

Communications and relationships between patient and nurse in Intensive Care Unit: knowledge, knowledge of the work, knowledge of the emotional state

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Abstract. *Background and aim:* In an Intensive Care Unit (ICU) the communication between nurse and patient, the core of the care, is often hindered by patient's cognitive alterations and critical situation, by devices employed for the mechanical ventilation, and by the clinical and care-giving setting. How to overcome these barriers? How is the relational and communicative approach between nurse and patient unable to express him or herself to be managed? The available literature reveals that studies on communication with difficult patients, such as those treated in ICU are currently scarce. *Method:* The present research offers a contribution in this respect, through fact-finding about the *knowledge* acquired by professional studies or work experiences, the personal and institutional techniques implemented in regards to communication (*knowledge of the work*), the relational behaviours and the emotional experience with patients (*knowledge of the emotional state*) of nurses working in the Intensive Care Units. A semi-structured interview have been designed and submitted to 30 nurses working in fourteen Highly Specialized Centres (HUB) in Emilia Romagna, Italy. Two nurses with different years of experience in the field have been chosen for each Operating Unit. *Results:* According to the interviewees paraverbal communication is the most common way to communicate with patients: different strategies are employed such as facial expression or lip movement. In any case, the nurse has the task to choose the most suitable technique according to his or her experiences, his or her knowledge and the patient him or herself. The results claim that lack of specific training on communicative aspects of care, should be combined with an attitude of being prone to listening to and understanding the needs of the patient and of his or her family as well. *Conclusion:* The interviewees declare they have a solid preparation in the bio-clinical aspect of care, but both new hired nurses and experts affirm that they need a specific training in relational and communicative aspects, proving its importance.

Key words: relationship and communication, Intensive Care Unit, nursing, competence, strategies, skills, sedated-comatose, unresponsive, non speaking patient, critical illness

Introduction

Literature and clinical practice show that communication is very important, because it determines a

significant improvement in patients' health outcomes and it increases nurses' awareness of stress factors for the patients (1). Concerning the effects of verbal communication with unconscious patients, several authors

agree that communication is a key element of care (2). In particular, in the complex context of Intensive Care Units, the communication seems to be influenced by high levels of stress, high burden of care and heightened technological complexity existing in those Operating Units (3).

In an ICU (Intensive Care Unit), the inability of the patients to talk and be understood is due to physiological, psychosocial and technological barriers (e.g. tracheotomy and devices for mechanical ventilation). This inability limits the ability of the patients to express their thoughts, sentiments and needs to the healthcare professional who takes care of them (4). Patients report that their inability to talk with the nurse makes them feel a sense of frustration, loss of control, dejection at a physical level and in trust. So, the literature underlines the importance of organising care programs able to reduce psycho-emotional stress and difficulties in communication (5). For example, a research focused on the needs of the patients and how to satisfy them, showed that 98% of the interviewed nurses think it is essential to receive information through the communication with the patient, but they think that in several circumstances the time dedicated to this aspect of the care is not enough (6). The interaction with non-speaking patients in ICU generates stress in the nurse as well (7). Several studies report that nurses affirm they feel frustrated because of communication difficulties, while they do not in employing complex medical equipments and clinically stabilizing the patient.

The care of patients unable to verbally express themselves is particularly demanding for the healthcare professionals since it requires specific competences such as clinical evaluation of the level of consciousness, of the level of pain and relational skills, using non-verbal communication to optimise the possibility of patient recovery (8). For example, a study focused on communicative exchange between patients and nurses showed that 86.2% of the nurses involved in initiating a non-verbal communicative exchange had positive results in 70% of the cases. Nevertheless, more than one third of communication concerning the level of pain was unsuccessful and 40% of the patients had difficulties in communicating with professionals due to the scarce implementation of strategies and/or tools for non-verbal communication (9). Luckily, as it stands

out in literature, the employment of AAC (Augmentative and Alternative Communication) is an efficient resource for patients that do not communicate. It strengthens their autonomy, it normalises their communication and it allows the exchange of information. Some of the AAC techniques are the employment of boards with writing surfaces, the employment of spelling, of drawings, the utilisation of electronic systems such as pc that can express the thoughts, the needs and the experiences of the patient through his gaze (10).

The care of the patient unable to express verbally becomes then a challenge for the nurses. This challenge needs knowledge, experience, creativity and personalisation of the care. However, in order to make it possible, the nurses must become expert and acquire expertise on the most suitable care according to the different patients (11).

SPEACS (Study of Patient-nurse Effectiveness with Assisted Communication Strategies Studio) has shown that a training program and the acquisition of skills concerning the communication are especially important to strengthen the communicative strategies and to improve the care of a critically ill patient (12).

