WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 9, Issue 13, 768-776. Research Article ISSN 2277– 7105

COMMUNICATION ISSUES AMONG PATIENTS, SIGNIFICANT OTHERS AND NURSES IN CRITICAL CARE UNITS

Moly K. T.[1*] and Divya Abraham[2]

[1]Amrita College of Nursing, AMRITA Vishwa Vidyapeetham, Health Sciences Campus, Kochi.

[2]Lecturer, Amrita College of Nursing, AMRITA Vishwa Vidyapeetham, Health Sciences Campus, Kochi.

Article Received on
26 August 2020,

Revised on 16 Sept. 2020,
Accepted on 06 October 2020

DOI: 10.20959/wjpr202013-18957

***Corresponding Author**
Prof. Moly K. T.
Amrita College of Nursing, AMRITA Vishwa Vidyapeetham, Health Sciences Campus, Kochi.

INTRODUCTION

Critical care units account for approximately 10% of the inpatient acute care beds and the percentage is expected to increase as the population ages. High level of communication competency is required to comprehensively assess the needs of patients and their families in ICU settings.

Extensive research has shown that if a clinician is not able to communicate effectively with the critically ill patient, he is of no help, no matter how knowledgeable he might be. Similar is the case of nurses were therapeutic communication is the fundamental component of nursing for which empathy is required. Empathetic communication contributes not only to the patient's recovery.[1,2] but also has a positive effect of improving job satisfaction.

Communication failures are an extremely common cause of inadvertent patient harm. Analysis of 2455 sentinel events reported to the joint commission for hospital accreditation, revealed that the primary root cause in over 70% was communication failure.[3] A critical care unit is a stressful environment where difficult and emotionally charged discussions occur on a daily basis. So conflicts among the care providers are common that may have negative impact on patient safety, care and staff burn out. Ineffective communication leads to complaints and anxiety in patients and can also lead to negative outcomes, such as extended hospital stay, increased mortality, burnout, job stress, and turnover.[4]

A tertiary care hospital usually has a diverse group of patients and their significant others in terms of culture, language, education, psychological stability etc. Critical illness has a significant impact on family members.[5] Numerous studies have emphasized the importance of communications between the health care providers and families. Longer duration of communication between the intensive care team and families has been shown to improve relatives' anxiety and stressful decision-making often falls on the family members, which adds further distress to the families.[6]

Patients in the critical care units have limited or no ability to provide feedback regarding the care received either due to their baseline illness or due to the effect of medications. Hence, family members act as surrogates for patients during their stay in the ICU. Families of the critically ill have expectations from health-care providers. Family satisfaction is higher when health-care providers explain and focus their discussion on the following key elements: pain and agitation management, providing detailed information regarding diagnoses, expectations, day-to-day management plan, and prognosis. Additional information such as local practices, visiting hours in the ICU, and patient rights and responsibilities have also been shown to contribute to improved satisfaction levels.[7] Most importantly, families need to be reassured that the hospital has appropriately trained staff, equipment, and support to look after their loved ones. In addition to providing emotional support, hope, reassurance, and being able to remain in the vicinity of the patient are essential to family satisfaction.[8]

Aim

To explore communication issues of patients, significant others and nurses in critical care units with a view to initiate steps to resolve.

Objectives

1. To identify the communication issues of patients and significant others in critical care units.
2. To identify the communication issues of nurses in critical care units.

METHODOLOGY

A quantitative descriptive study done in two medical ICUs and two surgical ICUs and step down units of a tertiary care hospital, Kerala. The study subjects were patients admitted in step down units, significant others and nurses working in critical care units of a tertiary care hospital, Kerala. Purposive sampling was used. The sample size was 90. It included 30

patients admitted in step down units, 30 significant others of patients admitted in critical care units and 30 nurses working in critical care units.

Sample selection criteria

Inclusion criteria

- Patients in critical care units between the age group of 20-60 years.
- Significant others of patients admitted in critical care units.
- Nurses working in critical care units**.**

Exclusion criteria

- Patients who cannot understand English or Malayalam.
- Patients with Psychiatric disorders.

Data collection instruments

Tool I: Demographic Data

Tool II: Structured questionnaire to identify communication issues of patients admitted in step down units. The questions were organized under five components like orientation, safety and security, health status and treatment, family and significant others, feelings and emotions.

