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Research paper

Nurses experience of communication with palliative patients in critical care unit: Saudi experience

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Abstract

Communication is crucial regardless of a patient's condition in Critical Care Units (CCU). However; communication barriers are common in CCU. In recent years there has been a rapid growth within hospital settings in the provision of palliative care according to patient needs. The purpose of the research study was to investigate nurses' experiences of communication with palliative patients in CCU. A cross sectional design was conducted using questionnaire. The study sample included nurses who were working in CCU. The total number of completed and submitted questionnaires were 61. The majority of respondents were females. The results show that 49% of respondents have experienced difficulties in palliative care tasks while 41% respondents have complications with communication in palliative care. Also, nurses who took part in this study reported difficultly in discussing decisions such as advanced directives, do not resuscitate orders, and feeding tubes. In conclusion, nurses experience difficulty with communication whilst carrying out palliative care tasks in critical care units. The common causes of communication difficulty are because of the complexity of palliative care tasks, language barriers, shortage of staff and feeling un-empowered. Moreover, there is a lack of education programs centered around enhancing communication difficulties between nurses and palliative patients.

Keywords: *Communication; Palliative Care; Critical Care Unit; Critical Care Nurse; Saudi Arabia*.

1. Introduction

A Critical Care Unit (CCU) is a unique area in the hospital with qualified staff, equipment, treatment and advanced monitoring. Within this area, patients can be managed and the normal body functions of the patient can be maintained (Neideen 2012).

The mortality rate in hospitals is increasing and the highest rate of mortality occurs in the CCU (Wunsch at el. 2009). Typically, CCU patients are more critically ill than other patients and are susceptible to developing acute illness with multi organ dysfunctions. Critical care nursing aims to build a strong relationship with patients and their relatives (Ågård and Maindal 2009). In addition, supporting patients physical, psychological, psychosocial and spiritual needs are the most important aspects of critical care nursing (Elliott at el. 2011).

In order to improve the care of critically ill patients, nurses need to have education and knowledge regarding communication skills, symptom management and other palliative care aspects (Aslakson 2015). Communication barriers are common in health care settings (Aslakson 2015). These barriers include: time constraints, patient characteristics such as the understanding of health care resources, as well as language and culture (Sadeghi 2013).

Communication is crucial in a CCU regardless of a patient's condition. Patients feel distressed while in a CCU, which can be the result of poor communication. Distressing symptoms and patients receiving mechanical ventilator treatment are the most common aspects that create difficulties in communication (Nelson 2001, Rotondi 2002). Moreover, severity of pain, feelings of anger, anxiety and lack of sleep were the factors that complicate the communication process in CCUs (Rotondi 2002).

Nurses in a CCU have different roles which can lead to heavy workloads. However, the environment in a CCU is particular (Manojlovich 2007). There are some factors that influence communication such as workload, complex nursing tasks, and lack of motivation and welfare which were reported by nurses as the main contributing aspects resulting in communication barriers (Anoosheh 2007). Hence, nursing experience is significant during patients care in a CCU (Lyneham 2009). Developing communication skills and understanding patient care in nursing begins with education and experience (Lyneham 2009). Moreover, experience is significant during work and contributes strongly to developing expert nurses.

In conclusion, nurses' awareness of communication with patients in a CCU is an important factor in providing high quality care and patient satisfaction. It is reported by many scholars that nurses in a CCU often neglect the value of talking to patients when they cannot respond to verbal communication (Alasad 2005). Critical care nurses state that patient care in a CCU is diverse and communication may be overlooked during care (Alasad 2005). Furthermore, nurses do not priorities communicating with patients and were more concerned with performing tasks (McCabe at el. 2004). Many researchers reported that critical care nurses have communication difficulties when providing palliative care in CCUs (McCabe at el. 2004, Medinat el. 2012, Alasad 2005). Additionally, patients have recognized nurses who give a low precedence to communication as unexperienced nurses working in a CCU (McCabe at el. 2004). As a consequence of poor communication, adverse clinical outcomes and errors are increased in health care settings and it can reduce patients‟ needs being satisfied (Medinat el. 2012).