Method

Aim

Referring to previous scientific literature, this research aims to investigate how the nurse working in Intensive Care Units manages communications and relationships. The study, conducted from April to January 2016, aims to analyze three macro-areas: the knowledge acquired by professional studies or work experiences (*knowledge*), the personal and institutional techniques implemented in regards to communication (*knowledge of the work*) the relational behaviours and the emotional experience with patients (*knowledge of the emotional state*).

Instrument

Referring to the literature content, a semi-structured interview has been created. It examined the communicative and relational approach between the nurse

working in Intensive Care Unit and the patient unable to express verbally. The interviews have been previously tested on a preparatory sample of nurses to verify the clarity and completeness of the questions. After this pilot test, 19 questions have been selected (Table 1).

The questions have been rather fairly structured in the three macro-areas: *knowledge* (5 questions), *knowledge of the work* (7 questions) and *knowledge of the emotional state* (7 questions). The total duration of each interview was between 30 and 45 minutes.

Data analysis

The interviews have been led face to face in the different working situations. They have been audio recorded, prior informed consent, and after that accurately transcribed, in order to analyse the thematic content according to the three macro-areas considered in the study.

Table 1. The instrument

Thematic area of content	N. of questions	Guiding questions for the interview
Knowledge of the work Expertise, clinical practice, aptitude	5	<ol style="list-style-type: none"> 1) How long have you worked with patients unable to express themselves verbally? 2) Do you successfully communicate with them? If so, how? 3) Do these patients they successfully communicate with the healthcare staff? If so, how? 4) According to your personal opinion, which are the main difficulties that hinder the communicative process? 5) How would you briefly describe your professional relationship with these patients?
Knowledge of the emotional state Past experiences, sentiments, relationships, identity of the role	7	<ol style="list-style-type: none"> 6) How do you emotionally feel when you connect with these patients? 7) Which of your past experiences or memories does the relationship with them make you think about? 8) Would you describe the positive and negative aspects of the relationship with these patients? 9) Could you tell me about some of your personal experiences to exemplify this background? 10) According to you, which is, generally, the most important challenge in the care of these patients? 11) How do you see your role in the care of the patient during the hospitalisation? 12) How are the communicative barriers of the patient influencing on the nursing role?
Knowledge Knowledge, notions, professional training, refresher courses	7	<ol style="list-style-type: none"> 13) Have you ever heard about alternative techniques of communication, such as, for example ciliary and lip movement or, boards' employment or computerised systems' utilisation? 14) What do you personally think about this? 15) Have you ever had the opportunity to employ some of these alternative techniques of communication in your Operating Unit? If so, which ones? 16) Do some of your colleagues employ these communicative methods? 17) Do you think that they have been generally effective or ineffective? Concerning which aspects exactly? 18) Could you briefly explain how the problem concerning the difficulties in communicating with these patients has been dealt with in your team/Operating Unit? 19) Do you think it would be useful to attend refresher courses or specific training courses on these methods?

Participants

The data collection refers to 15 anaesthesia and intensive care Operating Units in the 14 Hub Centres of Emilia Romagna, where the communication between patient and nurse is limited due to the pathological situation of the patient and the care itself.

The project targets were especially the most specialised centres in anaesthesiology and intensive care, medical units that hospitalize patients with different pathologies, but with the same difficulties in communication during the care.

Participants were recruited through random sampling. Initially all the healthcare administrations of the Hub Centres have been contacted to receive information about the appropriate locations to develop the study. Finally, arrangements have been made with the coordinators of the wards, who presented us professionals suitable for samples.

Two nurses with the following characteristics have been selected in each province of the region Emilia Romagna: one with maximum one year of work experience and the other with at least ten years of work experience, based on Benner's stages of clinical competence (Benner, 1984). 7 males and 23 females agreed to participate to the research (Table 2).

Results

Each category is composed by 5 sub-categories of content, as illustrated below.

1. Knowledge

The following 5 sections examine the technical and professional knowledge the nurse should have to communicate effectively with the patient, the ability to recognise the importance of his or her role in the care of the patient, the approach to the patient and the sharing of information in the team (Figure 1).