Tool III: Structured questionnaire to identify communication issues of significant others in critical care units. The questions were organized under five components like orientation, safety and security, need for training, visiting patients, respect,

Tool IV: Structured questionnaire to identify communication issues of nurses in critical care units The questions were organized under five components like orientation, actual care, openness, teamwork and barriers.

Ethical considerations

Ethical clearance was obtained from the Thesis Review committee of the institution. A written informed consent was taken from the subjects.

RESULTS

Table 1: Sample characteristics of patients admitted in critical care units n=30.

Demographic variable	f	%
Age in years		
20-29	5	16.7
30-39	2	6.7
40-49	5	16.7
50-59	9	30.0
60-69	9	30.0
Gender		
Male	11	36.7
Female	19	63.3
Language spoken		
Malayalam	28	93.3
English	2	6.7
Ventilator		
Yes	9	30.0
No	21	70.0

Table 2: Sample characteristics of significant others of patients admitted in critical care units n=30.

Demographic variable	f	%
Age in years		
20-29	4	13.3
30-39	5	16.7
40-49	5	16.7
50-59	6	20.0
60-69	10	33.3
Gender		
Male	11	36.7
Female	19	63.3
Language spoken		
Malayalam	29	96.7
English	1	3.3
Days of stay of their patients in critical care units		
<1 week	22	73.3
1-4 weeks	8	26.7
> 4 weeks	0	0

Table 3: Sample characteristics of nurses in critical care units n=30.

Demographic variable	f	%
Age in years		
20-29	29	96.7
30-39	1	3.3
40-49	0	0
50-59	0	0
60-69	0	0
Gender		
Male	6	20
Female	24	80
Education		
GNM	15	50
B.Sc	15	50
ICU experience		
<1 year	11	36.7
1 to 3 year	10	33.3
3 to 5 years	3	10
>5 years	6	20

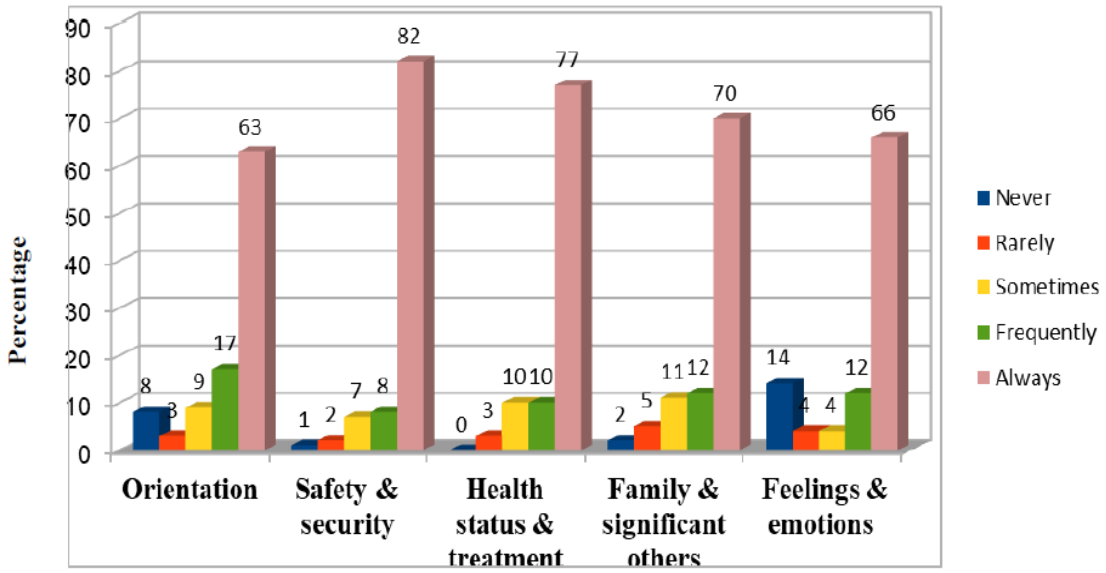

Figure 1: Distribution of patients in step down units based on communication issues n=30.

