

Perceived Barriers of Communication between Physiotherapy Interns and Patients in the Hospital

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ABSTRACT

Background: Effective communication between physiotherapists and patients is a key factor influencing treatment success, patient satisfaction, and overall quality of care. However, various barriers often hinder this interaction, especially among physiotherapy interns who are still developing their professional communication skills.

Method: An observational study was conducted among 94 physiotherapy interns and 94 patients from the Pune region over a period of six months. Participants were selected using convenience sampling and assessed through a self-made questionnaire. The data were analysed using Microsoft Excel 2019, focusing on determinants such as language, culture, personality, compliance, gender, and age.

Results: The results showed that communication is shaped more by personal and behavioural factors than by language or culture. Physiotherapy interns felt that patient personality

(mean score = 2.88) and compliance (mean score = 2.84) were the main barriers, while patients found gender differences (mean score = 2.81) to be more challenging.

Conclusion: This study highlights that communication goes beyond just words; it depends on understanding, empathy, and mutual respect. By improving communication skills, building emotional awareness, and encouraging open dialogue, physiotherapy interns can create a more trusting and supportive environment for patients. This can lead to smoother rehabilitation, better satisfaction, and stronger therapeutic relationships.

Keywords: Physiotherapy, Communication barriers, Patient satisfaction, Interns, Healthcare communication.

INTRODUCTION

Communication is a complex, ever-evolving process that involves more than just words — it includes tone, body language, and empathy.^{[1][2]} In healthcare, strong communication skills are important; they help reduce patient anxiety and improve understanding of treatment plans.^[2] According to Hills and Kitchen, the quality of communication directly impacts patient safety, the standard of care provided, and overall satisfaction with healthcare services.^{[3][4]}

In physiotherapy, communication forms the foundation of effective treatment. Defined by World Physiotherapy, the profession focuses on maximising movement and physical potential through a collaborative, patient-centred approach.^[7] Building trust and working together toward shared goals requires active listening, empathy, and clarity. When physiotherapists truly understand a patient's perspective, they can tailor care more effectively and empower patients to take an active role in their recovery.

However, communication in clinical settings is not always easy. Misunderstandings between physiotherapists and patients can lead to preventable errors and lower-quality care. Factors such as patient distress, time pressures, heavy workloads, and fear of legal consequences can make meaningful conversations difficult. Encouraging open, honest, and compassionate dialogue helps overcome these barriers and strengthens the therapeutic relationship.^[9]

Physiotherapy education, including the Bachelor of Physiotherapy (B.P.T) program, emphasises both technical expertise and the development of interpersonal skills.^{[11][12]} Through clinical placements and supervised practice, students learn how to communicate with empathy and professionalism. By exploring the challenges that hinder effective communication and developing strategies to address them, physiotherapists can deliver safer, more personalised, and patient-centred care — ultimately supporting better recovery and satisfaction^[10].

MATERIALS AND METHODOLOGY

This is an observational study. A self-made questionnaire was designed for both physiotherapy interns and the patients, and was approved by the institutional ethical committee of the college. The questionnaire was then distributed to the patients and physiotherapy interns from the Pune region.

A total of 188 samples were recruited via convenience sampling. Out of which 94 samples were physiotherapy interns, and 94 samples were patients. Participants were required to meet the inclusion and exclusion criteria to ensure the validity of the results. The questionnaire was distributed to the participants, and they were asked to fill it out accordingly.

Before commencing the study, the participants were fully informed about the confidentiality of their personal information, and they were assured that their participation in the study was entirely voluntary.

All the data was analysed using Microsoft Excel 2019. Data is presented in the form of frequency and percentage tables. Graphical presentation is used wherever required.

