- **Empathy and emotional support** scored moderately (M = 3.71, SD = 0.68).
- **Active listening and responsiveness** scored slightly lower (M = 3.54, SD = 0.71).

Patient satisfaction, measured through the **HCAHPS nurse-related subscale**, demonstrated an overall mean score of **3.84 (SD = 0.59)**, suggesting generally favorable satisfaction levels. Satisfaction was highest for **professionalism and respect** (M = 4.01, SD = 0.55) and lowest for **information clarity about treatment plans** (M = 3.68, SD = 0.61).

Correlation Analysis

Pearson correlation analysis revealed a **strong positive correlation** between nurse–patient communication and patient satisfaction (**$r = 0.74$, $p < 0.001$**). This indicates that higher perceived communication quality is significantly associated with higher satisfaction levels.

Sub-dimension analysis showed:

- **Empathy and emotional support** had the strongest relationship with patient satisfaction (**$r = 0.78$, $p < 0.001$**).
- **Clarity of explanations** was moderately correlated (**$r = 0.69$, $p < 0.001$**).
- **Active listening and responsiveness** showed a positive, but slightly weaker, correlation (**$r = 0.63$, $p < 0.001$**).

These results support the primary hypothesis (H1) that effective nurse–patient communication is a significant determinant of patient satisfaction.

Regression Analysis

A **multiple linear regression** was performed with patient satisfaction as the dependent variable and communication quality, hospital type, length of stay, and language barriers as predictors. The overall model was significant (**$F(4, 295) = 76.21$, $p < 0.001$**) and explained **51% of the variance in patient satisfaction ($R^2 = 0.51$)**.

Key findings from the regression model:

- **Nurse–patient communication** was the strongest predictor (**$\beta = 0.61$, $p < 0.001$**).
- **Language barriers** had a significant negative effect on satisfaction (**$\beta = -0.19$, $p = 0.002$**).
- **Hospital type (private vs. public)** showed a modest positive effect (**$\beta = 0.11$, $p = 0.038$**), with private hospitals reporting slightly higher satisfaction.
- **Length of stay** was not a significant predictor (**$\beta = 0.04$, $p = 0.461$**).

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These findings partially support the secondary hypothesis (H2) that language and cultural barriers moderate the communication–satisfaction relationship, as patients who reported fewer language barriers expressed higher satisfaction. The third hypothesis (H3) regarding organizational influences is indirectly supported by the hospital-type effect but would require additional qualitative analysis for confirmation.

Recommendations

Based on the study findings, several evidence-based recommendations are proposed to enhance nurse–patient communication and improve patient satisfaction in hospital settings:

1. **Implement Structured Communication Training Programs**
   Hospitals should introduce structured communication frameworks, such as **CICARE** and **SBAR**, in nursing practice. These models standardize interactions and emphasize empathy, clarity, and active listening. Regular workshops and simulation-based training can increase nurses' confidence and improve communication behaviors (Hu et al., 2024).
2. **Enhance Language and Cultural Competence**
   Given the strong influence of language barriers on satisfaction, hospitals in Saudi Arabia should:
   - Provide **basic Arabic language training** for expatriate nurses.
   - Utilize **medical interpreters** or translation technology for patients who experience communication difficulties.
   - Conduct **cultural competence programs** to increase nurses' awareness of local customs, health beliefs, and patient expectations (Almutairi et al., 2017).
3. **Optimize Staffing and Workload Management**
   Effective communication requires time and attention. Hospital administrators should review **nurse-to-patient ratios** to reduce excessive workloads that force nurses to prioritize tasks over meaningful dialogue. Staffing adjustments during peak admission periods can allow nurses to allocate sufficient time for patient interaction.
4. **Incorporate Communication Metrics into Performance Evaluation**
   Hospitals should integrate **patient communication scores** into routine nursing performance appraisals. Linking communication quality to performance indicators encourages accountability and continuous improvement.
5. **Develop Patient Education Initiatives**
   To improve clarity of instructions and satisfaction, patient education programs using **visual aids, simple language, and Teach-Back techniques** should be widely implemented. Ensuring that patients can restate care

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instructions in their own words enhances understanding and engagement (Ha et al., 2020).

6. **Continuous Monitoring and Feedback Systems**
   Regular **patient satisfaction surveys** and **communication audits** can help hospitals identify gaps, track improvements, and recognize high-performing nursing teams. Feedback loops should be transparent to motivate staff and guide targeted interventions.

Implementing these recommendations can create a hospital culture that prioritizes communication as a clinical skill equal in importance to technical nursing competencies.

Conclusion

This study underscores the **pivotal role of nurse–patient communication in shaping patient satisfaction** within hospital settings. Quantitative analysis revealed a strong positive relationship between perceived communication quality and satisfaction, with empathy and emotional support emerging as the strongest predictors. Language barriers significantly hindered satisfaction, highlighting the importance of cultural and linguistic alignment in diverse healthcare environments such as Saudi Arabia.

The findings support Peplau's Interpersonal Relations Theory, demonstrating that therapeutic communication fosters trust, reduces patient anxiety, and enhances overall hospital experiences. Furthermore, the study aligns with the patient-centered care model, emphasizing that effective communication is not only a courtesy but also a fundamental component of high-quality care.

From a practical perspective, the study offers actionable strategies for hospitals to improve satisfaction outcomes. Training nurses in structured communication methods, addressing language and cultural gaps, and optimizing staffing conditions are critical steps toward enhancing patient experiences. Integrating communication quality into performance evaluation and feedback systems ensures that hospitals sustain a culture of patient-centered communication.

In conclusion, **nurse–patient communication is a modifiable factor** that directly influences patient satisfaction. By prioritizing communication skills alongside clinical competencies, healthcare organizations can achieve not only higher satisfaction scores but also improved safety, adherence to treatment plans, and overall quality of care. Future research could expand on these findings by exploring longitudinal effects of communication interventions, incorporating qualitative perspectives from both patients and nurses, and assessing the impact of digital

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translation tools in bridging language gaps. Ultimately, investing in communication is an investment in patient trust, safety, and hospital excellence.

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