REVIEW OF IMPORTANCE OF NURSING COMMUNICATION IN CRITICAL CARE PATIENT'S FAMILIES

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Abstract:
Nurses' perceptions of their role when communicating with families in intensive care units a very important main management approaches in critical area. Narrative review of qualitative and quantitative empirical studies of the impact of nursing communication on critical patient's family, through data sources used were PubMed, for all papers that were published up to the end of 2021. Communication between nurse, patient, and family member's entails more than just information exchange. It includes addressing a variety of issues, enabling the expression of feelings and worries regarding the illness, treatment, and prognosis, and assisting patients and family members in regaining control and searching for meaning and purpose in their lives. Strong communication skills in nurses have been demonstrated to positively influence cancer patients' happiness, overall well-being, and patient experiences.

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INTRODUCTION:

To improve results in the critical care unit, the American College of Critical Care Medicine supports patient-centered care (PCC) procedures (ICU). Communication is an important component of PCC, and patients and family have identified strong communication as an important feature of high-quality ICU treatment [1]. Indeed, it is the principal channel via which healthcare providers, patients, and families exchange information, elicit preferences, communicate assessments and plans, and make decisions [2]. Although many programs to increase communication have not directly targeted nurses' contributions [3,4], nurses provide the vast majority of bedside care and have the most opportunities to connect with patients and families. Despite suggestions for nurses to be proficient in communication skills and the relevance of nurse communication for patients and families [4,5], there is a scarcity of research on nurse communication in the ICU.

In the context of inadequate communication and interpersonal relationships, family members who frequently function as surrogates for ICU patients experience severe suffering [6,7]. This is especially important for many patients and their families when the transition from the expectation of cure to the realization of non-survivability must be negotiated in the ICU, making the ICU team responsible for providing a quality end-of-life (EOL) experience for the patient and his/her family members [7]. While the family conference has received a lot of attention, communication may be improved by routinely incorporating families during daily interdisciplinary ICU rounds. Family inclusion in interdisciplinary rounds has been shown to have a good impact in pediatric and trauma populations, and research into the similar practice of bedside rounds reveals that the practice is also well appreciated by patients [8]. Studies of families' experiences with EOL in the ICU show a need for improved communication, since a lack of communication leads to family worry and despair, an increased chance of contradicting information from numerous clinicians, and probable family mistrust of physicians [9,10]. Families want more frequent contact with nurses and physicians, but access to and interpretation of information is frequently missing. A diagnosis, prognosis, or treatment is not understood by 35-50% of family members [10].

METHODOLOGY:

Narrative review of qualitative and quantitative empirical studies of the impact of nursing communication on critical patient's family, through data sources used were PubMed, MEDLINE, Web of Science, and Google Scholar. For all studies that were published in English language only up to the end of 2021.

DISCUSSION:

Previous study has assessed patient perceptions of similar interventions, such as bedside case presentations that pulled the patient and family into the heart of rounds. Such bedside presentations were favored by the majority of patients [11,12]. There have been few studies on family participation in ICU rounds, but those that have been conducted show that families value the scheduled opportunity to get information and answers to questions. Previous research has also found a link between family satisfaction and psychological health [8,9,10]. The hospitalization of a loved one in the ICU is a tremendously stressful experience for family members, with nearly three out of every four experiencing anxiety and one in three experiencing despair [13]. A proactive approach to mourning, as well as the implementation of a proactive communication plan, has been demonstrated to reduce PTSD, anxiety, and depressive symptoms. This communication began from admission in one Family Rounds pilot research, which is consistent with the reported higher satisfaction with communication when prognostic information is presented within a shorter time interval [14].Studies of families of patients with EOL experiences have revealed a need for information to be provided early and frequently, and shortcomings in knowledge and communication may prevent removal of support, resulting in prolonged deaths and longer patient hospitalizations [8,16]. Although interdisciplinary inclusion of the ICU medical care team during Family Rounds may reduce communication barriers by fostering more cohesive care with better palliative care integration, the pace of these rounds and the inclusion of medical terminology amid discussions between doctors and nurses may also increase communication problems. This has to be tested. Our study only included English-speaking patients, necessitating further research into the use of Family Rounds with non-English speaking families, as translation errors during interpreted interactions can negatively impact communication, complicating both the transmission of knowledge and emotional support [17]. In addition to analyzing the success of content transmission in these interactions, research of patientphysician relationships has revealed that interpersonal communication styles influence satisfaction [18]. Studies in the ICU have also revealed a need to improve communication

quality. Though not investigated in our study, future research should investigate the impact of communication style and nature on family satisfaction [18]. One of the most major barriers to providing EOL care, according to ICU nurses, is different physicians with divergent perspectives about the plan of care, as well as multiple family members contacting the staff instead of talking with one designated team member [19]. Attention to communication and palliative care, according to the ICU care team, can lead to enhanced nurse-assessed quality of death in the ICU [20]. When nurses judged care to be unduly aggressive given the patient's projected prognosis, they reported discomfort and decreased satisfaction with quality of care [20,21], and the Critical Care Medicine Task Force 2004-2005 highlighted poor communication as a key source of stress for staff [21]. Though not formally investigated in this study, Family Rounds may be a forum for addressing these issues by providing components of suggested interventions, such as a systemic framework to support palliative care integration and attitudinal change regarding communication as a result of increased, regular interaction with families [21].

Many communication strategies to improve ICU quality of care have been "physician-centric" [22]. Interdisciplinary communication between physicians and nurses is frequently poor, and increasing outcomes through communication treatments has proven challenging [23,24,25]. Furthermore, including families on daily physician rounds, which typically focus on information exchange in the biopsychosocial domain, did not result in improvements in overall satisfaction, implying that increasing the frequency of physician communication with families may not be enough to improve perceived quality of care. It is uncertain whether multifaceted techniques that do not require explicit adjustments in bedside nurse interactions with patients and family improve care [26,27]. As a result, communication interventions to improve overall patient-centered care may require a more interdisciplinary approach that explicitly includes nurse communication [28,29,30].

CONCLUSION:

Satisfaction and comprehension of the course of critical disease among ICU patients and family are increasingly recognized as essential outcome metrics and benchmarks of good quality ICU care. Family members participate in decision making, reflecting the patient's voice, and experience tremendous distress when they are not sufficiently educated and supported during their loved one's ICU treatment. Including a family component in daily interdisciplinary rounds showed to be a possible way to increase various aspects of satisfaction in this pilot study, including assistance during decision making and frequency of communication with clinicians.

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