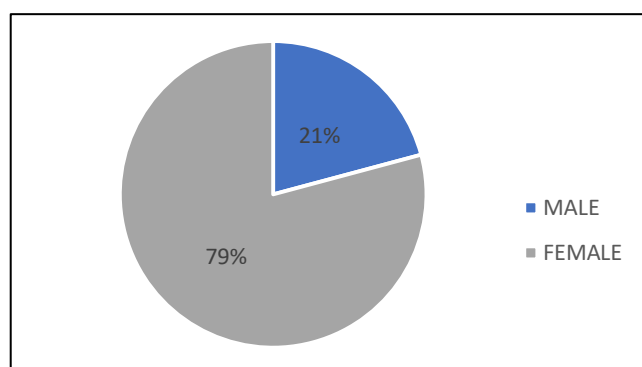
RESULTS

The research aimed to identify the perceived barriers to communication between physiotherapy interns and patients in the hospital.

A total of 94 physiotherapy interns and 94 patients participated in the study. Among the physiotherapy interns, 79% were female and 21% were male, with ages ranging from 21 to 30 years. Among patients, 68% were female and 32% were male, with ages ranging from 16 to 75 years. Graphs depicting age distribution and gender provided a comprehensive overview of the participant characteristics.

Gender Distribution of Physiotherapy Interns:

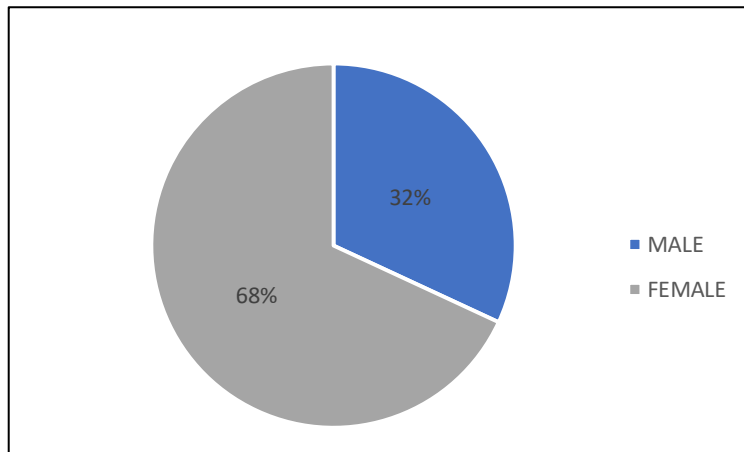
Figure 1: Gender distribution of physiotherapy interns



Interpretation: Out of 94 subjects, 74 were female and 20 were male, which is 79% and 21% of the total physiotherapy interns, respectively.

Gender Distribution of Patients:

Figure 2: Gender distribution of patients



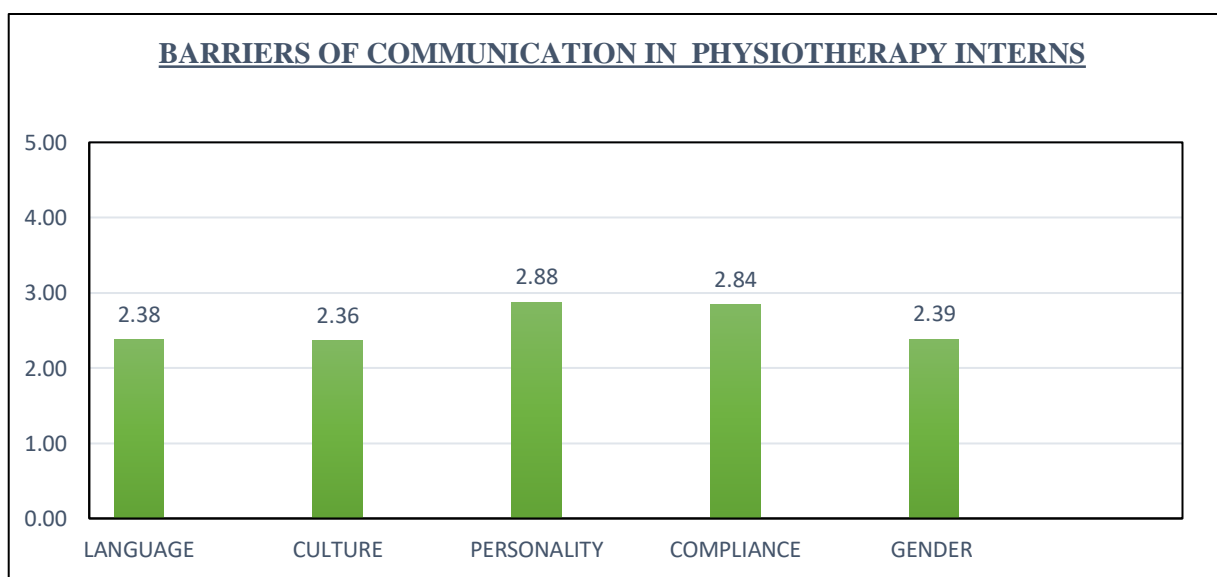
Interpretation: Out of 94 subjects, 64 were female and 30 were male, which is 68% and 32% of the total patients, respectively.