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The main aim of this research was to investigate nurses' experiences of communication with palliative patients in CCUs. The main research questions are;

1) What are the nurses' experiences of communication while providing palliative care in a CCU?
2) From nurses' experiences what are the factors that affect communication between nurses and palliative patients in a CCU?

2. Methods

2.1. Participants sampling and study design

This study was conducted using a quantitative, descriptive cross sectional design and was obtained by using questionnaires. A total of 87 nurses responded to a self-administered questionnaire. Of these, 61 participants submitted complete questionnaires. Data collection took place between May and June, 2013 in Saudi Arabia. Participants who took part in this research were from two different Ministry of Health Hospitals (MOH) in Southern region of Saudi Arabia. Around 30 participants from each hospital withdrew from the study. The sampling technique of this study was by using clustered sampling technique. After identifying the illegible hospitals in Saudi Arabia. A total of two clusters were identified one for each hospital included. Randomly selected of CCU nurses were then invited to take part in this study. The eligibility criteria were both male and females registered staff nurses who are currently working in CCU wards. Face to face questionnaire administration were done during staff meetings at the hospitals. All questionnaires maintained confidential and were anonymous with no names identifications.

2.2. Questionnaire

The main researcher designed and developed the questionnaire and the breakdown of communication scale used was based on information from Malloy (Malloy 2010). The questionnaires were written in English and the questionnaire consisted of 32 close ended questions. A pilot study was carried out before distributing the questionnaire to the respondents. This enabled the author to test the clarity and comprehensibility of the questionnaire. There were no major modifications to the questionnaire based on the feedback obtained.

2.3. Ethical consideration

This study was conducted after obtaining the approval from Medical Ethics Committee from both eligible hospitals in Saudi Arabia. Privacy issues such as anonymity of the participants were maintained, thus the participant's names were not sought or included. Participants had the right to refuse or to withdraw from study for any reason and at any time. Information sheet and face to face explanation of the study all took part before signing the consent form. No harm ensues to participants and that the study was for research purposes only. Confidentiality of the data was maintained.

2.4. Internal consistency and construct validity

Reliability and internal consistency of the questionnaire were done by testing it with Cronbach's alpha (Cronbach 2004). Also, Cronbach's was tested for all the eligible participants who took part in this research. To test validity of the questionnaire, factor analysis was performed for the questionnaire to correlate and group similar questions.

2.5. Face and content validity

Face validity of the questionnaire were done during i meetings with a group of experienced CCU nurses. This was done to ensure questionnaire clarity, acceptability and measuring the desired outcomes. While, content validity was measure through consulting CCU experts on the questionnaires contents and the conceptual meaning behind each question.

2.6. Data analysis

Descriptive statistics data analysis was used. This are mainly used in the design and collection of data through organized descriptive and summative use of data. Data was analyzed through selecting the statistical package for the social sciences (SPSS) computer program. Advice from expert statistician were sought out when needed.

3. Results

3.1. Demographics

A total of 61 CCU nurses completed the questionnaire with 70% response rate seeTable1. The majority of the respondents were female 93%. The majority of respondents were aged between 30 and 40years 46%. There were 31%of the respondents who had between 5 to10 years' experience working in nursing and 47. 5% of the respondents had between 1 to 5years experience working in a CCU Figure. 1. In regards to education level, 49% respondents had diploma level in nursing. According to the results, 24. 6% of respondents were reported of to have specialized palliative education programs available to them. Conversely, 75% reported a lack of availability of education programs on palliative care in hospitals Figure.2.

