

The Determination of Content of Communication between ICU Team with the Family of the Patients in an Intensive Care Unit

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ABSTRACT

Background & Aim: Establishing an effective communication with patients is an essential aspect of nursing care. However, most of studies described the nurse-patient relationship as weak. Recognition of the content of effective communication in nurse-patient's family provides effective communication between ICU team and the families of the patients in ICU. The present study aimed at assessing activities of nurse-patient's family effective communication in ICU from nurses and patients' family view.

Methods & Materials: This study was qualitative design with the quality content analysis method. Participants included 8 Iranian registered nurses and 4 physicians working in ICU of the hospitals affiliated with Kerman Medical Sciences University of Kerman and 10 family members in Kerman, Iran. Data were collected using interviews and observations. The interviews were conducted unstructured. The data collection was including the interview and observation. The interviews were not organized. Observation method was used in order to gain a deeper understanding and verifying data from interviews. The observations focused on the interactions between nurses and patients family during mutual communications.

Results: The data analysis of the writing about the participants about the communication led into five classifications of spiritual care categories with the following subcategories (giving hope, considering Allah and resorting to religious actions) emotional support (empathy, mutual understanding, comfort, trust), Participation (participation in decision making and physical care), notification (identification of the information need of the family, responding the need of the patient family and training the patients) and consultation (consultation in selecting the therapy and selecting the best type of care).

Conclusion: The findings led into the recognition of the important aspect in communication between ICU team and the family of the patients. By identification of the content of communication, establishing new rules and using creative methods in education and establishing the communication of ICU team and rules and using patient-based approach we can have effective communication.

KEY WORDS: content of nurse- patient's family communication, ICU.

INTRODUCTION

Today, nursing in ICU is a creative job and nursing in ICU is the most important task of nursing (1). ICU is a place in which patients in critical condition are admitted and they are treated by experienced physicians and nurses under the best conditions. The most important element in ICU is the skilled nursing team who can take decision in emergency and do different nursing processes (1,2,3).

Human being is unique and in nursing, this person is the focus of care and it is required that professional nurses are highly skilled in this department (4). As providing the unique care of the patient requires the familiarity with the patient and establishing relation with him (5), communication is one of the central concepts in nursing and important part of nursing measurement (6). The patients should be able to establish effective communication to be informed of the needs of their patients and know which actions of nursing are good for the patient and how to change these actions, if necessary to improve the patient health (7). Indeed, the interaction between the nurse and patient can be a criterion for effective care (8).

The researchers believe that although progress in physical care in ICU is high, caring all human aspects including mental care of the patients, are ignored (9, 10).

The major part of the problems of the patients admitted in ICU is the emotional problems (9, 10, 11) and mental actions of the patients in ICU are predicted as these departments are full of stressing factors affecting them (12, 23, 14).

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One of the major parts of patients' satisfaction in study findings is the importance of patient-therapist relationship (15). Relation is of great importance in nursing job (16) and it is one of the main works of nursing (17) and the patients consider interaction with the nurses as the basis of treatment (18). Effective relation is the main feature of nursing care and it is considered as a necessity over the time in patient-based approaches.

Although the relation of the nurse and patient is effective on successful care results, this issue is not evaluated well and communication elements in interactive, mental and dynamic components are ignored (19). Based on the lack of standard model for nurse-patient relation and different methods of its establishment (20), the study regarding the nurse-patient interactions can increase the knowledge of the nurses of establishing the communication of the nurse during the interaction with the patients and the perception of the patients of the relationship between the nurse-patient. McCabe believed that it is necessary to extract nursing study of the patients' experience of nurse-patient relation and identify the most valuable issue from the point of view of the patients during the interaction with the nurses. Such information leads into the increase of knowledge about nursing theory and helps the nurses in completion of personal communicative skills (21). Based on the importance of professional relation in nursing and its important role, this issue should be dealt with in Iran. While in most of the developed countries in nurse and patient relation, defined standards are applied. However, obvious standards consistent with the conditions in Iran are not defined while the studies conducted in Iran are about the relation of nurse and patient and showed problem in this regard. For example, Abedi *et al.*, found that the relation of the nurse and patient is bad and by presenting educational plans for the patients, it can be improved (22). Ayin *et al.* discussed about the weak interpersonal relation between the nurse and the patient (23). In another study, the presence of a supporting environment and adequate resources to improve the relation between the nurse and patient is emphasized (24). Based on the position of the relation of nurse and patient in the quality of nursing care, the main question in the mind of the researcher is the content of the relation between the nurse and patient based on the background of nursing in Iran? As the human being relations can not be summarized in a research, it is required to use suitable study solutions to achieve the deep reality of human being and quality researches can have important role in clarification of ambiguous fields (25).

