

Original Research

EXPERIENCES OF STUTTERER NURSES IN THE PROVISION OF NURSING CARE IN PAKISTAN

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ABSTRACT

Introduction: "Stuttering" is a speech disorder that disrupts the flow of communication, often manifested through involuntary pauses, repetitions, or prolongations. These interruptions can cause significant anxiety, depression, and embarrassment for the individual. This study examined the lived experiences of nurses who stutter while caring for patients in a clinical setting.

Method: Using a purposive sampling technique, a qualitative descriptive phenomenology design was employed to recruit nine stutter nurses (six males and three females). Individual, face-to-face, semi-structured interviews were conducted and analyzed through thematic analysis.

Results: The analysis of the participants' narratives revealed three major themes, each with associated sub-themes. The first theme addresses the triggers of stuttering, with stress identified as the most prominent factor. The second theme explores the impact and effects of stuttering within the nursing profession, including sub-themes such as The predominantly negative impact on self-esteem and the minimal effect on clinical care, The lack of effect on relationships with colleagues, and The significant impact on relationships with patients. The third theme focuses on the management strategies employed by nurses who stutter, with sub-themes related to techniques used to mitigate stuttering in clinical settings.

Conclusions: Stuttering does not inherently affect a nurse's ability to deliver compassionate and effective care. By using strategies to manage their stuttering and seeking support from colleagues and supervisors, a nurse who stutters can communicate effectively with patients and thrive in their clinical practice.

Keyword: communication; experiences; nurses; nursing care; stutterers

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1. INTRODUCTION

"Stuttering" is a speaking disorder where the flow of speech is blocked by an involuntary audible or inaudible pause, repetition and prolongation, causing; anxiety, depression, and embarrassment for a person (Bajaj, Varghese, Bhat, & Deepthi, 2014). According to (Shapse, 2008), stuttering as a disorder of persistence repetition and prolongation of sounds or syllables. Dysfluencies of interjection, words fragments, audible or inaudible sounds, circumlocutions, pronunciation of words with extra physical tension and whole word repetition were also

mentioned. The characteristics of stuttering include physical tension, struggling behavior, verbal changes, and avoidance of particular circumstances (Kelman & Nicholas, 2020). Stuttering affects many facets of life; sufferers express negative feelings about their stuttering and dissatisfaction with their lives. They also had communication difficulties in important contexts with constrained life objectives (Yaruss, 2010). When someone stutters, their audience is more likely to pay attention to how they speak than the content they are trying to convey, which prevents them from the joy of speech (Klompas & Ross, 2004).

When speaking to a stranger, someone of the opposing gender, or a person of great position, stress makes stuttering worse (Rana, Kausar, & Khan, 2021). The majority of people who stammer are victims of prejudice, which limits their opportunities to get employed or promoted and psychologically ruins their job pleasure (Klein & Hood, 2004). The cause of stuttering is unclear, although contributing variables include a child's gender, cognitive capacity, and environmental influences (Prasse & Kikano, 2008). According to (Delgado, 2008), Stuttering is not only a problem in the mechanism of speaking but it involves multiple factors in their etiology including physical actions, intentions, feelings, perceptions, and beliefs. Stuttering usually starts between the ages of two and seven, peaking in the fifth year of life. 98% of instances start before the 10th year. The majority of the youngsters which is approximately 50% to 80% recovered on their own without any treatment, However 1% of these population persistently do stuttering throughout their life (Yairi & Ambrose, 2013). Stuttering is more prevalent in males than in girls, with a ratio of 4:1 between the two (Nang, Hersh, Milton, & Lau, 2018). In USA, the stuttering prevalence rate is 2.25%, whereas it is 1.5% in India and 1.13% in Iran (Mohamadi, Nilipour, & Yadegari, 2008; Proctor, Yairi, Duff, & Zhang, 2008; Srinath et al., 2005). These are almost identical statistics in Asia as compared to studies carried out in the Western Countries. According to (Sheldon, Barrett, & Ellington, 2006), a key component of everyday nursing practice is effective communication between the nurse and the patient. It enhanced and strengthened nursing care. A successful nurse must have effective communication skills since ineffective communication can be harmful and cause confusion (Sibiya, 2018). The foundation for delivering trustworthy, high-quality patient care is communication with patients (Bramhall, 2014). The practice of nursing heavily relies on interpersonal interactions. It requires the development of interpersonal, intellectual, technical, and clinical competencies and skills in addition to theory and clinical practice (Kourkouta & Papathanasiou, 2014). This indicates that interpersonal interactions, practice, and knowledge are all necessary components of nursing (Kourkouta & Papathanasiou, 2014). The level of communication between the nurse and the patient is crucial for improving patient outcomes and reducing medical mistakes (Sibiya, 2018). According to (Craig & Calver, 1991), services with more communication make it harder for those who stutter. The study aimed to explore, the experiences of a stutterer nurses caring for the patients.

