

Use of Communication Board for Mechanically Ventilated Patients

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Abstract: Communication at the bedside, even when the patient is unconscious or sedated, may often be recalled by critical care survivors and can impact upon long-term psychological outcomes. There is a significant relationship between the loss of speech and severe emotional reactions among ICU patients, such as a high level of frustration, stress, anxiety, and depression. Medical and Nursing staff should also be aware of the techniques and technology available for intubated patients to engage in communication, and to improve quality of life including the use of spelling boards, icon charts, and electronic aids. This review highlights the Use of Communication Board for Mechanically Ventilated Patients

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I. Introduction

There are particular difficulties in communicating with the patients who come into contact with critical care centers. Illness severity may be such that time available for communication is limited and ability to engage in discussion compromised by clinical condition or conscious state. When conversations do take place, they are often among the most sensitive consultations that can be imagined, dealing with prospects for immediate survival or imminent risk of death. What little evidence there is suggests considerable room for improvement in these encounters. Communication at the bedside, even when the patient is unconscious or sedated, may often be recalled by critical care survivors and can impact upon long-term psychological outcomes. Medical and Nursing staff should also be aware of the techniques and technology available for intubated patients to engage in communication, and to improve quality of life including the use of spelling boards, icon charts, and electronic aids.

What is mean by communication board?

A communication board is a board which is used for intubated patients consists of icons and pictures representing basic needs provides increased patient satisfaction increased efficiency and speed of communicating, decreased frustration, and quicker expression of patients their needs.

Features of Communication

- Two way Process
- Information sharing and understanding
- Verbal & Non verbal
- Circular flow
- Goal oriented
- Continous process
- Pervasive Activity

What are the methods of Non verbal Communication?

Just as verbal language is broken up into various categories, there are also different types of nonverbal communication. As we learn about each type of nonverbal signal, keep in mind that nonverbals often work in concert with each other, combining to repeat, modify, or contradict the verbal message being sent.

Kinesics

The word kinesics comes from the root word *kinesis*, which means “movement,” and refers to the study of hand, arm, body, and face movements. Specifically, this section will outline the use of gestures, head movements and posture, eye contact, and facial expressions as nonverbal communication.

Gestures

There are three main types of gestures: adaptors, emblems, and illustrators (Andersen, 1999). Adaptors are touching behaviors and movements that indicate internal states typically related to arousal or anxiety. Adaptors can be targeted toward the self, objects, or others. In regular social situations, adaptors result from uneasiness, anxiety, or a general sense that we are not in control of our surroundings. Common self-touching behaviors like scratching, twirling hair, or fidgeting with fingers or hands are considered self-adaptors. Some self-adaptors manifest internally, as coughs or throat-clearing sounds. My personal weakness is object adaptors. Emblems are gestures that have a specific agreed-on meaning. These are still different from the signs used by hearing-impaired people or others who communicate using American Sign Language (ASL). Even though they have a generally agreed-on meaning, they are not part of a formal sign system like ASL that is explicitly taught to a group of people. A hitchhiker's raised thumb, the "OK" sign with thumb and index finger connected in a circle with the other three fingers sticking up, and the raised middle finger are all examples of emblems that have an agreed-on meaning or meanings with a culture. Emblems can be still or in motion.

Head Movements and Posture

Head movements and posture together because they are often both used to acknowledge others and communicate interest or attentiveness. In terms of head movements, a head nod is a universal sign of acknowledgement in cultures where the formal bow is no longer used as a greeting. In these cases, the head nod essentially serves as an abbreviated bow. An innate and universal head movement is the headshake back and forth to signal "no." This nonverbal signal begins at birth, even before a baby has the ability to know that it has a corresponding meaning. Babies shake their head from side to side to reject their mother's breast and later shake their head to reject attempts to spoon-feed (Pease & Pease, 2004). This biologically based movement then sticks with us to be a recognizable signal for "no." We also move our head to indicate interest. For example, a head up typically indicates an engaged or neutral attitude, a head tilt indicates interest and is an innate submission gesture that exposes the neck and subconsciously makes people feel more trusting of us, and a head down signals a negative or aggressive attitude (Pease & Pease, 2004).

Eye Contact

We also communicate through eye behaviors, primarily eye contact. While eye behaviors are often studied under the category of kinesics, they have their own branch of nonverbal studies called oculusics, which comes from the Latin word *oculus*, meaning "eye." The face and eyes are the main point of focus during communication, and along with our ears our eyes take in most of the communicative information around us. The saying "The eyes are the window to the soul" is actually accurate in terms of where people typically think others are "located," which is right behind the eyes (Andersen, 1999).

