

The Patient in Intensive Care: Communication with the Critical Patient and His Family Members - A Narrative Review

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Abstract

The study intends to investigate fundamental elements of effective communication between health professionals and patients and/or family members, in a particular context such as intensive care.

Keywords: Intensive Care Unit; Communication; Family Care in Critical Care

Introduction

The critical area is defined as “the set of high-intensity care structures and the set of situations characterized by the criticality - vital instability of the sick person and by the complexity of the nursing and medical approach and nursing intervention [1].

The situation that the patient lives in a resuscitation or intensive care center, given the complexity of the clinical situation, requires a multidimensional and multidisciplinary evaluation. Likewise, nursing care is challenging and difficult, precisely because of the situation in which the patient finds himself, from the physiopathological, environmental, psychological and isolation point of view; all variables that characterize this event as critical and although they are in relation to each other must be studied and analyzed separately to be addressed and resolved.

The nursing management of these patients is therefore very delicate and multi-faceted: “we are immersed in complexity in all our fields of action. Complexity among

other things does not imply that if the action is small, the effect will be proportionally small, and even if the action is good, the result will necessarily be good” [2].

Patients who experience an accident or a sudden crisis that alters their vital functions are often overwhelmed by anxiety and experience with the disease an experience of fear, mutilation, immobilization and in general of non-knowledge that represents an attack on their personality and the integrity of their bodies. In these situations, next to the patient there is always the family who, in the same way, needs support and encouragement. In these cases, nursing care should be a methodological process for solving problems in a short time and pressing situations, recognizing problems, establishing priorities, governing the situation, always keeping the person and his family at the center.

The fundamental and distinctive elements of assistance in critical areas are the critical situation as a life-threatening situation that requires the rapid and safe commitment of all operators; in this event the doctor plays an important role, instability, as a situation in which

life-threatening events may not always be precociously predictable; the nurse with advanced skills has a role relevant, the intensity, which defines a medical-nursing curative process characterized by a constant, continuous and systematic care commitment [3].

Linking the assistance complexity to the assistance process itself means thinking in terms of care intensiveness, or rather the healing process with constant, intensive and systematic commitment, even with the use of complex equipment. The poor quality of interpersonal communication is the main reason for intensive care dissatisfaction patients and often also for their family members [4]. Interpersonal communication must therefore be considered an essential part of therapy as it is an important means of transmitting information, providing psychological support and preventing conflicts that may arise when communication is ineffective and information is misinterpreted. Good communication is therefore an essential part of therapy.

Aims

The purpose of the literature review is to analyze the communication between health professionals and patients and / or family members of the same, going to investigate the basic elements of effective communication in a particular context such as intensive care [5].

The project is developed in the form of a literature review, thus summarizing the results of the studies in the literature and described without the use of statistical analyzes [6].

Methodology

The studies included in the research are essentially of

two types:

- study studies: randomized controlled trials, non-randomized experimental studies, observational studies, case-control studies, case series.
 - Secondary publications: journalistic articles, volumes
- The unit of analysis of the elaborate is based on primary studies.

Criteria for inclusion of the studies analyzed:

- Language: italian and english;
- Period: from 1-2014 to 8-2017;
- All ages;
- All health professionals;
- Type of selected studies: primary studies and survey.

Exclusion Criteria

Other types of studies
Databases consulted:

Medline (Pubmed); Embase; Cinahl; Cochrane Library

The work was carried out in July 2017 and has followed the following steps:

- Acquisition of the relevant studies and analysis of the literature concerning the chosen theme.
- Subsequent reading of selected articles and extraction of data of interest.

Seven studies have been selected that correlate the communication between health professionals and patients / families of patients in intensive care and the relative outcomes of health services. These studies have been summarized in a graphical schematization (Table 1).

Studies	Sample	Communication operator context	Results
1)Christopher G. Slatore, et al. (2014) Survey	315 hours of intensive care interactions were analyzed and 53 interviews with 53 nurses were developed	The study was conducted in a 26-bed cardiac intensive care center in an academic hospital and a general 26-patient intensive care unit in a veteran hospital in Portland, OR. Service domains analyzed: biopsychosocial area; patient as a person; sharing of power and responsibility; therapeutic alliance; clinical area	Most of the communications at the nursing level occurred in the biopsychosocial, "patient as a person" and "clinical as a person" domains. Nurses have approved the importance of shared power and responsibility and therapeutic alliance domains, but have had relatively few communication interactions in these areas. Communication was strongly influenced by the roles of the nurse as a translator of information between doctors and patients / families.