2. MATERIALS AND METHODS

2.1 Design

This research study was guided by a qualitative exploratory descriptive design.

2.2 Population and Sampling

A total of nine stutterer nurses (6 Male, 3 Female) were interviewed based on the availability and data saturation. Participants were selected via purposive sampling technique, which is a choice of sampling method for phenomenological study (Creswell & Poth, 2016). Participant for the study were recruited through in-depth interview. The eligibility criteria for the study include those nurses who are stuttering by birth.

2.3 Pre-testing the Interview Guide

For the appropriateness of guiding questions for the research enquiry, the interview guide was pilot tested on two stutterer nurses who met the inclusion criteria but didn't participate in the study. The study guide's probes were improved via the pilot testing, which also helped determine how comfortable the participants were answering the questions. One more probe was added to question two following the pilot interview since it was essential for understanding the nurse's experience in patient care.

2.4 Data Analysis

For data analysis, thematic analysis was done. The taped recorded interviews' were first translated into English. The process of data analysis was guided by the phases given by (Braun & Clarke, 2006). Inductive coding was used to analyze the data by using latent approach of thematic analysis; Similar codes with the same meaning were merged together to form sub-theme and that were analyzed for construction of core theme.

The detective went over each transcript many times and underlined any statements that seemed to be particularly informative. More precisely, while choosing quotes with a lot of detail, broad guidelines were followed. First, those deemed to be directly relevant to the subject matters under investigation were considered prospective quotations. Repetitive statements, purely social remarks, and elements within a narrative piece that did not provide new or important information were eliminated.

2.5 Ethical Consideration

The study approval was taken from the office of the Research, Innovation & Commercialization Khyber Medical University Peshawar. Prior to involving the participants in the study, a written informed consent was taken by informing each participant about the research. The participation in the study was on a voluntary basis and participants were assured that they could withdraw from the study at any time. Findings from this study will be disseminated without revealing the identity of the study participants.

2.6 Data Collection

After obtaining ethical approval from Khyber Medical University Peshawar (92-91-9217268), participants who showed interest in participating in the study received an information sheet with a concise summary and the study's aims. After that a written

consent was signed from the participant and was recruited for the study via in-depth interviews. All of

occurring more. So it occurs mostly in a stressful situation" (P5).

Table 1. Demographic profile of the participants

Variables		N (%)
Gender	Male	06 (67)
	Female	03 (33)
Age	18- 30 years	06 (67)
	31- 40 years	02 (22)
	41 years & above	01 (11)
Marital status	Single	03 (33)
	Married	06 (67)
	Divorce	00 (00)
Clinical experience	0 to > 1 year	00 (00)
	1 to > 2 years	00 (00)
	2 to >3years	05 (56)
	3 years or above	04 (44)

the interviews, which lasted between 20 and 40 minutes, were taped. It was made sure that interviews were placed at convenient times for the participants.

3. RESULTS

A total of nine stuttrer nurses (6 Male, 3 Female) Participated in the study. Participants were selected via purposive sampling technique. Participant for the study were recruited through in-depth interview. Table 1 shows the demographic information of the participants. All significant concepts, words, and phrases that were related to the phenomena were highlighted and assigned a code by following the inductive, in vivo coding process. The development of sub-themes involved combining similar codes with the same meaning. A description was written in front of each sub-theme in their respective column.

