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Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review

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ABSTRACT

Background: Patients' full participation or nonparticipation in the care process, compliance with medical advice, and taking personal control of their health, to some extent, are influenced by the quality of nurse-patient interaction and communication. The impact of poor communication among nurses can be detrimental to the quality of care, nursing practices, and safety, which suggests that communication competence is a required skill in the nursing profession. The aim of this review was to explore communication strategies in nurse-patient interaction and how that affects patient participation in the care process in sub-Saharan Africa and to identify the major findings and gaps in the literature.

Methods: To undertake this scoping review, key-words such as nurse-patient, provider-patient, nurse-client, nurse-healthcare consumer, interact*, communication, relationship, Africa, and Africa south of the Sahara were used and combined with the Boolean operators OR/AND. Thirty-two studies were retained for this current review, which included 29 articles, two theses, and one dissertation.

Results: The study found that communication in nurse-patient interaction has been researched in a few countries in sub-Sahara Africa in HIV/AIDS, maternal and reproductive care, intensive and palliative care, operative/postoperative care, and primary healthcare settings. The results suggested that nurse-patient communication studies need to extend to other healthcare contexts. Furthermore, in many of the healthcare areas studied, nurse-patient communication has been poor, with care providers dominating the process. Most nurses neglect patient needs and concerns as well as abuse and humiliate them, especially in maternal/antenatal and primary healthcare settings in public healthcare facilities. Excessive workload, shortages of nursing staff, poor communication skills, and lack of involvement of nursing managers in the care process negatively impacts on nurses' ability to interact effectively with their clients.

Conclusion: We thus argue for the inclusion of communication skills in nursing training programs as well as the engagement of nursing managers and healthcare administrators in strengthening communication within the nurse-patient dyad.

1. Introduction

Understanding culture and communication in nursing and nursing practices, especially in relation to nurse-patient communications, can contribute to patient engagement and perceptions of quality of care. Riley (2008, p. 20) observed that in "nurse-patient interaction, both nurses and patients bring their individual respective knowledge, attitudes, feelings, experiences, and patterns of behaviors to the relationship." These individual-based behavioral patterns and perceptions of realities in healthcare demand that different communication styles are employed to meet the varying healthcare expectations and needs of patients and their caregivers. Within these individual and collective perceptions are embedded decision-making rights, information exchange, and socio-cultural notions of personhood, all of which have implications on the processes and outcomes of communication and social interactions (McQueen, 2000; Riley, 2008; Samovar, Porter, & McDaniel, 2010).

People's understandings and expressions of illnesses, notions of appropriate interpersonal interactions, and value systems are their cultural constructs that are expressed through language (both verbal and nonverbal). As argued by Wardhaugh (2010, p. 233), language serves as "a screen or filter to reality and determines how speakers of a language perceive and organize both the natural and social worlds around them." Furthermore, the linguistic background of patients

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shapes their views of illness and wellbeing as well as affects their perceptions of healthcare outcomes (Samovar et al., 2010). Given that healthcare settings are sites for multilingualism, the value of appropriate communication in shaping provider-client interaction through interpreters and translators has been examined in several studies (Acquah, 2011; Riley, 2008; Samovar et al., 2010). Acquah (2011), in a study on physician-patient communication in Ghana, found that when there is a lack of professional interpreters in situations where patients and physicians do not share a common language, interaction between providers and patients is compromised and affects the quality of patient disclosure.

Patients' full participation or nonparticipation in the care process, compliance with medical advice, and taking personal control of their health, to some extent, are influenced by the quality of nurse-patient interaction and communication (Mensah, 2013; Rutherford, 2008; Samovar et al., 2010). Samovar et al. (2010, p. 358) argued that to deliver effective healthcare requires clear communication as an essential element, and that, in an intercultural healthcare setting, healthcare providers have the responsibility to communicate effectively with people from diverse backgrounds. The impact of poor nurse communicative competencies can be detrimental to the quality of care, nursing practices, and safety, which suggests that communication competence is a required skill for all nurses.

Similarly, Street and Epstein (2008, p. 241) observed that physician-patient communication characterized by effective information exchange can lead to greater patient trust and willingness to follow through with the treatment plan, which, in turn, may affect survival. Street and Epstein maintained that patient participation in consultations can help physicians to understand their values and preferences and discover possible patient misperceptions regarding treatment effects. These authors indicated that where there is effective communication between physicians and patients, clinical information can be communicated in ways that patient understands, potentiating higher-quality decisions that best match the patient's circumstances, thus helping to improve health. Furthermore, research has shown that poor communication among nurses (verbal and nonverbal behavior) including impolite speeches, use of harsh and rude language, use of humiliating and provocative words, and abusive language are among the many causes of patients' reactive violence against nurses (Boafo, 2016).

Effective communication in nurse-patient interaction is argued to have therapeutic functions in healthcare (Riley, 2008; Samovar et al., 2010). Riley (2008:27) observed that in a hospital setting, the quality of care improves when the care provided is client-centered and based on caring conversations. As a result, nurse-patient communication that is empathic and respectful in nature is encouraged among practicing nurses. Nurses are encouraged to avoid professional jargon, to be attentive listeners, and to use appropriate nonverbal communication cues suitable to the care circumstances (Rutherford, 2008). Negative interpersonal interactions among healthcare professionals impact the effectiveness of communication about patient healthcare needs as well as hinder the delivery of high-quality patient care (Laschinger, 2014, p. 288). Due to the impact of culture in health communication and how these influence social interactions, several theories have explored how communication, culture, and health perceptions influence interactions between nurses and patients. These theoretical frameworks include Goffman's (1958) Theory of Face (cited in Kivisto, 2013), Leininger (2002) Cultural Care Theory, and Peplau's (1992, 1997) Theory of Interpersonal Relations.

Communication in nurse-patient interaction is so important that how it is conceptualized (either as the transmission of information or as a ritualistic relational engagement) can lead to different findings in provider-patient communication studies (Rimal, 2001). Rimal observed that, although contextual factors, as well as physician and patient characteristics, can affect communication in the health provider-patient dyad, institutional factors are often neglected in studies on physician-patient communication. The interaction itself and issues of power, control, dialectics, tensions, and contradictions as characterized by the dyad must be given serious considerations.

Following Ruben (2005, 2016), Ruben and Gigliotti (2016), among other communication scholars, we adopted an interactive perspective to communication which speaks to the co-creation and exchange of information and meaning between people as they interact. As Ruben and Gigliotti (2016, p. 469) noted, communication entails a complex exchange of verbal and nonverbal, intentional and unintentional, and planned and unplanned messages in which the message sent is not generally interpreted the same as the message received. Therefore, interpersonal communication, as we see in the healthcare setting, entails interaction and not merely an exchange of information, where several factors impact the message creation, exchange, and interpretation processes. Moreover, as Peplau (1992, 1997) observed, the caring practice of nursing requires relationship building and interaction between nurses and patients, where the nurse interacts directly with patients, their families, other nurses, and physicians. As a result, communication, as used in this review, encompasses the verbal, nonverbal, and all forms of interactions in which messages are created and meanings derived to influence the nurse-patient relationship.

Due to the values of effective communication in the healthcare setting, a few review studies, including systematic reviews (Fleischer, Berg, Zimmermann, Wüste, & Behrens, 2009), a scoping review (Mayor & Bietti, 2017), and a literature review (Shattell, 2004) have been conducted on the impact of communication in nurse-patient interaction. In Fleischer et al. (2009) systematic review, definitions of communication and interaction as well as theories of communication that are usually employed in nurse-patient interaction studies were investigated. In Mayor and Bietti (2017) scoping review, nurse-patient interaction studies employing ethnomethodology and conversational analysis as research methodologies were scoped, whereas the literature review by Shattell (2004) examined Goffman's Theory of Face as a model in nurse-patient interaction studies. Thematic findings in Shattell's study included nurses' communication within nurse-patient interaction, nurse-patient interaction, patient perception of nurse-patient interaction, and patient care-seeking communication (p. 715). Nonetheless, review studies on nurse-patient interaction reported in research publications are conducted in North America, Europe, and New Zealand. However, the importance of communication in nurse-patient interaction makes it imperative that more review studies explore this topic in other regions.

Nurses occupy an important position in the healthcare setting and interact with patients, caregivers, and other healthcare professionals in diverse ways. Despite the emergence of the concepts of patient-centered care and communication in the late 1990s and early 2000s (Institute of Medicine [IOM], 2001), the research on communication strategies in nurse-patient interaction within sub-Saharan Africa remains minimal; hence, the need for a scoping review of the topic. Sub-Saharan Africa (though a contested label in some contexts) consists of all countries on the African continent that are south of the Sahara Desert, excluding the five Arab countries of Morroco, Tunisia, Algeria, Libya, and Egypt.

The aim of this review was to explore communication strategies in nurse-patient interaction and how this affected patient participation in the care process in healthcare settings in sub-Saharan Africa. The context of communication in this review was inclusive of all healthcare settings in which nurses interact with patients and their caregivers. Two questions are investigated in this review:

- What is the current state of the evidence on communication strategies in nurse-patient interactions in the sub-Saharan African healthcare context?
- What are the findings and gaps in the literature/evidence on communication strategies in nurse-patient interactions in healthcare settings in the sub-Saharan African context?

2. Methodology

To undertake this scoping review, the systematic methodological framework outlined in Arksey and O'Malley (2005) and Levac, Colquhoun, and O'Brien (2010) were observed, as discussed in the following sections.

2.1. Framework stage 2: Search strategy

According to the Arksey and O'Malley (2005) framework (henceforth A&O Framework) for scoping studies and the additional recommendations by Levac et al. (2010), identifying relevant studies for a scoping study comes under stage two of the framework. To identify relevant studies for our review, a comprehensive search strategy was developed and used to identify and scope studies both published and unpublished that examined communication in nurse-patient interaction within the sub-Saharan African context. The search process was guided by both our research questions (stage one requirements of A&O's framework) and the purpose of the study. To ensure that all relevant studies were accessed, a professional librarian assisted in the search process. Databases including CINAHL, MEDLINE, Scopus, EMBASE, and ProQuest were searched for studies conducted between January 2000 and July 2019 and published in English. Limiting the literature to only those published from 2000 upwards and in English was necessitated by time and cost constraints. Also, given the emergence of the concepts of patient-centered care and communication (PCC) in the late 1990s and early 2000s (IOM, 2001), the need to capture nurse-patient interaction and communication studies since 2000 was relevant, as we can indirectly see how PCC was promoted.