1.1 Nurses' awareness of the emotional burden and intellectual effort

In this section the notable intellectual effort and the high emotional burden of the nurse in the relation with the critically ill patient were analysed. 73.30 % of

Table 2. The Participants

Experience	Province of work	Gender
1	Parma	F
2	Parma	M
1	Parma	M
2	Parma	F
1	Fidenza	F
2	Fidenza	F
1	Reggio Emilia	F
2	Reggio Emilia	M
1	Piacenza	F
2	Piacenza	F
1	Modena	F
2	Modena	M
1	Baggiovara	M
2	Baggiovara	F
1	Bologna	F
2	Bologna	F
1	Faenza	F
2	Faenza	F
1	Imola	F
2	Imola	F
1	Ferrara	F
2	Ferrara	F
1	Forlì	F
2	Forlì	F
1	Cesena	F
2	Cesena	F
1	Ravenna	F
2	Ravenna	M
1	Rimini	M
2	Rimini	F

Note: 1= less than one year work experience, 2 = more than ten years work experience; F= female, M=male

the interviewees highlight the complexity of the relationship with the patient treated in ICU. They highlight the duty in terms of time and mental effort needed to begin an effective communicative relationship. To this aim the nurse has to pay considerable attention; s/he has to be actively engaged in order to satisfy the real needs required for the care of the patient. The needs go from asking for a more comfortable position, to talking or having a loved one near, or receiving some attentions concerning hygiene and privacy.

"The healthcare professional is committed to creating a relationship which takes time and a great effort of will" (interview 20); "In addition to the time, the possibility of creating a relationship certainly requires a considerable effort by the healthcare professional" (interview 19).

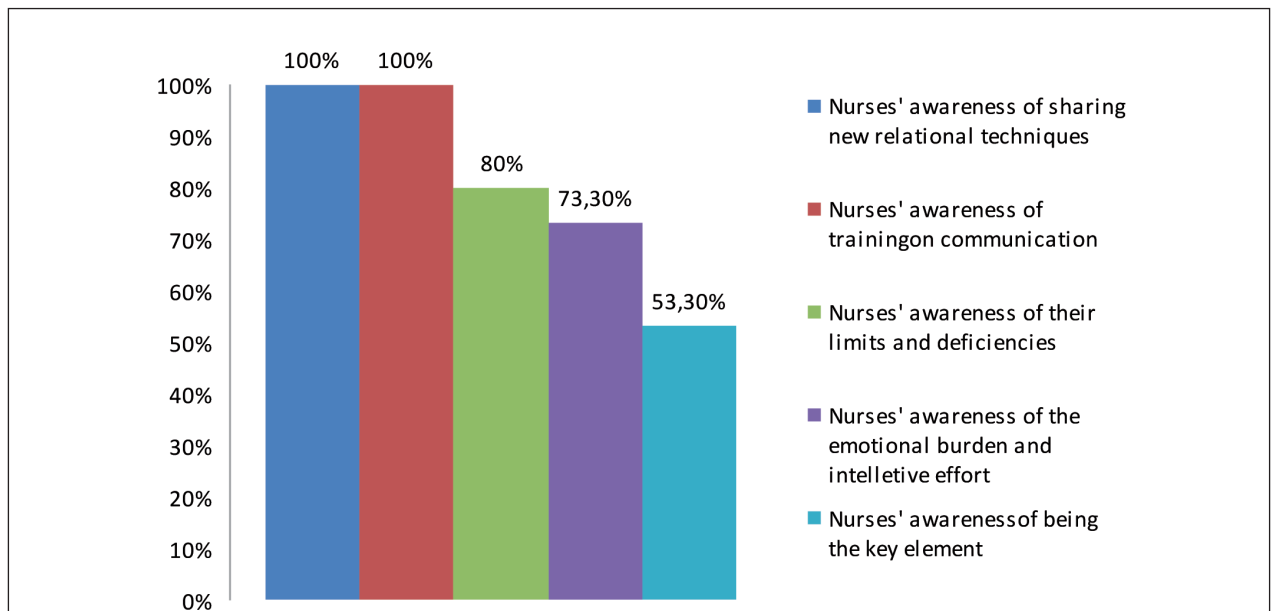


Figure 1. Subcategories and percentage of the “knowledge”

1.2 Nurses' awareness of being the key element

The nurse is the professional figure that is mostly in charge of the care of the critically ill patient in ICU. S/he is responsible for accommodating patients and relatives, is the intermediary between the doctor and the patient and between the relatives and the doctor, and knows the patient situation and all the elements of the care and medical treatment which will be afforded to him or her. The nurse tries to create a comfortable environment, assures privacy and tries to offer emotional support until the patient is moved into another ward. It is no coincidence that 53.30% of the interviewees recognise themselves as the key element. They observe and point out the clinical, psychic and behavioural changes in the patients, in addition to stating that they act as “facilitators”.

P: “The nurse is the intermediary in the doctor-patient relationship because s/he spends more time with them than other professional figures and s/he is in charge of all the needs of the patient” (interview 29); P: “S/he takes fully care of the patient” (interview 13).