Table 1: Demographic Data of the Participants

Participants' characteristics	Number	Percent
Gender		
Male	4	6.6%
Female	57	93.4%
Age		
20-30	27	44.3%
30-40	28	45.9%
40-50	4	6.6%
50	2	3.3%
Work experiences		
≤1year	2	3.3%
Between1and 5years	17	27.9%
Between5 and 10 years	19	31.1%
Between10 and 15years	16	26.2%
≥15years	7	11.5%
Work experiences in CCU		
≤1year	5	8.2%
Between1and 5years	29	47.5%
Between5 and10 years	17	27.9%

Between10and15years	9	14.8%
≥15years	1	1.6%
Education level		
Diploma	30	49.2%
Bachelor	28	45.9%
Master	3	4.9%

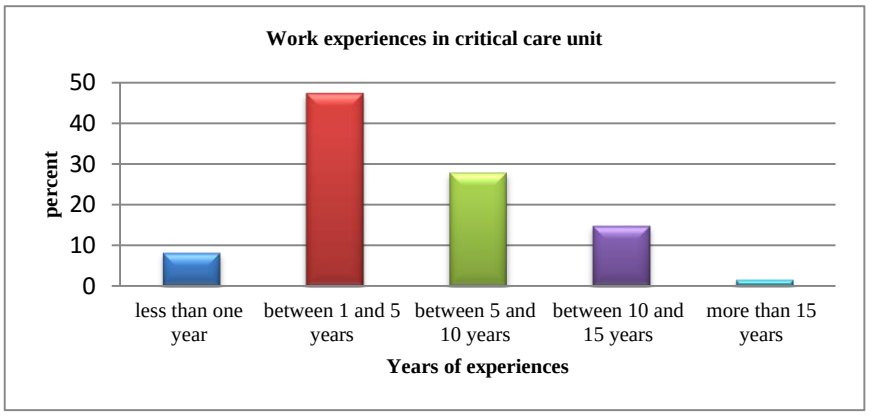

Fig. 1: Work Experiences of the Respondents in Critical Care Unit.

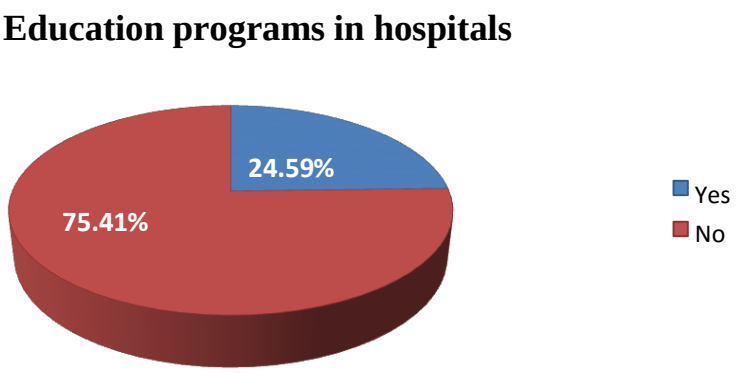

Fig. 2: Availability of Palliative Care Education Programs in Hospitals.

3.2. Nurses experiences communication in palliative care

Interestingly, all the respondents were in agreement over the importance of palliative care in CCUs; 47% respondents agreed and 47% respondents strongly agreed. Moreover, 55% respondents had experienced difficulties in applying palliative care especially in a CCU. 49% respondents reported facing difficulties with palliative care tasks. In terms of communication difficulties, 41% respondents reported experiencing difficulties with communication in palliative care and 49% of the respondents had faced difficulties in communication in palliative care, especially in a CCU. The majority of the sample 75.4% respondents identified the importance of successful communication with patients and families; however, only 70. 5% respondents recounted successful communication with patients and 68. 9% respondents stated the importance of successful communication with patient's families.

The majority of respondents 64% disagreed when they were asked whether they believed palliative care was sometimes a waste of time and effort in CCUs and 54% respondents reported that it was not easy to achieve good communication when providing palliative care in a CCU.

The majority of respondents 72% reported that learning and training is the best method of improving communication skills with palliative patients in a CCU. In addition, 69% respondents identified having direct contact with an experienced nurse and 52% respondents concurred that regular training improved communication skills.

