



ICU Nurses' Perceptions of SLP and AAC for nonspeaking patients

Joanne LeBlanc M.O.A., Judith Robillard Shultz M.Sc., Elaine de Guise Ph.D., Valentine Weber M.Sc., Alena Seresova M.Sc., Esther Lando M.Sc., Carla diGironimo M.S., Tiziana diRocco M.Sc.
Department of Speech-language Pathology, McGill University Health Centre, Montreal, Canada.

INTRODUCTION

Many patients in the ICU are unable to speak because of conditions such as endotracheal intubation, tracheostomy or head/neck surgery. ICU nurses play a key role in helping these patients communicate but the research literature suggests that nurse-patient communication remains difficult.^{1,2} Moreover, nurses report that positive communication is dependent on the successful use of AAC but they frequently lack the tools and the training in this area to most effectively enable communication.^{1,3} Several authors recommend collaboration with SLPs.^{1,3,4} In a Canadian study, Braun-Jenzen et al⁵ found that ICU nurses did not strongly advocate for referral to SLP and reported low levels of SLP involvement.

AIM OF THE STUDY

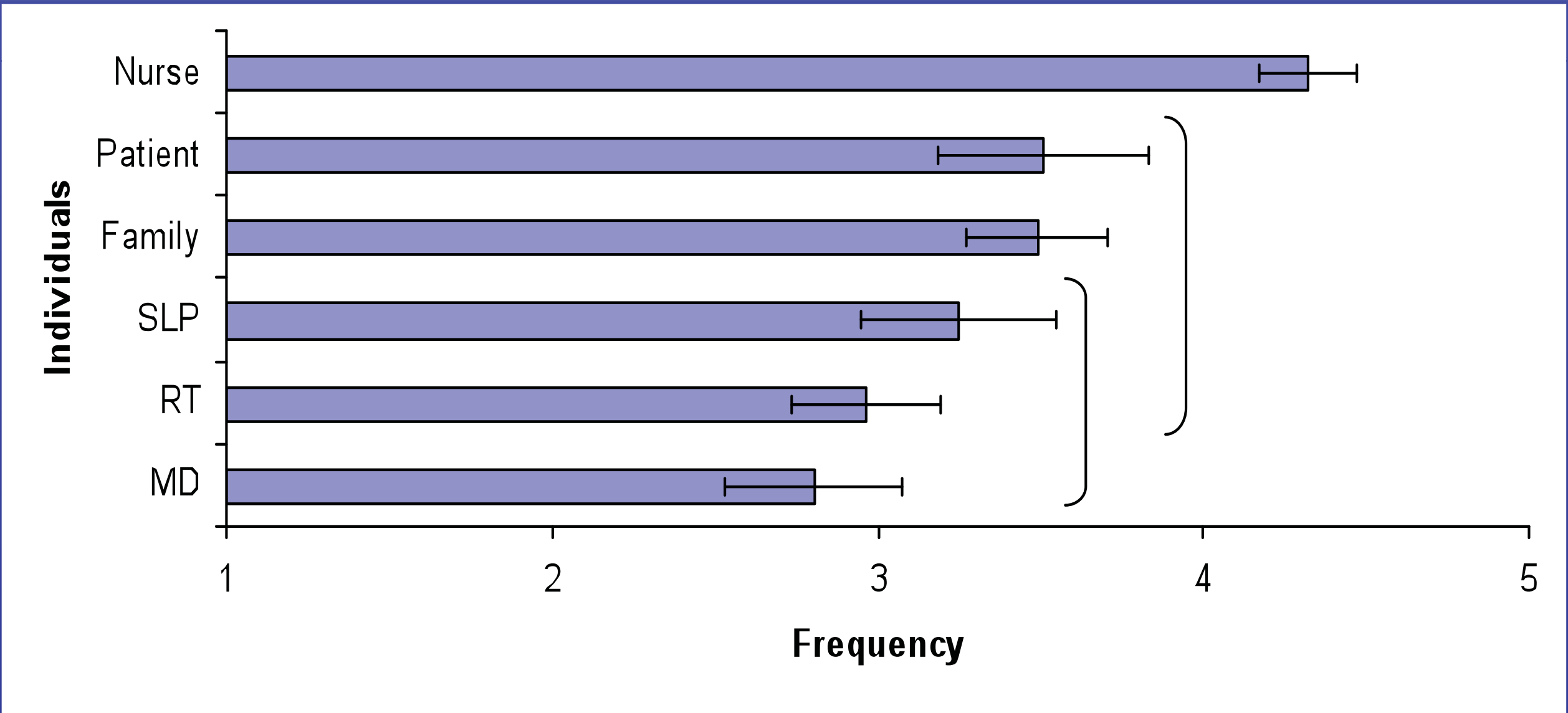
At the McGill University Health Centre (MUHC), an acute tertiary level hospital, the SLPs on three of the adult hospital sites were concerned about whether nonspeaking patients in their ICUs receive optimal services for AAC use. As a pilot investigation of the needs for SLP services for the communicatively impaired in the ICU, a modification of the Braun-Jenzen et al⁵ questionnaire was presented to ICU nurses to gather their opinions about the needs of nonspeaking patients in their unit. The objective was to determine how SLPs could be the most useful to the nurses in addressing patient communication needs in the ICU and ultimately ensuring that appropriate services were being provided to patients in the ICU who were unable to speak.