Keywords such as nurse-patient, provider-patient, nurse-client, nurse-healthcare consumer, interact*, communication, relationship, Africa, and Africa south of the Sahara were used and combined with the Boolean operators OR/AND, as in ([nurse-patient OR nurse-client OR nurse-healthcare consumer OR provider-patient] AND [interact* OR communication OR relationship] AND [Africa OR Africa south of the Sahara]). For CINAHL and MEDLINE, the search was done using subject headlines, and, where necessary, keywords were added as subject headlines, whereas in Scopus, EMBASE, and ProQuest, the search was done using the above keywords. To access the grey literature (conference publications, unpublished manuscripts, theses, and dissertations, etc.), we also conducted a search through Google Scholar and reference lists of the extracted studies. Fig. 1 presents a flow map of the search process and the number of studies included in the review

2.2. Framework stage 3: Study selection

To implement the framework stage three of A&O's framework, we followed the selection criteria we developed in the PICO design. Studies published in English between January 2000 and July 2019, which examined communication in nurse-patient interaction, and engaged nurses, patients, and patient caregivers were included. Most importantly, studies were included if they were conducted within sub-Saharan Africa in any healthcare setting and on any healthcare condition. To achieve a broad base review, we widened the search to include a variety of study types, care settings, care conditions, and care recipients, as the A&O framework (2005) recommended. Although our main target was to have studies that included patients, caregivers, and nurses, most studies included a mix of other care providers with large patient populations. For instance, studies that had midwives, pharmacists, and counselors in the mix with larger patient or caregiver populations and relevant data on nurse-patient communication were included since these other professionals perform similar capacities as nurses.

On the other hand, studies that explored communication between only patients-doctors, and patients-physicians without nurses in the mix, were excluded. Furthermore, studies that could not be accessed through the university online library system or through interlibrary loans were excluded, even if they met the inclusion criteria. The inclusion/exclusion criteria identified 32 studies for inclusion in the review (see Fig. 1 and Table 1).

Scholars have argued that in scoping reviews, the aim is not to evaluate the quality or weight of evidence of the included literature (Arksey & O'Malley, 2005; Coughlan, Cronin, & Ryan, 2013; Grant & Booth, 2009); nonetheless, for any research findings to be useful, trustworthy, and to provide informed evidence-based results, quality must be ensured. On the basis of this, the two authors individually screened the titles and abstracts of the search results for the initial selection of relevant studies. Disagreements were identified in the first round and in subsequent review stages, discussed and resolved. Full articles and other publications were subsequently downloaded and further screened by the same reviewers. Thus, all studies that met the inclusion criteria were then printed and read carefully and thoroughly, applying the Joanna Briggs Institute's (JBI) checklists for qualitative, quantitative, and mixed-methods research, to appraise the trustworthiness of the included studies' findings. The iterative processes of engaging a team in searching, screening, and selecting studies for scoping review (Arksey & O'Malley, 2005; Levac et al., 2010) were employed, as also shown in Fig. 1.

2.3. Framework stage 4: Charting the data

Once the relevant studies were identified, Arksey and O'Malley (2005) and Levac et al. (2010) recommendations for charting data from included studies were observed. For each included study, the following information was extracted: (i) author(s), year, and country, (ii) title of the study, (iii) aim/purpose of the study, (iv) methodology of the study (study design, sampling, sources of data, data analysis technique), (v) participants in the study, (vi) study setting, and (vii) major findings. Crucially, we were very particular about communication and interaction in different care settings, patient categories, and the location of the study, as these can inform what factors influence nurse-patient communication and interaction. Qualitative descriptive, content, and thematic analyses, as recommended by Arksey and O'Malley (2005), Coughlan et al. (2013), Dixon-wood, Agarwal, Jones, Young, and Sutton (2005) and Levac et al. (2010) were then used to organize the data into an Excel™ spreadsheet and exported into a Word™ document as an evidence-based table (Table 2). This process ensured that information was extracted uniformly across all the included literature since different forms of studies were involved.

2.4. Framework stage 5: Collating, summarizing, and reporting the results

Following A&O's (2005) strategies under this stage and the recommendations of Levac et al. (2010), we employed thematic content analysis to organize, summarize, and present the results. Using a thematic content analysis approach helped us to summarize quantitative results in tables and figures and report qualitative findings in thematic patterns. The results are presented in the following section.

Finally, concerning the optional consultation stage of A&O (2005) framework, the second author who is an expert in the field of nursing with extensive research experiences in many African countries had discussions with few colleagues in the field. Aside that, we did not undertake extensive consultations due to time and financial constraints. Further, even though Levac et al. (2010) differed from A&O (2005) on this stage and have recommended making this stage an essential component of scoping studies, challenges abound in how to successfully implement that. We also felt that this incorporates field data into the review process and could provide relevant but different data from the literature reviewed, hence, seeing this stage as a knowledge dissemination stage would be great.

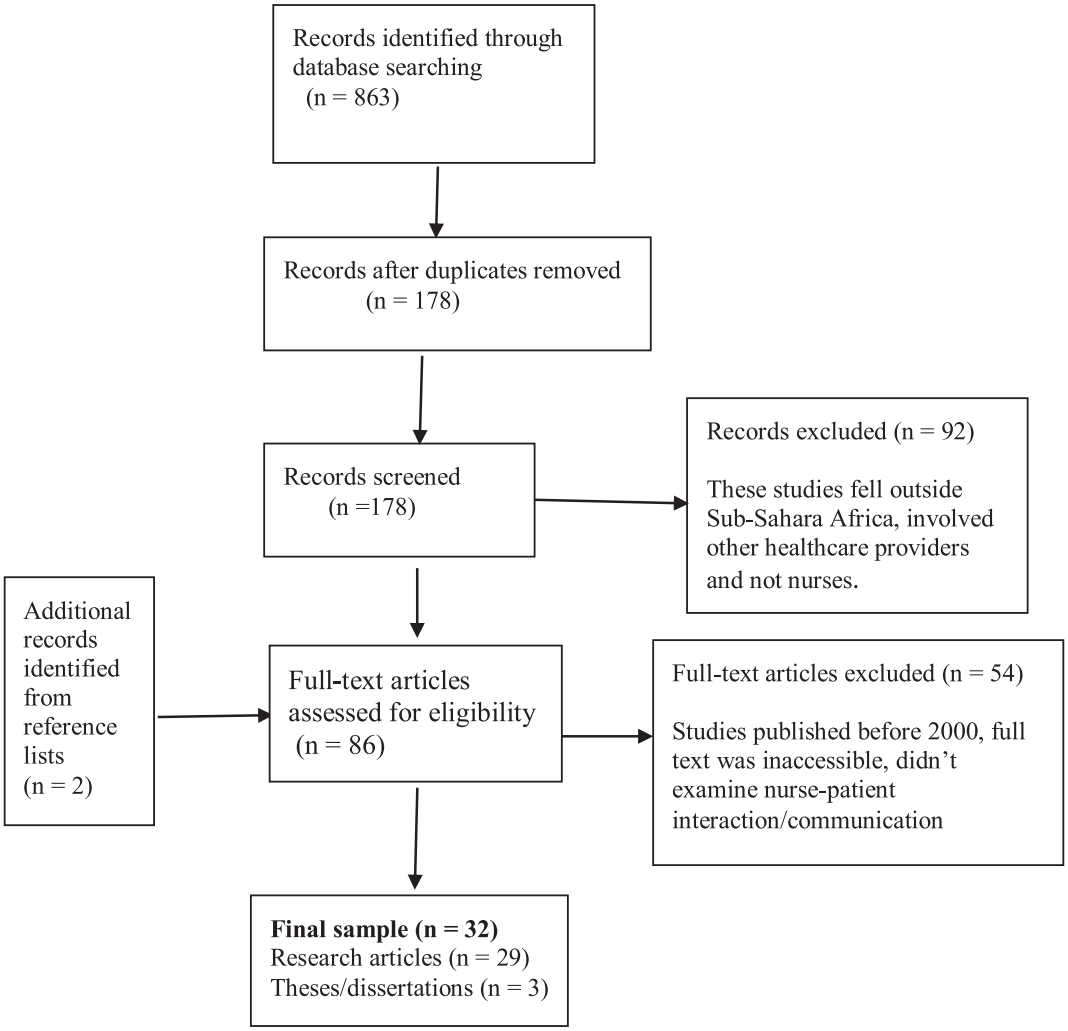

Fig. 1. PRISMA flow map of the search strategy (comes under Section 2.1).

Table 1
Distribution of search results.

Sources	Hits returned	Titles/abstracts screened	Full text read	Relevant papers
CINAHL	156 (18.1%)	134 (75.3%)	55 (64.0%)	20 (62.5%)
MEDLINE	27 (3.1%)	21 (11.8%)	21 (24.4%)	4 (12.5%)
Scopus	12 (1.4%)	12 (6.7%)	5 (5.8%)	3 (9.4%)
ProQuest	668 (77.4%)	11 (6.2%)	5 (5.8%)	1 (3.1%)
Google Scholar	–	–	–	2 (6.3%)
Reference lists	–	–	–	2 (6.3%)
Total	863	178	86	32

3. Results

3.1. Search outcome

The original search for literature returned 863 abstracts, which included research articles and dissertations. From this set of articles, 86 full-text studies were located and screened in accordance with the inclusion/exclusion criteria set out earlier. Out of the 86 studies, 54 were excluded as not meeting inclusion criteria. Thirty-two studies were retained for this current review, which included 29 articles, two theses, and one dissertation. The search strategy for this study is shown in Fig. 1. The major findings of the various studies are presented in this section as the results of this study.

3.2. Study characteristics

3.2.1. Distribution by country

The primary studies scoped for review were conducted in 13 countries across sub-Saharan Africa, including South Africa, Ghana, Nigeria, Mali, Malawi, Tanzania, Kenya, Zimbabwe, Uganda, Ethiopia, Cameroon, Botswana, and Rwanda. Half of the included studies were conducted in two countries, South Africa and Ghana, with the rest having between one and three studies each. Table 3 illustrates the number of studies in each country. (N.B. The total is greater than 32 because one study (i.e. Ondenge et al., 2017) was conducted in five countries, which is reflected in Table 3.