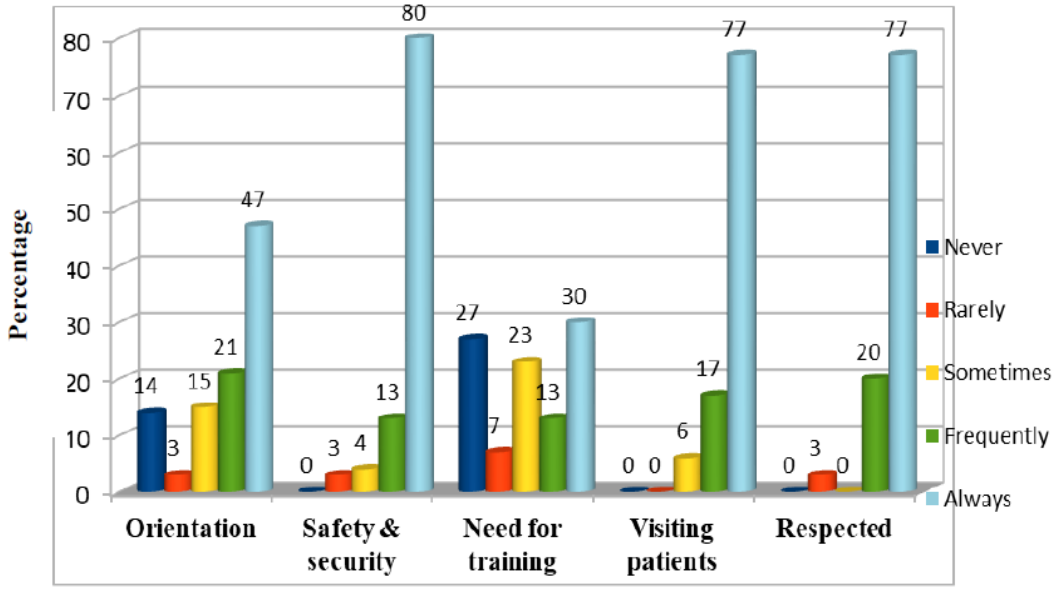

Figure 2: Distribution of significant others of patients admitted in critical care units based on communication issues n=30.

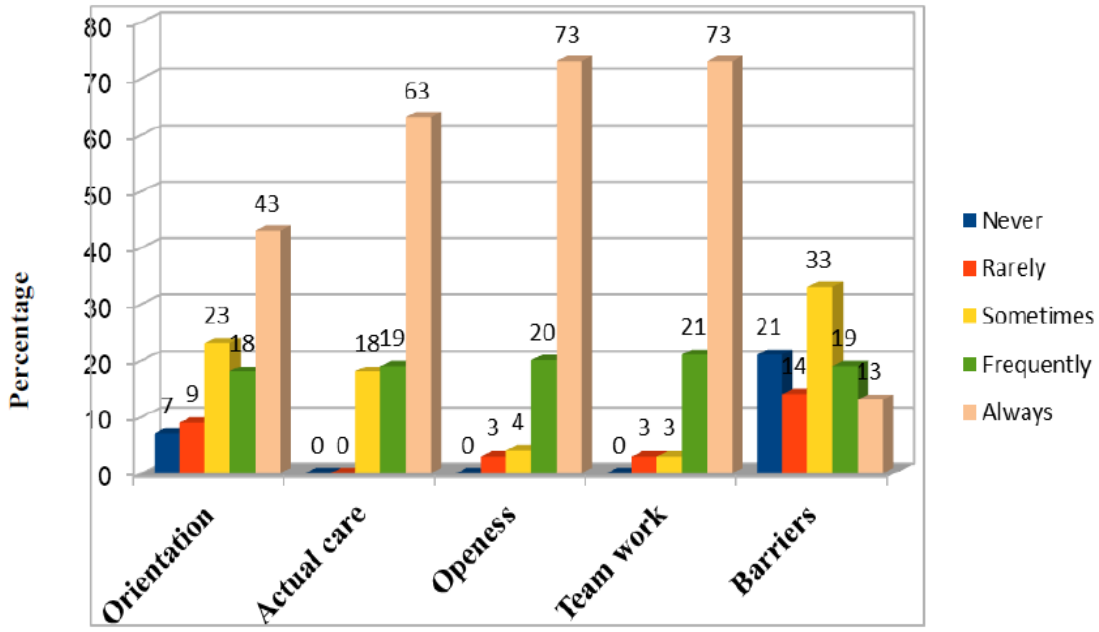

Figure 3: Distribution of nurses working in critical care units based on communication issues.

Major findings

Among the five areas of communication issues (orientation, safety and security, health status and treatment, family and significant others, feelings and emotions) 82% of the patients reported that they were *always* safe and secure. All the above five areas were rated as *always*

good in the order given below. Ie, Safety and security (82%), health status and treatment (77%), family and significant others (70%), feelings and emotions (66%) orientation (63%), Among the five components of orientation, safety and security, need for training, visiting patients, respect, majority (80%) of the significant others reported that they felt their patients were *always* safe and secure. The relatives felt *always* good in the areas of visiting patients (77%) and respect (77%).