1.3 Nurses' awareness of new relational and communicative techniques

The techniques employed in communication with the patient are different and their utilisation depends

from several elements of the patient and the personnel. It emerged that the professional who find the suitable technique to a specific patient has to share it with his or her colleagues so that they can adopt the technique as well. The study shows that all the nurses are aware of the need for inter-professional sharing, especially for the newly hired. Moreover, the importance of relational and communicative technique is fully accepted as well as the personalisation of the care of the patients, adapting care and communication to the characteristics of the patient.

P: “I think that the biggest effort is up to the individual professional who has to be able to recognise the right communication technique for the specific patient. S/he does that thanks to his or her experience and willingness to take the challenge” (interview 29). P: “It is necessary to have a specific approach for that specific patient and person. That is to say to understand his or her background and through the help of his or her relatives as well to understand what s/he needs” (interview 30).

1.4 Nurses' awareness of professional limits

Professionals admit that important technical and emotional limits exist in their work activity. They originate in their personal experience as well as in daily working operations' organisation. In addition

to their self-awareness, professionals must be ready to ask their colleagues for help when needed. It emerges indeed that 80% of the interviewees think that sharing experiences in the employment of communicative techniques is essential. In experience, lack of time and attention to the techniques and clinical practices, all have a negative impact on the communicative and relational process; producing negative implications on the health and well-being of the patients.

“Experience with those patients is really important, therefore I am sometimes able to foresee” (interview 25); “I don’t really know what they can hear, I make efforts and try to take guidance from my older colleagues, but I can not really assess if this method is effective or not” (interview 8).

1.5 Nurses’ awareness of training on communication

The entire group of interviewees feel a lack in training on communicative techniques. They feel the need to participate to theoretical and practical courses starting from during the three-year bachelor degree and continuing later with refresher courses in the working context. The lack in training highlights frequent discomfort for the nurse who feels inadequate in managing a communication, which is different from those typically adopted.

“I think it is necessary to participate to refresher courses on working in critical context and I think that the communication problem would be one of the topic to deal with” (interview 1). “A course would be useful but in my opinion everything depends on how the person approaches the patient. Experience is the best school to learn and it allows you to understand more quickly and help” (interview 14).

2. Knowledge of the work

In the 5 following sections, good practice presents the competences and inclinations daily used ICU including in particular the ability to use the alternative communication techniques (Figure 2).

2.1 Making the hospital a comfortable environment

This section concerns the effort of the nurses for creating a comfortable setting for patients, so that they respect their habits and obtain more positives outcomes. In 73.3% of the cases it emerged that, from a professional point of view, patients are scared and confused in an unknown environment where they are surrounded by several strange devices. It is the nurse’s task to make them feel at ease and to reassure them, creating a more intimate and comfortable place, which