3.2.2. Distribution by types of study

Studies included in this scoping review were heterogeneous. They consisted of qualitative, quantitative, mixed methods, methodological, and intervention studies as presented in Fig. 2.

Out of the 22 included qualitative studies, several qualitative analytic approaches were employed including thematic, content thematic, Grounded Theory, phenomenological, and ethnographic approaches, as illustrated in Table 4. A few of the studies did not explicitly state the analytic techniques used. Furthermore, Six of the 22 qualitative studies were self-described as exploratory, one as descriptive, while in the remaining studies, authors simply stated that their studies were qualitative.

A total of 896 people participated in all 22 qualitative studies. These

Table 2
Summary table of evidence. Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review.

No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
1	Amoah et al. (2019). Ghana	A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients	To explore the perceived barriers to effective therapeutic communication among patients and nurses at a teaching hospital	Exploratory qualitative study Purposive sampling Used interviews. Audio recorded interviews. Used thematic content analysis	At a teaching hospital	Patients (n = 7)Nurses (n = 6)	Patients' characteristics such as age, cultural, and religious beliefs affected nurse-patient communication. Nurse-patient relationships and communication were affected by misconceptions, patients' disease, and pain state. Language barriers affected therapeutic communication among nurses and patients. Inadequate nurses, lack of good communication skills among nurses, and patients' dissatisfaction with care affected nurse-patient communication. Nurses' non-tolerant of patients or caregivers' views and concerns affected communication in the care process. Environmental factors such as noise, mosquitoes, work overload, and patients being new to the hospital all affected nurse-patient communication/ interaction.
2	Cubaka et al. (2018). Rwanda	'He should feel your pain': Patients insights on patient-provider communication	To gain insight into patients' perceptions of their interaction with nurses in a primary healthcare setting	Exploratory qualitative study Purposive sampling Interviews were conducted, and audio recorded. Thematic analysis with the help of MaxQDA 11 software	At two urban and two rural healthcare centers	Patients with limited literacy (n = 15)	Patients indicated the need for caring behavior on the part of nurses, such as being welcoming, empathetic, listening to and providing them with information. Patients noted that adequate disclosure will improve when there are trust and confidentiality. Providers should involve patients more in the care process by avoiding dominating the interaction or expressing superiority over clients. Poor literacy among patients affected their participation in the care process. Nurses' communication strategies influence patients' healthcare behaviors.
3	Adugbire and Aziato (2018) Ghana	Surgical patients' perspectives on nurses' education on post-operative care and follow up in Northern Ghana	To explore surgical patients' experiences of discharge planning and home care in the Northern part of Ghana	An exploratory and descriptive qualitative study Purposive sampling Interviews were conducted, audiotaped, and personal observations made. Thematic content analysis performed	At the Bolgatanga regional hospital in the Upper East region	Post-operative patients (n = 15)	The patients reported being given enough information by nurses prior to discharge on lifestyle practices, medication, and wound care, and nutrition which was beneficial, although the side effects of medication and signs of wound infection were not communicated to patients. Patients reported that there were no follow up (home visits or phone calls) on them to assess how they were doing at home. Nurses didn't link patients up with the community health nurses for continual treatment. Some patients reported receiving good nurse-patient communication during care, while others stated that some

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Table 2 (*continued*)

No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							nurses communicated rudely to them and did not listen to their concerns.
4	Madula et al. (2018). Malawi	Healthcare provider-patient communication: A qualitative study of women's perceptions during childbirth	To examine the nature of communication, its impact, and identify barriers/facilitators of communication on maternal health	Descriptive qualitative study Systematic random sampling using clients' hospital admission numbers. Interviews Thematic analysis	At one private and six public hospitals	Women (n = 30)	Although some clients reported having good communication with nurses, verbal abuse and lack of respect for clients among healthcare providers were frequent. Some clients reported being treated with warmth, sympathy, and respect, while others, mostly in public hospitals, reported being scolded or shouted at. Clients also reported being treated rudely and disrespectfully. Clients were not encouraged to ask questions. Language barriers affected communication between nurses and clients. Most clients in public hospitals who were poor or come from rural areas were discriminated against.
5	Hurley et al. (2018) Mali	The role of patient-provider communication in engagement and re-engagement in HIV treatment in Bamako: A qualitative study	To define features of positive PPC according to patient values and explore the mechanisms by which these features may sustain engagement and re-engagement according to patient and provider experiences	Qualitative study Purposive sampling Used interviews and focus groups to gather data. Data was coded by using Atlas.Ti software	At health facilities that offer ART services. Two teaching hospitals, two NGO clinics, and at a public community center	Patients (n = 69) Providers (n = 17)	Establishing rapport with patients through welcoming, greeting, smile, responding to patients' emotional needs, and showing interest in their well-being was therapeutic and enhanced communication. Providers who encouraged open discussions took interest in patients personal conflicts/challenges, listened to their concerns promoted patient participation in the care process. Patients who had stopped using ART were looking forward to reacceptance through communication, for them to reengage with care service, but which many providers didn't do. Providers who understood the reengaged patients and partnered with them helped in reducing conflicts.
6	Nwosu et al. (2017) Nigeria	Effect of nurse-patient relationship on patients' recovery at NKST hospital Mkar, Gboko, Benue State	To determine the nature of nurse-patient interaction, the impact of nurses' relationship on patients, and to identify barriers to effect nurse-patient relationship.	Quantitative study. Used a cross-sectional descriptive survey Stratified and random sampling. Used structured questionnaire Chi-square analysis	At a private (missionary owned) urban teaching hospital	Patients (n = 75) Nurses (n = 75)	Nurse-patient interaction was found to be good, although some patients were dissatisfied with the way nurses communicated with them. Nurses had a good impact on patients, and in general, on nurse-patient relationship in the hospital. Shortage of nursing staff, language use difficulty, and nurses' use of medical jargon were found as barriers to effective nurse-patient communication.
7	Dithole et al. (2017). Botswana	Communication skills intervention: promoting effective communication between nurses and	To promote effective communication between nurses and ventilated patients, improve patient safety, and lessen work-	Qualitative study Convenient sampling Used interviews, role-plays, group discussions, and exchange of experiences as data	At two intensive care units in a referral hospital	Nurse managers (n = 8) Nurses (n = 20)	Using workshops as a teaching space for communicating with patients facilitated learning and understanding. Effective nurse-patient

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Table 2 (*continued*)

No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
		mechanically ventilated patients	related stress among nurses working in intensive care units.	sources. Thematic analysis			communication can be supported by nurse managers. Nurses indicated the need for continual learning on communication strategies to help improve their communication with ICU clients. Unavailability of skills training workshops and lack of communication materials affect nurses' communication competencies, thus impacting poorly on their interaction with clients.
8	Ayers et al. (2017) Ethiopia	An ethnography of managing emotions when talking about life-threatening illness	To examine how palliative care providers, communicate with dying patients and their family members and how they handle sensitive communication with patients and their family members	Qualitative study. Used a focused ethnographic design and purposive sampling. Used interviews, participant observation (observer-as-participant), and fieldnotes. Conducted thematic analysis	At an urban palliative care facility in Addis Ababa	Palliative patients (n = 4) Family caregivers (n = 6)Healthcare staff (n = 5)	A performative act of 'not wanting to upset' the patient was used as a strategy to protect patients from threatening information. Healthcare providers communicated with patients' caregivers before reporting the results of diagnosis to the patient, which led to negotiations among caregivers and staff on how to present the results with less emotional trauma. Care providers used tactful communication strategies, in some cases, difference strategies or euphemisms, to lessen the emotional traumas patients among patients. Staff used a strategy of building friendship, establishing trust with patients, and determining how much information patients want to know, before disclosing medical results to them.
9	Mabuto et al. (2017) S/Africa	Effective interpersonal health communication for linkage to care after HIV diagnosis	To describe how a strategy of interpersonal communication allows for precision health communication to influence behavior regarding care engagement.	Part of a larger longitudinal qualitative study using in-person counseling and telephone sessions. Random sampling. Audio recorded counseling sessions. NVivo version 10 was used for coding and thematic analysis conducted.	At urban and rural public and private hospitals	Patients (n = 28) Number of counselors not specified	Language barrier was a challenge to communication between providers and clients. Clients' ability to internalize the meaning of their diagnosis and the progress made in planning or acting to meet their desired goals influenced their active participation and articulation of their needs during counseling sessions. Engaging clients' narratives in the communication process enhanced reflections on HIV care and promoted access to HIV clinical services. The use of open-ended questions and non-judgemental attitudes among providers enhanced collaboration in the identification of goal-oriented activities and barriers to care.
10	Hurley et al. (2017). Mali	Patient-provider communication styles in HIV treatment program in Bamako.	To define patient-provider communication dimensions relevant to antiretroviral (ART)	Mixed methods study. Purposive sampling Used interviews, focus groups, vignette-based survey.	At two teaching hospitals, a community health center, and two NGO-run	Patients (n = 69 + 141) Providers Phys. (n = 11)Pharm.	Patients reported that healthcare providers must balance humane, warm, and empathetic behavior with medical knowledge when

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Table 2 (*continued*)