The researches showed that we don't know the relation of nurse-patient's family well and the previous studies didn't provide the required knowledge in this regard (7,39, 42). As there is no comprehensive study regarding the relation process of the patient and the nurse and as it is the interpersonal and cultural relation, any society based on cultural-social ground can have different communicative styles. The researcher attempted to do the qualitative study to acquire more information. The aim of the present study is determining the content of communication by ICU team and the families of the patients admitted in ICU in educational hospitals of Kerman (Iran).

METHOD

The study location was ICU of educational hospitals of Kerman. The participants including the nurses and the families of the patients admitted in ICU were eligible on condition that they tell the experiences. For interview, at first aim-based sampling was done and then theoretical method was continued and the sampling was continued to data saturation. The participants in the study were 8 nurses, 10 patients' family members and four physicians. At first, the study purpose, interview method and eligibility of participants or their reject were explained and oral consent was obtained. All the interviews were guided by the first writer. The confidentiality principle of the information for interview and recording the discussion was observed. One of the ethical principles was the right to be excluded from the study any time. Quality study was used in this study and deep understanding of the content of communication between the family and ICU team based on the aim and it is an instrument to obtain deep information of the participants. For data collection, deep and disorganized interview was applied. This interview is good for quality studies due to its flexibility and depth [26]. All the interviews were done by the first researcher and the nurses were asked how to communicate with the patients' family? What items you emphasize during the communication with the family of the patients? And for the families, do the physicians and nurses communicate with you? How is this communication? On what items do they emphasized during the communication? What do they say that you feel there is a good relation between you and them? The interview took for 45min to 1:30 and it was guided personally. All the interviews were recorded and then they were transcribed to be analyzed. The quality study required that the researcher is full of information. To do this, the researcher listened the interviews repeatedly and reviewed the text for many times. For data analysis, quality content analysis method was used. The quality content analysis is defined as quality data analysis method being used for mental interpretation of the text data content. In this method, via systematic classification, the codes and themes were identified. The content analysis is beyond the content extraction, it is based on text data and the latent themes and models can be revealed from the data content of the patients. Based on the descriptions of the participants in the study, the latent and explicit concepts were defined and coding concepts and summary were classified and the themes were extracted. The codes based on

the meaning units acquired of participants' description were extracted and then, they were classified based on differences and similarities. It was attempted to use the highest homogeneity inside the classifications and the highest heterogeneity between the classifications and no data was inside two classifications. For data classification, one note software was used. Finally, five themes of data analysis were obtained. The data were analyzed by self-control methods of the participants and control by the colleagues familiar with the quality study. In control by the participants, a part of the text with primary codes were observed by the participants and the homogeneity of the ideas extracted from the data was compared with the comments of the participants and when the researcher interpretation was different from the view of the participant, it was corrected. In control method by the colleague, the concepts of the data with high abstraction level compared to the primary codes were presented to the colleagues familiar with the quality study and the data generalization was reviewed in terms of eligibility and in case of difference between them and the researcher, the data concept and analysis was done by the researcher and they were given again to them to be verified by all. The researcher acceptability, reviewing the writing with the participants of reviewing, the additional comments of the colleagues is used.

