

## EDITORIAL

### The communication 360° in the intensive care units: Nurses' challenges and opportunities



### La comunicación 360° en las unidades de cuidados intensivos: retos y oportunidades de las enfermeras

In intensive Care Units (ICU), where patients are critically ill and require complex and specialised care, nurses need to develop 360° communication skills.<sup>1,2</sup> 360° communication is comprehensive, bidirectional and effective communication; that which is established both with other professionals of the same or different disciplines and with the patient and his/her family, focused on the critical patient, characterised by constant feedback in both directions and in which care is taken with verbal and non-verbal communication, as well as active and conscious listening.<sup>3,4</sup>

Promoting this comprehensive communication in the ICU is key because it has an impact on the safety, continuity and quality of care provided to patients, as well as on their satisfaction, that of their relatives and that of the team.<sup>3–6</sup> According to the Joint Commission International, communication failures cause two thirds of sentinel events in healthcare.<sup>7</sup> In fact, inadequate communication represents one of the main causes of more than 70% of adverse events in patient care, such as medication errors, incorrect patient identification and inappropriate prescribing.<sup>8</sup>

Evidence reveals that there are several strategies for nurses to improve their communication skills with patients, their family and the ICU team. In particular, Reifarth et al.<sup>9</sup> recently in their scoping review including 63 investigations, identified that most studies advocated the use of meeting guidelines and written information and addressed how to provide information and respond to strong emotions, for example, by using a proactive and empathic communication style, coined with the mnemonic name VALUE (Value and appreciate what has been said, Acknowledge emotions, Listen, Understand who the patient is as a person by asking questions and Elicit questions). Along these lines, Yoo et al.,<sup>10</sup> through a qualitative study, explored the commu-

nication skills of sixteen critical care nurses and their experiences with patients and caregivers from various perspectives.

According to this study, although the nurses were discouraged by unexpected communication barriers with patients and their families, they recognised that they could cope with these difficulties by improving their communication skills over time through experience and learning.<sup>10</sup> They realised that empathy, active listening and physical interaction with patients and their families enabled meaningful communication and learned that effective communication is an indispensable tool for providing nursing care to critically ill patients.<sup>10</sup> Furthermore, two recent integrative reviews<sup>8,11</sup> have identified among the most commonly used strategies to improve communication between professionals in the ICU: communication tools (daily goal sheet or form, bedside whiteboard and door communication card); team training; structured multidisciplinary shift assessment and the electronic SBAR (Situation, Background, Assessment and Recommendation) documentation template.

Despite the numerous tools identified in the literature,<sup>6–9</sup> critical care nurses continue to perceive that they lack training to develop communication skills.<sup>2,12</sup> A cross-sectional descriptive study carried out in 85 ICUs in Spain with a sample of 568 nurses confirms this, identifying communication skills as one of the specific and priority training needs in Spanish critical care units, with a mean score of  $9.63 \pm 0.73$ , on a scale of 1–10 points.<sup>13</sup>

The evidence confirms the need to train nurses in communication skills.<sup>14–16</sup> The curricula of nursing faculties do include the skill of knowing how to communicate with patients, family and community.<sup>17</sup> However, most faculties do not offer subjects that aim to achieve this as a priority. By considering it to be transversal, they assume that it will be achieved indirectly in other subjects. A recent analysis of all the teaching plans of the 100 nursing faculties belonging to the National Conference of Nursing Deans (CNDE for

its initials in Spanish)<sup>18</sup> did not identify any subject that in its title or description included the aim of training nurses in this competence.

The provision of this type of training by Colleges, Nursing Associations or Healthcare Centres is also an attraction. The Spanish Society of Intensive Care Nursing and Coronary Units (<https://seeiuc.org>), although it does not offer this type of 360° training, has launched a course to improve teamwork in the ICU through TeamSTEPPS®, which addresses one of the dimensions of communication, intra- and interprofessional communication.<sup>19</sup>

In view of this diagnosis, we consider it necessary for Nursing Faculties, Health Centres, Colleges and Associations to take a step forward and commit to offering 360° communication training courses that will provide general nurses, and especially ICU nurses, with the knowledge and skills that will enable them to communicate effectively with the interprofessional team with which they work, patients and families, thus improving the care they provide. We recommend that the courses offered be trifocal, patient - family - team; that they include theoretical content, but also practical methodologies, as communication is learned by communicating; that they address proactive and reactive communication, as well as verbal and non-verbal communication, and that they end with the repetition of an assessment that measures the degree of acquisition of this competence.

We believe that in order to improve interprofessional communicative competence, courses should be based on prior knowledge of what each member contributes to teamwork in order to then train them in effective techniques that allow them to lower barriers such as the use of technical terms; vertical communication; non-aligned objectives; prejudices of superiority, inferiority, etc.

In order to improve communication with families, it is necessary to include in the syllabus communication guidelines that respond to the needs/barriers of the relatives and encourage their collaboration in the care of the patients<sup>20</sup>; communication guidelines that guide in the dilemmas that a nurse may face regarding whether or not she should communicate, and what she can and cannot communicate to the relatives of her patients, and to establish procedures that allow the communication needs of the families to be covered without conditioning the viability of the care work that the nurse must carry out for her patients.<sup>21</sup>

With regard to the topics focused on improving communication with patients, the inclusion of alternative dynamics and tools to the usual ones is recommended to counteract the physical and/or emotional limitations that many ICU patients have and the development of non-verbal active listening.

With regard to the learning methodologies of these courses, it may also be useful and inspiring to learn about training experiences developed in other healthcare fields. Some Spanish nursing faculties have implemented subjects focused on the achievement of communicative competence in the field of Health Education, demonstrating that role-playing techniques or collaborative work in groups are effective for students to acquire communicative competence and also consider the evaluation they receive on their achievement to be fair.<sup>22</sup> The use of simulation scenarios has been consolidated as an effective methodology applicable in

various contexts to improve the communicative competence of nursing students and professionals.<sup>23</sup>

Regarding how to assess the acquisition of these competences, it is worth noting that some hospitals and healthcare centres have designed, implemented and evaluated structured training to improve the communication developed by nurses,<sup>24,25</sup> and have even created and validated instruments to measure the communication competences of these professionals<sup>26</sup> and students.<sup>27</sup>

In addition to finding out what solutions are being provided by other nursing fields to this problem, and designing these courses with this triple focus: patients, families and interdisciplinary team, Spanish ICU nursing associations can implement benchmarking to find out what their counterparts in other countries are doing in this field of action. They will then discover that, for example, the American Association of Critical-Care Nurses offers training courses on this subject to its members.<sup>28</sup>

We trust that the evidence provided in this paper will encourage managers and directors of Nursing Faculties, Health Centres, Nursing Colleges and Associations to promote actions that contribute to improving the communication deficiencies of nurses in general and those specialised in ICU in particular with this 360° approach, thereby achieving an improvement in the care that patients, families and the community receive from this profession.

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