

Therapeutic communication between the nurse and the family of the patient in critical care: a humanized approach

Comunicação terapêutica entre o enfermeiro e a família do paciente em terapia intensiva: uma abordagem humanizada

La comunicación terapéutica entre la enfermera y la familia del paciente en cuidados críticos: un enfoque humanizado

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ABSTRACT

Therapeutic communication is fundamental in the care provided by the nursing staff to the family. Therefore, the objective of this study was to determine the therapeutic communication between the nurse and the family of the patient in critical care, based on Jean Watson's theory of humanized care. Method: Mixed, cross-sectional, exploratory study, the research population consisted of 13 nurses belonging to the intensive care unit (ICU) and 15 family members of critically ill patients in Puyo county. Results: it could be evidenced that there is a good predisposition on the part of the nursing staff to provide humanized care to the family; however, it is necessary to improve to some extent the quality of communication and emotional support, so that the staff and the family have a unified opinion, which allows raising the satisfaction standards of the users. Conclusions: It was evidenced that therapeutic communication is an important aspect. Since it allows maintaining calm in a complicated process, where the nursing professional should contribute to provide emotional support to the family while providing comprehensive nursing actions to the patient.

Keywords: Therapeutic communication, nursing, family members, critical care.

RESUMO

A comunicação terapêutica é fundamental no cuidado prestado pela equipe de enfermagem à família, por isso seu Objetivo é: Determinar a comunicação terapêutica entre o enfermeiro e a família do paciente em estado crítico, com base na teoria do cuidado humanizado de Jean Watson. Métodos: Estudo exploratório transversal misto, a população da pesquisa consistiu em 13 enfermeiras pertencentes à unidade de terapia intensiva (UTI) e 15 familiares de pacientes críticos no cantão de Puyo. Resultados: foi possível evidenciar que existe uma boa predisposição por parte da equipe de enfermagem em relação ao atendimento humanizado à família, porém é necessário melhorar em certa medida a qualidade da comunicação e o suporte emocional, para que a equipe e a família tenham uma opinião unificada, o que permite elevar os padrões de satisfação do usuário. Conclusões: Evidenciou-se que a comunicação terapêutica é um aspecto importante. Pois permite manter a tranquilidade em um processo complicado, onde o profissional de enfermagem deve contribuir para dar suporte emocional aos familiares ao mesmo tempo em que proporciona ações de enfermagem integrais ao paciente.

Palavras-chave: Comunicação terapêutica, enfermagem, familiares, cuidados intensivos.

RESUMEN

La comunicación terapéutica resulta fundamental en el cuidado proporcionado por el personal de enfermería a la familia, es por ello, que tiene como Objetivo: Determinar la comunicación terapéutica entre la enfermera y la familia del paciente en cuidados críticos, basándose en la teoría del cuidado humanizado de Jean Watson. Métodos: Estudio exploratorio mixto, transversal, la población de la investigación estuvo compuesta por 13 enfermeras pertenecientes a la unidad de cuidados intensivos (UCI) y 15 familiares de los pacientes críticos del cantón Puyo. Resultados: se pudo evidenciar que existe buena predisposición por parte del personal de enfermería en lo que respecta a proporcionar cuidados humanizados a la familia, sin embargo, es necesario mejorar en cierta magnitud la calidad de la comunicación y el apoyo emocional, de manera que el personal y la familia tengan una opinión unificada, lo cual permita elevar los estándares de satisfacción en el usuario. Conclusiones: Se evidenció que la comunicación terapéutica es un aspecto importante. Puesto que permite mantener la calma en un proceso complicado, en donde el profesional de enfermería debe contribuir a brindar apoyo emocional a los familiares mientras se encuentra brindando acciones de enfermería integral al paciente.

Palabras clave: Comunicación terapéutica, enfermería, familiares, cuidados críticos.