To observe the ethical considerations, at first the participants were explained about the aim and the method of study and after agreement in the study, the consent form was signed by them. In consent form, voluntary participation in the study and exclusion right, emphasis on protecting the audio files and unknown identity of the participants were included. During the observation, the consent was obtained dynamically from the nurses and patients' family during the observations as in each case, the researcher observations expressed their aim to the participants.

RESULTS

The participants were 10 family members of the patient, 8 nurses and 4 physicians. The age range of the participants was 18 to 50 years old. Two of the nurses had MA of nursing and the others had BA and the families of the patients were illiterate to BA.

The writing analysis about the participants regarding the content of the communication led into the five classifications of spiritual care categories with the following subcategories (giving hope, considering Allah and resorting to religious actions) emotional support (empathy, mutual understanding, comfort, trust), Participation (participation in decision making and physical care), notification (identification of the information need of the family, responding the need of the patient family and training the patients) and consultation (consultation in selecting the therapy and selecting the best type of care).

Table 1- The content of communication between ICU team and families

Spiritual care	Emotional Support	Participation	Consultation	Notification
1- Giving hope, 2-Considering Allah 3- Resorting to religious actions	1- Mental support 2-Empathy 3- Mutual understanding 4- Comfort 5-Trust	1- participation in decision making 2- physical care	1-consultation in selecting the therapy 2-selecting the best type of care	1-Identification of the information need of the family 2- Responding the need of the patient family 3- training the patients

Spiritual considerations

Spiritual considerations are one of the content items of communication between the families and ICU team. As the patients in this department are in critical condition, premonition of the diseases is not satisfactory and all people consider the spiritual issues more than any time and ask God to get the patient better and they consider their religious actions including worship, praying or fasting and by praying to Allah get help for their patient. It is observed that the nurses asked the families to say prayer for their patients and ask for His help.

Giving hope

If there is no hope for getting better, again the families of the patients try to be given hope from the ICU team. Even they feel they are telling lie. One of the nurses said:” giving unreal hope is not good but making the families hopeless is not good...the realities should be said as the families don't suffer from trauma and it can be said that you should trust in God and in all your sentences, there should be God...but when it is said what God asks, the families get comfort, he is not given hope and they are not being hopeless”.

Considering God

The nurses guide the families to God and saying prayer when they thinking that there is no hope to relieve them and they can tolerate the sad moments. It can be said that they establish spiritual relation with the family. One of them said, “This department is very important and the patient is close to death and it is the last location, we should trust in God and say prayer”. One of the nurses said:”we give information as possible, for example, we say, the patient is better now, your patient is good now but we don't know what happens later, say prayer.

Resorting to religious actions

Religious beliefs are more important at disease time than other periods in life and it is caused that a person accepts the disease. Thus, religious actions and providing required facilities for religious actions and meeting the religious demands of the patients when the patient is hospitalized in the hospital are of great importance. In all the observations conducted by the researcher, resorting to religious actions was observed. As some of the families were saying prayer, some others were sending peace upon the Prophet and reading the Holy Quran. One of the nurses said, go and say prayer for the health of your patient (observation 1, dated 91/4/15).

2- Emotional support

Anxiety is one of the major mental problems in a family. The major concern of the patients to treatment costs, dismiss and outcome of the disease were the major cause of anxiety. One of the ICU nurses said: "Here, the families of the patients are anxious, both for money and their life and the life of their patient is more important. They say, our patient will get better, are all the treatments for our patients good and effective?"

Empathy

Empathy with the families and giving them comfort is one of the important issues being mentioned by the families. They wanted the ICU team to empathy with them. One of the participants said: ".....They understood me mentally, when they talked, I was mentally getting better". Another family as the brother of the patient said "some of the nurses were good both with the patient and their family members and they understood the patient and the disease and they were talking to give comfort to the patient.

Mutual understanding

The families wanted the nurses and physicians understand them and in this way most of communication problems are resolved. The sister of one of the patients said: "If the nurses and physicians understand them, they can establish strong understanding". The father of one of the patients said: "The nurses are good and they understand us and they know we are in a bad condition and they try to do their best".

