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RESEARCH ARTICLE

FACTORS INFLUENCING ICU NURSES' COMMUNICATION WITH ALTERED LEVEL OF CONSCIOUS PATIENT: SWOT ANALYSIS

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Abstract

Introduction: Communication is the most essential approach for an ICU nurse to utilize when assisting a patient at the bedside. Verbal communication may help patients preserve their dignity and self-esteem, which will increase their well-being and optimism.

Methodology -A descriptive exploratory design was used to conduct qualitative research. The nurses who had worked in the ICU for the last two years participated in a focus group discussion on SWOT Analysis themes. Each FGD session comprised 6-8 ICU nurses, a professional moderator, and an observer to gather diverse thoughts and perspectives on a topic, and all responses were analyzed using content conventional analysis. The ethical authorization was received from the relevant authority.

Results -In the focus group discussion, staff nurses shared their perspectives on communication and various factors influencing communication in the ICU on a SWOT basis, i.e. S- Enhances family comprehension, patient care quality, and aids in the emotional well-being of patients and nurses. W- time demanding, Ward tasks in addition to patient care, legal difficulties (professional unwritten policies), heavy workload, communication with ventilated patients is technically problematic. O- Paediatric, geriatric, developmental, and mentally challenged patients T-Lack of coherence.

Conclusion- Considering the ICU has a high morbidity and death rate, communication helps patients establish self-confidence, promote early healing, improve patient care quality, and overall improve their prognosis.

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Introduction:-

Communication has been approved as the foundation of all nursing care, particularly for patients with altered levels of consciousness who rely on the speech and hearing channels for sensory stimulation.¹ Communication in the intensive care unit is challenged by patients' inability to speak, owing to intubation, treatment, and illness. Communication alone can prevent intensive medicine becoming apparatus medicine. As a result, nurses must communicate as much as possible with all altered state of consciousness patients in order for them to receive the best possible care and well-being. ICU nurses may make a particular contribution to their practice when they recognise that appropriate communication allows the patient to maintain self identity and self image².

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ICU is considered a high-pressure working environment due to the complex nature of the work. Caring in the context of ICUs combines humanistic approaches to caring with heavy reliance on the most advanced technology to provide high-quality care to critically ill patients. The complex nature of duties in the ICU makes it a high-stress workplace. Providing high-quality treatment to critically ill patients in intensive care units (ICUs) involves combining a compassionate approach to care with a strong reliance on the most modern equipment **Error! Reference source not found.** The potential for technological dehumanisation is an issue since patient care demands considerable use of technologies, which might dominate other aspects of care and generate emotions of loneliness and isolation.^{4,5} Unconscious or mechanically ventilated (MV) patients experience communication difficulties^{6,7} which makes the provision of care different than that given to other patients; hence, it is essential to maintain communicating the care and caring so that patients can be realized and humanised.^{8,9} Nursing care is part of the wider concept of caring, which is multifaceted and vague. Effective communication in the intensive care unit (ICU) involves not only patients but also their family and healthcare providers¹⁰. Therefore, communicating care and compassion may include the care the individual need. As a result, conveying care and caring may encompass the care that a person need (for example, psychological support for families) or the form of communication (for example, caring behaviours for dying patients). In this study, the communication of care and caring can be from nurses to patients/families/nurses/other health team members, and vice versa.

Good communication competence and skill is necessary to assist individuals and families to prevent and to cope with the experience of illness and suffering and if necessary, to assist them to find meaning in these experiences.¹¹ Podurgiel and Tosch indicate that unconscious patients have been reassured by the communication process and that this helps to meet their psychological needs and prevents unnecessary distress, thus aiding their recovery.¹²

According to literature, it was found that, communicating with unconscious patients is very essential. The investigator observed that nurses working in ICUs were following varied practice on communication. Taking care of unconscious patient is a greater challenge for nurses who are working in ICUs. Evidence based practice is the best way to provide better quality care to those patients. Inadequate nurse-patient communication results in increased levels of stress and anxiety among patient, family members and nurses. Verbal communication can help patients preserve their self-identity and self esteem, which in turn will enhance their well-being and optimism.¹³ Communication, is a way of orienting and providing meaningful sensory input to an unconscious patient. Friendly interaction, providing relevant information and encouragement would help the unconscious patient to prevent any adverse psychological effects.¹¹