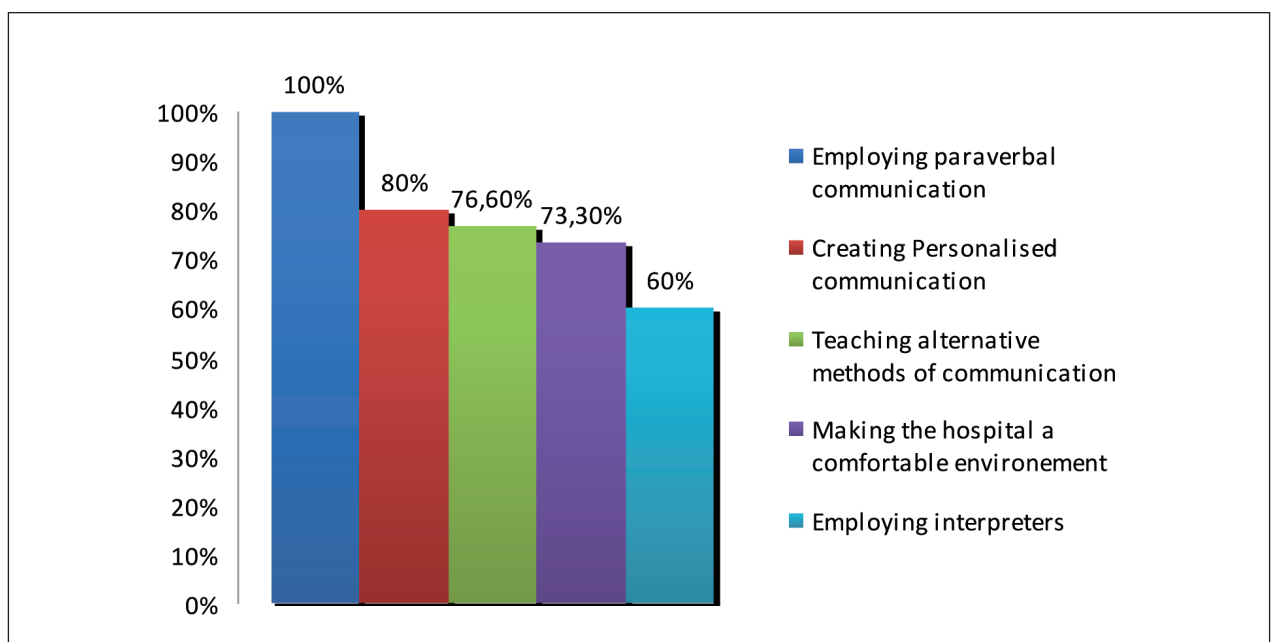


Figure 2. Subcategories and percentage of the “knowledge of the work

is a key element in creating a good communicative relationship.

“You meet disorientated people, in a place which is not part of their daily life, with strange devices; to make yourself understood is essential to reassure them” (interview 18); “We have radios where relatives can play songs that can reawaken memories in the patients” (interview 27).

2.2 Employing interpreters

Multilingualism among the patients makes it necessary to have a person to interpret the patients' language. In order to deal with this, there are interpreters for the most spoken foreign languages, available to mediate in the communication between doctor and relatives and between healthcare professionals and patient. In 60% of the interviews where the case of foreign patients is dealt with, the interpreters provide primary assistance even though relatives are often consulted because they know better the patient character and his or her habits. This also happens in the case of older patients, in order to understand the lip movement of people using regional dialects.

“We have admitted several foreigners, and even though there is no difficulty in creating a communicative relationship, there are problems in understanding each other due to the different language” (interview 2); “With foreign patients we communicate through relatives as well” (interview 7).

2.3 Creating a personalised communication

The need emerged to personalise the nurse's care and especially to adapt the communication to the patient, being aware of his or her limits and resources and thanks to the support of different communicative techniques. 80% of the interviewees believe it is fundamental to identify the correct way to communicate, considering age, pathology, and neurological and cognitive situations. To this end several techniques of alternative communication are used. Youngest patients often employ these the most. However all of the communicative process is influenced by the sedation level of the patient, as well as by the nurse's will to relate to the patient.

“It is important to know that the person who is on the other side perceives and understands what we say to him” (interview 2); “If they are conscious I talk to them even though they can not answer; if they are sedated instead,

I employ much more the touch to create a communicative relationship” (interview 18).

2.4 Employing paraverbal communication

The devices that assure a good respiratory stability make the conversation more difficult. It is then necessary to adopt the paraverbal communication that includes communicative strategies such as lip movement, ciliary movement, facial expressions, touch and the employment of alphabet boards and charts. 100% of the interviewees affirm that the most adopted technique is lip and ciliary movement. At present computerised system are barely known and employed, except for ALS patients, because of the lack of resources. In addition to this there is a lack of homogeneity in knowing and implementing alternative communication systems because some professionals think they are useful while others instead think they are fruitless and a “waste of time”.

I: “Are those patients able to communicate with healthcare professionals?” P: “Absolutely yes, especially with face expressions ranging from a smile to a grimace of pain, with head movements, with body language” (interview 20); “We have charts with letters and if the patient can move s/he indicates the letters. Otherwise, if the patient wants to write, we give him or her a paper and a pen and we make him or her write. It exists syndromes like Guillain-Barré syndrome where patients are awake but they can not communicate in any way, and we need to have a regard for them” (interview 17).

2.5 Teaching Alternative Methods of Communication

An alternative communication technique is analysed in this section. It consists in articulating or making the patient articulate the letters of the word s/he wants to pronounce in order to read correctly the lip movement. 76.6% of the interviewees assert that patients understand the language of the healthcare professionals who surround them despite their critical situation. In any case, communication must be adapted to the context; therefore simple sentences and slow pronunciation have to be employed.