No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
			programs in Bamako to improve communication skills among ART providers	Interviews and focus groups were audio-recorded.	specialized HIV treatment center	(n = 2) Couns. (n = 4)	interacting with them. Many patients expressed a preference for providers who involved them in the care process ('share the talk'), thus promoting shared power than those who only dominate the process ('own the talk'). Patients further indicated a preference for provider communication that was collaborative, assertive, and allowed the patient to express their feelings, although others said being a little harsh was also good, depending on the situation.
11	Odenge et al. (2017). Kenya, Tanzania, Zimbabwe, Malawi, S/ Africa	'I am treated well if I adhere to my HIV medication': Putting patient-provider interactions in context	To explore local contextual factors and dynamics that serve to hinder or facilitate productive patient-provider interactions	Phenomenological qualitative study Purposive sampling Used interviews and personal observations, and audio recorded the interviews. Thematic analysis conducted using NVivo 8.0 software	At government-run small health facilities in rural areas	Family members of deceased HIV persons (n = 29) Nurses (n = 38)	Power asymmetries between healthcare providers and clients affect interactions, with some providers abusing their power due to their position as experts and healthcare providers. Clients reported mixed experiences with care services. Whereas some reported being treated with support and understanding, other clients reported being harassed, not listened to, rebuked, talked to carelessly, or being sent away from the facility. Providers indicated their preference for clients who were active, didn't question rules they were given, punctual, and followed their medication. Community support impacted clients' attitudes, while the availability of resources and personnel in facilities enhanced care and service provision.
12	Lori et al. (2016) Ghana	Use of a facilitated discussion model for antenatal care to improve communication	To examine the usefulness and feasibility of providing focus antennal care in a group setting using a manualized intervention to improve patient-provider communication, patient engagement, and health literacy.	Exploratory mixed-methods study Convenient samplingUsed survey and focus groups (through demonstration and role-play) to gather data. Focus groups were audiotaped. Quantitative data were analyzed using SPSS version 21.0. Constant comparative method was used to analyzed qualitative data.	At an urban district hospital	Women (n = 72) Midwives (n = 6) RN nurses (n = 5)	There was a greater level of provider communication and engagement with women seeking antennal care. Using picture cards as a discussion tool and a reminder helped women to understand the meaning of the pictures, which helped improve communication during antennal care. Participants noted that support from family, friends/peers increased self-efficacy among pregnant women. Enhanced information sharing and peer support facilitated communication and interaction between providers and clients. Providing focused antennal care in small groups helped the midwives to understand patients' concerns, saved time, and reduced fatigue among providers. To enhance maternal health literacy, patients' self-

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Table 2 (*continued*)

No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							efficacy, self-determination, prior knowledge, and educational backgrounds need to be incorporated in the Maternal Health Literacy model.
13	Ddumba-Nyanzi, Kaawa-Mafigiri, & Johannessen (2016) Uganda	Barriers to communication between HIV care providers and women living with HIV about childbearing: A qualitative study	To explore barriers to communication between providers and women living with HIV regarding childbirth	The qualitative part of a larger study. Purposive sampling. Used interviews and personal observations. Used thematic content analysis.	At seven HIV clinics within four districts	Women living with HIV (n = 48)	Clients reported being discouraged by HIV counselors about childbearing after knowing their HIV status for fear of infecting the unborn child or their spouses. Clients reported that their interactions with counselors were unsupportive and lacked open discussions on other reproductive options and on pregnancy and childbearing in the context of HIV. Healthcare providers failed to listen to the women and their concerns, which made others avoid bringing up these issues with their counselors. Many other clients reported having unplanned pregnancies due to the failures of contraceptives.
14	Dithole et al. (2016). Botswana	Nurses' communication with patients who are mechanically ventilated in intensive care: The Botswana experience	To determine the existing knowledge and skills of intensive care nurses working with mechanically ventilated patients.	Quantitative study Purposive sampling Patients files were audited, and questionnaires used to gather data. SPSS version 19 and Excel™ used to analysed data	At two ICU in a referral hospital	Patient files (n = 159) Nurses (n = 50)	Patients' ability to communicate was recorded, with closer to half of them using gesture/symbols. Nurses lacked comprehensive documentation of communication strategies used when interacting with ICU clients, although the use of verbal, non-verbal, and commanding approaches were noted. Experience in working in ICU influenced nurses' ability to communicate with their clients. Nurses didn't use other forms of communication in ICUs, such as letter/picture boards, common words, and phrases.
15	Campbell et al. (2015) Zimbabwe	A good patient? How notions of 'a good patient' affect patient-nurse relationships in ART adherence	To examine the social representations of a 'good patient' and how these affect patient-healthcare provider relations and ART for people living with HIV	Qualitative study Purposive sampling Used interviews, focus groups, ethnographic observations, and fieldnotes to gather data. Interviews and discussions were audiotaped. Used Atlas.Ti software to organize data and thematic network analysis conducted.	In a rural setting. Clinic, Large government hospital, andAnglican hospital	Patients (n = 48) Child carers (n = 31) Health staff (n = 25) Couns. (n = 4) N./Aid (n = 1) Pharm. (n = 1) Adm. (n = 1) Nurses (n = 18)	Power asymmetry between nurses and patients, in addition to patient vulnerability, affected patients' utilization of ATR care services. Nurses use their position to create distressing situations for patients perceived to be 'bad', which pressured patients to act as 'good patients' to avoid being reprimanded. Most clients experienced unpredictable clinic visits, in most cases spending a whole day at the clinic, and sometimes, without accessing care. Notions such as following nurses' command, being regular for reviews, remaining quiet, following

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No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							the queue, and being open with nurses were signs that qualify a patient as 'good patient'. Nurses' attitudes constrain a smooth patient-nurse relationship.
16	Makanjee, Bergh, & Hoffmann (2015) S/Africa	Multi-provider and patient perspectives on conveying diagnostic imaging investigation results in a South African public health care system	To explore the interaction processes in conveying the results of diagnostic imaging investigations from a multi-provider and patient perspective in a public hospital complex	Qualitative study using a constructivist approach. Used convenient and purposeful sampling procedures. Conducted interviews, focus groups, personal observations, and review of medical files. Data were manually coded and analyzed.	At a public healthcare setting that included a district and academic hospitals	Patients (n = 24) Providers Phys. (n = 20) Reg. (n = 4) Radiologist/ Radiographer (n = 35) Nurses (n = 3)	Multi-providers agreed that doctors should be the ones to communicate the results of radiographic diagnosis to patients, since they had a good relationship with patients, although other professional noted that radiographers can explain a bit of what x-ray pictures show to patients. Although nurses have limited roles regarding diagnosis, it was found that they can explain diagnostic results to patients to reduce confusion among patients after their interactions with doctors. Communication between patients and multi-providers regarding diagnosis were various, sometimes with no clear communication, and other times, without images being shown to clients. Lack of clear professional communication about diagnosis resulted in confusion among clients. Patients were curious about their diagnosis but only a few of them questioned providers about their results.
17	Abuya et al. (2015) Kenya	The effect of multi-component intervention on disrespect and abuse during childbirth	To examine the impact of Heshima's intervention developed in Kenya on perceived and observed disrespect and abuse behaviors among women delivering in healthcare facilities	Quantitative study Used surveys, questionnaires, and non-participant observation of interactions through a structured guide. Exit interviews were conducted using a structured questionnaire. Data were managed by using EpiData 3.1 and Stata 11 software	At four rural and nine urban healthcare facilities consisting of three public referral, three public district, and two faith-based hospitals. Two private nursing homes, and a public health center	Women (n = 640) in the baseline survey and (7 2 8) in the end-line survey with about 5% not participating	Interview data showed that women experienced physical abuse, verbal abuse, violation of confidentiality, and detainment, more in the baseline survey than in the end-line survey, but abandonment increased in the end-line survey. Delivery at night and in a public facility was associated with more disrespect and abuse, especially with physical and verbal abuses. Observed data results showed similar patterns as the exit interview results, although researcher observations indicated higher rates of abuse and disrespect than reported by the women. Rates of verbal abuse were frequent than other forms of abuse in provider-patient interactions.
18	Hornschuh et al. (2014) S/ Africa	Experiences of HIV-positive adolescents and young adults in care in Soweto	To explored clinic experiences of adolescents and young adults (AYAs) attending HIV treatment at the perinatal HIV Research Unit.	Qualitative study Purposive sampling Used focus groups to gather data. Data were analyzed using SPSS version 18.0 software	At an urban HIV treatment clinic within a hospital	+HIV patients (n = 18)	Participants reported that they had good relationships with health care providers. Providers who remembered clients' names, promoted confidentiality and were non-judgemental enhanced therapeutic relationships and

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No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							open interaction with patients. Some clients reported finding it difficult to build a relationship with new providers, or those who were very busy and did not listen to their concerns. Patients also reported that long waiting times and less information about services affected their interactions with providers. Most patients reported they disliked being transferred to community clinics since it takes time for them to build relationships and familiarity with the new place.
19	Taiwo (2014). Nigeria	Effect of communication on nurse-patient relationship in National orthopedic hospital	To determine the effect of nurses' communication/ interaction on patients' recovery.	Quantitative study Stratified sampling Used a cross-sectional survey and questionnaires. The analysis was done using SPSS	At a national Orthopaedic hospital	In-patients (n = 80) Nurses (n = 80)	Nurses reported that language, culture, time constraints, and other nurses' attitudes are barriers to effective nurse-patient interaction. Inadequate nursing staff and services were reported among patients as influencing interaction. Most patients believed that nurses initiated conversation, employed therapeutic touch, and listened to patients, but didn't take patients' concerns into care, didn't give feedback, and had poor interpersonal relationships with patients.
20	Marlow et al. (2014). S/ Africa	Postpartum family planning services provision in Durban: Client and provider perspectives.	To understand how client-provider interactions, discussions of side effects, and HIV status influence women's contraceptive use postpartum.	Qualitative design. Purposive sampling Interviews Interviews were audio-recorded	Government public health clinic	+HIV women (n = 7) -HIV women (n = 7) Nurses (n = 5)	Clients' waiting time for family planning services affected their reported satisfaction. Some nurses were impatient and shouted at clients. Variation in nurse-client conversation affected clients' understanding of services. Nurses' interaction with clients was influenced by age and needs-based. Nurses provided counseling and information about side-effects of contraceptives and HIV status. Clients were not encouraged to ask questions.
21	Haskins et al. (2014). S/ Africa	Attitudes of nurses towards patient care at a rural district hospital in the Kwazulu-Natal province	To explore nurses' attitudes towards patient care from both nurses and patients' perspectives	Exploratory qualitative study Purposive sampling Used focus groups Discussions were audio-recorded. Thematic analysis using NVivo 8.0 software.	At a rural district hospital	Patients (n = 18) Nurses (n = 49)	Nurses reported passion, the desire for knowledge and to help others as some motivating factors for entering the profession. However, mots nurses disliked nursing for reasons of workload, patients' disease profiles, resource constraints, and poor communication as well as lack of support from nursing managers. Nurses reported exhibiting both positive and negative attitudes towards patients, due to patients' behavior, workload, etc. Patients reported mixed feelings about nurses' attitudes. Some patients