Based on the sub-themes a core theme was then identified. Personal names, word or phrase repeats, and interjections (such "um" and "uh") were left out of the transcription. The analysis of the narratives led to three broad themes and associated sub-themes, as shown in (Table 2).

3.1 Triggers of Stuttering in Nursing

3.1.1 Stress-induced Stuttering in Nursing

Across all the triggers Stress was identified as the leading cause of stuttering in nursing, since almost all participants experienced it. It is not uncommon for nurses to experience stress in the workplace. The demands of the job, including long hours, high levels of responsibility, and the need to make important decisions under pressure, can all contribute to stress and burnout. For nurses who stutter, stress may be an even more significant factor in their experience of stuttering. As a participant stated:

"When we are in communication with our seniors, teacher, or consultant who came suddenly on us and make us stressed so in that time stuttering are

Research has shown that stress and anxiety can exacerbate stuttering, making it more difficult for people who stutter to communicate effectively. This can be particularly challenging for nurses, who rely on effective communication to provide high-quality care to their patients. There are several ways in which stress may contribute to stuttering in nurses. One way is through physical tension or arousal. When we are stressed or anxious, our bodies become tense and our muscles may become tight or strained, making it more difficult to produce fluent speech. As a participant expressed his view of tense situation as:

"It happens when a nurse is less sleeping, tense, anxious, and in a pressured environment" (P3).

Another view was stated as:

"Stammering occurs more if a person is very emotional, in an angry mood, in tense or in hurry" (P1).

Stress may also affect stuttering through cognitive factors. When we are stressed, our thoughts and attention may become more focused on our worries and concerns, rather than on the task at hand. This can make it more difficult for nurses who stutter to concentrate on their communication with patients, leading to increased stuttering. As one of the participant stated as:

"In a comfortable situation, a proper sleeping or friendly environment is the best situation in which stammering occurs less or if you are in a friendly group discussion. Or your thinking is completely different from that I have stuttering" (P3).

3.1.2 Stuttering is due to Anxiety and Fear of being Stuck

Anxiety is a common emotion that can affect individuals who stutter, as well as nurses who stutter. Anxiety can manifest in several different ways, including feelings of nervousness, worry, pressurized and fear. For nurses who stutter, anxiety may be

particularly prevalent in situations where effective communication is required, such as when speaking with patients or colleagues. As a participant communicated;

the individual will talk slowly to communicate then stuttering will not occur that much" (P6).

Anxiety can make it more difficult for nurses who

Table 2. Data analysis table

Descriptions	Code		Associated themes	Themes
	Open	Axial		
<i>"So it occurs mostly in a stressful situation".</i>	Stress full situation, Mind with stress	Stressful mind & environment exacerbate stuttering	Stress-induced stuttering in nursing	Triggers of stuttering in nursing
<i>"Stammering is automatically linked with the mind and it mostly occurs in stress"</i>				
<i>"In stuttering a person normally takes tension or considers someone superior to him then his stuttering occurs".</i>	Tension, Superior status, Fear, Get stuck	Preconception of fear, Anxious feeling	Stuttering is due to anxiety and fear of being stuck.	
<i>"There will be fear in your heart that if you get stuck while answering".</i>				
<i>"Stammering occurs more if a person is very emotional, in an angry mood, in tense or in hurry, or even talks with a person of higher status".</i>	Emotional, Tense, Hurry,	feeling of self-consciousness	Communication pressure	The impact and effect of stuttering in nursing
<i>"They will laugh at them and will make fun of their stuttering. It affects self-esteem and it is a defect in a person grooming personality"</i>	Laugh, Making fun of, Grooming personality	Issues of personality	Impact on self-esteem	
<i>"Due to this, some information is often missed. So it might cause a little delay but normally it doesn't happen".</i>	Missed information, Little delay,	Affair in care.	Impact on clinical care	
<i>"I tell you, I even don't realize the patient of my problem. We can easily communicate with the patient".</i>	Easily communicate, My problem	Communication with patient	Effect on patient relationships	
<i>"In my opinion, it does not affect. Because they are the people of their ward, they already know his behavior. But when you talk to a senior doctor, there is a lot of fear in the heart of a person".</i>	Known behavior, Senior doctor, fear	Interactivity with colleagues	Effect on Relationships with co-workers	
<i>"I speak slowly and first inhale deeply and then exhale slowly and speak the word while exhaling so stammering did not occur much with such techniques".</i>	Speak slowly, Deeply inhale, Deeply exhale,	Specific exercises and techniques	Techniques to overcome stuttering at clinical site	Management of stuttering at clinical site by stutter nurses.

