

Visual Communication Board – Bridge for Communication between Patient and Nurse

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Abstract

Nurses as healthcare professionals focus on serving needs of humanity. Nurses face difficulty while communicating and giving care to patients with impaired communication abilities or compromised communication status. Nursing personnel should look forward to ways of improving patient care by developing communication skills and technical skills to help patients in fulfillment of their needs leading to satisfaction of both the patient and the nurse. Also, hospital administration can enhance patient satisfaction by introducing visual communication board in care of patients with compromised communication. Visual communication board can serve as a bridge for communication between the patient and the nurse, if it is readily available and nurses possess skills to use it.

Keywords: Compromised communication, Visual communication board

Introduction

Nurses as healthcare professionals focus on serving needs of humanity. Nursing practice requires interpersonal, intellectual and technical skills with scientific knowledge of nursing care aspect. Interpersonal communication is an inseparable part of nursing in all areas like prevention, cure, promotion, and rehabilitation. Importance of communication skills to nurses is similar to the need of eyes to see.

Communication is very important in critical care patients for protection, promotion and maintenance of health, prevention of illness and injury, and alleviation of symptom through treatment of patient response like adequate pain management. It is also very important for providing quality care to patients after assessing their actual needs.

Most of the patients in intensive care units have impaired communication abilities/communication compromised status and may not be able to communicate due to endotracheal intubation, tracheostomy, stroke and head and neck surgery. Common non-verbal methods used in such patients are head nods, mouthing words or lip reading, pointing and hand gestures, coded eye blinks, facial expressions, etc. Common devices used for communication are writing with pen and paper and magic slate (erase and write board).

Grossbach et al.¹ drafted an article reporting that communicating effectively with ventilator-dependent patients is essential so that various basic physiological and psychological needs can be conveyed and decisions, wishes, and desires about the plan of care and end-of-life decision making can be expressed. Numerous methods can be used to communicate including gestures, head nods, mouthing of words, writing, use of letter/picture boards and common words or phrases tailored to meet individualized patients' needs.

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Need of Communication in Nursing for Patients with Compromised Communication

“Can you imagine your one day without any communication?”

If we imagine our one routine day without any communication, it will be very difficult for us to fulfill our job, needs or requirements. When as a normal person we cannot imagine ourselves without communication then how basic needs of critically ill patients can be fulfilled without communication.

Communication is basic to interact, and exchange thought, ideas, emotions, needs, etc. The need for communication with the patient is already recognized by healthcare department. Nurses face difficulty while communicating and giving care to patients with impaired communication abilities or compromised communication status.

As every person is unique, so different patients may have different perceptions and needs; so if actual need of the patient is assessed, treatment given accordingly may lead to better outcomes.

Needs of patients with compromised communication may go unaddressed due to lack of communication; so patients may feel dissatisfied with care and frustrated. Sometimes nurses misunderstand the patient response as they are not able to give a clear message. So it becomes imperative to identify the actual need of the patient which they may not be able to communicate well.

But if needed areas of care are not covered, we can harm patient safety and it may lead to adverse consequences. Also treating not needed areas can lead to wastage of time and effort.

Patient's consent is required for any treatment which should be communicated well with the patient. Patient's right to take educated decision may not be executed with inadequate communication.

Many types of research were conducted to assess the need for communication devices in patients with compromised communication.

Patak² drafted an article reporting that patients who are communication impaired are at great risk of medical error and poor outcomes. The study proposed a call to action for nursing administrators to position patient-provider communication as a patient safety-care quality priority within the healthcare organization and incorporate bedside practices that achieve effective patient communication, especially with those most vulnerable to impaired communication.

Guttormson et al.³ in the US described the patient experience of communication during mechanical ventilation. Inability

to communicate needs was associated with helplessness and impacted negatively on satisfaction with care.

Kourkouta et al.⁴ reported that good communication improves the quality of care provided to patients, which is observed in the results. Good communication is also not only based on the physical abilities of nurses, but also on education and experience and humanely to the expectations of patients. The results of this will be to demonstrate greater understanding among patients with greater benefit to patients and personal satisfaction to nurses in the performance of nursing.

