

Communication between nursing and patients in an intensive care unit: dilemmas and conflict

A comunicação entre a enfermagem e os pacientes em uma unidade de terapia intensiva: dilemas e conflitos

Comunicación entre enfermería y pacientes en una unidad de cuidados intensivos: dilemas y conflictos

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REVISA

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RESUMO

Objetivo: Refletir sobre o papel do enfermeiro sobre o modo como ocorre o processo comunicacional em UTI na relação com os pacientes sob seus cuidados através da relação dialógica. **Método:** Revisão integrativa da literatura realizada no período de junho a agosto de 2021 nas bases de dados Medline, Scielo, Lilacs e Pubmed. **Resultados:** Foi realizado uma busca pelos descritores em saúde determinados e após análise sistemática dos artigos foram selecionadas 10 produções científicas que atenderam os critérios de inclusão. **Conclusões:** Portanto, podemos dizer que a comunicação é uma ferramenta importante na prática cotidiano da enfermagem possibilitando acolhimento, humanização, aceitação do tratamento, segurança do paciente contribuindo para uma assistência eficiente e de qualidade. **Descritores:** Comunicação; Humanização; Assistência.

ABSTRACT

Objective: Reflect on the role of nurses on the way the communication process occurs in the ICU in the relationship with patients under their care through the dialogical relationship. **Method:** Integrative literature review carried out from June to August 2021 in the Medline, Scielo, Lilacs and Pubmed databases. **Results:** A search was carried out for the determined health descriptors and after systematic analysis of the articles, 10 scientific productions that met the inclusion criteria were selected. **Conclusions:** Therefore, we can say that communication is an important tool in daily nursing practice, enabling reception, humanization, acceptance of treatment, patient safety, contributing to efficient and quality care. **Descriptors:** Communication; Humanization; Assistance..

RESUMEN

Objetivo: Reflexionar sobre el papel de las enfermeras en la forma en que se da el proceso de comunicación en la UCI en la relación con los pacientes a su cargo a través de la relación dialógica. **Método:** revisión integrativa de la literatura realizada de junio a agosto de 2021 en las bases de datos Medline, Scielo, Lilacs y Pubmed. **Resultados:** Se realizó una búsqueda de los descriptores de salud determinados y luego de un análisis sistemático de los artículos, se seleccionaron 10 producciones científicas que cumplieron con los criterios de inclusión. **Conclusiones:** Por tanto, podemos decir que la comunicación es una herramienta importante en la práctica diaria de la enfermería, posibilitando la recepción, humanización, aceptación del tratamiento, seguridad del paciente, contribuyendo a una atención eficiente y de calidad. **Descritores:** Comunicación; Humanización; Asistencia.

Introduction

The communication process occurs through the accumulated experience of numerous small events in which, interconnected, facts and people teach human beings to orient themselves in the social world in a natural and convenient way.¹

During our life, we establish interpersonal relationships in which our feelings, values and beliefs are expressed, with an exchange of experiences between family and friends, at work and in other social groups and environments, and the need to use words, gestures and the dance itself. body to express itself. A dance of steps, gestures, feelings and postures so unique that the most astute observer transmits energy, feelings and desires.

During our life cycle, however, we may go through an experience in which the process of verbal communication is limited, that is, for a period of time, we are simply not in a position to express ourselves verbally.²

This situation is common in the ICU (Intensive Care Unit), when the patient uses advanced life support, and to communicate only gestures, looks, often incomprehensible, covered by the anguish in trying to make himself understood. On the other hand, there are the attempts, which are often frustrating by nursing workers to understand the patient under their care.³

The interaction can be more difficult with the patient intubated, in a coma, or even with an altered level of consciousness. However, dealing with a lucid and oriented patient is also a situation that requires sensitivity, as being hospitalized in an ICU can have several meanings, directly affecting their lifestyle when they resume their usual activities³.