Eye contact serves several communicative functions ranging from regulating interaction to monitoring interaction, to conveying information, to establishing interpersonal connections. In terms of regulating communication, Regulate interaction and provide turn-taking signals

- Monitor communication by receiving nonverbal communication from others
- Signal cognitive activity (we look away when processing information)
- Express engagement (we show people we are listening with our eyes)
- Convey intimidation
- Express flirtation
- Establish rapport or connection

Facial Expressions

Our faces are the most expressive part of our bodies. If you've spent much time with babies you know that they're capable of expressing all these emotions. Getting to see the pure and innate expressions of joy and surprise on a baby's face is what makes playing peek-a-boo so entertaining for adults. As we get older, we learn and begin to follow display rules for facial expressions and other signals of emotion and also learn to better control our emotional expression based on the norms of our culture.

Smiles are powerful communicative signals and, as you'll recall, are a key immediacy behavior. Although facial expressions are typically viewed as innate and several are universally recognizable, they are not always connected to an emotional or internal biological stimulus; they can actually serve a more social purpose.

Haptics

Think of how touch has the power to comfort someone in moment of sorrow when words alone cannot. This positive power of touch is countered by the potential for touch to be threatening because of its connection to sex and violence. To learn about the power of touch, we turn to haptics, which refers to the study of communication by touch. We probably get more explicit advice and instruction on how to use touch than any

other form of nonverbal communication. A lack of nonverbal communication competence related to touch could have negative interpersonal consequences.

Artifacts

Objects and images are also tools that can be used to communicate nonverbally. On an online forum, for example, you might select an avatar to represent your identity online and to communicate information about who you are and the things you like. People often spend a great deal of time developing a particular image and surrounding themselves with objects designed to convey information about the things that are important to them

Proxemics

People often refer to their need for "personal space," which is also an important type of nonverbal communication. The amount of distance we need and the amount of space we perceive as belonging to us is influenced by a number of factors including social norms, cultural expectations, situational factors, personality characteristics, and level of familiarity. For example, the amount of personal space needed when having a casual conversation with another person usually varies between 18 inches to four feet. On the other hand, the personal distance needed when speaking to a crowd of people is around 10 to 12 feet.

How to use Augmentative Communication Boards?

When speech-language pathologists receive a consult for Augmentative Communication Board in acute care, they go to the bedside and rapidly determine what a patient can do, including cognitive and physical abilities and limitations. In an acute care situation, and even not, you're looking to build upon what's easiest for the patients as far as cognitive, emotional, linguistically, as well as physically. If they just had a stroke and may be having weakness/numbness in an extremity then an Augmentative Communication Board with a lot of options may not be the best choice as pointing may prove to difficult initially. However, it won't kill you to try different ones if you are not sure what will work! Always print and bring a few different options with you. Patients may need to communicate with a wide range of hospital staff, including nurses, physicians, occupational and physical therapists, social workers and audiologists and of course, family members. The more familiar speech-language pathologists are with Augmentative Communication Board techniques, the better advocates they become for augmented communication in acute care. "We first need to make sure to have staff in hospitals that have training and experience with assistive technology and Augmentative Communication Board,"

"To integrate Augmentative Communication Board into acute care, we need to have staff members that are trained, a commitment on the part of the institution to meet certain standards. All health care personnel who interact with patients should be familiar with Augmentative Communication Board techniques, especially nurses, "Nursing administration and acute care nurses understand how important Augmentative Communication Board is and are very open and supportive in providing assistive technology and Augmentative Communication Board to patients.

Patient characteristics and barriers for usage of the communication intervention

Patients using the communication boards were orientated without changes in mental status, able to see well enough to read the prints, and had no linguistic problem. All tracheostomized patients in which the talking tracheostomy tubes were used were cognitively intact without upper-airway obstruction and had intact muscular function for articulation. Patients had mixed diagnoses Common causes of malfunctioning of the tube included occlusion of the air vent ports, cuff leaks, and kinking of the airflow line tubing, using a tracheostomy tube with additional lumen (Vocal aid), stated that it was inadequate for communication due to fatigue and discomfort .

Primary barriers to using the Vocal aids were poor device positioning, deterioration of motor and/or cognitive function, and unfamiliarity of healthcare professionals with the use of the Vocal aids. Barriers to using the computerized Augmentative Communication Board devices were fatigue, insufficient muscle power or coordination of the upper extremities, and reduced attention span or sedation.

II. Conclusion

Patients in the ICU are often deprived of speech and their ability to communicate, because of intubation. There is a significant relationship between the loss of speech and severe emotional reactions among ICU patients, such as a high level of frustration, stress, anxiety, and depression . The most commonly used communication methods with critically ill patients, like lip reading, gestures, and head nods , are time-consuming, inadequate to meet all communication needs, and frustrating for both patients and nurse. Therefore the Medical and Nursing staff should also be aware of the techniques and technology available for intubated patients to engage in communication and to improve quality of life, including the use of spelling boards, icon charts, and electronic aids.

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