Dithole et al.⁵ did a structured review to identify communication challenges, which exist between nurses and mechanically ventilated patients in intensive care units (ICU) and hence explore possible solutions to improve these communication challenges. Results showed evidence-based and multifactorial communication intervention encompassing staff skills development and training, Development of relevant patient materials or devices and collaborations with relevant health professionals like speech and language therapists has the potential to improve nurse-patient communication in the ICU and hence improve patient outcomes.

Communication Devices

Communication devices are the devices used for patients with compromised communication to enhance communication. Simple devices or traditional methods available for communication include writing with pen and paper, head nods, pointing and hand gestures, facial expressions, coded eye blinks, lip reading, letter board, erase and write boards, flash cards, etc. High-tech alternative augmentative devices available for communication include pictorial board, written VidaTak board, VidaTalk iphone application, chat books, electronic communication board, eye gaze displays, speech-generating devices, digitalized recording systems, etc.^{1,6-8}

Various types of research were conducted to assess the use of communication devices for patients with compromised communication.

Happ et al.⁹ studied the communication interactions, methods, and assistive techniques between nurses and nonspeaking critically ill patients in the intensive care unit. Study results highlighted specific areas for improvement in communication between nurses and nonspeaking patients in the intensive care unit, particularly in communication about pain and in the use of assistive communication strategies and communication materials.

Costello¹⁰ describes a model for preoperative augmentative and alternative communication (AAC) intervention for patients with planned admissions to the intensive care

unit following surgery that render them temporarily unable to speak. Details of preoperative and postoperative interventions and discharge interviews were provided, along with strategies for the patient- directed vocabulary selection and digital voice message banking. Anecdotal data presented the benefits of preoperative introduction to AAC, as described by patients, family members, and medical staff. During discharge interviews, none of the patients who participated in this model reported feeling exhausted in their attempts to communicate, isolated, out of control, or afraid and anxious because of communication breakdowns.

Bridge for Communication between Patient and Nurse

Visual communication board is a board which uses common pictures along with written statements on basic needs of communication compromised patients/patients with compromised communication status to help them communicate effectively.

Visual communication board can serve as a bridge for communication between patient and nurse as the patient can express their needs with the help of pictures/written statements depicting basic needs of patients so that the patient can also participate well and feel satisfied with nursing care. Also visual communication board can act as a tool for recognition of patient's individuality.

Visual communication board can be made readily available as these can be easily constructed and can be customized according to different communication needs of patients. Also these are easily accessible and affordable. Communication through visual communication board is the most practical and economical approach.

Communication content of visual communication board may include problems/difficulties faced by patients, basic needs, and psychological needs, etc. Common basic needs of patients may be tube irritation, gagging, pain, movement or change of position, hot, cold, thirst and hunger, shortness of breath, family need, itching, discomfort and feeling sad, etc.

Few researches were conducted to assess the effectiveness of visual communication board.

Patak et al.¹¹ reported that use of communication board can alleviate frustration in patients receiving mechanical ventilation.

Arora et al.¹² conducted a quasi-experimental study Visual Communication Board for Communication Compromised Patients. The experimental group was exposed to the visual communication board and control group was exposed to traditional methods for three days as an intervention to

meet their communication needs. Satisfaction regarding communication needs of communication compromised patients was assessed using satisfaction scale developed by the researcher. Maximum of the study subjects in the experimental group were satisfied with the visual communication board; also the level of satisfaction perceived by study subjects in the experimental group was significantly higher than the control group. Hence visual communication board was found to be effective in increasing the level of satisfaction and thus can be used to cater to the needs of communication compromised patients.

Extended research is required in the field of development of various communication devices for patients with compromised communication. Nursing personnel should look forward to ways for improving patient care by developing communication skills and technical skills to help the patient in fulfillment of their needs leading to satisfaction of both the patient and the nurse. Also, hospital administration can enhance patient satisfaction by introducing visual communication board in care of patients with compromised communication.