On the one hand, there is the patient facing a crisis as a situation in which the person becomes unbalanced, as he/she faces an obstacle that comes before their life goals. On the other hand, there is the nurse who supports the patient, seeking to reduce the anxieties and tensions generated by this incapacity, momentary or not.¹

Nursing, through its workers, by its own conception, by the intensity and frequency of the activities performed, constitutes a bridge between the critically ill patient and the surrounding environment. In this way, communication is for nursing a basic instrument, a competence and skill to be developed.⁴

In ICU, the patient has a level of consciousness that varies from lucid and oriented to deep coma, although there is no clear definition of its limits, as this level of consciousness can vary. The fact that the patient is experiencing a critical situation does not mean that he is unaware of his problem, much less his ability to feel, see and hear, which become more acute, as interest in himself and in his survival is a priority. in this situation.⁵

Therefore, the communication process must be seen as a possible way for human beings to transmit their way of living and feeling their culture, revealing their condition of being, through empathy, acceptance and emotional involvement present in the interaction between nurses and the patient.⁴

It is believed in the importance of the theme for nursing and in the value of each one's experience as a source of knowledge and a way to add the dialogical relationship to daily practice. Therefore, it is necessary to create an interaction with the patient, rethinking the communication process and its implications during the provision of care.⁵

The search for dialogic interaction implies knowledge of the situation of human beings, leading nurses to delve into reflections and practices that can collaborate for a more humanized performance.²

Moreira reinforces that using communication, nurses seek to identify the needs of patients, inform them about procedures or situations that are of interest to them, carry out health education, exchange experiences and promote changes in behavior. It is through established communication that he deciphers what patients want to say and make themselves understood, leading to effective interaction between patients and professionals. For this to be possible, care must be taken to ensure that communication is appropriate to a given situation, person, time and place.¹

Communication is necessary in nursing practice, but even though it is essential in the exercise of professional practice, it is not always carried out, as several negative aspects interfere in the communicative action of those involved. In addition, communication is important in nursing care and determines the quality of the nurse-patient relationship in order to achieve the purposes of nursing. Thus, it is essential to understand that communication strategies need to be present in nursing practice.⁶

Nurses need to plan, organize, coordinate, execute and evaluate nursing care services, in accordance with the law of professional practice, so that care is effective. Thus, the work of the nursing team can be considered interdependent, as events related to nursing actions, that is, nursing care, need integration between all professionals. Thus, communication is an important ally to facilitate this integration and consequently assist in care.⁶⁻⁷

Communication between the nurse and the patient is a key and essential element in care. Communication, in its various forms, plays the role of an instrument of humanizing significance and, for this, the nurse needs to be willing and involved to establish this relationship and understand that it is essential to recognize the patient as a subject of care and not passive to him.⁸

Intensive care units (ICUs) have the function of offering patients who need intensive care continuous and permanent assistance to obtain, recover and maintain their health conditions. These units still play a large role in determining the quality of life that these patients will have in the post-discharge period. Therefore, during care in specific units like these, a trained and efficient nursing is needed.⁸

Restrictions on movement, barriers to speaking (tubes and probes), and the fact of not having explanations about their treatment can lead to stress for the patient. Therefore, the nurse-patient communication must be established as something essential and fundamental, especially with the sedated patient, as he or she may not identify what is happening around them on their own.⁷

Thus, it is necessary to have the ability to communicate for the development of work in the rescue of care as a process of respect and appreciation of the human being. Communication facilitates care and the patient-nurse relationship, generating changes in their behavior, based on effective actions to understand the sick person^{8,9}.

Thus, nursing professionals must effectively use communication as the main instrument for quality care. For this, the nurse must be knowledgeable about the forms of communication, exploring both the verbal and the non-verbal, thus arousing feelings of confidence, encouragement and patient satisfaction¹⁰.

