

Exploring the critical care units nurses knowledge for therapeutic communication as an essential competence to facilitate patients care

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Abstract:

Background: Nurses are the cornerstone of the health system , they play an important role in the healthcare setting because they interact directly with the patients, caregivers, and other healthcare professionals in diverse ways. As nurse practitioners . Nurses have been responsible for creating good communication and delivering holistic treatment for patients for a long time

Objective: assessing the critical care units nurses knowledge for therapeutic communication competence to facilitate patients care

Methodology: Cross –sectional descriptive study design selected in order to assessing critical care unit nurses knowledge related therapeutic communication to facilitate provided care , critical care which located in four teaching hospital in Al-Hilla city selected as rich field to collect related data . (120) nurses who provided direct care to the admitted patients to the critical care units were selected to participate in the study . Knowledge assessment questionnaire which used to collect data , this questionnaire content (42) items , multiple choices questions distributed among five domains were prepared .

Result:The results indicated that most of the participants 78(65%) are between age group (25 years and less) , male 96(80%) , the participants in the study distributed equally 60(50%) between single and married status , most of the study group 78(65%) were bachelor holders , participants recorded knowledge deficit related to therapeutic communication , the total mean score -⁺ (1.47)

Conclusion: Critical care nurses recorded knowledge deficit related to therapeutic communication , while good responses appears with core issues of nurse – patient relationship

Recommendation: Good therapeutic communication skills improved by educational program and training sessions to understand and enhance patients quality of care in special units

Key words: Therapeutic communication ,critical care nurses

Introduction

Patient – nurse relationship facility holistic understanding of human needs and deal professionally, with patients responses or expressed feelings , for this reason nurses need special skills and knowledge to realize patient concerns .Communication as competence always act as an important factor to create clear messages which reflects their knowledge , the way they think and feel and their capabilities to deal with all situations (King and Hoppe, 2013) . The most major element in maintaining high quality of care to the patients in health care settings is efficient and meaningful communication. As a patient advocate, nurses express a personality and hence maintain an important, professional and therapeutic relationship with patients by clear roles and boundaries. It is essential for a nurse to build a capacity to interact with patients.It is vital for a nurse to acquire an ability to communicate with patients in a workplace that plays a crucial role in ensuring quality care for their jobs (Amoah et al, 2019).In order to respond to patients, successful therapeutic contact requires direct and face-to-face communication. For clients in healthcare context, the most critical ways to achieve patient satisfaction are by exploring efficient and proper contact.In addition, good communication skills have the beneficial benefits of recovering productive team work in the patient and enhancing the physiological state of the patient to improve health, contributing to the degree of patient satisfaction. Communication is used to convey information, exchange knowledge and create, reinforce or influence relationships via verbal and non - verbal means. Non-verbal communication involves touch, facial expression and tone of voice, but is not limited. Communication forms the basis of a partnership between nurses and patients and is an integral aspect of confidence and comfort (Kourkouta L, Papathanasiou I,2014) .

Nurses working in intensive care units (ICU) find it particularly difficult to interact with very sick, unconscious, sedated or mechanically ventilated patients (Ayuso-Murillo D . ,et al ,2017). Specific

expertise, skill and dedication are needed for contact between nurses and these patients. Healthcare personals should work hard to gain special communication skills which improve their professionalism and success to reach patients and community satisfaction . Nurses in the critical care units face serious challenges which requires immediate decision making , carrying out responsibility to reduce patients and their family members overstress, even have the capability to deal with all mentally ill or homeless patients who may admitted to such units . In this busy stressful context nurses should carried out their responsibilities continuously to maintain patients health and safety (Senot et al,2015).Bad communication decrease patients satisfaction which act as important measures of health care system (Pytel C. et al , 2009) Patients will face the need to repeat their narratives, because of double tasting procedures and examination , which may delays caring process , and contradictory details can be obtained, which can in turn lead to reduced patient confidence and satisfaction. In addition, some of these mechanisms suggest higher, unnecessary and avoidable costs, e.g. due to unnecessary repeat investigations(Vermeir et al, 2015) . In all fields of health care and in all its strategies, such as prevention, recovery, therapy, rehabilitation, education and health promotion, contact is a critical aspect of nursing. In addition, the nursing process, act as a scientific approach for exercising and implementing nursing care , which is commonly accomplished by good communication between nurses and patients, which is important for the individual's successful outcome. However, to accomplish this, nurses must recognize their patients and assist them, showing courtesy, empathy and honesty. The patient should be given time to obtain essential confidentiality. Communication is an important aspect for humans through verbal and nonverbal exchanges to communicate feelings, ideas, and thoughts. It is the sense of social performance and the vital element of sustaining a healthy interpersonal relationship (Roter D.L., et al , 2006). An awareness of the patient and the experiences they share requires good communication. It needs expertise and the nurse's real desire to consider what concerns the patient at the same time. It is not enough to understand the patient only, but the nurse must also express the message that he or she is understandable and acceptable. It is a representation of the participants' experience, the way they think and feel and their skills (Papadantonaki, 2006). Communication is described by (Lindsay, M. 2013). as the exchange of information, thoughts and feelings among people using speech or other means. Therapeutic methodology requires, on the one hand, oral contact among public health officials and nurses and, on the other, the patient or his family. It is a two way system. The patient shares their worries and concerns to their nurse and encourages them to build proper nursing diagnosis.