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INTRODUCTION

The Intensive Care Unit (ICU) is considered a high-pressure work environment due to the complex nature of the environment. Care in the ICU context combines humanistic approaches to the patient's clinical picture, which implies the management of life support equipment and continuous monitoring (MedlinePlus, 2020, Menéndez, 2022), generating a great dependence on the latest technology. to provide high-quality care to critically ill patients (Moreno, et al., 2021).

Communication in the ICU is hampered by patients' inability to speak due to intubation, treatment, and illness. Patients who remain in the intensive care unit require continuous monitoring and treatment, which is stressful for the family since being aware of the health status of their relatives may present psychological symptoms including depression, anxiety and post-traumatic stress disorder (Begazo, 2021, Paredes, 2019, Lebel & Charette, 2021).

On the other hand, therapeutic communication is defined as the process of exchanging ideas between individuals. As far as care is concerned, it implies strengthening the nurse-patient or nurse-family relationship, ensuring its continuity, becoming the basis of the health, disease, rehabilitation and prevention process. (Fuentes et al., 2021)

That is why communication in health is one of the fundamental pillars to take into account, especially in critical situations in which the family requires a large amount of support. For their part, the nursing staff is in charge of the continuous, humanized and comprehensive care of patients 24 hours a day, which means that they have in-depth knowledge of the evolution, treatment and interventions that must be carried out to restore health. patient health. Providing adequate information and maintaining good communication with family members helps to minimize the stress and anxiety levels of the situation (Conde, 2020).

In health care, many problems start when communication is inefficient (Melita et al., 2021). As of this milestone, assertive communication is focused, considered as a fundamental tool in a hospital environment, so caregivers must emphasize developing this skill, for which it is important to consider not only what is said verbally, but also what is said verbally. that is not said, referring to gestures, movements, posture and facial expressions in order to create a bond of trust between family members and nursing staff. Likewise, emotional support should be considered to express empathy and understanding (Duque et al., 2020, Gil et al., 2018).

Effective communication between intensive care unit patients and their families and nurses promotes relationship-focused care and enhances the ability of nurses to meet the needs of patients and their families. However, communication with these patients is challenging due to their critical illness. Families often become surrogate decision-makers for adult intensive care unit patients (Dees et al., 2022).

To corroborate these criteria, some studies carried out by different authors are considered, such as the case of Ayllón who affirms that, according to several studies carried out in different countries, worldwide, it can be shown that 71.9% of nurses consider permissible the visits to the relatives of patients in critical condition, since it considerably reduces anxiety and stress due to absence (Moreno, 2019).

Therapeutic communication directly impacts the quality of life of patients and their families. It requires knowledge and skills that nursing professionals must acquire and develop. From a dialectical materialist perspective, those who accompany family members need to understand that therapeutic communication is essential for care (Medero et al., 2021).

For his part, Davidson, based on his theory of facilitating understanding, determined that the adaptation process must be continuous, simple, and understandable in order to involve the family in the critical patient's recovery process, as he focused it. . The nursing role must be based on providing information in a clear, correct, and understandable manner, as well as helping to understand what is happening, adapting to the situation, knowing how to respond, and coping (Bautista et al., 2016). Likewise, Jean Watson pointed out that getting the care process right and building a relationship of trust is valuable when it comes to communication, since according to her theory of humanized care this helps to maintain harmony between the mind, body and mind. soul through a relationship of trust and mutual help, which is why the nursing staff requires critical, teaching, empathic and interdisciplinary skills that allow them to better assess and identify the need for care in both patients and in family members, in addition to emphasizing the importance of establishing a healing environment in which the physical, emotional, and spiritual aspects are taken into account, so that the care factors typical of his theory can be reflected (Cruz, 2020).

In this sense, therapeutic communication is very important, however, it is an abandoned topic in practice. Nursing professionals often have a good technical background, but lack communication skills. In the field of health, problems arise when communication is deficient, which affects user satisfaction, an aspect related to the quality of the service (Díaz Pérez & Linares Díaz, 2020, Palacios, 2019, La Madrid, 2019).

