Intensive Care Nurses Perspectives of Nurse–Patient Communication in Botswana
K.S. Dithole, RN, RM, D.Litt et Phil, S. Sibanda, BSc (HONS), PhD, M.M. Moleki, RN, RM, D. Litt et Phil & G. Thupayagale-Tshweneagae4 RN, RM, D. Tech

Introduction
Communication is an integral patient of nursing care especially for mechanically ventilated patients because they experience communication difficulty. Most of these patients reported that they experience moderate to severe frustration when they communicate their needs. The nurses had reported that communicating with these patients is time consuming. These patients need nurses managers with good leadership quality in order to advocate for them.

The purpose of this study was to interview nurses managers of two ICU in Botswana to gather information on their view on how nurses communicate with ventilated patients.

Design and Methods
Qualitative research design using individual in-depth interviews and field notes was conducted with 10 nurse managers from two ICUS. Participants were purposively selected and they were audiotaped. Main question was: what are the nurse-manager’s perceptions about nurse-patient communication in the ICU? The study was approved by 3 ethics boards and nurse managers consented before data collection.

Data analysis
Data were transcribed verbatim and analyzed using qualitative thematic content several steps, starting with naïve reading of texts and then divided into meaning units, statement meaning units and condensed and abstracted with codes, compared for similarities and develop categories.
Findings

Demographic
10 nurses from each ICU (n=20), 12 Females and 8 Males, Age 25 – 51 years, years of experience in the ICU 1 – 6 years; 84% hold diploma and 16% Bachelors degree
Two main themes emerged

1) Perceptions about the importance of nurse-patients communication

Subtheme 1: Communication as a key role of the nurses
The nurse managers agreed that it is the nurses’ responsibility to give patients and family members information
One nurse manager experience had this to say:
“We all know that this patients despite being on a ventilator they really need someone to explain what is happening and when relatives to come to visit the patients smile. In many times patients would be afraid to talk and it the nurses’ responsibility to tell relatives too to talk to the patients. Yes, nurses are supposed to encourage the relatives to talk by just saying ‘go near; don’t be afraid, go near him and talk to him, he hears you.’ This helps to relieve anxiety and stress to patients and family”.

Subtheme 2: Vulnerability of the ICU patients
The nurse managers indicated that ventilated patients are human beings and vulnerable as such the nurses should communicate with them despite the fact that they have communication difficulties.
A nurse manager had this to say:
“It’s important to talk to ventilated patients whether they are conscious or not because even in our homes when we have someone who does not hear or speak; we still communicate with them; so nurses should try to communicate with ventilated patients too”.

2) Challenges facing nurse managers

Subtheme 1: Minimal communication by the nurses
The importance of communication was emphasized as basic to nursing care by the participants. However, the nurse managers acknowledged that, even though it is essential for basic quality care it is rarely done.
A nurse manager had this to say:
“Most of nurses communicate with the ventilated patients...nurses communicate by talking to them mostly by calling them by name. aahh aahh! That’s the most common way of communicating with them...I usually observe them when we are taking rounds... they call them by their names”

Subtheme 2: Lack of nurses trained in intensive care
Most managers suggested that lack of training in intensive care nursing contributes to nurses being not able to communicate with ventilated patients
One nurse manager stated that:
“We have 2 trained ICU nurse and sometimes one may find that although this nurse is on duty, one will be a manager of the whole hospitals while the other one comes on night, this means only nurses with ICU experience working without an ICU nurse in a shift.
One nurse manager had this to say
“We do not have ICU trained nurses out of 18 nurses only 2 are Icy trained he general nurses are attached to ne of them in a shift if they are lucky to have one that day... the other one is a manager and this means most of the time she is performing managerial nursing duties.”

3) Lack of Collaboration on issues of patient communication
There is a need that nurses in the ICU collaborate with each other and other health care team members on how ventilated patients communicate

Subtheme 1: Lack of communication with others about patients’ communicating methods
One nurse manager stated that:
“Most of the time we do not tell others the best communication method that the patient uses especially if the nurses was challenged with how to communicate with the patient. “

Subtheme 2: Perceptions about communicating with other regarding patients communication ability
It was evident that nurses sometimes communicate about patient communication issues during report giving as they may be in a hurry to finish work. However they reported that nurses sometimes tell others about the patient’s communication ability.
One nurse manager had this to say:
“During change of shift report, we kind of share with colleagues how the patient communicated or responded. Usually, we tell others that when we called the patient repeatedly, the patient opened their eye especially those who are being weaned from sedation”
Discussion
This study showed that nurses manager appreciate the important of communicate with the mechanically ventilated patients despite that nurse communicated minimally with these patients. The nurses managers eluded that the nurses might be unable to communicate with ventilated patients due to lack of communication skills training.

Study Limitations
The finding could not be generalized because only two ICUs were used. Although the researchers tried to recruit more male nurse participants for the study, they were unsuccessful because of scheduling problems at the times of the interviews. The study used purposive sampling.

Conclusion
The nurse managers emphasized the importance of nurse-patient communication. Nurse managers need to advocate for intensive care nursing training. There is a need for an extensive study on nurse managers’ perspectives on nurse-patient communication in ICU.

References