The findings revealed that the physiotherapy interns considered personality (mean score 2.88) and compliance (mean score = 2.84) as more significant barriers to communication. At the same time, patients saw gender (mean score 2.81) as a greater barrier to communication. This indicates different perspectives on barriers to effective communication between physiotherapy interns and patients.

Table 1: Distribution of barriers to communication among physiotherapy interns towards patients

FACTORS AFFECTING COMMUNICATION	FREQUENCY	STANDARD DEVIATION
Language	2.38	2.38 ± 0.17
Culture	2.36	2.36 ± 0.29
Personality	2.88	2.88 ± 0.43
Compliance	2.84	2.84 ± 0.10
Gender	2.39	2.39 ± 0.66

Figure 3: Graphical representation of the distribution of barriers to communication among physiotherapy interns towards patients.

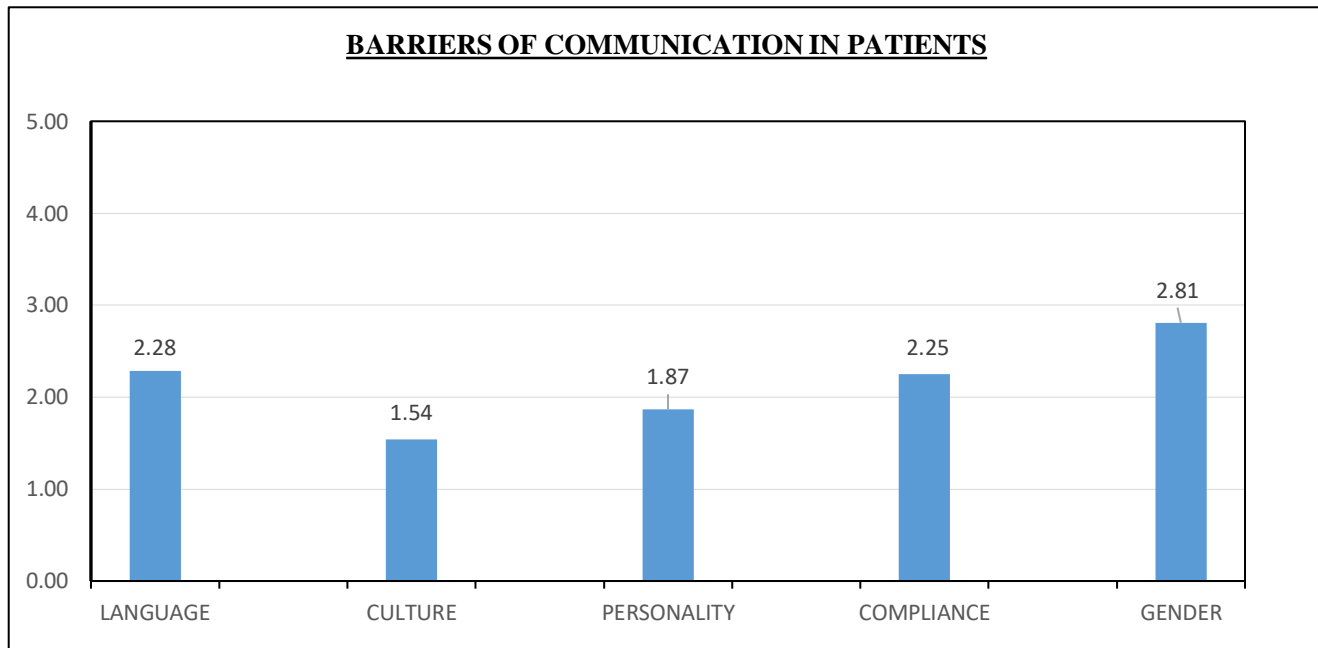


Interpretation: Personality and compliance of patients are seen as moderate barriers by physiotherapy interns.

Table 2: Distribution of barriers to communication among patients towards physiotherapy interns.

FACTORS AFFECTING COMMUNICATION	FREQUENCY	STANDARD DEVIATION
Language	2.28	2.28 ± 0.42
Culture	1.54	1.54 ± 0.20
Personality	1.87	1.87 ± 0.70
Compliance	2.25	2.25 ± 0.70
Gender	2.81	2.81 ± 1.06

Figure 4: Graphical representation of the distribution of barriers to communication among patients towards physiotherapy interns.



Interpretation: The Gender of the physiotherapy intern is seen as a moderate barrier by the patients.

DISCUSSION

Effective communication forms the foundation of all healthcare professions, influencing the quality and perception of care. In physiotherapy, communication is particularly crucial due to its interactive nature and the need for collaboration between the therapist and patient.

This study explored perceived barriers to communication between physiotherapy interns and patients. Among the key challenges identified were language, culture, personality, compliance, and gender differences. These factors can hinder therapeutic relationships and affect the overall quality of care.