As a science of health care, nursing focuses on understanding human needs as a bio- psychosocial and human being. Its practice requires not only professional knowledge, but also interpersonal skills and skills, intellectual and technological. This indicates that awareness, clinical work and interpersonal communication are composed (Wu, T. W. ,et al 2014).

In general, the nursing process is conducted by interaction, in an interpersonal atmosphere and through unique verbal communication skills as a scientific tool for the exercise and application of nursing . In communication, listening is important. It is responsible nursing practice which involves concentrating attention and mobilizing all the senses for the interpretation of each patient's verbal and non-verbal messages. Nurses analyze the condition and the patient's concerns by listening; they increase their self-esteem and incorporate both the nursing diagnosis and the car phase (Hartog C.S., 2009)

Objectives:

The aim of this study to assess the following :

- Critical care unit nurses knowledge for therapeutic communication competence to facilitate patients care
- Critical care unit nurses knowledge related patient – nurses relationship boundaries
- Critical care unit nurses knowledge related patient protection from harm during therapeutic communication

Methodology

Descriptive cross –sectional study design selected to assess the critical care nurses knowledge related to therapeutic communication to facilitate provided care from the period (24 . April to 10. July . 2019) , critical care which located in four teaching hospital in Al-Hilla city selected as rich field to collect related data . Purposive sample from (120) nurses who provided direct care to the patients who admitted to the critical care units . Knowledge assessment questionnaire which used by Dawood, H. A., & Hassan, H. S. (2018) , used to collect data , this questionnaire content (42) items . Prepared as multiple choices questions distributed among five domains . The reliability coefficient revealed (0.84) . Self- report

method used to collect the data related to nurse's knowledge about therapeutic communication the required time to complete the questionnaire need was between (35-40) minutes. The ethical framework based on one reason, which includes respect for human dignity, taken under consideration as a starting point before data collection, the study's aims were explained to the nurses who work in the critical care units to obtain their participation agreement. Formal agreement received from the hospitals Administration office to start working.

Results:

Table (1) Division of the sample related to their demographic profile

Demographical characteristics	Items	Frequency	Percentage	Mean± SD
Age Groups	25 years and less	78	65	25.40± 3.722
	26-30 years	36	30	
	40 years and more	6	5	
Gender	Male	96	80	
	Female	24	20	
Marital Status	Single	60	50	
	Married	60	50	
Educational Qualification	Secondary Nursing school	6	5	
	Diploma holder	36	30	
	Bachelor holder	78	65	

The result of this table shows that the higher percentage of the sample 78(65%) are between age group (25 years and less), male 96(80%), the participants in the study distributed equally 60(50%) between single and married status, most of the study group 78(65%) were bachelor holders

Table (2) Allocation of the sample related to employment profiles

Demographical characteristics	Items	Frequency	Percentage	Mean± SD
Hospital Name	Hilla General Hospital	40	33.3	2.25± 1.094
	ImmamSadiq Hospital	30	25	
	Marjan Hospital	30	25	
	AL-Noor Hospital	20	16.7	
Years of employment	5 years and less	78	65	3.00± 3.797
	6-10 years	24	20	
	11 years and more	18	15	
Years of Experience in critical area	1-2 years	96	80	1.40± 0.974
	3-5 years	24	20	

The results in this table present that most of the sample 40(33.3%) are working in Al- Hilla general hospital , while most of them 78965%) year of employment and 96(80%) of them with (1-2) years of experience in the critical care units