A total of 54% respondents agreed they understood why they faced communication difficulties in CCUs when providing palliative care. In the other hand, 55% respondents disagreed when they were asked about providing ordinary care and reported that doing an adequate to good job was sufficient for them, and that communication was not important. When respondents were asked about the idea of learning about communication and whether they regarded it as just a matter of desire, or almost a hobby in palliative care 42.6% respondents agreed and 42. 6% disagreed.

The majority of nurses 62% reported they believed that the interest in improving their communication skills depended on individual nurse's preference. While, 57. 4% respondents agreed when they were asked about nurses facing communication difficulties that had lost the opportunity to improve their communication level at this stage. Interestingly, 80.3% of nurses had faced communication difficulties in providing palliative care in CCUs.

3.3 Communication difficulty with palliative patients

Communication scales measures the average level of difficulties during communication tasks see Table 2. The respondents indicated that discussing decisions such as advanced directives, DNR orders and feeding tubes were very difficult with a mean=8. 67 and SD= 2.468. The respondents indicated talking with patients, once they had received bad news, as challenging with a mean=8.44 and SD= 2.247. On the other hand, talking with patients or families about suffering were indicated as moderately difficult; mean=6.72, SD=3.297. Discussing spiritual/religious issues with patients and families were considered as moderately difficult with a mean=5.57 and SD=3.901. The respondents indicated that remaining silent and listening to difficult feelings from patients or families as moderately difficult with a mean=5.28 and SD=3.457. Talking with patients or families about pain or symptoms were also indicated as moderately difficult with a mean=5.18 and SD=3.457. Conversely, explaining medical equipment and

procedures did not indicate difficultly with a mean= 3.48 and SD=3.599.

Table 2: Breakdown of communication scale based on information from (Malloy et al., 2010).

Communication tasks	Mean	SD
Explaining medical equipment and procedures	3.48	3.599
Talking with patients	8.44	2.247
Talking with patients/families about spiritual/religious concerns	5.57	3.901
Discussing decisions such as advanced directives DNR orders, feeding Tubes, etc.	8.67	2.468
Talking with patients or families from different cultures	6.30	3.648
Talking with patients or once they have received families bad news	5.18	3.457
Talking with patients or families about suffering	6.72	3.297
Remaining to difficult feelings silent and from listening patients or families	5.28	4.091

3.4 Cause of communication difficulties while providing palliative care

The most common reasons for communication difficulties when providing palliative care in CCUs were as follows: 32.8% felt palliative care was a difficult task, 28% reported other reasons being the cause of difficulty and 24.6% identified lack of motivation as a key feature. Moreover, a total of 18% reported that they did not operate in a culture of palliative care and 6.6 % reported that they did not like palliative care and 55.7% thought that education nurses received was not sufficient to build good communication skills in palliative care in CCUs.

In spite of this, the respondents were still concerned about the importance of regular training programs and especially Arabic language courses in hospitals (Saudi Arabia official language). Moreover, the respondents stated that they believed the need for good team work is vital when communicating with patients. Some respondents believed that delivering bad news and other information were the responsibility of doctors not nurses see Figure 3.

3.5 Factors affecting communication while providing palliative care in CCU

In regards to factors affecting communication while providing palliative care in CCU, 67% indicated that the work environment and the conditions were common factors that affected communication skills in CCU and 42.6% indicated that stress, pressure and personal mood affected communication when providing palliative care, while 42. 6% respondents stated that the patient affects communication skills in CCUs.

Patients' family affects communication skills in CCUs among 41% of respondents and 39% indicated that the type of diseases being dealt with affected communication when providing palliative care, while, 31% stated teamwork affects communication skills in CCUs and only, 3% indicated that salary and financial issues had an impact see Figure 4.