Technique for Using Visual Communication Board

Visual communication board can be very helpful if the communicator has communication skills and technical skills to use it. Visual communication board can be used effectively with minimal training. So author wants to include the important points to be kept in mind while using visual communication board as follows:

- First and foremost, never leave the patient with compromised communication unattended
- Establishment of rapport with communication compromised patient is vital to communicate with the patient
- Conducive environment for communication should be provided
- The method of calling the healthcare professional should be available like calling bell, etc
- Assessment of the communication abilities including vision, hearing, cognitive, literacy and motor should be done before the use of visual communication board
- The way of response for yes/no with the patient according to his/her comfort should be developed (like head nods, coded eye blinking or using hand gestures) and to be used the particular way of response every time
- Healthcare professional using visual communication board should be well aware about its components and should explain to the patient with compromised communication accordingly
- Healthcare professional should ask questions related to components of visual communication board to get

- idea about exact need of the patient
- Encourage patient with compromised communication to communicate using visual communication board.
- When patient signals particular component, healthcare professional need to voice the component for correctness
- After communicating and knowing the need of the patient, care should be given accordingly to satisfy the patient and gain his/her confidence; otherwise the patient may not communicate next time
- Visual communication board should be available all the time with the patient so that he/she can communicate in time of need
- Intention of communicator and receiver is a must for communication
- As each patient is unique and can have different communication needs so assessment of effectiveness of communication intervention is required. After assessment, visual communication board components can be revised according to the needs of the patient

Conclusion

Communication in nursing is important to give holistic nursing care. Nurses face difficulty while communicating and giving care to patients with impaired communication abilities or compromised communication status. Visual communication board can serve as a bridge for communication between the patient and the nurse, if it is readily available and nurses possess skills to use it.

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References

1. Grossbach I, Stranberg S, Chlan L. Promoting effective communication for patients receiving mechanical ventilation. *Critical Care Nurse* Jun 2011; 31(3): 46-60.
2. Patak L, Wilson-Stronks A, Costello J et al. Improving patient-provider communication: A call to action. *Journal of Nursing Administration* 2009; 39(9): 372-76.
3. Guttormson JL, Bremer KL, Jones RM. Not being able to talk was horrid: A descriptive, correlational study of communication during mechanical ventilation. *Intensive and Critical Care Nursing* Jun 2015; 31(3): 179-86.
4. Kourkouta L, Papathanasiou LV. Communication in nursing practice. *Mater Sociomed* Feb 2014; 26(1): 65-67.
5. Dithole K, Sibanda S, Moleki MM et al. Exploring communication challenges between nurses and mechanically ventilated patients in the intensive care unit: A structured review. *World Views on Evidence Based Nursing* Jun 2016; 13(3): 197-206.
6. St. George's University Hospitals. Communication [Internet]. London; 2014 [updated 2014 May; cited 2016 Jan 16]. Available from: http://www.stgeorges.nhs.uk/gps_and_clinicians/clinical_resources/tracheostomy_guidelines/communication/.
7. Happ MB, Tuite P, Dobbin K et al. Communication ability, method, and content among nonspeaking non surviving patients treated with mechanical ventilation in the intensive care unit. *American Journal of Critical Care* 2014; 13(2): 1-7.
8. Novita Children's Services. Augmentative and alternative communication [Internet]. South Australia; 2016 [cited 2016 Jan 20]. Available from: http://www.novita.org.au/services/augmentative_and_alternative_communication/.
9. Happ MB, Garrett K, Thomas DD et al. Nurse-patient communication interactions in the intensive care unit. *American Journal of Critical Care* Mar 2011; 20(2): 28-40.
10. Costello JM. AAC intervention in the intensive care unit: The Children's Hospital Boston Model. *American Speech-Language-Hearing Association Proceedings of Annual Conference*. 2000; 16: 137-53.
11. Patak L, Gawlinski A, Fung NI et al. Communication boards in critical care: Patients' views. *Applied Nursing Research* 2006; 19(4): 182-90.
12. Arora B, Bhardwaj U, Rajlaxmi et al. Visual communication board for communication compromised patients. *IOSR Journal of Nursing and Health Science* 2017; 6(3)4: 1-7.

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