Method:-

In order to gather information regarding nurse communication with patients with altered levels of consciousness, a developmental descriptive design was used in conjunction with a qualitative study technique. Item conceptual formulation procedures were utilised to develop the communication protocol; moreover, item analysis was undertaken, and undesirable items were discarded. Focus group discussion was done to identify the strength, weakness, opportunities and threats. Fifteen critical care nurses were participated in the discussion in two different milieu, each discussion took 45-60 minutes. The research comprised nurses who had been in the critical care unit for more than two years. A skilled moderator presided over the discussion, which was recorded by the research assistants. The agreement opinion was obtained on draft of the communication protocol from the nurses

The feasibility and practicality of the communication protocol was executed out in a Focus Group discussion, and all of the responses were analyzed using content conventional analysis. Additionally, variables that prevented nurses from communicating with patients with altered levels of consciousness were identified. During focus group discussion, the following factors were revealed: 'Time constraint', 'lack of interest in communicating with ill patient', 'Heavy work load', 'Religion', 'Lack of knowledge how to approach to altered level of consciousness patient', 'Fear and phobia about severe illness', 'Customs and culture', 'Language', 'Gender issue', and 'Different nurses assigned to the patient on two consecutive days.

Results:-

Table No 1:- Focus group discussion based on Qualitative items.

S. No	ITEM	RESPONSES
1	Do you think that communication skills are the integral part of critical care nursing?	“Improving self-confidence, positive patient out come and early healing.”
2	How this protocol will help us to Communicate with altered level of conscious patient?	This protocol equally oriented nonverbal and verbal aspects so it is helpful in communicating with all type of patient who are unconscious may be of any reasons, it will prevent the feeling of isolation of patients”
3	How can you improve family comprehension in the communication process.?	<ul style="list-style-type: none"> • Involving the patient’s family during care. • Communicating with relative regarding patient condition. • Understanding the Emotional state of relatives. • Clarify the choices. • Using appropriate language. • Avoid false hope. • Necessary communications. • Relating personal experiences • Continuously sharing the present status of the patient.

Table No.2:- SWOT Analysis for Developed Communication Protocol.

<p>STRENGTH</p> <ul style="list-style-type: none"> • Easily understandable language. • Improve family comprehension. • Patient care quality will be improved. • Aiding to improve emotional state of patients and nurses. • Learning will be Improved. • Consistency of information. • Prognosis may improved • Self awareness and competency was there. • Improve the Intuition and empathy. 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • It is time consuming. • More number of items in the Protocol • Ward assignment along with the Patient • We are very busy due to patient care • Some of the legal issues (professional unwritten policies). • Heavy workload. • Communication with ventilated patients is technically difficult • Patients are not viewed as individuals due to their medical conditions and invasive treatments. • Staff are hesitant to become attached to patients who may die.
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Pediatric patient • Semiconscious patient • Older patient • Patient with Developmental disorders • Mentally challenged patients 	<p>THREAT</p> <ul style="list-style-type: none"> • Lack of congruence erodes trustworthiness

Discussion:-

During Focus Group Discussion the nurses shown their variation in agreement and disagreement on few components i.e Introducing herself/himself to the patient , Providing privacy during communication, Orienting the patient about day and time/place, Maintain environment feasible for effective communication – Noise free environment , Demonstrate non – judgmental listening Indian penal code mention that every human being has the right to know the care been provided/done to him/her while he/she is conscious or unconscious.¹⁴ The professional ethics of the Nursing states nurses have to maintain the privacy of the patient for every aspect of nursing Care. Many investigators have reported “Noise free environment enhance the positive outcomes of the critically ill patients”.¹⁵

Russell concludes that hospitals are often noisy especially the critical care units which makes patients anxious. Nurse’s reassurance and explanations to the patients, help them to feel safe, secure and less vulnerable. Listening is a prerequisites for effective communication with all the human beings, hence investigator decided to include all above stated items in the protocol with rationale.

During focus group discussion there are many factor revealed like Time constraint, lack of interest to communicating with ill patient, Heavy work load in night, Religion, Lack of knowledge that how to communicate with patient who are in the state of altered consciousness, Education in how to approach the care of the seriously ill patient and their families, fear and phobia from some diagnosis like Tb, HBs, HIV positive ,custom and culture, language problem, Gender issues, different nurses assigned to the patient on two consecutive days”. These statements was supported by Luis Miguel Teixeira de Jesus et al study findings shows that communicating with a patient who cannot respond; pressures of the working environment; limited knowledge about unconscious patients’ needs; limited detailed knowledge of why or how to communicate with unconscious patients.¹⁶

Conclusion:-

Numerous factors prevent ICU nurses from communicating with patients who are in a state of disturbed awareness. As there is a high morbidity and mortality rate in the ICU, the created structured communication protocol will aid in enhancing the patient's self-confidence, early healing, patient care quality, and overall prognosis.

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