“It is possible to formulate questions which need a yes or no from the patient” (interview 29); “Even using the alphabet is not that easy to understand what s/he wants to tell me; sometimes you go by attempts and mistakes, for example <Are you thirsty? Are you cold?>” (interview 30)

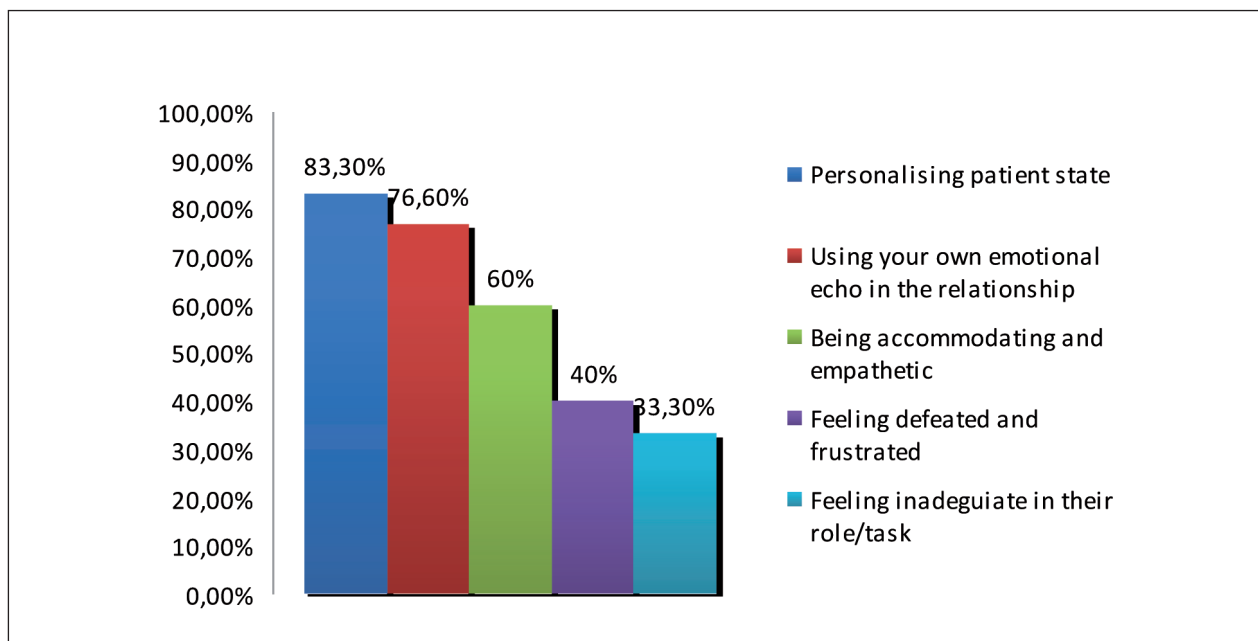


Figure 3. Categories and percentage of the “knowledge of the emotional state”

3. Knowledge of the emotional state

The 5 following sections investigate how the nurses connect with the patients, which sentiments they prove and which changes the relationships cause them (Figure 3)

3.1 Personalising patient care

This first section demonstrates that in ICU is not possible to treat all the patients in the same way, but it is necessary to personalise the care according to their conditions. 83% of the nurses think that is not possible to standardise the care. This category of patients needs a holistic care, considering the physical, mental and spiritual conditions as well as the illness. Consequently, it becomes important to know the person you communicate with, with relatives' support. It would be possible then to know the patient needs and how to best satisfy them in order to ensure an high quality of care. The nurse will find the most suitable communicative resource in order to take care of the patient in the best possible way.

“Every patient has his or her peculiarity and the pre-verbal strategies that I adopt, they not always lead me to effectively interact with everyone” (interview 19); “To be able to find the most suitable communicative strategy for

the patient, to identify his or her needs and to be able to best satisfy them” (interview 28).

3.2 Being accommodating and empathetic

The way the nurse interacts, shows his or her availability, and tries to be empathetic with the patient, has a key role in facilitating effective communication. According to the collected data it emerges the importance of the approach used to the patient in 60% of the study cases. If the nurse shows from the beginning little interest to the communicative aspect of care, maybe just because of his or her character, this will not foster the relationship and consequently the care will result incomplete. At the same time a nurse may be required to deal with an introverted, reserved and not collaborative patient. The nurse has to present him or herself to the patient, s/he has to explain to him or her all the activities s/he may be conducting with the patient, trying to understand the patient's sensations. S/he also has to be patient, because much time may be needed to understand the patient; s/he needs to feel his or her way through the relationship, necessarily encountering failed attempts and mistakes. Another aspect is the cheerfulness showed in an emotional, accommodating and sympathetic environment. The care develops in

small steps, with daily goals for building a relationship based on trust, even when the starting relational approach is more complex.

"I have a friendly relationship with people, I use informal language with everyone. This allows me to be closer to them and I notice that they appreciate it. I try to establish a quite tender atmosphere because I have noticed a better interaction and better results, that is because they feel you closer and more participating" (interview 25); "The best device all of us can use is conscience. In my opinion nothing can substitute or be preferred to a smile, a wink, a back massage, a handshake, a hug, the ability to make people feel present and alive even though they can not communicate differently" (interview 27).