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No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							reported being treated with caring attitudes, whereas others indicated being yelled at, spoken to in a harsh manner, or shouted at.
22	Gourlay et al. (2014). Tanzania	"It is like that, we didn't understand each other": Exploring the influence of patient-provider interaction on preventing mother-to-child transmission of HIV service	To explore the nature of patient-provider interactions within the prevention of mother-to-child transmission (PMTCT) of HIV and how the interaction influence the uptake of PMTCT services.	Qualitative study Random sampling Used interviews, participatory learning and action (PLA) group activities approach, and personal observations of the interactions. Interviews were audio-recorded	At four government facilities in rural areas	Community members (n = 61) Women (n = 21) Nurses (n = 9)	Effective communication was found to influence the uptake of PMTCT services, where clients reported being encouraged and given advice. Most clients also reported not being given formal HIV pre-test counseling or testing procedures explained to them. There was a power imbalance in favor of healthcare providers. However, some clients were actively engaged and asked questions. Issues of trust, privacy, and continuity of care were various, with some clients reporting breaches of trust/privacy among providers concerning their HIV status. Interactions with clients and providers were therapeutic, caring, helpful, although instances of disrespect towards clients were also reported, especially during labor and delivery.
23	Mensah (2013) Ghana	Understanding nurse-patient interaction in the Komfo Anokye Teaching Hospital. MPhil Thesis	To explore and understand the experiences patients go through during their interactions with nurses and to find ways of enhancing nurse-patient interactions	An exploratory qualitative study. used interviews. Data were analyzed using content analysis	At an urban teaching hospital	Patients (n = 12)	Nurses exhibited poor communication and discriminated among patients based on patients' social status and ability to pay for services, which led to the deliberate neglect of patients. Nurses' poor attitudes had negative influences on nurse-patient communication. Many nurses had little or no respect for the rights of patients. Supervision was poor, leading to patients' ill-treatment, especially on night shifts. Interpersonal communication skills must be enhanced among nurses.
24	van den Heever et al. (2013). S/ Africa	Nurses and care workers' perceptions of their nurse-patient therapeutic relationship in private general hospital	To explore and describe nurses and care workers' perceptions of facilitating a nurse-patient therapeutic relationship	A quantitative contextual study used questionnaires. Data were analyzed using SPSS version 18	At three private general hospitals	Nurses RN (n = 62) Psych RN (n = 20) Enrolled Nur (n = 40) Enrolled Aux Nur (n = 32) Care workers (n = 30)	The majority of the participants (51%) had skill training in basic interpersonal relations, (18%) in advance course, while 31% had no skill training. There was no significant difference between nurses and care workers' perceptions of what constitutes therapeutic relationships during care. There was no difference between the two groups regarding levels of facilitation of these relationships, which means that both nurses and care workers lacked concern for patients' emotional needs.

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No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							Both nurses and care workers saw a nurse-patient relationship as a normal task, and so failed to address patients' fear at an empathetic level. Although most nurses and care workers had previous training in interpersonal relations, knowledge was not retained over time.
25	Korsah (2011) Ghana	Nurses' stories about their interactions with patients at the Holy Family Hospital, Techiman	To describe factors that facilitated effective nurse-client interactions and those that were barriers to effective nurse-client interactions	Qualitative study Used convenient sampling. Interviews were conducted, and audio recorded. Manually coded data and conducted content analysis.	At a Roman Catholic Mission hospital in an urban setting	Nurses – RN (n = 12)	Nurses reported that having enough time to interact with patients, employing empathy, providing prompt care, and at times engaging clients' caregivers in the care process facilitated a positive nurse-client relationship. Client health beliefs, perceptions of unfair treatment, difficulty in paying for medical services were reported as factors that hindered therapeutic nurse-client interaction. Most especially, nurses reported that client relatives' behaviors such as not adhering to visiting hours constrained nurse-client interaction. Miscommunication and misunderstanding between nurses and clients and coercion by nurses affected positive interaction between nurses and clients. Work-related and environmental factors such as high workload, nursing managers' lack of concern, and other personal issues affected nurses' ability to effectively communicate or follow ethical nursing requirements in their interactions with clients.
26	Yakong et al. (2010). Ghana	Women's experiences of seeking reproductive healthcare in rural Ghana	To describe rural women's perspectives on their experiences in seeking reproductive care from professional nurses	Qualitative study Convenient sampling Used interviews, focus groups, and participant observation. Thematic analysis	At rural health centers	Women (n = 27)	Power issues were observed between nurses and women. Most nurses spent less time with their clients, had scolded them and disregarded their questions during care. Many women accessing care in public health facilities reported that they had to tolerate scolding and disrespect from nurses to obtain the needed care, or to avoid conflicts. Most women preferred to be supported by traditional birth attendance than nurses due to nurses' poor relationship with them. Women reported that their preferences were ignored, they were not provided with information on reproductive services and labeled derogatorily. The clinic environment made it difficult for patient privacy and

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No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							confidentiality which affected client disclosure.
27	Kruger and Schoombee (2010) S/Africa	The other side of caring: abuse in a South African maternity ward	To examine the experiences of patients and nurses about abuse in a maternity ward in a state hospital.	A qualitative study using social constructionist grounded theory. Interviews were conducted, audiotaped, and subjected to discourse analysis	At a semi-rural community hospital setting	Women (n = 93) Nurses (n = 8)	During the first stage of labor, the women were not allowed to make decisions regarding how to go through that stage. They were all commanded by the nurses to walk around, which made them feel isolated, lonely, and forgotten (out of medical gaze). In the second and third stages of labor, most women's needs and calls for attention were usually neglected and sometimes women were verbally abused or humiliated. Nurses reported using neglect, harsh language, etc. as forms of punishment on patients for disobeying or resisting their orders. Nurses minimally interacted with the women after delivery, neither pain reliefs were offered or granted when asked for. Nurse-patient interaction was problematic, which seemed to be ritualized, sanctioned, normalized, and institutionalized with poor, rural, and illiterate patients being affected the worse.
28	Moola, S. (2010) S/Africa	A qualitative analysis of communication between HIV positive patients and medical staff: A study at Stanger regional hospital's antiretroviral therapy clinic. MA Thesis	To understand how the practice of communication about HIV/AIDS in a hospital setting either facilitates or hampers patients' understanding of how to live with the disease	Qualitative study Purposive sampling Used interviews and personal observations as sources of data. Thematic analysis	At a regional public hospital	+HIV Patients (n = 4) Providers Nurses (n = 7) Phys. (n = 2) Couns. (n = 3) Pharm. (n = 5) Adm. (n = 2)	There was interactive communication between clients and providers for information and education. Drug literacy workshops helped to empower patients, enhanced trust and relationships between patients and providers. The use of non-verbal cues, greetings, and the concern for patient needs promoted therapeutic relations, especially between nurses/ counselors and patients. Time limitation, staff shortage, and lack of privacy constrained interactions. Power difference affected communication between patients and doctors.
29	Labhardt et al. (2009). Cameroon	Provider-patient interaction in rural Cameroon.	To examine patients' concept of illness, their understanding of diagnosis and prescribed therapy, and the ability to afford it	Quantitative study Cross-sectional survey through structured interviews, questionnaires, and audio recordings of patient consultations. Descriptive analysis	District hospital, five public, and four nurse-led clinics	Patients (n = 130) Nurses (n = 13)	Providers used a lot of closed-ended questions during their interaction with patients to provide information, counseling, orientation, and instructions. Most patients could remember their diagnosis which was not affected by age, gender, or educational level. Patients were able to easily remember their diagnosis if it was explicitly stated and more explanations provided by the nurse. Most patients understood their prescriptions. Some patients had lay conceptions of their

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No.	Author, year, country	Title	Aim of the study	Methodology (design, sampling frame, sources of data)	Study setting	Study participants	Findings
							illnesses, however, many patients agreed with the providers' diagnosis after consultations.
30	Torsvik and Hedlund (2008) Tanzania	Cultural encounters in reflective dialogue about nursing care: a qualitative study	To explore how students developed reflective nursing practice through cultural encounters between students from Tanzania and Norway.	Exploratory qualitative study Focus groups, participatory observation, and students' log data.	At a rural hospital setting	Tanzania nursing students (n = 10) Norwegian nursing students (n = 4)	Norwegian students emphasized nurse-patient relationships, individualized care, direct communication, and emotional involvement in the care process, while the Tanzanian nursing students demonstrated a collectivist approach in nursing, characterized by nurse–relative–patient relationships and emphasized curing attributes with skillful performance of procedures, which underscored the role of culture, context, and value systems on nursing care between the participants.
31	Manamela (2005) S/Africa	Nurses' interaction with patients who are HIV/AIDS infected. Ph.D. Dissertation.	To explore and describe nurses' and patients' experiences of interaction. To develop and describe a model that would assist nurses to facilitate the promotion of mental health in HIV patients	A descriptive and exploratory phenomenological qualitative study. Purposive sampling Data was gathered through interviews and fieldnotes. Interviews were audio-recorded.	At a public hospital	+HIV Patients (n = 8) Nurses (n = 7)	Patients reported frustrating and unhelpful interactions than they had expected. Nurses' interaction with patients was horrible, difficult, frustrating, and with little value to patient needs. Nurses did not treat patients as unique individuals with specific care needs. Most nurses employed limited communication with patients, appeared busy all the time, and sometimes harassed patients. Nurses' communicative behaviors were less therapeutic as most of them did not implore empathy, attentive listening, or respected patients' concerns. Burnout and high workload among nurses led them to concentrate largely on nursing procedures which affected nurse-patient interactions. A model to facilitate constructive nurse-patient interaction was developed.
32	Murira et al. (2003) Zimbabwe	Communication patterns between healthcare providers and their clients at an antenatal clinic	To explore and analyze the patterns of communication between healthcare staff and pregnant women	An exploratory qualitative study. Purposive sampling Interviews, field observation notes. Data were audio-recorded. Content analysis performed	At a referral and training hospital	Pregnant women (n = 10) Number of midwives and Physicians not specified	Communication between the pregnant women and the healthcare personnel was impersonal and ignored the feelings, opinions, and unique identities of the women. Conversations between clients and healthcare staff were nonprivate and less informative. Healthcare staffs' mode of questioning was rigid and less engaging with the patients. Healthcare professionals were authoritarian in their communication, which frightened patients. Clients were not encouraged to ask questions.