Communication issues among the nurses working in critical care units were assessed based on five components. They were orientation, actual care, openness, teamwork and barriers. Majority (73%) of nurses reported that openness and team work were *always* present in the critical care units. 63% *always* felt good about the actual care. Only 43% always felt good about their orientation but 32% of the nurses felt they had to face barriers in communication *frequently/ always* in the critical care units.

DISCUSSION

The present study on communication issues reported by 30 critically ill patients revealed that majority felt good about the existing communication system. The fact that 82% of the patients were happy about their safety and security showed that a good communication system generally existed in these units. However, 18% of patients never/rarely felt good on communication in relation to feelings and emotions. 11% of the patients never/rarely felt satisfied with the orientation provided. It is to be noted that data was collected directly from the patients when they were transferred from the critical care units to step down units.

Similar to the perception of patients, majority of the significant others (80%) also reported that their patients were safe and secure. 77% always felt satisfied about their visits to the dear ones and felt that they were respected. The result of the present study is in congruent with the study conducted in UAE demonstrating a high level of patient family satisfaction in both adult and pediatric ICUs.[6] This study also highlighted areas where further improvement needs to occur. But 47% always felt that they need to have more orientation and 30 % always felt that the care providers needed additional training. This is in contrary to the study findings of Jacobowski LIN, Giaard DT, Mulder AJ and Ely WE where the results showed that more work is needed to optimize communication between ICU personnel and patient families.

Though majority (73%) of nurses reported openness and team work were always present in the critical care units, they were not satisfied with orientation and communication barriers in

language and documentation. In a cross sectional survey of health care professionals in ICUs, Azoulay E, Timsit J F, Sprung CL found that the most common conflict causing behaviors were communication gaps and job strain.[9]

CONCLUSION

Effective communication in a critical care unit is a crucial skill to be developed through training and experience. Pronovost and colleagues have stressed the importance of implementing team-training programmes and team based activities (e.g. multidisciplinary rounds) that encourage interdisciplinary communication during patient decision-making.[10]

High-fidelity simulators can also be used to develop communication skills in effective team performance. More qualitative studies will help in exploring the areas of improvement.

REFERENCES

1. Park Y, Oh EG. Factors related to intensive care unit nurses' patient centered communication competency. J Korean Crit Care Nurs, 2018; 11: 51–62.
2. Park EJ, Lee YM. Effect of professional autonomy, communication satisfaction, and resilience on the job satisfaction of intensive care unit nurses. J Korean Crit Care Nurs, 2018; 11: 63–74.
3. Leonard M; Graham S; Bonacum. The human factors: the importance of effective teamwork and communication in providing safe care. Journal of healthcare, 2004; 13(1): 185-190.
4. McKinley CJ, Perino C. Examining communication competence as a contributing factor in health care workers' job satisfaction and tendency to report errors. J Commun Healthc, 2013; 6: 158–165.
5. Rusinova K, Kukal J, Simek J, Cerny V, DEPRESS study working group. Limited family members/staff communication in intensive care units in the Czech and Slovak republics considerably increases anxiety in patients' relatives – The DEPRESS study. BMC Psychiatry, 2014; 14: 21.
6. Ali A, Krishnareddy K, Loney T, Hon H. Family satisfaction with intensive care services: A survey from three tertiary hospital units. Ibnosina Journal of Medicine and Biomedical Sciences, 2019; 1, 11(2): 62.
7. McDonagh JR, Elliott TB, Engelberg RA, Treece PD, Shannon SE, Rubenfeld GD, et al. Family satisfaction with family conferences about end-of-life care in the intensive care

unit: Increased proportion of family speech is associated with increased satisfaction. Crit Care Med, 2004; 32: 1484-8.

8. Verhaeghe S, Defloor T, Van Zuuren F, Duijnstee M, Grypdonck M. The needs and experiences of family members of adult patients in an intensive care unit: A review of the literature. J Clin Nurs, 2005; 14: 501-9.
9. Azoulay E; Timsit JF. Prevalence and factors of intensive care unit conflicts-the conflict study. American Journal of respiratory critical care medicine, 2009; DOI: 10.1164; 853-860.
10. Pronovost P, Berenholtz S, Dorman T, Lipsett PA, Simmonds T, Haraden C. Improving communication in the ICU using daily goals. Journal of critical care, 2003; 1, 18(2): 71-5.