METHOD

- ❖ nurses from 3 adult ICUs of the MUHC were solicited to answer the survey
- ❖ using a 5-point labeled scale, the nurses were asked questions in which they rated their level of agreement about statements on the following topics:
 - ❖ who establishes communication methods with non-speaking patients (1)
 - ❖ what methods they usually use (2)
 - ❖ their beliefs about the communication needs of this population (3)
 - ❖ what help they require with different types of communication methods (4)
 - ❖ current and ideal referral patterns (5)
- ❖ they were also asked whether or not they were aware of SLP services for communication with nonspeaking patients (6)

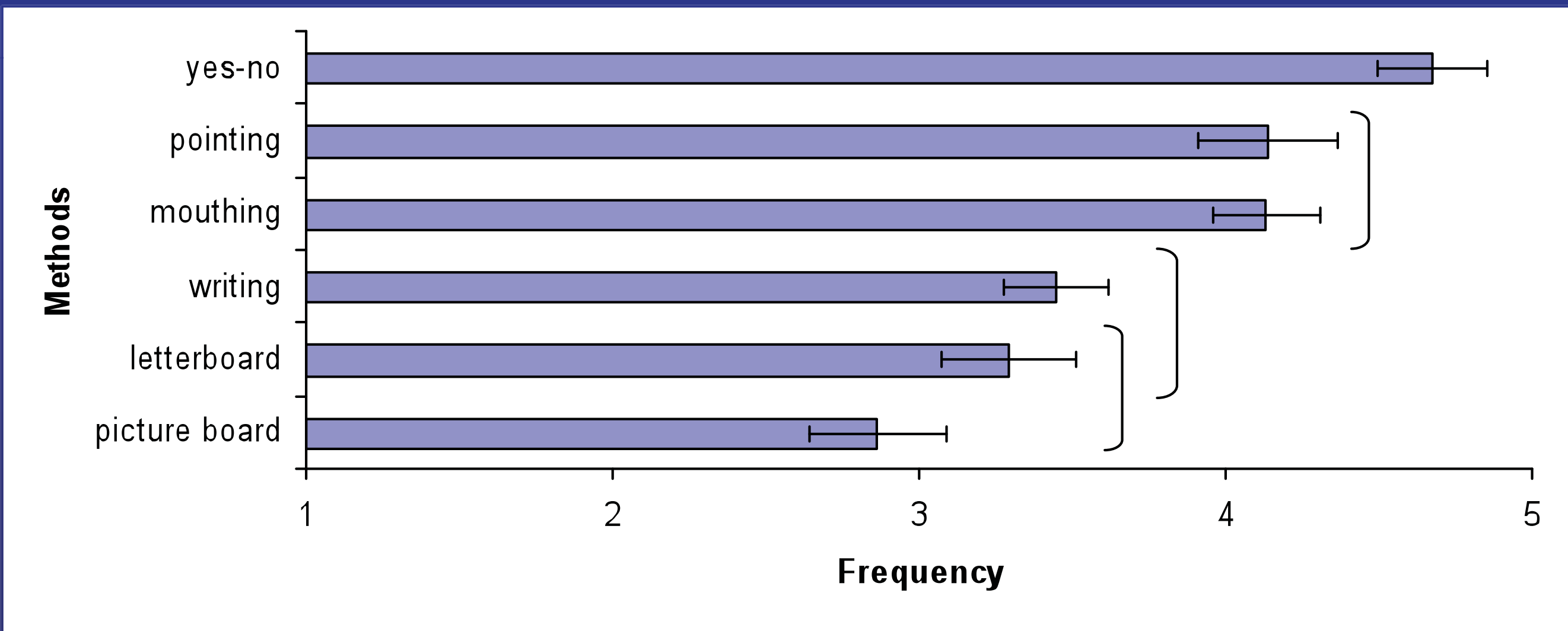
RESULTS

1. Nurses rated their involvement in setting up communication methods with these patients significantly higher than all other professionals (F(5, 300)=22.42, p<0.001).