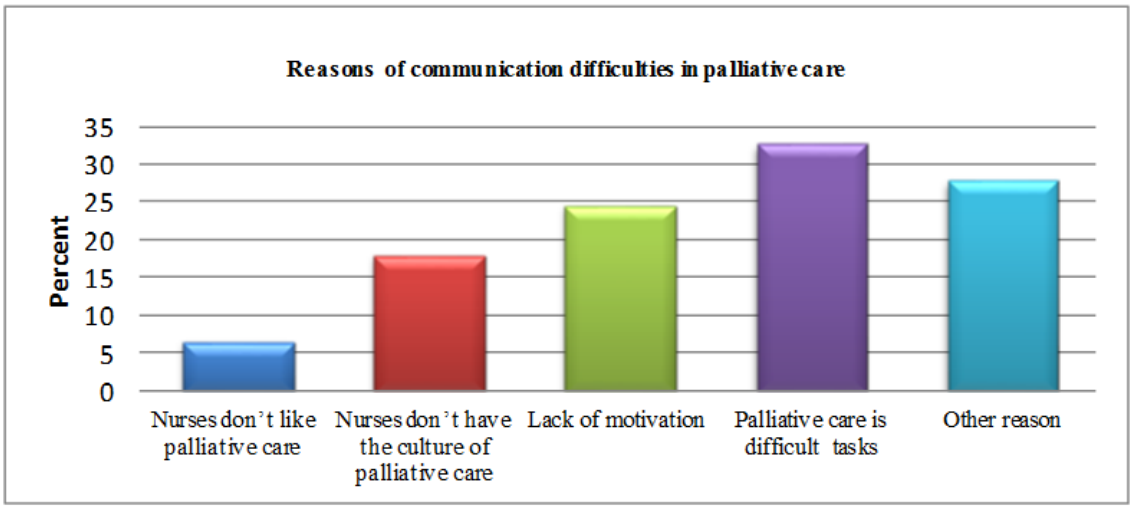

Fig. 3: Reasons of Communication Difficulties in Palliative Care.

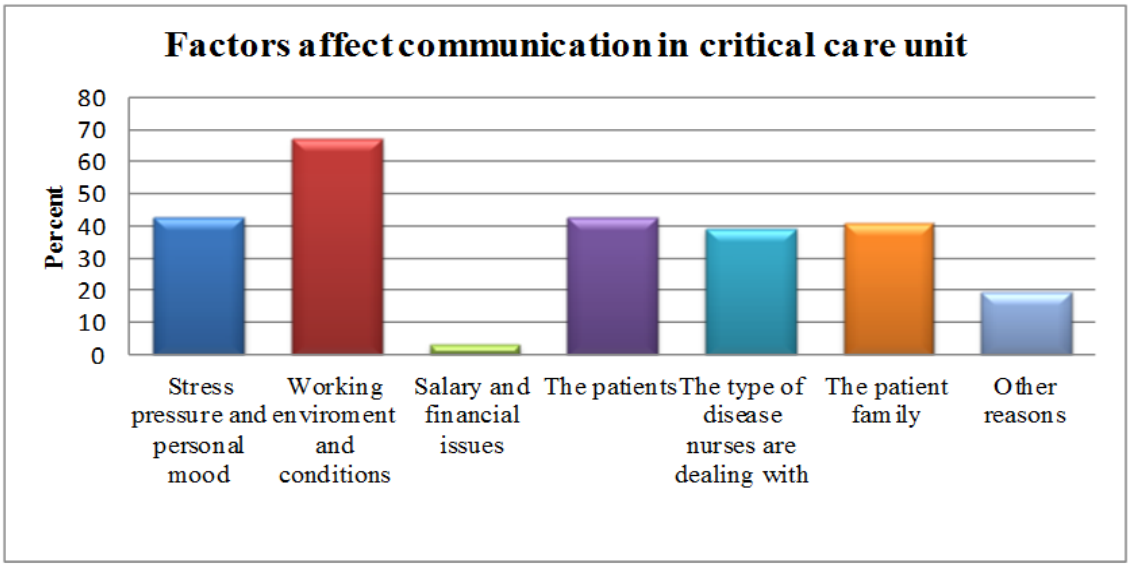

Fig. 4: Factors Affecting Communication in Critical Care Unit.