Comfort

Giving comfort to the family of the patient is one of the communication behaviors of the nurse in facing with the critical needs of the patient. The nurse by some behaviors as being friendly and respecting the patient and empathy with the needs of the patient said that not to feel themselves as a stranger and it was a comfort for him. One of the families said: "The nurses are very good and kind, they try hard, they are not ill-tempered and they don't yell at us. We shout at them, but they don't yell at us. They talk calmly". Giving comfort to the patient is one of the actions. One of the nurses in ICU said: "The families of the patients are distressed and we try to give the patient comfort until the doctor comes".

Most of the families said that giving comfort by the ICU team reduced the stress and anxiety.

A sister of a patient said: "ICU is very stressful and I didn't know what happens to my patient, two of the nurses were good and they were telling us not to be worried, we had many patients like this one and all of them got better. I trusted them and I relieved. The families in ICU need empathy".

The brother of one of the patients said: "Our communication was good and they had good emotional communication with us. They were giving us information. They said, our patient is getting better and it was understandable. We were convinced. Some of the nurses were good and they understood us, when they were talking, I felt good.

Trust

Communication with the families causes that they trust you. The families of the patients feel a kind of trust to the ICU team and they feel that they do their best in ICU. Even if they don't do anything for the patient, they don't find fault with them. The sister of one of the patients said: "we had a good relationship and we were communicating emotionally. If the nurses take time and give them comfort, they will be impressed and they trust the nurses more than their families and the effect of their words is more than the words of the family".

Participation

Other content of communication in the present study is participation. Based on the two features of audience as participation and participation content. The audience of the participation in this study is family and participation content is "care recommendations", "helping for decision making and "giving information about the conditions of the patient by the nurse".

Participation in decision making

In ICU, due to the critical condition of the patients and immediate decision making for them is asked less than the families. In most cases, they are informed and the consent is obtained. If the necessary measurement is taken for the patient, the families are asked to take decision about their patient, for example, transferring other hospital and so on. A family said: "As we don't know anything of what they do for the patients and we trust the doctors and the hospital, any decision taken by them is accepted".

Participation in physical care

Rarely, it is happened that the families are asked for help in ICU. ICU is an isolated location and frequent visits make this place infectious but in post-ICU, the families are asked for physical care.

One of the nurses said:” If we have time we asked the family member to do bandage, because he learns and he can be an aid.

“.....If a patient is hospitalized for a long time, his family is allowed to come and talk with the patient and rub his hands and feet and this is effective on his health, namely in nutrition that is effective for health”.

Another nurse said:” As ICU is a special department and families can not participate in nursing actions and if necessary, the family can visit his patient to give him comfort and training measurements are done in this department”.

1- Notification

The identification of the information need of the families

Another type of communication content is giving information to the families and obtaining information about the patient from the families. The major content of communication is done via exchanging information. Obtaining information about the patient is one of the important needs of the families and the families are more anxious about their disease and premonition and they need to have the complete information and if the needs are not met, they feel anxious.

Based on the conditions in the study field, the nurses had time to focus only on critical issues related to patient health and the content of their communication was responding the needs. Indeed, based on the increase of work load, they didn't have time to deal with the long-term needs of the patients and the patients found that they should talk only about their immediate and critical issues with the nurse.

The family of one of the patients said:” I didn't meet them, I talked to them and they were responding”.

One of the nurses said:” Most of the families asked us about the disease and its trend. What are we doing in this process and sometimes the families want to know completely about the disease. What is the name of the disease, who is the doctor and what we have done for them and we were explaining them, as possible”.

One of the nurses said:” As the patients in ICU are mostly suffering from brain trauma, most of the families want to know if their patient is getting better or not”.

Responding the information need of the families

Responding the family need to the health of their disease was due to the concepts leading into the needs of the families. This concept showed the role of patient family in this group. Most of the families tried to obtain information about the disease, diagnosis, treatment and their disease. For example, a nurse said:”

Training the patient family

Training and increasing the information of the patient family is another type of communication content of the relation between ICU team and the patients' family and it is a communication bridge.

