

Introduction

The Society of Critical Care Medicine estimates that 5.7 million people are admitted annually to the Intensive Care Unit (ICU); 20-30% require mechanical ventilation and some level of sedation.

The literature strongly supports that sedated patients benefit emotionally and physiologically from verbal communication. While critical care nurses in the ICU report that verbal communication with the patient is important, research suggests nurses struggle to verbally communicate with ventilated, sedated patients.^[1,3]

I conducted a literature review to explore the potential gap between nurses' perceptions and practice regarding the phenomenon of speaking to sedated patients in the ICU.



Depiction of a patient who is on a mechanical ventilator.^[7]

Coverage

The search focused on nurses' verbal communication with sedated and mechanically ventilated patients. I excluded articles which focused on conscious patient who were mechanically ventilated or those unconscious due to traumatic brain injury. Also excluded were articles pertaining to family communication with these patients as this review is focused on the nurse-patient interaction.

Databases: Eagle Search, CINHALL Complete, ProQuest: Central, and Google Scholar

Methodology

Only six articles were found that fit the inclusion criteria. These studies fall between the years of 1996 and 2018.

Methodologies	Number of Articles
Qualitative	4
Quantitative	1
Mixed Methods	1

Results

- The literature supports that a majority of verbal communication consists of explaining procedural tasks and interventions.^[2,3]
- Baker and Meley (1996) found that 4 out of 5 critical care nurses considered verbal communication with sedated patients 'very important'. However, observation of these nurses' patient care over 4 hour periods revealed that verbal communication only accounted for 5% of that time.^[3]
- Othman and El-Hady's (2015) quasi-experimental study demonstrated a correlation between using a structured communication message and a decrease in length of mechanical ventilation as well as length of stay in the ICU.^[4] They based their message on a content analysis developed by Jesus, Simoes, and Voegeli (2013).^[5]
- There is no large scale study exploring nurses' perceptions of verbal communication with sedated patients. The populations of the included studies ranged from 5-30 nurses from the same hospitals. A larger scale, quantifiable study on this subject is warranted.
- There is a gap in the literature exploring current and new nurses' education, formal and informal, as it relates to sedated and ventilated patients.

Significance

- Communication is a crucial aspect of nursing care.
- Literature supports that nurses are not consistently using verbal communication with sedated and mechanically ventilated patients.^[1,3,5]
- Research supports that discussing personal interests or issues has been shown to aid in preserving a patient's sense of personal identity.^[3]

Conclusion

The literature supports a persistent gap between nurses' beliefs about the need for communication with the sedated patient and nurses' demonstrated clinical practice. Further investigation into the identified barriers and facilitators of talking to sedated patients is warranted.

There is also a need for more research concerning nurse's perceptions of using a structured communication message in their practice.

Presentation and Orientation	Name of patient, name of nurse, time, place, situation
Information	Information about family, life prior to illness, important facts
Functional Assessment and Stimulation	Stimulate and evaluate eye opening/responsiveness/etc.

This chart demonstrates the 'structured communication message' developed by and used in these studies. ^[4,5]

References

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