"If there are such high-status patients then the individual took pressure and stuttering can occur. So, if

stutter to communicate effectively, leading to increased stuttering and a sense of self-consciousness or discomfort. As a participant stated;

"It is a psychological issue; in stuttering a person normally takes tension or considers someone superior to him, then his stuttering occurs" (P1).

It is not uncommon for individuals who stutter to experience anxiety and fear related to their stuttering. This can be especially true for nurses who stutter, as their job requires frequent communication with patients, colleagues, and supervisors. One common fear that individuals who stutter may experience is the fear of being "stuck" or unable to produce fluent speech. As a participant verbalized;

"You will have more knowledge of one thing; a teacher will ask you about it but there will be fear in your heart that if you get stuck while answering people will laugh at me" (P9).

This fear can be particularly challenging for nurses, who rely on effective communication to provide high-quality care to their patients. Several factors can contribute to this fear in nurses who stutter. One factor is negative experiences in the past, such as teasing or bullying related to stuttering. These experiences can lead to feelings of self-consciousness or embarrassment and may make it more difficult for nurses who stutter to feel confident and comfortable communicating with others. As a participant on teasing and bullying stated;

"There is a fear in the heart of a person that if he is in communication with someone and he is stuck in between them then the people will laugh at them and they will make fun" (P7).

3.1.3 Communication Pressure

Communication pressure referred to the feeling of self-consciousness that individuals who stutter may experience during speaking situations. Most of the participants in this study highlighted that; communication pressure can trigger stuttering in nursing. One of the primary sources of communication pressure is the fear of negative reactions from others, as a participant verbalized it as:

"When you are in communication with someone and you stuck repeatedly, and do stuttering, so people laugh at you, they look at you strangely" (P7).

When individuals feel pressured to speak quickly or to meet certain expectations in their speech, such as maintaining fluent and uninterrupted speech, it can trigger stuttering. A participant in the study verbalized as:

"Stammering occurs more if a person is very emotional, in an angry mood, in tense or in hurry, or even talks with a person of higher status than his e.g of high scale, high educational status, or his officer" (P1).

Time constraints, interruptions, or critical listeners can contribute to this pressure. As a participant stated as:

"If an individual is stuck in an emergency situation; it doesn't convey his message. Or if they were in hurry the words will not come to their tongue. So the message is not transferred properly" (P8).

3.2 The Impact and Effect of Stuttering in Nursing

3.2.1 Impact on Self-esteem

It is common for people who stutter to feel self-conscious, anxious, or embarrassed about their speech. This can lead to feelings of low self-esteem, social isolation, and difficulty expressing them-selves. As the response of a participant was;

"if anyone has more stuttering issues, he has more problems. As I said, there will be a most talented person, but he will not be able to show his expressions. So it affects self-esteem and it is a defect in a person grooming personality" (P2).

Stuttering is a normal and natural human variation that can affect an individual's ability to communicate effectively. For many individuals who stutter, stuttering can shape their self-esteem in several ways. One way that stuttering may shape self-esteem is through to the stigma and misunderstandings surrounding stuttering. As a participant communicated;

"It greatly affects the self-esteem of an individual. Especially if a weak student needs to present properly in the classroom. He thinks that other people communicate well and I can't, so they suffer from an inferiority complex" (P2).

Stutter person can avoid speaking or social interactions as a result, can lead to feelings of isolation and a sense of difference from others. As a participant stated;

"Stammering is a speaking disorder, where an individual flow of speech is blocked involuntarily. They repeat their own words over and over again, and feel shy to talk in front of people. The majority of the time, an individual is silent and isolate" (P4).