3.3 Using your own emotional echo in the relationship

Every nurse is influenced by his or her experience on emotional aspect when s/he relates to the patients: good practice keeps the appropriate distance in very critical situations, but at the same time it enables the nurse to be more empathetic and to better understand the patient needs. 76.6% of the participants in the study highlighted that the personal experience of the professional as well as the age of the patient have an impact on the communicative aspect. On one hand nurses with more experience tend to think about their patients' situation when they are at home as well; on the other hand they affirm that experience allows them to find an appropriate distance. However in certain situations deep relationships can be established up to almost anticipating patients' needs. This is especially true when the period of hospitalization is quite long. Relationships founded in hospital can sometime continue after the hospitalisation.

"I suppose that if I had to care for younger patients, I would feel more emotionally involved. However with our patients, even if they are elderly, I often find myself thinking about taking many things for granted in our everyday life. Saying <I am thirsty> is absolutely not something banal for those patients, it demands the patient effort to express it and the healthcare professional effort to understand it" (Interview 3); "It is a challenging relationship with people in need: surely my long experience in this unit helps me to deal with the situation. I have learnt how to "protect" myself when I am exposed to the traumatic past of those patients" (Interview 18).

3.4 Feeling defeated and frustrated

In this section two of the most frequent negative feelings are analysed. Nurses experience them when they fail to communicate with the patients or when the empathetic relationship is ineffective. The lack of a positive communication causes in 40% of the nurses a feeling of frustration, failure, de-motivation and a reduced desire to communicate. Failing in understanding the needs of the patient, and not being able to connect, causes healthcare professionals to feel anger and irritation. The feelings they experience are often conflicting; there can be moments of frustration or gratification when their efforts result in positive outcomes. The needs of the unit can lead to neglecting the communicative aspect.

"You feel frustrated because...you stay there for half-hours and you fail in understanding what the patient wants to say to you, you call the colleagues, the doctor, but nothing, you are not able to solve their problem and this is frustrating" (Interview 24); "The negative side is the difficulty in communication. I feel often distress because I can not understand the needs of the patient and it seems to me that I only did half of my job" (Interview 11).

3.5 Feeling inadequate in their role/task

The lack of experience and knowledge concerning communication with critically ill patients causes a feeling of inadequacy in the nurses when they fail to connect with the patient and they feel unable to complete their job. 33.3% of the nurses feel shortcomings in performing their role. This is particularly evident among those who have less than one-year experience; that is to say an inadequate preparation, more focused on the clinical aspect than on the relational aspect of the care. The feeling of doing the job only partially causes a sense of powerlessness because they are not able to satisfy patients' needs.

"Uncompleted, unfortunately, uncompleted because I have not experience and I do not always feel that I completed my job 100%" (Interview 11); "When I fail in understanding them I honestly feel quite distressed because the fact that I am not able to help them annoys me and I suffer with them. I try hard indeed but, often, it is not easy" (Interview 14).

Conclusion and discussion

The analysis of the recent international literature proved that the communicative aspect of the care with patients hospitalized in ICU is slightly neglected by the nurses working in these contexts. That is because they pay more attention to the technical and bio-clinical aspect of care and they mainly communicate with responsive patients (28), while they have a more limited communication with unconscious patients (21).

However, the communication is considered essential in the care of unconscious patients as well (20), permitting them to make decisions concerning their own health. So it is important to create a relationship that reduces of the stress of the patient (14), bearing his or her needs in a better way (4), being able to recover decision-making autonomy (24)

Considering the existing literature, the study investigated how the nurse manages the conversation in ICU, in Emilia Romagna, in the Hub Hospitals, as centres of pronounced excellence and specifically focused in anaesthesiology and intensive care. These hospital units, which treat patients who often have communication difficulties during the care, were selected in order to explore, through the interviews, the *knowledge*, the *knowledge of the work* and the *knowledge of the emotional state* of nurses.

In the “*knowledge*” section all the interviewees declare problems of communication. They affirm that communication in Operating Units is underestimated compared to the clinical condition of the patient. According to the literature, communication is a key element in the care relationship (24) the nurse engages in with the patient. The nurse has a key role in creating a communicative relationship with the patients (28), mediating between doctor and patient, and doctor and patient’s family (29). Sometimes the communication itself causes conflicts, misunderstandings and stress between the parties involved (25). Accordingly, every professional had to find on his or her own a valid method to create a dialogue with the patients. In addition to that, in almost all the interviews it emerges the awareness of the emotional burden and the sentiments appeared during the care and the changes that these relationships induce in professionals working closely with this group of patients. It emerges as well the intellectual effort of

