

Communication with Critically ILL Patients in Intensive Care Unit: Review Article

Tiwari Priyambada

Lecturer, Department of Medical Surgical Nursing, Om Health Campus, Kathmandu

"The most important thing in communication is hearing what isn't being said."

-Peter Drucker

Patients in intensive care unit (ICU) have no control over themselves or their environment and are highly dependent on nurses. The more critically ill the patient is, the more likely he or she is to be vulnerable, unstable and complex.^{1,2} Besides providing patient-centered care, proactive management, coping with unpredictable events, making quick decisions and emotional support, a critical component of improved patient recovery in ICU is effective communication.³

Communication with patients in ICU is primarily focused on basic needs related to physical comfort and psychological support.⁴

Besides the physical discomfort of artificial airways and assisted ventilation (mechanical ventilation), communication may be further impaired during critical illness by sedation, fatigue, delirium, neurological disease, anxiety, panic, anger, frustration, sleeplessness, and distress.^{5,6}

The psychological status of the patient may also impair communication as they may be unable to speak and will often be anxious in the hospital environment.^{3,7} Other aspects affecting communication include auditory acuity, visual acuity, handedness, muscle strength, language and literacy. Nonfunctioning hearing aids, a hemiparesis affecting the dominant hand, able to only understand a different language, a patient's impaired ability to read/spell complicating staff members' attempt to use a letter board/phrase lists are some examples where these gaps in communication widen.⁶

However, nurses working in ICU limit their communication with nonspeaking patients because of patient's severity of illness, difficulty in lip reading, personality of the patient, lack of appropriate training in communication skills, and lack of access to augmentative and alternative communication devices.⁶

The impact of such poor communication in critically ill patients deters the patient from revealing important information and leads to the misinterpretation of medical advice.

An undervalued aspect of communication is understanding nonverbal communication because it is usually a more reliable indicator of a patient's condition than his/her verbal responses. Nurses will learn more from observing a patient's

nonverbal cues than from listening to a patient's verbal communication.

Nonverbal communication includes touch which enhances communication and reassurance. Nurses need to encourage the patient to exaggerate their lip movements and concentrate on facial and body expressions which adds extra information to the patient's verbal communication. Use of short but complete sentences help make the message clearer. Gestures, smiles, grimaces and frowns are facial expressions that nurses must interpret when communicating with a patient.

Since visual sense is dominant for most people, eye contact is an important type of nonverbal communication. Maintaining eye contact, preferably at the patient's level, helps to indicate that the communication channel is open. Coded eye blink or hand gesture for patient's response is important. Instructing the patient to blink once for "yes", twice for "no" in response to your questions or alternatively thumbs up for "yes", down for "no", or any clear hand movement that the patient can achieve are only some examples.

Turning off unnecessary noisy equipment, positioning the patient near the window so that patient can see out of it, displaying photographs, drawings and paintings within the limits of unit policy, controlling light according to individual patient preferences, allowing natural sunlight if possible, low volume music and alternative/augmentive communication devices for patients with altered communication abilities are strategies to enhance communication. Other simpler methods include using communication kits like phrase board, writing pad, pen/pencil, alphabet board, picture board and pain scale.^{8,9}

The implementation of these strategies for effective communication helps to achieve amongst others, an increased recovery rate, greater adherence to treatment options, a sense of safety and an overall improved level of patient satisfaction.

References

- [1] Critical Care Nursing [online]. 2008 Aug 23 [cited 2013 Dec 29]; Available from: URL: <http://www.aacn.org/wd/publishing/content/pressroom/aboutcriticalcarenursing>.
- [2] Koziar BJ, Berman A, Erb G, Snyder S, Berman AJ. Fundamentals of nursing. 7th ed. India: Pearson education publications; 2004.

- [3] Townsend MC. Psychiatric mental health nursing.7thed, Philadelphia: JP publications; 2012.
- [4] Alhaidary AE. The Value of Nurse Communication with Unconscious Patients in ICU [online]. [2012?][cited 2013 Dec 23] Available from: URL:<http://rmsolutions.net/scs/sites/default/files/034002.pdf>
- [5] Advance health care network for nurses [online]. [2012?] [cited 2013 Dec 27];Available from:URL: <http://nursing.advanceweb.com/Continuing-Education/CE-Articles/How-to-Be-an-Effective-Charge-Nurse.aspx>
- [6] Grossbach I, Stranberg S.Promoting Effective Communication for Patients Receiving Mechanical ventilation.[online]2011;31(2).Available from: URL:<http://ccn.aacnjournals.org/content/31/3/46.full.pdf>
- [7] Chintamani,Mani M , Goyal H . Lewis's Medical surgical nursing.7thed.India:Elsevier/Mosby publication; 2011.
- [8] Williams SL, Haskard KB.Effective communication with vulnerable older patients.2007 Sep;vol 2(3);Available from:URL; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2685265/>
- [9] Beth M,Happ KD.Nurse-patient communication in critical care unit.2011 March;20(2);Available from: URL:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222584/>