3.2.2 Impact on Clinical Care

Quality nursing care involves providing safe, compassionate, and evidence-based care to patients. Providing nursing care requires clear and effective communication with patients, which can be difficult for those who stutter. However, it is important to remember that individuals who stutter are just as capable of providing high-quality nursing care as those who do not stutter. Nurses who stutter can be successful in their roles. As a participant state that;

"It does not affect or delay in care of the patient. Or even I can say that they do better care then others as they normally prefer to work in a silent mood" (P3).

Another person expressed himself as; *"The Patient is dependable on us and patient listens to us whether we stutter or speak correctly. So in my opinion it did not affect the care of the patient. Even we can do it in a better way" (P2).*

About all of the study's participants regret the assumption that stuttering may affect clinical care. However, several of them suggested that it may have an effect in situations where stress is common. As participant presented as;

"Normally not, but it delays in a way if an individual is stuck in an emergency situation; it doesn't convey his message. Or if they were in hurry the words will not come to their tongue. So the message is not transferred properly" (P6).

3.2.3 Effect on Relationship with Colleagues

Providing patients with high-quality care requires effective teamwork and communication among the employees. A tense situation might cause stuttering more frequently. Stress is absent or minimal in a friendly setting. Almost all participants highlighted that stuttering in such a profession has a negative effect on relationship with coworkers. Participants verbalized as;

"Stuttering direct relation is with stress. While stress does not occur in a friendly environment, it has more impact in an unknown environment. Therefore, while talking with your friend and colleague, the stress on you is not so much and you can talk easily" (P4).

However, they also noted that because of their seniority affects, which further increase stress and tension, it may have an impact on the relationship with seniors. As a participant put it;

"In my opinion, it does not affect. Because they are the people of their ward, they already know his behavior. But when you talk to a senior doctor, there is a lot of fear in the heart of a person. And when there is fear and people take stress, stuttering will occur more and will affect communication. If we don't think about a person's reputation, then communication will be easy for an individual" (P5).

3.2.4 Effect on Relationship with Patient

Nursing is a demanding and rewarding profession that involves providing care and support to patients of all ages, in a variety of settings. Nurses who stutter may face some unique challenges in the provision of nursing care, particularly when it comes to communication with patients. People who are able to express their feelings and opinions to others successfully build relationships. Stutterers may struggle with social situations and may find it difficult

to establish connections since stuttering may have a significant influence on communication. Stutter may experience shyness, fear or discomfort when speaking, which can affect their ability to effectively communicate with others. As a participant in the study stated;

"To maintain good relations with a patient, we need to get close to the patient who needs effective communication with the patient. But a stutter nurse has an issue of shyness, and fear, which acts as a barrier between the nurse and the patient" (P4).

Another participant on fear and pressure reported as; *"The individual feels pressure from the patient and colleague during communication that they will laugh at them and will make fun of their stuttering" (P1).*

In addition, effective communication and collaboration among the healthcare team are important for providing high-quality patient care. When communication is hindered by stuttering or other factors, it can affect the accuracy and timeliness of information exchange, which can impact the patient's treatment and outcomes. In the study express the above notion as;

"it delays the patient care initially because if we tell details of care to our colleagues, it may take a while more as compared to fluent speakers which may slightly delay the care but usually it didn't affect it much" (P5).

Moreover, participant also stated that their stuttering didn't affect their relationship with patients, as patient are sub-ordinate to us and communication with them is less stressful, as stuttering become worsen when speaking to those who are perceived as superiors. The participant verbalized as;

"It means we can easily communicate with the patient because they are subordinate to us, and we are not pressurized to communication with them" (P2).

3.3 Management of Stuttering at Clinical Site

3.2.1 Techniques to Overcome Stuttering at Clinical Site

In this study, self-management is considered as a combination of internal coping methods and external help from professionals such as speech therapist, doctors, or other individuals. The desire to take control of the stutter frequently included the action of going out and getting expert assistance. As a participant stated;

"I want to add a few things more if stammering patient speaks fast, then he will face stammering issues more. Actually our tone is a little bit fast then others. It is better to do it slowly. And a speech therapy, when they guide you some tips and then you follow it. So it

will be helpful to manage stuttering" (P9). Another participant stated as;

"I have done speech therapy, I do some special exercises, and then I do not face stammering. It is when a person is comfortable and feels relaxed" (P6).