4. Discussion

Knowledge and experience are two major facets in nursing care. In this study the majority respondents lack experience and considered as fresh graduates and had between 1 and 5 years‟ experience working in a CCU. Moreover, the majority of nurses had a diploma level in nursing. The level of experience of the targeted respondents can be described as novice, meaning, who work without experience and background as reported previously (Benner 1982). Furthermore, there were inadequate palliative care education programs in hospitals. An education program is important for all nurses to improve their knowledge in theory and practice. In order to improve patient quality of care, nurses should have knowledge and familiarity about communication skills and how to deal with palliative patients in CCUs (Sung at el 2006, Ferrell at el. 2010). Indeed, communication and providing palliative care are closely related. Nurses asserted that applying palliative care is important for patients in CCU as seen in other studies (Polit 2012, Meier 2006). However, nurses experienced difficulty with palliative care tasks and difficulty in providing palliative care for patients in CCUs. It is unknown whether this difficulty is related to their job and workload and to different tasks and policies (Ciccarello 2003, Manojlovich and DeCicco 2007), or related to inadequate nursing knowledge. On the positive side, in this study nurses affirmed their viewpoint that palliative care is not a waste of time and effort in CCUs. Furthermore, research is needed to investigate appropriate communication intervention with palliative patients in CCUs.

A nurse provides care to patients and during this care, aspects of communication should be considered. Likewise, nurses experienced communication difficulty during providing palliative care in CCUs as previously reported (Medin at el. 2012). Nurses noted that in the process of caring, communication is not an easy task while working with palliative patients in CCUs. In addition, there are different aspects underlying this statement; for example, nurses working in Saudi Arabian hospitals are mostly foreigners, therefore most Saudi nurses working in hospitals have a diploma degree (Abu-Zinadah 2004, Simpson at el. 2006). Here, these difficulties may perhaps relate to poor regular educative palliative care programs and years of nursing experience. Supported by pervious study (James 2003) that experience and knowledge are essential factors in building up expertise nurses.

Considering measures to improve quality of care is one of a nurse‟ responsibilities and communication is an essential part of that care. The importance of the success in communication was a priority for nurses and included the following: firstly, communication with patients and families, secondly communication with patients only, and finally communication with families only. This conclusion agrees with the findings of a previous study (Fiedler at el. 2011). Nurses knew, were aware of, understood and analyzed why they faced communication difficulties when providing palliative care (Fiedler at el. 2011, Koch at el. 2012). Consequently, nurses have identified a method to improve communication skills, beginning with learning through direct contact in practice with expert and experienced nurses, as well as regular training. However, this improvement is dependent on nurses‟ interest. The author believed that interest is the core aspect in providing a high quality of nursing care for palliative patients. In this study nurses are aware of the need for education in order to improve the quality of the caring they provide. From the author's viewpoint, education should continue for nurses after graduation to improve and update their knowledge both in theory and practice.

The working environment is important in CCUs as observed in previous study (Manojlovich 2007) Workload in nursing is complex, and a lack of motivation were aspects causing communication barriers as seen in other studies (Anoosheh 2009, Ciccarello 2003). In this study the first major factor that affected communication in CCUs was the working environment. The work environment in a CCU is different than any other ward in the hospital. This may relate to using different equipment, protocols, machines, noisy sounds, shortage of staff and structure. All these factors affected communication between nurses and palliative patients.

In this study nurses affirmed that stress, pressure and the personal mood of nurses are the next major factors affecting communication. It seems that most nurses felt stress relating to pressure, workload and shortage of staff while working with palliative patients in CCUs. The author still considered that the number of years‟ experiences and level of education, in coping with stress while working in a CCU was significant. A more accurate description was that nurses maybe did not realize the importance of communication and patients‟ rights on receiving proper information. Dealing with patients is one of the major factors affecting communication between patients and nurses in CCU. Lack of patients‟ knowledge, patient behavior, level of education, and patients‟ language skills might be the cause as reported previously (Sadeghi 2013). Furthermore, nurses considered patients‟ family as one of the factors affecting communication between nurses and patients in CCUs. Nurses working in CCUs do need to consider patients‟ and families‟ right to participate when providing palliative care. It seems that patient condition also affects communication between nurses and patients in CCUs because most patients in CCUs are critically ill as previously reported (Campbell and Happ 2010, Pennock 1993). These patients rely on mechanical ventilators and sedation which influences the communication between nurses and patients as observed in previous studies (Campbell and Happ 2010, Pennock 1993). Nevertheless, nurses should include possible nursing intervention for patients in CCU to improve communication aspects between them and their patients.