Personality traits and patient non-compliance emerged as moderate barriers reported by physiotherapy interns. Emotional states such as depression, anxiety, fear or anger can obstruct open dialogue.^{[4][19]} 36 % of patients skip physiotherapy sessions due to burnout, perceived lack of benefit, or emotional strain, while non-compliance and poor interpersonal communication lead to reduced care quality.^[2]

Gender differences also influenced communication, with patients—particularly females—reporting discomfort when treated by interns of the opposite gender. The impact of sociocultural norms on comfort levels in gendersensitive healthcare interactions was also seen.^{[1][10][16]}

Although language and cultural barriers were minimal in this study due to a linguistically homogeneous population, Del Pino et al. found such issues to be major obstacles in multicultural contexts, underscoring the importance of considering local demographics when addressing communication challenges.^[16]

Physiotherapy interns perceived patient personality and non-compliance as greater barriers than patients themselves did. It was observed that personality clashes and lack of cooperation often challenge physiotherapy students, highlighting the need for improved communication training.^{[12][13]}

Overall, these findings suggest that communication barriers in physiotherapy arise from both interpersonal and contextual factors. Strengthening communication skills education, especially around empathy, compliance management, and gender-sensitive interaction, can foster trust and better treatment outcomes. A patient-centred approach remains essential for effective rehabilitation and professional development in physiotherapy.

CONCLUSION

The study concludes that among 94 physiotherapy interns (21% male, 79% female) and 94 patients (32% male, 68% female), the physiotherapy interns considered personality (mean score 2.88) and compliance (mean score = 2.84) as more significant barriers to communication. At the same time, patients saw gender (mean score 2.81) as a greater barrier to communication. This indicates different perspectives on barriers to effective communication between physiotherapy interns and patients.