Participants also talked on the significance of medical care for management of stuttering. As stated by a participant; *"Another way is the use of medicine for some time that is according to doctor prescription. Such as SSRI, Acetoloprame" (P8).*

Moreover, the participants also emphasized that one method for controlling stuttering is anger management. In anger, one's stammer gets worse. The participants stated as follows;

"In Anger, during an unusual situation or when an individual gets angry or is in a quarrel situation. When there is pressure or anxiety on the individual. they stutter more" (P3).

4. DISCUSSION

The intent of the study is to explore the lived experiences of stutter nurses in the provision of nursing care. In addition, this study investigates the triggers in nursing that favor stuttering, the impact of stuttering on self-esteem and clinical care of nursing, and the strategies that nurse uses to manage stuttering. A number of themes identified in this study are similar to those previously discovered for people who stammer and their families. However, several themes were unique in this study.

4.1 Stuttering Caused by "Stress" in Nursing

The findings of the present study revealed that across all the triggers Stress was identified as the leading cause of stuttering in nursing, since almost all participants experienced it.

The finding corresponds with the finding of a study conducted in Brazil by (Oliveira & Nogueira, 2014), some important elements identified in the study such as stuttering like Dysfluencies and emotional stress factors, as well as family attitudes that are connected to familial persistent developmental stuttering in males. This implies that the presence of these variables raises the chance of stuttering.

Considering that stress may cause stuttering the present study confirms the findings of a study conducted in Brazil by (de Oliveira, Cunha, & dos Santos, 2013), In terms of the causes of mental stress, the study discovered a strong link between emotional stressors and boys' chronic developmental stuttering. The current findings was also supported by a study findings that revealed themes of elevated emotions of fear, anxiety, frustration, stress, and/or inner strength as a result of recurrent stuttering over time (Dits, 2014). Moreover, According to (Finn, Howard, & Kubala, 2005), in his research, a sample of 15 adult stutterers showed that stress, tiredness, and other environmental factors aggravated their stuttering

patterns. Additionally, this study supports a previous Pakistani study of (Sikandar, Naeem, Iqbal, Nawaz, Ifthikar, et al., 2020), that explores the effect of daily anxiety and stress on stuttering. They grouped the participants on the basis of stuttering severity. Group with moderate to severe stuttering had more anxiety and stress as compared to those with mild to moderate stuttering (Sikandar, Naeem, Iqbal, Nawaz, Nawaz, et al., 2020).

In contrast to the current findings, a study compared ten stutter people with ten matched non-stutter people. The study took place at University of Toronto in 2014, It was not discovered that cognitive stress has any distinct effects on stuttering people compared to controls or that it has an influence on motor execution processes (van Lieshout, Ben-David, Lipski, & Namasivayam, 2014). While this study's participants did mention a strong link of stress with stuttering. It is because the above study participants were in a restricted severity range environment.

4.2 Stuttering is triggered by anxiety and a fear of becoming stuck

The current study present evidence that stuttering is associated with anxiety and fear of being stuck similar to what other researchers before has shown.

In previous stuttering literature, Anxiety has been acknowledge as an associated factor with stuttering. In a research conducted by (Davis, Shisca, & Howell, 2007), at University College London, comparing the degrees of anxiety in normal speakers, speakers who stutter persistently, and speakers who recover from stuttering, those who stammer persistently showed greater levels of state anxiety. According to a descriptive cross-sectional research, as compared to non-stutterers, those with stuttering score higher on traits such as fear of social rejection and anxiety (Bricker-Katz, Lincoln, & McCabe, 2009). Similarly, stuttering persons who are linked to other stutter people for their communication have gained an increase in their confidence. Social anxiety can have a negative effect on a stammer's entire self-concept (Fuse & Lanham, 2016).

Moreover, a comparative study conducted by (Blood & Blood, 2016), comparing stutters with non-stutters on four psychosocial scales. According to study's findings, those who stutter score higher on scales measuring social anxiety and fear of criticism than non-stutterers. Additionally, an investigation into the connection between teenage stuttering symptoms and anxiety was done in 2008. The results show that the stuttering group's mean score on the fear of negative assessment scale is much higher than that of the non-stuttering participants (Mulcahy, Hennessey, Beilby, & Byrnes, 2008).