Increasing the information of the patient or his family is another communicative behavior of the nurses facing with the patient needs that was done as “information training” by the nurse beside other duties or during the implementation of nursing techniques. Increasing the information of the patient or his family is in the form of explanation with the disease process, patient preparation to implement care techniques and care recommendations to the patient or the family.

One of the nurses said:” We train the family of the patients, some of the patients have special diet and we tell them to have special diet for the patient and sometimes the kitchen can not provide some of the items for the patient and we train the family of the patients to know what is useful for the patient and if they can provide for them”.

Consultation

Consultation in selecting the best treatment

One of the groups of communication content is consultation of therapy team to the family to select the best therapy. The families require ICU team consultation for better choice. In most cases, the families are guided by the therapy team to have the best therapy services for their patients. The sister of one of the patients said:” we want to know we can take our patient to another hospital and choose a skilled doctor, is there any effective drug for our patient. We do our best that our patient feels better. They should tell us what we can do”.

Consultation in selection of the best care

The brother of one of the patients said:” We want to know what we can do when our patient was dismissed from the hospital, how we can behave with him, where can we ask for help in emergency condition. We ask them to guide us”.

Another family said” As my patient didn't have good vein for injection, I asked the nurses to introduced another person who can do the injection”.

When the patients were dismissed and they needed nursing care at home, most of the families were searching for a center or a person for nursing his patient at home.
“A family asked the nurses” can you introduce me a nurse at home for my mother”.

DISCUSSION AND CONCLUSION

The results of the present study” The content of the communication between the ICU team and the family of the patients in ICU” were including the items of spiritual care, emotional support, participation, notification and consultation. The ICU team was communicating via the 5 classifications. The present study aimed at determining the content of communication between the nurse and patient family. Based on the results of the study, it can be said that the main responsibility is continuation of this communication with the patient as the responsibility of the nurse and the patient family had low power in this communication.

The results showed that in communication between the nurse and patient family regarding some items of spiritual care, emotional support, notification and consultation, the nurse had important role than the patient family even the beginning of the relationship is defined based on the patient needs and his family as the actions of the nurse in facing with the needs.

The items spiritual care, emotional support, participation, notification and consultation and dignity of human being were communication content of the ICU team and families.

Spiritual cares were one of the most important cares being emphasized by the families and nurses and the nurses considered this issue more despite all their problems and by giving hope to the families, referring them to prayer and asking for his help and doing the religious actions tried to approach the families and reduce their anxieties.

Allah remembrance gives us comfort and he will be calm in this way. But giving unreal hope to the families is not good and God will is observed in all their words. The families ask for the health of their patients from God and they try to get close to God by religious actions.

Generally, religious principles are powerful source for the patients leading into the improved health of the patients. The anxiety of being separated from religious acts and neglect in this regard will have negative effect on disease improvement and increased the hospitalization period and increased costs. Some of the patients consider disease as divine try and they believe that if they are religious, they will be saved. Other people think that they are punished due to their immoral behaviors. They believe that prayer, repentance increase the toleration of people against the disease and problems (29). According to Zomar verse, 8: When human being is at loss, he asks for God help and returns to him. Here, religious acts as saying prayer, praying are common mechanisms increasing the hope and qualification feeling (30).

As a part of comprehensive care, the nurses are required to ask a clergy man to visit the patient for religious acts. This part of care is one of nursing and midwifery standards because a patient can have religious needs (32).

Regarding meeting the spiritual needs of the patients, Psychology society of USA recommended that the physicians should ask about the spiritual and religious inclinations of the patients. The foundation of the recommendations is such that caring the patient is more important than patient treatment and it includes many needs. Most of the patients try to meet their spiritual and religious needs (33).

Another issue in communication content in this study is emotional support between the ICU team and the families as sub classifications of empathy, comfort and trust.