Communication tasks while providing palliative care for patients was measured by using a breakdown communication scale. In this study nurses experienced difficulty communicating with patients while discussing advance directives, DNR orders, feeding tubes and when talking with patients once they have received bad news. Breakdown information such as DNR orders and delivering bad news are related to each other. Involves the transference of sensitive information by nurses to patients and this presents some difficulty for nurses. However, nurses can help and support patients to cope with bad news in different ways. In addition, nurses indicated some communication tasks in palliative care as moderately difficult, for instance talking with patients and families about pain and suffering and speaking to patients from different cultures. Teamwork is important during communication with palliative patients in CCUs as previously reported (Clever, 2008). This enhances the need for shared responsibility and support between staff while communicating with palliative patients.

Palliative care nursing is connected to nursing care. The role of palliative care nurses is to assess, plan, and apply the interventions depending on patient need and to evaluate the result as previously reported (Dunn and Mosenthal 2007, Lugton and McIntyre 2005). Yet nurses report that palliative care is a difficult task and the main source of communication difficulty. Lack of education in colleges and hospitals regarding communication skills and palliative care are the underlying cause. In this study nurses stated language barriers, shortage of staff, and being un-empowered as reasons for communication difficulty and this finding supported by previous study (Sadeghi 2013). Unempowerent among nurses was stated as an important reason for communication difficulty.

The concept of empowerment is very important to improve patient quality of care. The nurses‟ work in CCUs should be empowered through specialist education and training programs, for instance palliative nurse specialty and critical care specialty (Daiski 2004). Moreover, lack of motivation was considered as a reason for communication difficulty. Certainly in this study, the nurses don't feel they operate within a culture of palliative care and this results in poor and problematic communication.

The needs for palliative care programs are crucial in order to improve the culture of palliative care and enhance communication skills. Nurses stated the current education is not adequate to assist with the development of communication skills with palliative patients with this in mind; there is a critical of education for nurses

working in CCUs. Nurses need additional support to improve the communication with patients during their work. Management support is very important to improve communication and palliative care in CCUs. Education is important to improve healthcare worker knowledge concerning the importance of teamwork in palliative care as previously reported (Medin at el. 2012).Encouraging and involving nurses is essential in team work when conveying bad news or discussing medical information with palliative patients. Sharing responsibility among teams is essential when delivering bad news or medical orders so as to improve nurse communication skills and to support patients in coping when receiving distressing news.

5. Recommendation for improvement

It is recommended to carry out this study on a national wide base in Saudi Arabia in order to provide more generalized findings which this study lacks.

6. Conclusion

Communication is at the core of palliative care and the nurses" work in CCUs should be supported by hospital administration. The research concluded that cause of communication difficulties includes palliative tasks, language barriers, shortage of staff and un-empowerment. Working environment is the most important factor affecting communication between nurses and palliative patients in CCUs. Moreover, job satisfaction and team work are important to improve communication with patients in CCUs. Lack of regular education programs emerges as a leading cause of communication difficulties while providing palliative care in CCUs. In order to improve education programs, hospital management should implement palliative care and communication courses and improve the education department. Furthermore, regular training programs should be available to nurses concerning communication and palliative care. Hospital management should work to resolve and improve patient quality of care.

The results of this research are valid and significant to nurses working with palliative patients in CCUs. These research results can help the educator and researcher in nursing in planning and assisting in the provision of high quality care and evidence-based practice. Moreover, these research results are significant for hospital administration to resolve these problems in order to improve patient quality of care.

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