Considering the aforementioned, the main objective of this research is to determine the therapeutic communication between the nurse and the family of the patient in critical care based on Jean Watson's theory of humanized care, in addition to defining that good care is evidenced from the admission of the patient to the ICU, followed by communication and empathy, which allows establishing a good nurse-patient-family relationship, in addition to favoring the quality of care criteria. Thus, the fundamental elements in the qualitative approach research process are the interaction between the relatives who agreed to the study and the researchers; the recording of data or information collected; and the interpretation/explanation of the results.

METHODS

Type of study and context: Considering the complexity of the subject and the research questions, a mixed, sequential exploratory study was used, characterized by the first stage of the research with a quantitative cross-sectional study and the second stage with a qualitative exploratory approach, achieving a deeper understanding of the understanding of the study phenomena focused on therapeutic communication, family and nursing staff, interpreted according to the perspective of the participants themselves.

Quantitative phase

The data is processed based on "Therapeutic communication between the nurse and the patient's family in critical care", through the organization, coding, categorization and analysis of results based on the Bardin (2011) methodology.

Population: the sample population is made up of 13 nurses who work in the intensive care unit in the province of Pastaza, Cantón Puyo - Ecuador. The instrument was applied to the entire described population.

In this study, the Nyberg Caring Assessment (NCA) instrument was used, which consists of 20 items and has characteristics of a Likert scale questionnaire with a score from 1 to 5, in addition, it helps to determine the meaning it has for the staff. of nursing the application of Jean Watson's theory during their work performance, has three categories to assess the level of quality of care where "inadequate has a score of 67-73, Adequate of 74-85 and excellent of 86-98 ". seeks to collect aspects related to human needs in the face of situational crises, sensitivity according to the needs of each person and the ability to communicate and provide comfort in difficult times (Cusinga et al., 2017).

Statistical analysis: The SPSS statistical package was used in order to apply descriptive statistics from tables.

Qualitative phase

A semi-structured interview was applied to 15 people (relatives of ICU patients) with open and easy-to-understand questions (I would like you to think of something negative while communicating with the nursing staff,

I would like you to think of something positive something that caught your attention during the communication with the nursing staff) continuing with the methodology of Demazière D. and Dubar C.

The interviews were carried out on different days before and after the visits and ended when the relative stated that this was all he could say. They were recorded respectively in a room where only the interviewer and the interviewee were in total privacy, the data provided were similar in most cases, obtaining data saturation, in addition, it was complemented with notes and observation. active in each meeting with the family member thus fulfilling each of the goals proposed at the beginning of the investigation.

Inclusion criteria: Those relatives who have the first degree of consanguinity, who are of legal age, who constantly visit the patient and those who wish to participate in the research were taken into account, for which it is important to take into account that the consent Informed is one of the essential documents since it supports the voluntary participation of the family member.

Exclusion criteria: relatives who did not wish to take part in the study and who are not related to the patient admitted to the ICU.

Ethical aspects: the ethical aspects pertinent to the case were taken into account, this in accordance with Helsinki and Nuremberg, taking into account 2 aspects, the first that is aimed at fully protecting the identity of the participant, ensuring that their rights, data privacy obtained and non-disclosure will be respected throughout the process, and the second that focuses on informed consent, which was presented to each of the participants and respectively the signature that guarantees free and voluntary participation was obtained. The information was obtained legally, always respecting autonomy and the decision made whether favorable or not, always taking into account the principles of ethics and respecting the right to confidentiality.

RESULTS

The sociodemographic and professional characteristics of the nursing staff who agreed to participate in the study were analyzed, obtaining as a result that there is a higher frequency of nurses with an age between 30 to 35 years with 69.20%, the majority was female with 53.8%, Likewise, the majority was single with 76.9%. Regarding the years of service in the UCI, 76.9% are in a range of 1 to 5 years and 69.2% are by appointment, 53.8% have postgraduate studies and 84.6% apply some nursing theory.