Thus, it is essential that professional nurses seek to be knowledgeable in communication techniques so that they can develop specific actions to care, understanding and understanding how the patient perceives the events around them, and how this view influences their conduct in face of the reality of oneself. Thus, it is only through communication that it is possible to understand the patient as a whole and identify the meaning that the health problem has for him. Nurses, knowing the appropriate therapeutic communication techniques, have one more resource in their favor, giving a humanistic approach to communication and the interpersonal relationships they maintain⁹.

Some factors were identified as contributing to poor communication, and among these we have inadequate time to build this process, the lack of consistent information, inadequate information that is provided by various professionals, affecting the psychological results of patients and family members, especially when in terminal phase¹¹.

Nursing professionals working in the ICU are required to have high communication skills, allowing them to recognize the emotional, physical and psychological issues of these patients. Therefore, the development and use of knowledge in communication can be useful, such as lip reading, attention to silent words, comprehension of gestures, the use of pen and paper and alphanumeric charts, among others, have been described as promising for facilitating the assistance provided¹¹.

The nurse, as the professional who has the greatest contact with the patient and their relatives, is responsible for meeting the demands of the families, hence the need to establish a bond and strengthen the dialogue with the patient's relatives. There is no way to think about care without considering the importance of the communicative process, but communication is subject to difficulties that compromise its transmission, reception and interpretation. Hence the need to establish adequate communication, in order to reduce doubts and conflicts¹².

In this sense, the aim of this study was to reflect on the role of nurses on the way the communication process occurs in the ICU in the relationship with patients under their care through the dialogical relationship.

Method

Study of integrative literature review, whose method provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in practice.

For the preparation of this review, the following methodological procedures were followed: formulation of the question and the objectives of the review; establishment of criteria for selection of articles; categorization of studies; evaluation of studies included in the integrative review; analysis of data and presentation of results.

Integrative literature review conducted from June to July 2021. A systematic search of the literature published between January 2016 and May 2021 was carried out through the Virtual Health Library (VHL) and the Medical Literature Analysis and Retrieval System was used Online (Medline), Scientific Electronic Library Online (Scielo), Latin American and Caribbean Health Science Literature (Lilacs) and Pubmed. The descriptors used were "Communication"; AND "Humanization"; AND "Barriers".

The inclusion criteria were: studies that described the main characteristics of Communication in the Intensive Care Unit by nurses; the barriers that hinder communication to take place efficiently and the family members facing communication in the Intensive Care Unit; documents written in Portuguese, English and Spanish; available in full text and free to access; publication date between January 2017 and May 2021. All studies that did not meet these criteria were excluded from the study.

Results and Discussion

With a total of 120 articles identified in the databases, 30 documents were analyzed according to the inclusion and exclusion criteria, previously for review, of which 6 were selected for the study and that met the research object (Table 1).

Table 1. Articles selected for the study according to author/year, title and objective. 2021.

Author/Year	Title	Objective
CATAPRETA, et al. (2020)	Communication in the oncology intensive care unit: A systematic review of the biases that interfere and/or participate in communication between nurses and cancer patients	Raise and discuss biases that may interfere or participate in communication between nursing professionals and cancer patients hospitalized in the intensive care unit
COSTA, et al. (2018)	Communication between nurses and family members in the ICU: an integrative literature review	Know the scientific production about communication between nurses and family members in an intensive care unit.
FONTENELE, et al. (2019)	Ineffective communication and its consequences for critically ill patients	Identify the main problems related to ineffective communication and its consequences for the health of critically ill patients in the intensive care unit.
WITISKI, et al. (2019)	Communication barriers: perception of the health team	To apprehend the health team's perception regarding communication barriers and identify factors that contribute or interfere in the health team's communication.
FARIAS; SANTOS; GÓIS (2017)	Effective communication: a link in patient safety in the hospital environment	Identify scientific production on effective communication in the hospital environment in the period of 2006-2017.
RESESTELATO;	Communication between	Demonstrate the relevance of