Table (3) Nurses' knowledge related to therapeutic communication

No.	Items	I Know		I Don't Know		Mean ±SD	Assessment
		F	%	F	%		
1	Sending and exchanging information among persons	114	95	6	5	1.95 ±0.219	Pass
2	One of the elements of the communication feedback consider one of the ----- element of communication	84	70	36	30	1.70 ±0.460	Pass
3	The first elements of communication is---	90	75	30	25	1.75 ±0.435	Pass
4	The communication steps is about ----- steps	42	35	78	65	1.35 ±0.479	Fail
5	The phase of communication includes introduction , working and -----	54	45	66	55	1.45 ±0.500	Fail
6	Communication methods consist of verbal and -----	54	45	66	55	1.45 ±0.500	Fail
7	Body language consider one of the ----- communication	114	95	6	5	1.95 ±0.219	Pass
8	Facial experience consider one of the ----- communication	30	25	90	75	1.25 ±0.435	Fail
9	Optimal space between the patient and the nurse during communication is ----	30	25	90	75	1.25±0.435	Fail
10	Optimal space which should be taking among community members is ----	42	35	78	65	1.35 ±0.479	Fail
11	Expression is used as ---- language between patient and nurse	72	60	48	40	1.60 ±0.492	Pass
12	The essential method of communication is -----	00	00	120	100	1.00 ±0.000	Fail
13	Exchange is suitable way to develop----- between nurse and patient	18	15	102	85	1.15 ±0.359	Fail
General						1.47 ±0.296	Fail

Cut of Points = 1.5 (Fail= 1-1.5, Pass= 1.6-2)

This table present that participants recorded knowledge deficit related to therapeutic communication , the total mean score -⁺ (1.47)

Table (4) Nurses knowledge for understanding the nurse - patient therapeutic relationship as communication core issue

No.	Items	I Know		I Don't Know		Mean ±SD	Assessment
		F	%	F	%		
1	The nurse should introduce him \ herself to the patient	120	100			2.00 ±0.000	Pass
2	Addressing the patient with	102	85	18	15	1.85	Pass

	suitable or preferred one by the nurse					±0.359	
3	Give chance and time for the patient to explain himself	120	100			2.00 ±0.000	Pass
4	The patient inform that the information in his medical records should be	78	65	42	35	1.65 ±0.479	Pass
5	Therapeutic communication consist the following	72	60	48	40	1.60 ±0.492	Pass
6	The nurse should support and advocate the patients	84	70	36	30	1.70 ±0.460	Pass
7	Nurses behavior depend on the level of	84	70	36	30	1.70 ±0.460	Pass
8	The nurse should respect and listen tentatively to the patients	24	20	96	80	1.20 ±0.402	Fail
9	The nurse should put proper plan for therapeutic communication with the patient	00	00	120	100	1.00 ±0.000	Fail
General						1.63 ±0.338	Pass

Cut of Points = 1.5 (Fail= 1-1.5, Pass= 1.6-2)

This table shows that the nurses knowledge in the 9 items related to therapeutic relationship issue recorded good results as the total mean score -⁺ 0.338(1.63) .

Table (5) Nurses knowledge related to therapeutic communication as patient care center issue

No.	Items	I Know		I Don't Know		Mean ±SD	Level
		F	%	F	%		
1	The consider the patient as ----	72	60	48	40	1.60 ±0.492	Pass
2	Therapeutic relationship and sharing the ideas with the patient	72	60	48	40	1.60 ±0.492	Pass
3	The nurse should understand the patient 's-----	66	55	54	45	1.55 ±0.500	Pass
4	The nurse know how to keep the relationship with the patient	90	75	30	25	1.75 ±0.435	Pass
5	Prejudice ----- the relationship between the nurse and patient	72	60	48	40	1.60 ±0.492	Pass
6	Respect the feeling and choses of the patient related to -----	48	40	72	60	1.40 ±0.492	Fail
7	Sharing the caring plan with patient	42	35	78	65	1.35 ±0.479	Fail
8	The nurse should be away from any issues with may distribute the relationship	84	70	36	30	1.70 ±0.460	Pass
General						1.56 ±0.136	Pass

Cut of Points = 1.5 (Fail= 1-1.5, Pass= 1.6-2)

This table present the nurses knowledge related to therapeutic communication as patient care center issue present good level in most of the items the total mean score recorded as

-+0.136(1.56) . While item 6 and 7 recorded poor result

Table (6) Aspect is therapeutic communication and border conservation in therapeutic relationships

No.	Items	I Know		I Don't Know		Mean ±SD	Assessment
		F	%	F	%		
1	When the patient ask for help in points out of therapeutic relationship	72	60	48	40	1.60 ±0.492	Pass
2	Reviewing and developing patients care plan	96	80	24	20	1.80 ±0.402	Pass
3	Its necessary to avoid any invasion of patients relationship	72	60	48	40	1.60 ±0.492	Pass
4	Continue to explain the purpose of the therapeutic relationship	36	30	84	70	1.30 ±0.460	Fail
5	Avoid to share financial management process during patient care	84	70	36	30	1.70 ±0.460	Pass
6	Ask for help from other when fail to face same critical situation during care	102	85	18	15	1.85 ±0.359	Pass
General						1.64 ±0.196	pass