Table 1 Importance of therapeutic communication

		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Listens carefully and is open to feedback					
Valid	Occasionally	3	23,08	23,08	23,08
	Sometimes	7	53,85	53,85	76,93
	Often	2	15,38	15,38	92,31
	Always	1	7,69	7,69	100,00
	Total	13	100,00	100,00	
Fully understands what situations mean to people					
		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	3	23,08	23,08	23,08
	Sometimes	5	38,46	38,46	61,54
	Often	4	30,77	30,77	92,31
	Always	3	23,08	23,08	100,00
	Total	13	100,00	100,00	
Communicates an attitude of help and trust to others					
		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	3	23,08	23,08	23,08
	Sometimes	4	30,77	30,77	53,85
	Often	5	38,46	38,46	92,31
	Always	1	7,69	7,69	100,00
	Total	13	100,00	100,00	

Note. Elaborated by the authors with research data

Table 1 shows the results of the importance of therapeutic communication according to Watson's humanized care, which implies the willingness of the nursing staff to establish an environment of trust and tranquility so that family members can express themselves freely, feel supported, understood and above all free to ask any uncertainty about the situation of their family member. In relation to the importance of therapeutic communication, it can be established that 53.85% (7) indicate that sometimes they listen carefully and are open to feedback, while 38.46% (5) state that they sometimes understand fully what situations mean to people and finally, 38.46% (5) mention that they often communicate an attitude of help and trust to others. With which we can define that therapeutic communication for nursing staff is one of the important factors to take into account, since it allows developing skills of human sensitivity and warmth, however, the staff must continuously implement quality communication to all family members without any exception.

Table 2. Quality of emotional support

		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Remains sensitive to the needs of others					
Valid	Occasionally	5	38,46	38,46	38,46
	Sometimes	3	23,08	23,08	61,54
	Often	3	23,08	23,08	84,62
	Always	2	15,38	15,38	100,00
	Total	13	100,00	100,00	
Goes beyond the superficial, to get to know people well					
		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	4	30,77	30,77	30,77
	Sometimes	5	38,46	38,46	78,43
	Often	2	15,38	15,38	93,61
	Always	2	15,38	15,38	100,00
	Total	13	100,00	100,00	
Base relationships on what is best for the people involved					
		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	3	23,08	23,08	23,08
	Sometimes	5	38,46	38,46	61,54
	Often	3	23,08	23,08	84,62
	Always	2	15,38	15,38	100,00
	Total	13	100,00	100,00	

Note. Elaborated by the authors with research data

Table 2 shows the results of the quality of emotional support, for which it is important to consider that maintaining a good nurse-family relationship is very useful to strengthen optimal communication, in addition to allowing us to know more deeply the emotions and needs of each person, so that care is also focused on the family, thus managing to maintain stability in both the physical and emotional aspects of each of the members.

Regarding the quality of emotional support, it was established that 38.46% (5) state that they occasionally remain sensitive to the needs of others. Similarly, 38.46% (5) indicate that sometimes they go beyond the superficial in order to get to know people well. Finally, 38.46% (5) sometimes, relationships are based on what is best for the people involved.

Tabla 3. Level of empathy

Has a deep respect for the needs of others		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	3	23,08	23,08	23,08
	Sometimes	3	23,08	23,08	46,16
	Often	2	15,38	15,38	61,54
	Always	5	38,46	38,46	100,00
	Total	13	100,00	100,00	
Do not give up transmitting hope to others		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	3	23,08	23,08	23,08
	Sometimes	2	15,38	15,38	38,46
	Often	4	30,77	30,77	69,23
	Always	4	30,77	30,77	100,00
	Total	13	100,00	100,00	
Understands that spiritual forces contribute to human care		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Occasionally	1	7,69	7,69	7,69
	Sometimes	3	23,08	23,08	30,77
	Often	7	53,85	53,85	84,62
	Always	2	15,38	15,38	100,00
	Total	13	100,00	100,00	