HOFFELDE (2018)	family members and the ICU nursing staff associated with quality of care: case report	the humanization of care in the Intensive Care Unit.
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The data collected in the selected articles and described in the table above, demonstrate that communication in the intensive care unit contributes as an instrument that facilitates humanization to take place in the relationships between nurses and patients, representing a reciprocal process of exchange of matter and energy, which should be conducted in a dialogic relationship, where emotions need to be present, respect for the feelings and interests of each person, understanding of affective and cognitive aspects, in addition to the need for nurses to recognize patients' feelings and emotions, without straying from their therapeutic role.¹²

Communication is essential for humanized care, it is a form of respect created by nurses during care, when using listening and adequate care during technical procedures. During nursing care for the patient, the constant dialogue between them cultivates trust, respect and empathy, contributing to the restoration of the patient's health.¹³

Nurses must have theoretical knowledge about communication and acquire interpersonal relationship skills in order to act positively in patient care. Among these knowledge and skills are knowing how to listen, speak, and let the patient interact in this relational process, showing interest during the exchange of messages, and in this way identifying problems and making improvements for patient care.¹⁴

There are several strategies that can be used, including: planning and individualization based on the patient's needs, identifying the patient's needs at that moment; the explanation of the procedures or situations he wants to know about; the promotion of relationships between patients who are in the same sector; the interaction with the multidisciplinary team and with family members who are part of their patient context.¹⁵⁻¹⁶

These strategies consist of fundamental instruments in the care process between nurses and patients, facilitating and helping the development of the nursing process, and thus, the reality of care. Other aspects need to be observed, such as: the use of silence, the expression of their attention, the offer of an element of help, the encouragement for the patient to interact with the subject, the encouragement of their perceptions and comparisons, the exploration of a subject, clarifying ideas, expressing doubts, encouraging evaluation, among others.¹⁶

Communication is considered a complex process, where the possibility of sending or receiving incorrect messages is constant. In the health area, verbal and non-verbal communication is one of the main tools for the development of effective care. For this reason, it is essential that nurses have knowledge about the components of the communication process and their impact on the relationships established between them, patients, staff and other professionals, as a way to improve the practice, maximize the positive effects and prevent or minimize miscommunication mistakes, preserving the patient's integrity and well-being.¹⁶

Therefore, communication is one of the skills that nurses need to use in

order to understand the implicit or explicit messages that permeate the relationship with the patient.¹⁷

The factors that cause communication barriers are many and include: work overload, lack of privacy, lack of training, specialization of professionals working in the same unit, embezzlement in the team, different languages, even the length of work and professional experience can influence in communication between professionals.¹⁷

Given these factors, it is essential that nurses are in constant search for improvement and that they master the communication process and how to use it effectively.¹²

Communication not always effective increases the difficulty in the daily life of the profession, it should also be noted that the use of hard technologies in the intensive care environment requires different training to ensure the proper use of devices in favor of patient safety, as the lack of knowledge and communication between the teams hinders the understanding of the clinical context of the patient's improvement or worsening.^{15,17}

Actions are recommended so that the communication process is effective, including the involvement of hospital management, in addition to using leadership competence as a means of leading the group, aligning organizational processes in order to optimize the flow of information and thus ensure safety of the assistance offered. In order to achieve this objective successfully, it is necessary to develop employees through continuous training. This will underpin the decision-making ability in processes involving patient safety.¹³

Therefore, it is necessary that the teams are directed towards the common objective, which is the patient's well-being, and seek to work in a harmonious and integrated manner. The attitude of the nurse as the one who must guarantee the quality of communication between patient, family and team. It means having an active listening to the other, understanding them in their uniqueness, in their needs, so that they feel recognized.¹²

The ICU is not just a service with special equipment. In it, one of the main factors is the provision of assistance, through an interpersonal relationship, which must take place through verbal or non-verbal communication. In this context, it is expected to be offering security and effective emotional support to the client and their family, combined with an attitude oriented towards the use of existing technological resources.¹²