4.3 Communication Pressure

The current study findings suggest that communication pressure can have a significant impact on nurses who stutter. The study revealed that

one of the main consequences of communication pressure is increase anxiety and self-consciousness. The findings correspond with the finding of a previous stuttering literature conducted in 2007 at University College London, comparing the degrees of anxiety in normal speakers, speakers who stutter persistently, and speakers who recover from stuttering, those who stammer persistently showed greater levels of state anxiety (Davis et al., 2007). The study also correspond the finding of a cross sectional descriptive study conducted for the purpose of investigating emotional reaction to stuttering. 12 stuttering participants and 14 non-stuttering participant as a control group complete the fear of negative evaluation scale (FNES). The t-test shows a significant difference between the two groups which indicated that the stuttering group score significantly higher in FNES than non-stuttering control group. 64% in the group of stuttering score higher than 18 on the FNES, whilst none of the controls scored higher than 18 (Bricker-Katz et al., 2009).

Furthermore, this study highlight that individual who stutter may become hyper aware of their speech and worry about how others perceive them, leading them to worse self-esteem and become a victim of stigmatization. This study confirmed the finding of a previous study conducted by Blood et al. stated that victimization experience, self-esteem, life orientation, and life happiness were examined in two groups of students. Stutters reported higher victimization, worse self-esteem, and less life direction (Blood et al., 2011).

4.4 Impact of Stuttering on Self-esteem of a Nurse

In this study almost all the participants encounter low self-esteem because of their stuttering. In line with previous studies also confirmed stuttering negative impact on self-esteem. As in previous studies, a research found that participants' marital lives did not appear to have been impacted by stuttering. Most participants reported that stuttering had a negative impact on their sense of self-esteem and their perception of oneself as well as triggered intense feelings (Klompas & Ross, 2004). Similar to this, a research found a common theme of negative self-perception caused by their stuttering experiences (Nang et al., 2018).

The current study reveals that bullying and the misconception associated with stuttering effect self-esteem of an individual. A retrospective study by (Hugh-Jones & Smith, 1999), showed the same as it was carried out to look at the reasons behind and patterns of bullying among stuttering students. The majority of participants reported experiencing bullying in school, and the risk of doing so is linked to the experience of having trouble making friends. The majority of them claimed that bullying had immediate negative effects on them, and some claimed that bullying had some long-term impacts on them. Additionally, in a study victimization experience, self-esteem, life orientation, and life happiness were

examined in two groups of students. Stutters reported higher victimization, worse self-esteem, and less life direction (Blood et al., 2011).

4.5 Impact of Stuttering on Clinical Care

The current study findings suggest that stuttering have no impact on clinical care. However, it may have impact if the working environment is stressful. Even so, researcher did not found any literature on the effects of stuttering at clinical sites. However, most of the researches done at workplace revealed incongruence results. A comparative research was done by (L. W. Plexico, Hamilton, Hawkins, & Erath, 2019), looked at the relationship between workplace discrimination, vigilance, and job satisfaction between PWS to those who do not. The survey was filled out by the participant and evaluated six distinct factors, including discrimination in the workplace and general attitudes. Stuttering was linked to decreased work satisfaction in this research. A higher level of stereotyping was also linked to stuttering. The current study findings also suggest that stereotyping is link with stuttering. In line with this a qualitative research on the effects of stuttering on job performance, 37.5% indicated a negative impact, 25% of participants expressed mixed emotions while 37.5% of participants had no influence at all (Klompas & Ross, 2004). Additionally, a study concluded that stuttering might have a negative impact on work productivity and job satisfaction. This may cause stress and anxiety, and it may also affect one's reputation at work (Parsons, Ntani, Muir, Madan, & Bricker-Katz, 2022). The current study also revealed that stuttering may impact clinical care if the working environment is stressful.

4.6 Stuttering Effect on Relationship with the Colleagues and Patient

The current study findings revealed that stuttering has no impact on relationships with coworkers since speaking with coworkers is less stressful. The result support previous study finding on relationship with colleagues. Nine participants out of 16 reported that their stuttering did not affect their relationship with colleagues. While five participants reported that they have effect on their relationship (Klompas & Ross, 2004). Similarly, in a study 40% of the participant marked not at all to impact of stuttering on relationship with friends, family and peers, while 46.7% of the participants marked sometime and 13.3% marked almost always (Bajaj et al., 2014).