Note. Elaborated by the authors with research data

Table 3 shows the results of the level of empathy, where it was possible to show that 38.46% (5) mention that they always have a deep respect for the needs of the other, while 30.77% (4) indicate who often and always does not give up transmitting hope to others. Finally, 53.85% (7) often understand that spiritual forces contribute to human care. In this case, empathy was continuously applied to the family, since it is considered to be a fundamental quality of humanized care, in addition to helping to develop understanding skills and concern for the well-being of others so that the relationship with the family enriches and facilitates collaboration in health care.

On the other hand, in relation to the interviews carried out with the relatives of patients, it was possible to show that; 80% are calm, while 20% are sad. In the same way, it was evidenced that family member 1 states that the professional "They explain well the type of problem that the patient has to the family member at the moment, they are clear and concise when giving the explanation", while family member 2 indicates that the nurse "they tried to explain to me what was happening, they told me to be patient, they were also polite in everything". On the other hand, family member 3 indicates that "The nurse wanted to see me right away, she was first before the others.

Likewise, family member 4 states that the nurses "have been good, they have treated me well, they are good people, also, when I called them because my daughter got sick they came right away." In relation to family member 5, he indicated that "When I asked them about my family's health, they gave me the answer, when I asked them to check him because he had a fever, they came and checked him." Family member 7 mentions that the professional "They have behaved quite well, when I come to visit they explain to me that I must go in with a gown and I must wash my hands for the well-being of my brother and for mine as well, they are very attentive to everything".

In addition, family member 10 mentions that the nurses are "They are quite friendly, I have no complaints so far, they always explain to me in detail what they do to him and above all I can understand what they tell me." Family member 13 considers that "They can understand what we are going through because when I come they always try to encourage me, they tell me that my son's situation is improving and they are still looking out for him." While family member 14 states "If they have behaved well, they tell me that if I don't understand something, just ask them that there is no problem and in case something happens with my family member that they contact us immediately" and finally, family member 15 "During the visits, I can say that they do their job well, they explain to me how I should go in to visit my relative, why I should wear certain clothes, even when I ask them something, they explain to me until I understand it well".

DISCUSSION

Nurses must have the ability to establish a trusting relationship with the family in order to communicate effectively. This can be done by listening to their concerns and providing reassurance. Nurses must also be able to provide accurate information about the patient's condition and treatment; also be able to explain medical terminology so that the family can understand it.

The nursing professional should begin by introducing themselves and explaining their role in caring for the patient. They should also explain the patient's condition and the treatments they are receiving. This will help the family understand the situation and feel more comfortable with nursing work.

In the results obtained in the present study in terms of communication, it was established that 53.85% indicate that sometimes they listen carefully and are open to feedback, while 38.46% state that sometimes they fully understand what situations mean for people and finally, 38.46% mention that they often communicate an attitude of help and trust to others. In this regard, Sánchez et al. (2016) in their study reveals that 62.3% of interviewed nurses communicate routinely with the critically ill patient's relatives and 88% consider the training of communication skills necessary, so it can be determined that, although the information was adequate, care based on communication is not at the same level since it is considered necessary to improve the quality in this aspect by the nursing staff.

In addition to providing accurate information, the nurse must also be able to provide emotional support to the family. This can be done by being compassionate and understanding. The nurse must be able to recognize the family's feelings and provide comfort and support. The nurse must also be able to provide encouragement and hope to the family.

In relation to the quality of emotional support, the results of the research indicate that 38.46% remain sensitive to the needs of others, 38.46% indicate that sometimes it goes beyond the superficial in order to get to know others well. people. Finally, 38.46% sometimes base relationships on what is best for the people involved. For their part, Valls and del Cutillo. (2022) in their research revealed that, of the information provided by nursing, 79.5% referred to care and 29.5% to needs, only 13.6% looked after well-being; which makes evident the need to better link empathy for family and patient management within an ICU.