Communication is part of the daily routine of nursing, and it is considered a fundamental basic instrument used by nurses, whether in patient care, family care or in relationships with the work team. It is necessary to work on communication with the family to enhance patient and family care; it is necessary to guide them about the ICU environment, equipment, patient status; question her about her doubts; observe her reactions and behaviors; understand your emotions. It is known that family members, when well prepared, are able to spend more time with their family member and be involved

in the recovery process, which, in addition to benefiting them, reduces the feeling of helplessness.¹⁴

However, communication between nursing professionals and family members of patients admitted to the ICU goes through some difficulties that need to be overcome. When family members start to live with and actively participate in the hospitalization and healing process of their relatives, they better accept all the treatment, equipment and procedures.

So that we can explore the peculiarities that involve patient care in the ICU, it is necessary to understand that human beings are not isolated, that is, they develop in different environments, with different people and who carry a whole cultural and social baggage. In this context, the family, as an extension of the patient, must be included in their therapeutic plan, requiring effective communication with the Nursing team, which will bring great benefits to the patient, family and health team and will contribute to a more humanized care.¹³

It is important that nurses establish a good relationship with the family, thereby creating a feeling of trust, but we must be aware of the real needs of the family, being "open" for dialogue, questions, helping them to understand and face the situation of the patient.¹⁴

There is a need to value the presence of the family in the care provided, especially when they experience the hospitalization of a family member in the ICU. Even when the family is in a state of emotional fragility or crisis, it continues to play a prominent role for the patient, helping them to feel protected, more secure, loved and meaningful to their family group; such feelings, most of the time, encourage him to fight for life.¹¹

Quality interaction and communication between nurses and patients' families is of paramount importance; as they provide the clarification of these, in addition to establishing an emotional bond that consequently promotes the optimization of care and initiates a primordial process in nursing: humanizing communication.¹⁷

Through communication, a bond of trust and understanding can be established between the nursing team and family members. The team, in addition to guiding and informing the latter, will be able to provide the alleviation of their anxieties and improve the understanding of the health-disease process of patients admitted to the ICU.¹⁷

For those unfamiliar with the hospital environment, the ICU is considered a critical place where "people go to die"; "when they are at their last" or "when they are very low". Stereotypes such as these could also be undone through efficient communication.¹⁴

It is important that the nursing team instruct family members well and show them that the ICU obviously does not mean the patient's death, but a place where attention and care are more intense; explain the importance of good communication for ICU patients, showing family members the encouragement they can provide to their loved ones through optimistic, encouraging

conversations and, mainly, dialogues that express the importance the patient has for complete harmony of the family.¹³

The entire communication process is carried out through the instructions that the nurse gives the family about the patient's health status, the technical procedures used, the client's response to treatment, the standards and routines of the ICU of that institution, in addition to alleviating or clarify any doubts that family members may have regarding the disease, providing a better understanding of it, through an easy-to-understand language for the patient.¹²

The need to adopt an effective communication system with the relatives of patients admitted to the ICU is evident, as a way to contribute to the humanization of care for this clientele. In this sense, the nurse will be adopting new forms of care, which include, in addition to meeting the basic needs of the client, arising from the disease and technological devices, valuing family members as an integral part of nursing care from the perspective of the humanization of care.¹²

Final considerations

Through the research, the importance of communication for nursing professionals was found, especially those who are directly linked to work in the Intensive Care Unit, which represents a complex environment with its own characteristics.

When well used, communication promotes the close relationship between patient-nurse and team, facilitating the work of nurses, as they will have greater possibilities to interact and learn about the reactions, emotions, fears, anguish and expectations of the patient and family, and thus act with more security and humanization.

It is important that nurses review the way they have been using communication and try to break the barriers that prevent communication from taking place in a clear, objective and effective way, and seek alternatives that promote care and strengthen emotional bonds and, consequently, they will be promoting the quality of patient care.

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