Current study findings also suggest that it may affect relationship when a person is with communication with a senior or colleague of high status. Which support the findings of a study, where 62.5% of the participants reported that stuttering impact their relationship with teacher, while 37.5% reported that their stuttering didn't impact their relationship with teacher (Klompas & Ross, 2004). In contrast, the same

study also found that half of the participant stated that their stuttering did not influenced their relationship with managers and supervisors, while 43.7% have shown an effect on their relationship (Klompas & Ross, 2004).

In this study more than half, which is 60% of the participant reported that stuttering can act as a barrier in relationship with patient. While, 40% of the participant reported that stuttering didn't affect their relationship. Because patient are in need of help and they are subordinate to us. Overall there is no literature on the effect of stuttering on relationship with patients but the finding was supported by a research report of (Bricker-Katz et al., 2009), that reported stuttering always affect working environment. They limit communication and limit progression of work. Similarly, in a study 82% of the participants report that stuttering affect their employment, while 18% did not believe that their stuttering affect their job performance (Schlagheck, Gabel, & Hughes, 2009).

4.7 Management Strategies for Stuttering

The majority of participants claimed that they were trying management strategies to get rid of their stuttering. Support from experts was significant; participants reported receiving speech therapy and medical advice. This finding is consistent with the research literature for example, a case study result showed that speech therapy reduce stuttering and increase vocalization of the words. The result further demonstrates that holistic speech therapy brought positive outcome in stuttering people (McGill & Schroth, 2022).

In line with the above literature a study was conducted to understand the successful management of stuttering from the participants' perspective. Mentors, local and national support groups, family and friends, as well as professional counseling, are preferred resources by the participants. The participants said that having access to support networks, gave them the ability to communicate with other stutterers, be open about their stuttering, and share knowledge on stuttering (L. Plexico, Manning, & DiLollo, 2005).

In addition, the study emphasizes the value of medications in the treatment of stuttering. The result of the present investigation confirm a study report of Serotonin reuptake inhibitors like clomipramine and dopamine antagonists like haloperidol are some of the drugs that have improved speech fluency (Stager et al., 2005).

Moreover, the participants also emphasized that one method for controlling stuttering is anger management. In previous literature a study came to the conclusion that it would be feasible to combine mindfulness training with stuttering therapy. Stutterers who use mindfulness techniques may find it easier to handle the cognitive, emotional, and behavioral difficulties that come with stuttering (Boyle, 2011).

4.8 Recommendations

Based on the study findings, the following recommendations are made for health care, policy makers, and research. Health care professionals and policy makers should have sound knowledge about stuttering and need to inform the public that stuttering is not a disability. They should take measures to clarify the misconceptions and dispel myths about stuttering in order to eliminate the perceived stigma surrounding stuttering. It is important for health care professional to treat stutter nurses with respect and support, and to recognize and appreciate the valuable contributions they make to the healthcare team. Policy makers should investigate stressors for stutter nurses and to make policies that favor stutters in order to provide them stress free environment for their work. Managers and supervisors should explore and discuss strategies toward stuttering and to create simple successful environment to communicate with a stutter. The study further indicated that nurses who stammer are equally capable of giving excellent nursing care as those who do not stutter, given the necessary support and accommodations. As there is little information in the literature about stuttering nurses in the literature, therefore further study is necessary to examine the difficulties faced by these professionals.

5. CONCLUSION

Nursing care is a crucial aspect of the healthcare system, and nurses need to be able to communicate effectively with patients to provide high-quality care. Stuttering can sometimes affect a nurse's ability to communicate with patients and may impact their clinical practice in various ways e.g. in communication with patient, with supervisor or someone of superior status. However, Stuttering does not necessarily impact a nurse's ability to provide compassionate and competent care. By using strategies to manage to stutter and seeking support from colleagues and supervisors, a nurse who stutters can effectively communicate with patients and excel in their clinical practice.

6. REFERENCES

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