Table 3
Distribution of included studies by country.

Country	Frequency
South Africa	10 (29.4%)
Ghana	6 (17.6%)
Nigeria	2 (5.9%)
Mali	2 (5.9%)
Malawi	2 (5.9%)
Tanzania	3 (8.8%)
Kenya	2 (5.9%)
Zimbabwe	2 (5.9%)
Uganda	1 (2.9%)
Ethiopia	1 (2.9%)
Cameroon	1 (2.9%)
Botswana	1 (2.9%)
Rwanda	1 (2.9%)

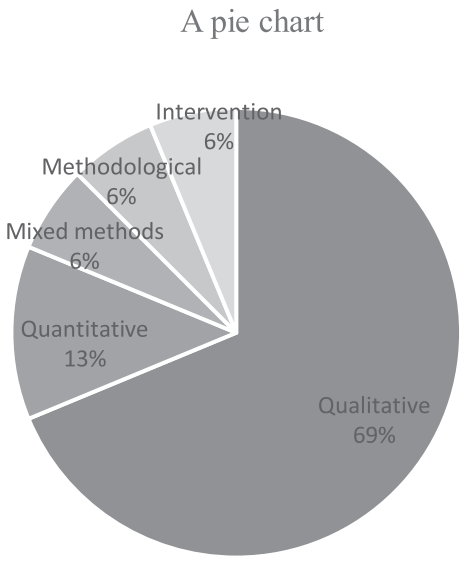

Fig. 2. A pie chart showing the type of studies (n = 32) included in this review (comes under Section 3.2.2).

Table 4
Analytic approaches used in the qualitative studies.

Qualitative analytic approaches	Frequency of occurrence
Thematic analysis	11 (50%)
Content thematic analysis	3 (13.6%)
Grounded Theory analysis	1 (4.5%)
Phenomenological analysis	2 (9.1%)
Ethnographic analysis	2 (9.1%)
Unstated analytic approach	3 (13.6%)

Table 5
Distribution of participants across the 22 included qualitative studies.

Participants	Total (n = 896)
Patients	513 (57.3%)
Caregivers	121 (13.5%)
Nurses	168 (18.8%)
Physicians	33 (3.7%)
Pharmacists	8 (0.9%)
Counsellors	11 (1.2%)
Radiologists/Radiographers	35 (3.9%)
Registrars	4 (0.4%)
Health Administrators	3 (0.3%)

participants consisted of patients, caregivers, nurses, physicians, counselors, radiologists/radiographers, pharmacists, registrars, and administrators, as shown in Table 5. The common methods of data collection were interviews, focus groups, and participant observations.

With the four included quantitative studies, three were cross-sectional surveys, while one was a contextual survey study. Analysis in the quantitative studies was mostly done by using Statistical Package for Social Science (SPSS™), Excel™, Atlas.Ti, MaxQDA, or other software packages. Questionnaires were the common means of data collection. Participants in the quantitative studies included 285 patients, 30 caregivers/care workers, and 322 nurses of various categories (e.g., registered, psychiatry, enrolled, and auxiliary nurses).

Two studies were mixed-method studies. These studies (Hurley et al., 2017; Lori, Munro, & Chuey, 2016) used surveys, focus groups, and interviews as data sources. In the mixed methods studies, 282 patients, 22 nurses, and six midwives participated. Both studies were on antenatal healthcare. For the methodological studies (Dithole, Thupayagale-Tshweneagae, Akpor, & Moleki, 2017; Torsvik & Hedlund, 2008), there were both qualitative studies aimed at training and assessing nurses' communication and interaction skills with patients. In both studies, only 20 nurses and 14 nursing students participated. Finally, two of the studies (Abuya et al., 2015; Dithole, Sibanda, Moleki, & Thupayagale-Tshweneagae, 2016) were intervention studies with the purpose of evaluating and improving interaction and communication between providers and patients. In these studies, 159 patient files were accessed, with 50 nurses and 1300 women participating.

3.2.3. Distribution of studies by year

The included literature in this scoping review span from January 2000 to July 2019. The yearly distribution of the included studies is shown in Fig. 3. The period with the least publication was between 2000 and 2004, while the period with the most publications was between 2015 and 2019. There was no publication in 2012, whereas 2017 had the most publications (n = 6). This distribution suggests that there is a progression in the number of studies being conducted on communication in nurse-patient interaction within the targeted African subregion.

3.2.4. Major healthcare areas covered in the studies

Five major healthcare areas were covered in the included studies, although some studies spanned two or more areas, as illustrated in Fig. 4.

From Fig. 4, we see that many of the studies were conducted in HIV/AIDS care setting, either alone or in relation to maternal or antenatal healthcare. Most of the studies on HIV were conducted in South Africa (n = 6) with the rest in Uganda, Zimbabwe, Mali, and Tanzania. Two of these studies (Marlow, Mamam, Moodley, Curtis, 2014; Gourlay et al., 2014) investigated HIV in the context of antenatal health (contraceptives use post-partum and mother-to-child transmission). The rest of the HIV/AIDS studies examined communication between patients and providers in relation to HIV care and antiretroviral services.

The second healthcare area in the literature was maternal/antenatal and reproductive health. These studies were conducted in South Africa, Ghana, Zimbabwe, Malawi, and Kenya, and examined communication between nurses, midwives, and women during labor and/or after childbirth. For instance, the studies of Madula, Kalembo, Yu, and Kaminga (2018) and Murira, Lützen, Lindmark, and Christensson (2003) both investigated communication in nurse-patient interaction in a maternity healthcare setting, where findings revealed that negative nurse-patient interaction and communication practices were apparent.

Three studies were on intensive care unit (ICU) and palliative care and explored how providers communicated with mechanically ventilated or life-threatening patients (Ayers, Vydelingum, & Arber, 2017; Dithole et al., 2016, 2017). The findings of these studies suggested that nurses lacked alternative communication skills to ensure effective communication with ICU patients since most nurses are not trained in

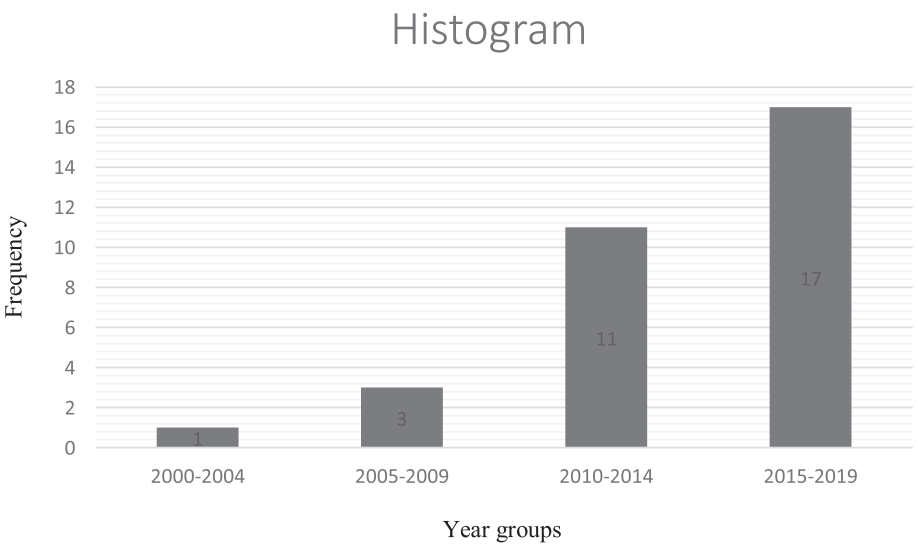

Fig. 3. A histogram showing the yearly distribution of included studies (comes under Section 3.2.3).

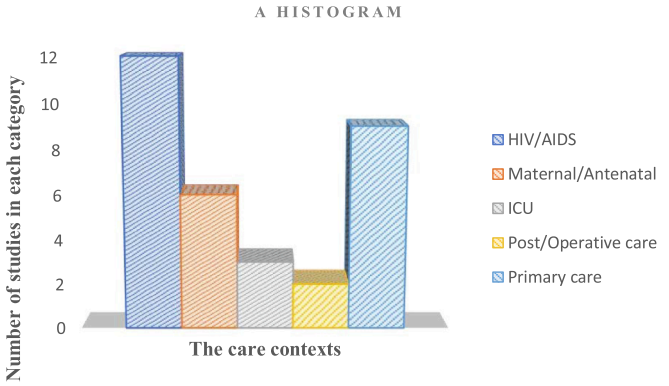

Fig. 4. A Histogram showing the distribution of studies across different care contexts (comes under Section 3.2.4).

ICU care. For example, the nurses in Dithole et al. (2016, 2017) studies acknowledged their lack of skills in employing augmentative and alternative communication (AAC) devices as well as mouthing words, gestures, and symbols when communicating with ventilated patients.

Only two studies (Adugbire & Aziato, 2018; Taiwo, 2014) examined communication in operative/post-operative care. In these studies, despite that nurses failed to listen to patients' concerns or provided them with feedback, nurse-patient communication in that setting was reported to be good. These findings support Afaya et al. (2017) result on patients' perceptions of nursing care in a surgical ward in Ghana, where patients reported that nurses were caring, empathetic, and promoted positive interactions.

The remaining studies were in primary healthcare context. In most of these healthcare settings, both patients and providers experienced different communication issues during the interaction, most of which were not patient-centered. The common communication patterns and challenges between providers and patients reported in several of the included studies are presented in the following section.

3.3. Communication and interaction patterns

As noted in Section 3.2.4, patients, their caregivers, and providers experienced different communication behaviors as reported across the body of literature scoped for this study. These issues are presented in this section.

3.3.1. Nurse-patient communication

There is strong support for explicit and demonstrated skills and knowledge for positive and competent communication skills among providers to ensure effective nurse-patient interaction that promotes therapeutic healing within the provider-patient dyad. In the literature, except in Lori et al. (2016) study, where positive nurse-patient communication was reported, in almost all the studies on antenatal and reproductive healthcare, negative communication patterns on the part of healthcare providers were reported. For example, Murira et al. (2003) observed that nurse-patient communication during antenatal care was impersonal, nonprivate, rigid, uninformative, and authoritative, as a patient-reported "I was told to get off the bed before I could say anything" (p. 88). Also, Hurley et al. (2017) found that care providers who employed "adamadenya" (respect for the personhood of patients), "share the talk" (allowed patient participation), and "showing the path" (provided more "easy or tough talk", and less "sharp talk") promoted effective nurse-patient communication and interaction.