The nurses’ empathy with the patients’ family in ICU was one of the positive issues being considered by ICU team in the present study. This meaning is also considered in the study of McAdam *et al.*, (2009) and Norman *et al.*, (2008): The patients who reported high satisfaction were affected by the nurse consideration and empathy. The family of the patients admitted in the hospital found that when they had a patient in ICU, due to the lack of adequate information about their disease and the unfamiliarity with the environment are in stressful condition and they require empathy of the staffs [34, 35]. The interviews and observations in the present study showed that the families feel comforted when the team communicate with them by communication skills and techniques and explain about the environment of ICU [36, 37]. Cleary *et al.*, (2001) believed that the nurses can present the nursing care as private or they can have close relation with patients’ family and create more empathy [38]. The results of another study showed that the more the patient’s family are understood by the staffs of ICU, they more the satisfaction [39].

Proving the participation of the patient and his family is another action being done by the nurses without any plan. To reduce work load, the nurses did some activities of the patient with the participation of the patient families. McDonald *et al.* found that when the nurses ask for the help of the patient family, there will be considerable coordination and the nurses reported that participation of the family in care services take time but in long term is time consuming (40).

The nurses defined their position by separating the participative role of the patient or his family from the unsuitable intervention in care services and they set a boundary between their duties and the doctor duties and the lack of intervention in each other duties. In a study done by Allen regarding the professional borders between the physician and the nurse, the nurses emphasized on their legal duties and stated that nursing care is one of their main duties (41).

In nursing basics, one of the roles of nurses about the patient is providing information for him and improving his knowledge. In the study, the nurses couldn't present training as formal to the patient due to the lack of time and increase of work load and constraint issues in providing information to the patients. But in each visit or during the dismiss, they presented care recommendations as informal. Hanoch and Pachur believed that nurses are responsible to present important information to the patient (42). In a study done by Pytel et al., the results of the study showed that providing information regarding the diagnosis and therapy test are the most important needs of the patients and the family and the nurses did the same (43).

Bloomer (2011) in a study regarding the communication with the family of the patients admitted in ICU showed that as there is high mortality rate in this department, the condition of the patient is not predicted and the nurses are obliged to give exact information to the patients' family who are faced with death to help them to take the best decision for their patients or visit him [44].

Giving consultation to the family of the patients is another communication content with the family. When the families cannot take good decision for their patients or due to the lack of information about the skilled people or centers doing the best care services for their patient, the nurses can guide them to help the patient and the family.

Giving consultation to the patients is one of the therapy accepted quality indicators. All the patients can receive good consultation regarding the improvement of health and prevention of the disease. Consultation here has many advantages as 1-Reduction of health care costs, 2-increasing the care services quality, 3-Helpign the patient to achieve more independency and self-efficiency (45).

Conclusion

The results of the study emphasized on the recognition of the important content in communication between the ICU team and the patients' family. By full identification of the communication, new rules and using creative methods in training, communication with ICU team and implementation of the rules and using patient-centered approach led into the effective communication. The care team with altruism morale, communicative skills and clinical and ethical qualifications communicated with the patient family. As the quality studies determined the various phenomena based on the experiences of the people in each field, the results of the study showed the content of communication the patients and nurses use. It is possible that in various nursing fields such as care field, the results of the study are applied. The results of the study can be various from the view of educational authorities and nursing care and it leads into the more researches from various views in various clinical environments and by full agreement to the communication between the nurse and the patient, effective instructions are formulated to improve nursing care of Iran and think about the required solutions for better control of the conditions effective on the communication content taken by the nurses in relation with the patient.

Based on the results of the study, the need to establish communication was necessary from the view of the patients' family. It is recommended that the authorities of hospital care consider the implementation of communication with the patient's family as comprehensive hospital care. It can be said that by including some courses, the communication methods in academic textbooks of the studies of medical and paramedical group students, providing the requirements of the families in the hospitals namely ICU, prediction of the required space in the structure of the hospitals to meet the families need in ICU and formulating the comprehensive instructions and notification of the universities, the care need is done by therapy team in therapy centers.

Study limitation

The limitation of the study is the lack of generalization of the findings of the study to other studies like other quality studies.

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