the professional to create a relationship based on trust and understanding. They have to dedicate time and more attention to it in order to be able to satisfy the basic clinical needs of the patient and to offer a multidimensional care. The professionals’ advantages are clinical expertise and experience while the lack of training is a shortcoming, as is also highlighted in literature (24, 15). It would be useful to have courses on communication and communicative techniques in order to facilitate professionals’ work. The training is considered important during the integration in the operating unit, during the shadowing period, as well as processes of continuing learning, for studying and learning new communicative techniques. It must be combined with an attitude of being open to listening and understanding the person’s needs. The lack in training results in professional limits for the nurses who, in some circumstances, can not make themselves understood (19) and have limited relationships with the patients (18).

In the “*knowledge of the work*” section it appears that nurses employ the acquired knowledge to connect to the patients. The communication with patients in ICU, instead of verbal, becomes mainly paraverbal, due to the pathological conditions and invasive devices for mechanical ventilation such as the endotracheal tube or the tracheostomy tube. The techniques of alternative communication (30) are countless, allowing for optimising the recovery potential of the patient, (13) such as: lip movement, ciliary movement, facial expressions and head movements, as well as the use of computerised systems or boards and charts support. However nurses do not have a homogeneous awareness of the alternative techniques in communication and everyone tries to find the most suitable applications for the patient based on his or her own competences (14). They often use simple sentences, and patients answer by nodding; if they have pain they will indicate the area concerned. Furthermore, it emerges in several interviews, that it is not possible to use the same communicative techniques with different patients. That is because of the pathology, the age, and the patient’s background have an impact on their utilisation, suggesting to the nurses more appropriate strategies to adopt for communication with that particular patient. In the study it appears that sensory stimulation is not very highly employed, except for specific groups

of patients such as ALS patients or patients in non drug-induced deep coma. In literature, instead, several authors examine sensory stimulation in their study (23, 22); although it is particularly adopted at an international level (2), the touch seems, in this research, to be under-used compared to other contexts.

In the “*knowledge of the emotional state*” section the emotions of the participants involved in the communicative relationship result to be intense. This is especially true when the communication is limited, as the literature shows as well (18). Several weaknesses came to light, primarily the fact of implementing a standardised care to the patient hospitalised in ICU. Only a third of the interviewees consider that it is important to have a personalised care that takes into account not only of the illness itself, but also of the emotional and spiritual circumstances of each person. According to this point of view, patient personal habits are considered important too, for example their resting habits, their posture, or if s/he appreciates having staff and his or her relatives close. This is in order to find an appropriate relational strategy most suitable for each patient. Particularly present in the literature as in the interviews is the second critical factor that is to say the feeling of defeat and frustration (27,16). Almost half of the nurses demonstrate this when they fail in best adopting a communicative technique that can somehow facilitate the expressive and receptive communication, often causing a feeling of powerlessness (17). According to the collected data, positive outcomes emerge as well in almost half of the interviews; such as the instance of being accommodating and empathetic with the patient, promoting a better employment of communicative techniques and a better spontaneous-communicative initiative that will lead to a more effective communication. Thanks to this practice, the patient will feel less lonely, better understood and appreciated. In three-fourths of the interviews it came to light that the relationship with the patient influences the care itself. Another topic emerged is the exploitation of nurses emotional echo in their relationship with the patient. For more than 80% of the interviewees is important to keep the appropriate emotional distance from the patient and to dominate in the best way possible the emotions they feel. One third of the nurses demonstrate a feeling of inadequacy relating to

their role, influenced by their experience: the youngest often feel insecure and they think they did not assured an appropriate care to the patient, struggling in understanding him or her. Those who have a longest experience instil more serenity in the patient, probably due to the fact that they themselves feel more secure. In order to overcome those difficulties it seems to be useful to improve the training for future nurses, so that they will be more prepared: being able to correctly employ communicative techniques will be useful in other relationships as well.

In addition to positive and negative emotions proved by the nurses, it is important to consider those proved by the patients, a key element in several international studies. As a matter of fact, stress, workload and management of technologies influence the nurse’s communication (21). The sedation level, which can be more or less deep (14) and the level of consciousness and awareness by the patient of the clinical situation (28) play a central role for the patient. Lack of information increases level of pain, fear, senses of loneliness, frustration and stress (26, 3).

In conclusion, it results from the interviews that nurses have a satisfying preparation in the clinical and care-giving area, but still have serious lacking in the communicative and relational ones; this is claimed by both newly arrived and experienced nurses. The results suggest the importance of taking part to training courses for the employment of new techniques for advanced communication, that would allow nurses to fully care for their patients.

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