Within the HIV care setting, communication between HIV patients and providers varied across the literature. For many of these studies (Gourlay et al., 2014; Hornschuh et al., 2014; Hurley et al., 2017, 2018; Mabuto, Charalambous, & Hoffmann, 2017; Moola, 2010), patients and providers established rapport, encouraged open discussion and collaboration, and promoted active listening. Providers were also less dominant in the interaction process and enhanced positive, empathetic, and therapeutic communication. Nonetheless, in other HIV studies, where there were power asymmetries, lack of open discussions, and neglect of patient needs and concerns (Campbell et al., 2015; Ddumba-Nyanzia, Kaawa-Mafigiria, & Johannessen, 2016; Manamela, 2005; Marlow, Mamam, Moodley, & Curtis, 2014; Ondenge et al., 2017), communication between patients and providers was described as poor and compromised.

Furthermore, the need for alternative communication strategies to enhance effective nurse-patient communication was noted in the studies on intensive and palliative care (Ayers et al., 2017; Dithole et al., 2016, 2017). Despite the lack of alternative communication methods, ICU care providers communicated effectively with both ICU patients and their caregivers. Similarly, in operative/post-operative care, therapeutic care practices, including touch, trust, and active listening were reported between nurses and patients. Nonetheless, issues of poor interpersonal relationships, lack of feedback, and limited attention to patients' views, on the part of providers, were noted.

Lastly, in many of the studies on primary healthcare, nurse-patient communication and interaction varied from study to study. In general, using closed-ended questions, not taking clients' views and concerns

into consideration, or speaking rudely to patients were common communicative practices reported about nurses, especially in public healthcare settings (Amoah et al., 2019; Haskins, Phakathi, Grant, & Horwood, 2014; Korsah, 2011; Labhardt, Schiess, Manga, & Langewitz, 2009; Mensah, 2013; Nwosu, Inyama, & Emeka, 2017). As a patient-related in Cubaka et al. (2018, p. 3), "there are healthcare providers who even finish prescribing medication for you before you finish talking", which implied that providers did not truly listen to patients' concerns.

3.3.2. Nurses and patient caregivers' interaction and communication

Out of the 32 included studies, only five reported the involvement of patient caregivers in the interaction process. In all five studies (Amoah et al., 2019; Ayers et al., 2017; Korsah, 2011; Lori et al., 2016; Torsvik & Hedlund, 2008), the relevance of engaging with patient caregivers was emphasized, especially in antenatal care. For instance, in Ayers et al. (2017) study on palliative care, patient caregivers and providers engaged in performative acts of negotiating and mediating to ensure that providers communicated diagnosis to patients in less traumatizing ways. Active engagement with patient caregivers was found to facilitate positive nurse-client communication, except in instances where caregivers failed to adhere to visiting hours or where nurses failed to consider the views and concerns of caregivers in the care process, as reported by Amoah et al. (2019) and Korsah (2011).

3.4. Factors affecting communication in nurse-patient interaction

A plethora of factors was presented across the literature as constraining effective nurse-patient communication. These issues are highlighted in this section.

3.4.1. Healthcare environment and nursing professional issues

The healthcare setting and some behaviors of nurses were noted to affect communication in nurse-patient interaction across many studies. In Amoah et al. (2019) study on barriers to therapeutic communication between nurses and patients, it was reported that environmental and work-related factors such as noise, work overload, and patients being new to the hospital setting affected nurse-patient communication. Burn out, work overload, inadequate nursing staff, and other resource constraints were reported to affect nurse-patient communication (Manamela, 2005; Ondenge et al., 2017; Taiwo, 2014). To illustrate, a nurse lamented that "workload has been a factor when nurses have a lot of work to do, they will not have time to explains things to patients" (Amoah et al., 2019, p. 5). Furthermore, it was reported that waiting for long hours to access healthcare services, lack of trust, privacy, and confidentiality among nurses, and high cost of healthcare services affected communication and interaction between providers and patients (Hornschuh et al., 2014; Moola, 2010; Ondenge et al., 2017; Yakong, Rush, Bassett-Smith, Bottorff, & Robinson, 2010). Patient disclosure was affected by a lack of trust, privacy, and confidentiality, especially within HIV and antenatal care settings.

3.4.2. Culture, religion, and other contextual factors

The difference in belief systems, cultural perceptions, and contextual factors between nurses and patients were also reported in the literature to affect effective nurse-patient communication and interaction. Korsah (2011) found that patients' health beliefs and perceptions of unfair treatment hindered therapeutic nurse-client communication. Some nurses indicated that "whatever that you tell the client, he will not listen because … he believes in traditional medicine …" (Korsah, 2011, p. 5). Patients lay perspectives on illness causation also affected provider-patient communication during diagnosis, which required sustained interaction, active listening, and more information on the part of providers to get patients to understand their illness state and the care needed. Also, in Torsvik and Hedlund (2008) comparative study between Norwegian and Tanzanian nursing students' interaction with patients, it was found that cultural orientation, contextual factors, and value systems of nurses and patients influenced nurse-patient communication and interaction outcomes. In general, nurse-patient communication was compromised if nurses did not treat patients as unique individuals with individualized care needs (Manamela, 2005; Marlow et al., 2014).

3.4.3. Language use, power dynamics, and communication styles

Language barrier was a frequently reported issue as affecting therapeutic communication across different healthcare settings in the literature (Amoah et al., 2019; Kruger & Schoombee, 2010; Mabuto et al., 2017; Madula et al., 2018; Nwosu et al., 2017; Taiwo, 2014). Given the linguistic diversity in most African countries, language use is certainly a challenging issue in the healthcare setting, since English or French is the language of medical education. Patients who cannot speak English and do not have interpreters to assist may find it difficult to communicate with healthcare providers. Regarding the language issue, one Malawian patient stated that it was difficult for him to communicate with nurses who could not speak Chitumbuka because he could not speak English and lacked proficiency in the Chichewa language (Madula et al., 2018, p. 6).

Due to this language problem, and coupled with the higher social status nurses and other healthcare providers enjoy as knowledge and care providers, power imbalance was also reported to constrain communication between nurses and patients (Amoah et al., 2019; Cubaka et al., 2018; Gourlay et al., 2014; Moola, 2010; Ondenge et al., 2017; Yakong et al., 2010). As a result of the power imbalance, nurse-patient communication styles which were impersonal, involved rigid questioning styles, and ignored patient feelings, opinions, and uniquenesses (Murira et al., 2003) or discriminated against patients and did not respect patients' rights (Mensah, 2013) affected nurse-patient communication and patient disclosure. However, communication styles that employed effective non-verbal cues such as touch, smile, and active listening (Moola, 2010), used open-ended questions to engage patients, took patients concerns into account, (Labhardt et al., 2009), or were polite and provided enough information to patients (Adugbire & Aziato, 2018) promoted communication and interaction between healthcare providers and patients. Thus, as Hurley et al. (2017, 2018) noted, nurses who 'shared the talk' and encouraged open discussions promoted more therapeutic nurse-patient interactions than those who 'owned the talk' (i.e., dominated every process of the interaction).

3.4.4. Provider-patient behaviors on communication

Aside from shortages of nursing staff, time, and resources, the behaviors and attitudes of most nurses were noted to affect nurse-patient communication and interaction. In almost all the studies on antenatal care, verbal abuse, scolding, disrespect, humiliation, use of harsh language, and authoritarian behaviors among nurses were reported (Abuya et al., 2015; Kruger & Schoombee, 2010; Madula et al., 2018; Murira et al., 2003; Yakong et al., 2010). In some cases, patients had to tolerate scolding and disrespect in order to access care or avoid conflicts (Yakong et al., 2010). Most of these behaviors were used by nurses as forms of punishment for patient disobedience, as patients were often categorized as 'good' or 'bad' (Campbell et al., 2015; Kruger & Schoombee, 2010). Kruger and Schoombee (2010) and Madula et al. (2018) reported that poor patients, those from rural areas, or with little literacy were among the most affected care consumers, while most patient abuses occurred during night shifts in public hospitals (Mensah, 2013). In a smaller subset of studies, nurses' communicative behaviors were reported to be supportive, friendly, empathetic, and cooperative (Ayers et al., 2017; Labhardt et al., 2009; Mabuto et al., 2017).

On the part of patients, patients' states of disease and pain, misunderstandings, misconceptions, and unmet expectations, as well as not following instructions, were reported to impact the quality of provider-patient communication.

3.5. Nursing education, ethics, and management

A number of issues relating to nursing education and management were identified as affecting communication in nurse-patient interaction. With the exception of Dithole et al. (2017) methodological study, which was aimed at improving communication among nurses and in Ayers et al. (2017) study, where nurses demonstrated effective communication skills, most of the studies reported nurses' poor communication and interpersonal skills (Amoah et al., 2019; Dithole et al., 2016; Haskins et al., 2014; Mensah, 2013; Taiwo, 2014; van den Heever, Poggenpoel, & Myburgh, 2013). This lack of communication and interpersonal relationship skills among nurses led them to emphasize doing their job rather than establishing good relationships with their patients through effective communication strategies.

Another issue was the lack of support and supervision from nurse managers in nursing practices (Dithole, 2017; Haskins et al., 2014; Mensah, 2013). For instance, Mensah (2013) reported that poor supervision on the part of nurse managers allowed patient abuse to go unnoticed. Similarly, Dithole et al. (2017) and Haskins et al. (2014) argued that lack of support of nurse managers in relation to addressing nurses' personal and professional challenges and conflicts, in addition to high workload, pressured nurses to interact and communicate poorly with patients. Finally, ethical issues were pointed out in many of the studies (e.g. Korsah, 2011; Kruger & Schoombee, 2010; Manamela, 2005) where the communicative behaviors of some nurses were less ethical.