2) Faruk Cicekci, et al. (2015) Survey	Questionnaire addressed to 181 relatives of patients and 103 intensive care physicians.	Intensive therapies belonging to 3 different cities and 6 different hospitals. For data collection, two similar forms of analysis were created in the context of the study; one for relatives of patients and one for ICU doctors. The questionnaire included three sub-dimensions: information, empathy and trust.	The belonging of the physicians studied in different disciplines, associated with different time spent in communication with the family members, influence the communication towards the patient. Furthermore, the study showed that the age of the patient's relatives, the level of education, the doctor's perception and the frequency of contact with the patient when he was healthy greatly influences the doctor's communication attitude.
3) Achury Saldana DM et al. (2015) descriptive study	112 nurses	Colombian intensive care unit (Bogotá)	91.6% of nurses consider communication with patients and their families to be fundamental; 75.9% during the assistance practice tries to provide physical and psychological assistance during the work shift; 50% are afraid of communicating with patients and their families; only 53.7% integrate their emotions to the welfare practice.
4) Schubart JR, et al. (2015) Semi-structured interviews	22 health workers	5 intensive adult therapies in a US academic medical center	Ineffective communication is not a single problem, but rather different distinct problems that exist at different levels of abstraction and vary in the stability of time.
5) Kynoch K. et al 2016 Literature review	1 RCT- 10 almost experimental studies - 3 observational studies	Intensive care unit of: Sweden, USA, United Kingdom, Netherlands, France, Hong Kong, Saudi Arabia and Iran	It emphasizes the importance of using support groups for family members of patients admitted to intensive care, structured communication and / or education programs for family members, the use of flyers or brochures to meet information needs of family members, a diary, changes in the physical environment and opening hours or more flexible.
6) Wong P, et al. (2015) Qualitative study	Interviews carried out from 2009 to 2011 with 12 family members of 11 hospitalized patients	Metropolitan hospital mixed intensive care unit - Australia	Communication interventions help promote family involvement in caring for the family member in ICU and facilitate their decision-making skills, as well as improving interaction with health professionals.
7) Adams A, et al. (2017) Literature review	8 databases were consulted to identify studies conducted in English published between 2002 and 2014.	Analysis of the communication role of nurses with the families of adult intensive care units.	Most ICU nurses find communication with families a vital part of their role. However, they have perceived significant barriers to effective communication. These barriers often led nurses to believe that families received non-optimal information and support. Equal support and formal training have been identified as key strategies to overcome inadequacies.

Table 1: The communication between health professionals and patients / families of patients in intensive care

Contents of Selected Studies

Christopher G. Slatore et al. (2014) [7]: Care in intensive care, including communication, is a collaborative effort. Understanding how nursing staff are committed to implementing patient-centered communication in the intensive care unit can guide future interventions to improve patient [8].

Faruk Cicekci et al. (2015) [9]: This study demonstrates the mutual expectations and the substance of the messages in the information, empathy and confidence of the communication process between the patient's relatives and the doctors of the intensive care unit. Communication between relatives and doctors can be strengthened through a series of training programs to improve communication skills.

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Schubart JR, et al. (2015) [10]: Ineffective communication is not a single problem, but rather different distinct problems that exist at different levels of abstraction and vary in the stability of time. These results provide a framework for designing interventions to improve the well-being of patients and family members

Wong P (2015) [11]: Facilitating communication and interacting in a sustainable way should help alleviate the anxiety and disgrace experienced by the families of critically ill patients in the intensive unit care.

Kynoch K, et al 2016 [12]: Communication interventions help promote family involvement in caring for the family member in ICU and facilitate their decision-making skills, as well as improving interaction with health professionals [13]. The need for further research in this area is also highlighted. It is hypothesized that future intervention studies focusing on family needs could include the use of technologies such as DVD (Digital Versatile Discs) and SMS (Short Message Service) to inform families and interventions specifically designed to improve family comfort [14].

Adams A, et al. (2017) [1]: many intensive care nurses consider communicating with family members a fundamental part of their work, but they perceive significant obstacles to effective communication. These barriers often lead the healthcare provider to think that families do not receive support and optimal information. Peer support and training have been identified as key elements to overcome these barriers.

Conclusions

The analysis of the selected studies, showed a clear correlation between communication and outcomes of the assistance interventions, the health workers also consider of primary importance in the relationship with the patient and his family members elements such as empathy and listening in order to implement personalized assistance for each individual case [15].

Nurses perceive obstacles to communication in their work activity and consider training courses to be fundamental in order to develop specific communication techniques, especially in particular contexts such as intensive care.

Often communication is not considered an element as the patient's physiological and clinical conditions, but as emerged from the selected studies, this factor is reflected in the outcomes of the care provided emphasizing the importance of implementing the development of a better communication between health professionals and patients / family members of patients.

In the final analysis we can therefore affirm the importance in clinical practice of focusing attention on patient domains as a person and clinician as a person.

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