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REFERENCES

1. Abdulla NM, Naqi RJ, Jassim GA. Barriers to Nurse-Patient Communication in Primary Healthcare Centres in Bahrain: Patient Perspective. *International Journal of Nursing Sciences* [Internet]. 2022 Mar;9(2).
2. Moges W, Solomon E, Worku A. Level of Nurses to Patients Communication and
3. Perceived Barriers in Government Hospitals of Bahir Dar City, Ethiopia, 2020. *Clinical Journal of Nursing Care and Practice*. 2020 Jun 26;4(1):012–26.
4. Moreno-Camacho CA, Montoya-Torres JR, Jaegler A, Gondran N. Sustainability metrics for real case applications of the supply chain network design problem: A systematic literature review. *Journal of Cleaner Production*. 2019 Sep 10; 231:600-18.
5. Abaraogu UO, Anuja KR, Duru DO, Okafor UC, Ezeukwu AO, Igwe SE. Physiotherapist– patient communication in entry-level physiotherapy education: A national survey in Nigeria. *Hong Kong Physiotherapy Journal* [Internet]. 2019 Jun 1 [cited 2020 May 13];39(1):77–87.
6. Hills R, Kitchen S. Satisfaction with outpatient physiotherapy: Focus groups to explore the views of patients with acute and chronic musculoskeletal conditions. *Physiotherapy Theory and Practice*. 2007 Jan;23(1):1–20.
7. NHS. Overview - Physiotherapy [Internet]. NHS. National Health Service; 2022.
8. Mittal A, Kaushal G, Sabherwal N, Pandey N, Kaustav P. A Study of Patient-Physician Communication and Barriers in Communication. *International Journal of Research Foundation of Hospital and*
9. *Healthcare Administration*. 2015;3(2):71–8.
10. Gbonjubola Y, Abubakar I, Elisha A, Ahmad H. Internet Journal of Allied Health Sciences, Internet Journal of Allied Health Sciences and Practice and Practice Part of the Physical Therapy Commons, and the Physiotherapy

11. Commons Recommended Citation Recommended Citation Muhammad DG. 2022 [cited 2024 Aug 31];20(2):13.
12. Roter DL, Hall JA, Katz NR. Patient-physician communication: A descriptive summary of the literature. *Patient Education and Counselling*. 1988 Oct;12(2):99–119.
13. Kidd MO, Bond CH, Bell ML. Patients' perspectives of patient-centredness as important in musculoskeletal physiotherapy interactions: a qualitative study.
14. *Physiotherapy*. 2011 Jun;97(2):154–62.
15. Morris J, Leonard R. Physiotherapy students' experiences of palliative care placements – promoting interprofessional learning and patient-centred approaches. *Journal of Interprofessional Care*. 2007 Jan;21(5):569– 71.
16. Woodward-Kron R, van Die D, Webb G, Pill J, Elder C, McNamara T, Manias E, McColl G. Perspectives from physiotherapy supervisors on student-patient communication. *International Journal of Medical Education*. 2012 Jan 1;3.
17. Parry RH, Brown K. Teaching and learning communication skills in physiotherapy: what is done and how should it be done?
18. *Physiotherapy*. 2009 Dec 1;95(4):294-301.
19. Cooper A, Gray J, Willson A, Lines C, McCannon J, McHardy K. Exploring the role of communications in quality improvement: a case study of the 1000 lives campaign in NHS Wales. *Journal of communication in healthcare*. 2015 Mar 1;8(1):76-84.
20. Park EK, Song M. Communication barriers perceived by older patients and nurses. *International journal of nursing studies*. 2005 Feb 1;42(2):159-66.
21. Del Pino FJ. P, Soriano E, Higginbottom GM Sociocultural and linguistic boundaries influencing intercultural communication between nurses and Moroccan patients in southern Spain: A focused ethnography. *BMC Nursing*. 2013;12(1):14.
22. Humphris GM. Communication skills knowledge, understanding and OSCE performance in medical trainees: a multivariate prospective study using structural equation modelling. *Med Educ*. 2002;36(9):842-852. doi:10.1046/j.13652923.2002.01295.
23. Kattan AE, AlHemsi HB, AlKhawashki AM, et al. Patient Compliance with Physical Therapy Following Orthopaedic Surgery and Its Outcomes. *Cureus*. 2023;15(4):e37217. Published 2023 Apr 6. doi:10.7759/cureus.37217
24. Kourkouta L, Papathanasiou IV. Communication in nursing practice. *Mater Sociomed*. 2014;26(1):65-67. doi:10.5455/msm.2014.26.65-67