4. Discussion

Nurse-patient interaction and communication are relevant in current nursing practices, as this excites therapeutic healing and relationship building between nurses and patients, as well as promotes patient-centered care (Riley, 2008; Rimal, 2001; Samovar et al., 2010). Several keys issues have been revealed in this scoping review which is crucial if effective nurse-patient communication is to be achieved.

From the literature surveyed, it appears that nurse-patient communication and interaction studies need to be extended to other healthcare contexts. For instance, research on nurse-patient communication is required in the areas of psychiatric/mental care, elder care, and emergency care. A broader perspective on nurse-patient interaction and communication in these diverse care settings can inform what kind of nursing practices, policy options, and nursing training skills are needed. For example, in a study on limit setting in an Egyptian psychiatry healthcare unit, El-Sayad (2018) found that there were no approved instructions on how to set limits with psychiatric patients; hence, nurses adopted different styles, some of which hindered the establishment of a therapeutic relationship between them and their patients.

Findings from this current study suggest that nurse-patient communication and interaction practices in many sub-Saharan African countries are problematic with nurses either abusing patients or denying the needed care. First, communication in nurse-patient interaction during antenatal care was found to be abusive, and as Kruger and Schoombee (2010, p. 98) observed, these abuses appeared 'ritualized, sanctioned, normalized, and institutionalized' in maternity and antenatal care settings. Similar findings have been reported in several other studies (D'Ambrouso, Abbey, & Hussein, 2005; Miltenburg, Lambermon, Hamelink, & Meguid, 2016). Most of these challenges are compounded by the high workload on nurses and lack of proper engagement of nursing managers in the process. Nevertheless, nurses in maternity and antenatal care need to promote empathy and caring attitudes in this care setting. As McQueen (2000) argued, to ensure a therapeutic relationship in the care setting, nurses and patients must build partnership and mutuality.

Like maternal and antenatal care nurses, primary healthcare nurses also need to communicate effectively with their patients in order to provide the needed care. Patients' concerns, expectations, and fears need to be addressed and where their cultural, religious and contextual needs conflict with the care process, patients need to be listened to, educated, and provided with the right information to encourage their active participation in the dyad.

Unlike the previously discussed situations in both maternal/antenatal and primary care settings, studies on communication between HIV patients and nurses suggested that nurses were friendly, caring, and supportive towards their patients (Gourlay et al., 2014; Hornschuh et al., 2014; Mabuto et al., 2017), except in few studies where communication in nurse-patient interaction was reported to be poor (Ddumba-Nyanzia et al., 2016; Manamela, 2005). Power asymmetry in favor of nurses was also reported, corroborating Reis et al. (2005) findings on communication between HIV patients and nurses in Nigeria.

Although effective nurse-patient communication and interaction can incite healing among patients, poor communication on either side of the dyad has been linked to violence in the healthcare setting (Andersen, 2004; Boafo & Hancock, 2017; Laschinger, 2014). Nurses must work collaboratively with patients and their caregivers instead of trying to establish control and dominance in the care environment since such domination can lead to reactive violence or compromised care. For instance, Boafo (2016) and Boafo and Hancock (2017) have reported that violence against nurses in most hospitals is caused by patients reacting to nurses' poor communication and maltreatment of patients and caregivers.

Furthermore, nurse-patient interaction and communication in specialty care units, such as intensive and palliative care units, appeared to be good, as nurses were able to work together with the patient and their caregivers to build effective interactions. These findings were mirrored in contexts outside of sub-Sahara Africa (Happ et al., 2011; Loghmani, Borhani, & Abbaszadeh, 2014). However, a key issue identified in all the ICU studies was the lack of alternative communication strategies in intensive care settings, such as the use of communication boards, alphabet boards, picture boards, and non-professional jargon (i.e., use of common words/phrases) (Dithole et al., 2016, 2017; Happ et al., 2011). Training nurses in alternative communication skills is thus desired to broaden their communicative competences across different care settings.

Nurse managers have a critical role to play to ensure that nurse and patient communications and interactions are supportive. Shortages of nursing staff, high workloads, and personal emotional problems among nurses should be examined thoroughly by nursing managers and healthcare administrators to ensure that these work-related and environmental factors which affect nurse-patient interaction are minimized. Scholars suggest that the impact of institutional and administrative factors on nurse-patient communication requires further research (McQueen, 2000; Rimal, 2001). In regions like sub-Saharan Africa or multilingual healthcare contexts, medical interpreters and translators are key, and nursing managers and health administrators must ensure that these services are available for healthcare consumers and caregivers to utilize, to mitigate the impacts of language barriers (Acquah, 2011; Amoah et al., 2019, Madula et al., 2018).

The support and monitoring by nurse managers must ensure nurses adhere to the professional ethical standards and respect patient rights. The need for patient rights has been argued for by Mohammed, Seedhom, and Ghazawy (2017), Ojwang, Ogutu, and Matu (2010), and Owusu-Dapaah (2015) as critical in promoting patient-centered care. By observing patient rights during care, professional ethical standards in practice will be enhanced among nurses (Donkor & Andrews, 2011), in a manner that aligns with patients' situational and contextual needs to guide informed decision making. Respecting patient rights and observing professional ethics in practice will protect patients who are marginalized, illiterate, and otherwise disadvantaged (Loghmani et al., 2014; Mullin, Cooper, & Eremenco, 1998).

Finally, the need to incorporate communication and interpersonal relationship skills, as well as alternative communication strategies in

nursing training programs, has been suggested by numerous authors (Amoah et al., 2019; Cubaka et al., 2018; Dithole et al., 2017; Mensah, 2013, among others). Many sub-standard nurse-patient communication encounters were attributed to poor communication and interpersonal relationship skills among healthcare providers, including nurses. This reality requires that nursing students must undergo training on appropriate and effective communication skills while practicing nurses are given continuous in-service training on communication skills development.

4.1. Limitations

This review study has some limitations. First, only studies published in English from January 2000 forward were included, therefore, the literature on the topic available in other languages, especially in French, could have been missed. This limitation implies that the findings reported here have limited application across the entire region. However, since the findings of the review are supported by numerous other studies outside sub-Saharan Africa, the results of this study have been validated. The decision to include only studies published in English from 2000 upwards was necessitated by time limitation and insufficient resources to employed translation services for studies published in French. Moreover, some studies which met the inclusion criteria could not be accessed through both the university online system or interlibrary loan. Lastly, the quality of included studies was not assessed, which is often taken as a limitation of scoping reviews, however, both Arksey and O'Malley (2005) and Levac et al. (2010) content that this should not be a limitation, since scoping reviews have different purposes for which they are undertaken.

4.2. Implication for research, practice, and policy

Based on the findings of the studies analyzed in this review, more studies are needed in other healthcare contexts (e.g., in emergency care, elderly care, pediatric care units, among others) on nurse-patient interaction and communication to provide a broader perspective on the nature of the topic. These studies should be conducted in both public and private healthcare sectors, across the continuum from home to the community to the institution, and any context in which healthcare services are offered. Cultural, religious, literacy levels, and other contextual characteristics of patients were highlighted as important variables impacting effective communication in nurse-patient interaction. For instance, Selveraj (2013, p. 28) in a study on nurse-patient communication maintained that to achieve cultural competence, care providers must develop a sense of compassion and respect for patients from different backgrounds and cultures. Therefore, more primary studies need to be conducted on these factors in the context of patient-centered care in different care settings to determine their influence on nurse-patient communication. Having a robust knowledge of the topic can inform professional and sectoral policy options as well as guide the design of clinical and interactive tools to help promote patient-centered care.

There is also an urgent call for the inclusion of courses on communication and interpersonal relationship skills in health professional training programs to equip healthcare providers with the needed knowledge to communicate competently with their clients. Thus, further research is needed to provide clear directions on what aspects of interpersonal communication skills to incorporated into nursing education to broaden nurses' communicative competence to work in diverse care contexts. McQueen (2000, p. 727) pointed out that interpersonal communication and interaction skills, such as active listening, acknowledging others' perspectives, speaking clearly, and observing behavioral cues during everyday interactions, can be promoted in care through education and practice.

Finally, nurses and other healthcare providers need to promote patient empowerment by engaging them in the care process. Most patients come to healthcare settings with expectations, personal conflicts, fears, and pains, which require that nurses understand them and provide them with the needed care and attention. There is a dearth of literature on patient empowerment during nurse-patient interaction. On the other hand, nursing managers and healthcare administrators also need to empower nurses by addressing their emotional and work-related challenges, as these factors often push nurses to transfer their frustrations and anger on patients and patient caregivers. Hence more studies should be conducted to examine the role of nursing managers in addressing and empowering nurses to interact effectively with patients and caregivers. Where there is mutual trust, respect, and understanding between providers and care consumers, interaction and communication become cooperative, with the consequences of enhanced care outcomes.

5. Conclusion

The aim of this scoping review was to determine the extent of research on communication strategies in nurse-patient interaction in sub-Saharan Africa and to identify the major findings and gaps in the literature. From the results presented, the study found that communication in nurse-patient interaction has been researched in many countries around HIV/AIDS, maternal and reproductive care, intensive and palliative care, operative/postoperative care, and primary healthcare. The findings suggested that nurse-patient communication studies need to extend to other healthcare contexts. Furthermore, in many of the healthcare areas studied, nurse-patient communication has been poor, with care providers dominating the process. In most cases, some nurses neglect patient needs and concerns as well as abuse and humiliate them, especially in maternal/antenatal and primary healthcare settings in public healthcare facilities. However, results showed that nurse-patient communication and interactions have been caring and therapeutic in ICU, post/operative care, and HIV/AIDS care settings. The imperative appears to be for the inclusion of communication skills in nursing training programs as well as the engagement of nursing managers and healthcare administrators in strengthening communications within the nurse-patient dyad.

Ethical approval

Not applicable to this study.

Consent for publication

Not applicable to this study.

Availability of data material

The dataset generated and analyzed in the current study is available and attached as an evidence-based table (Table 2). This table contains all the data extracted from all the primary studies and forms the data for the review findings.

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Authors contribution

AK and PP conceived the topic together, design the PICOS protocol. AK did an initial review of the literature and conducted the literature search with the help of a professional librarian. Both AK and PP collectively screen the articles for inclusion. AK extracted the data from the primary studies and drafted the manuscript. PP revised the manuscript for intellectual content. And all authors read and approved the final manuscript.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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