According to the level of empathy, it was possible to show that 38.46% mention that they always have a deep respect for the needs of others and 53.85% often understand that spiritual forces contribute to human care. This is considered important at the time of communication since the family feels supported and understood. Unlike another study, in which it is mentioned that the nursing act is formal, convenient and can even be considered mechanical, in such a way that communication is totally limited to minimal contact (Duque & Arias, 2021).

The nurse must also be able to provide education to the family about the patient's condition and treatment. This can be done by providing written materials or by discussing the patient's condition and treatment with the family. The nurse must also be able to provide the family with resources to help them cope.

In the present investigation it is observed that the relatives indicate that the nursing staff explains well the type of problem that the patient has to the relative at the moment, they are clear and concise when giving the explanation. In this sense, the study by Murillo et al. (2017), mentions that the attitude of the nursing staff and the quality of the information provided are good, since it was considered the beginning of a good communication relationship, as well as the need to provide clear and concise data on the patient so that the family feel calm and more confident in the procedures performed on the patient.

In this regard, the study of Regaira & Garcia. (2021) mention that, in addition to explaining how the procedures will be carried out, the patient's relatives should always be first informed about the complexity of the treatment that will be carried out, as well as the risks involved so that the family can plan and take the necessary measures. better decisions.

Duke. (2020) mentions in their article that the nursing role is very important from the first contact with family members, since, from the beginning of care, their perception is perceived as positive or negative. For this, it is necessary to develop relationships that help families feel supported during the hospital stay, since this helps to cope with stress and facilitates effective participation, as was the case for Herrera et al. (2021), it is necessary to attend to the needs of family members since it makes them feel supported.

While Boada & Guaqueta. (2019) argue that being treated with dignity, kindness and respect facilitates the development of good communication, since the environment feels more pleasant and the possibility of asking questions as many times as necessary over time, or if the information is not clear, ask to repeat without any fear.

Finally, under the perception of family members, it can be seen that professionals can understand what they are going through and provide the necessary emotional help. Therefore, Duke. (2020) mention that empathy is a fundamental

point to consider, because in this way family members can be better understood, so approaching, listening carefully and with interest, identifying them Emotional needs are essential when gathering information from the patients. and families, and sometimes it's good to even talk about their own experiences, as it gives them a sense of security and freedom to express themselves about things that are sometimes difficult to say.

Therapeutic communication between the nurse and the family of a patient in critical care is essential to provide quality care. It is important for the nurse to establish a good connection with the family in order to provide the best patient care. This connection must be based on trust, understanding and empathy.

CONCLUSIONS

The study demonstrates that therapeutic communication between a nurse and a patient's family is essential to providing quality care in a critical care setting. This was corroborated by the patients themselves, since most of them mentioned that the nursing staff is the one that is most attentive to their needs. The nursing staff establishes a relationship of trust with the family, provides precise information, emotional support, education, and a humanized approach to care, corroborating what is mentioned in the surveys with what is stated by the relatives.

The nurses interviewed ensure that the patient receives the best possible care and that the family receives support throughout the hospitalization process of their patients, complying with the philosophy of Humanized care postulated by J. Watson. Finally, nurses must be able to provide a humanized approach to care. This means that they must be able to recognize the individual needs of the patient and their families in order to provide care that is tailored to those needs. This also constitutes the continuous promotion of therapeutic communication in order to achieve greater physical and mental well-being, the latter linked to giving support and comfort.

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Task	% of contribution of each author	
	A1	A2
A. theoretical and conceptual foundations and problematization:	80%	20%
B. data research and statistical analysis:	50%	50%
C. elaboration of figures and tables:	80%	20%
D. drafting, reviewing and writing of the text:	50%	50%
E. selection of bibliographical references	80%	20%
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