Cut of Points = 1.5 (Fail= 1-1.5, Pass= 1.6-2)

This table presented that the critical care nurses recorded good responses to this domain when providing care the general mean (1.64)

Table (7) Protects the patients from harm during therapeutic communication

No.	Items	I Know		I Don't Know		Mean ±SD	Assessment
		F	%	F	%		
1	What the response for un suitable communication may patient expose to	36	30	84	70	1.30 ±0.460	Fail
2	It's important to document any un acceptable responses from the nurses which may affect patient –nurse relationships	60	50	60	50	1.50 ±0.502	Pass
3	The proper responses of the nurse related any invasion of patient privacy or violence	78	65	42	35	1.65 ±0.479	Pass
4	Special personal relationships with the patient may be	84	70	36	30	1.70 ±0.460	Pass
5	Therapeutic relationship between nurse and patient should be away from any direct money management	54	45	66	55	1.45 ±0.500	Pass
6	Always the nurse avoid any	102	85	18	15	1.85	Pass

	bargaining with the patient and play as advocators					±0.359	
General						1.54 ±0.196	Pass

Cut of Points = 1.5 (Fail= 1-1.5, Pass= 1.6-2

Table (6) present poor responses of the nurses related to their knowledge toward patient protection from the harm the total mean (1.54)

Discussion : Through the data analysis the distribution of demographical characteristics variables which revealed in the table (1) pointed that the majority of the sample are 78(65%) between age group (25 years and less) , male 96(80%) , the participants in the study distributed equally 60(50%) between single and married status , most of the study group 78(65%) were bachelor holders , these results indicated high professional qualification of nurses , nurses with young age are the preferred age to work in such area as (Lakanmaa R. L . et al, 2015) ,who stated that the range of age of the critical care units were between (22-26) years , they are bachelor degree . Male nurse in the critical care create power and skills, along with an mode of To their workplace, values and behaviors. Male nurses' experiences in caring for patients with serious and complex cases and their families (Tammy W.Wu , et al, 2014) .

Table (3): present that participants recorded knowledge deficit related to therapeutic communication , the total mean score recorded (-+ 1.47) . Therapeutic interaction between nurses and patients allows nurses to create healthy patient relationships by displaying warmth, appreciation and empathy. It also improves the nurse's morale by encouraging nurses to provide assistance, open up to suggestions, and resolve anxiety. This encourages nurses to provide patients with the best possible treatment(Taylor S., 2010) .

3.1. Participants. Most participants were female (LL.L%) and their mean age was LL years (range LL-LL). Most of the nurses had a Bachelor of Health Care degree (LL.L%) and their mean length of work experience in ICU was LL years (L.LLL-LL

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McCabe C. , (2004) , Indicated that nurses are not good at dealing with patients, by using a patient-center approach, nurses can communicate well with patients , the importance of using a patient-center approach when communicating with patients to ensure the delivery of quality patient care. Table (4) present the nurses knowledge related to therapeutic communication as patient care center issue present good level in most of the items the total mean score recorded as -+0.136(1.56) . While the participant shows poor responses related to patients respect and acceptance feeling and sharing the care plan with the patients ,these aspects consider as un important issues in communication and nurse – patient relationships . Good communication plays an effective role to organize care plan by effective hearing sharing ideas in this way nurses continuously should improve their communication skills as poor communication can be read to confusion which may altered patients outcome . Human dignity requires caring for vital medical treatment requiring moral attitudes and maintaining respect for the self-control and readiness of patients to provide appropriate care to patients when they need help (Pying , 2011).

Table (5) presented that the critical care nurses recorded good responses to the therapeutic communication and border conservation in therapeutic relationships , this domain when providing care the general mean (1.64) and table (6) present poor responses of the nurses related to their knowledge toward patient protection from the harm the total mean (1.54) . This results agree with that which stated by Newman , 2005 , the nurses have the promise to set and maintain . It is their responsibility to warn consumers or patients when their desires or requests are outside the limits of the therapeutic partnership. In the care plan and caring strategy, nurses should also include nurses . This will help to solve any possible situations . Furthermore , nurses should carry out the responsibilities to set care plan with regard to that boundaries. Personal information ,respecting cultural values , feeling , listening for special needs are recommended meets the therapeutic needs of the patient. The participants who academically prepared to

obligate ethical issues which ensure patient rights have positive responses in this field of maintaining bounders .

Conclusion : Most of the participants who involved in the study shows poor knowledge related therapeutic communication principals and strategies to protect the patients from harm during therapeutic communication . While they show good responses related to basic communication principals .

Recommendations: educational program including principals for therapeutic communication may play un effective role to improving patients outcome and enhancing quality of care in critical care units

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