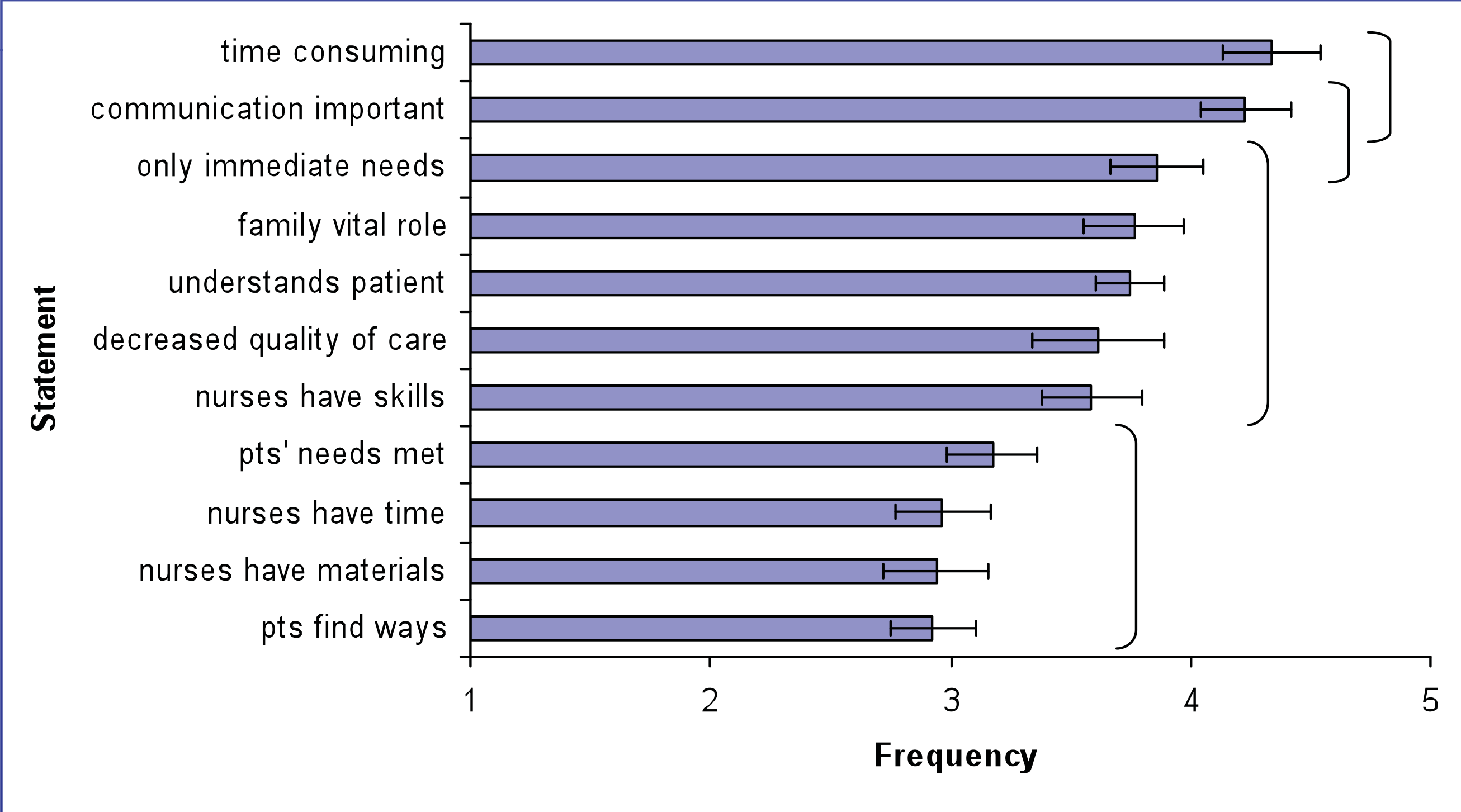
RESULTS

2. Nurses rated “using yes-no questions” as the method used significantly more frequently (F(5, 340)=58.21 p<0.001).



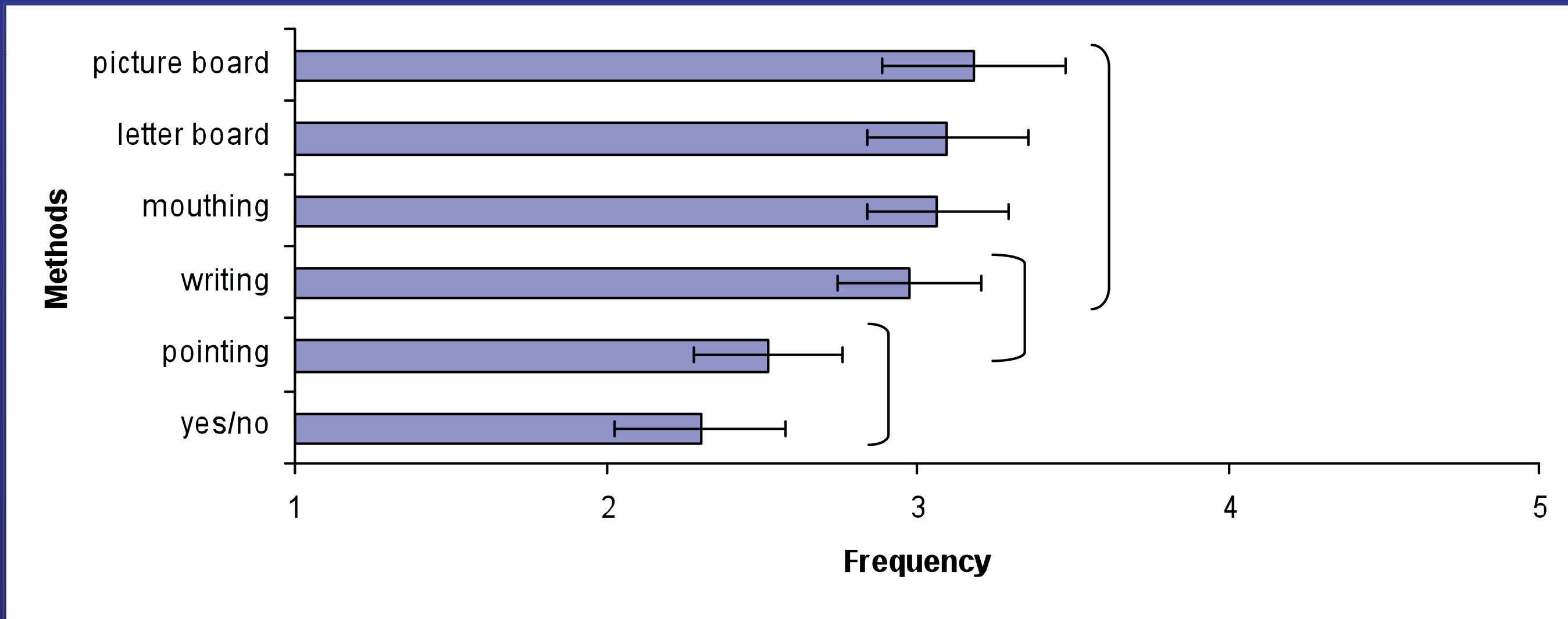
RESULTS

3. The truth of the statements “acutely ill patients feel that communication is important” and “communicating with nonspeaking patients is time-consuming” were rated significantly higher than all others except “most acutely-ill patients communicate only to have their immediate needs met” (F(10, 670)=26.09, p< 0.001).



RESULTS

4. Nurses reported needing significantly less help with “yes/no questions” as compared to all other methods except “pointing” (F(5, 335)=12.96, p<0.001).

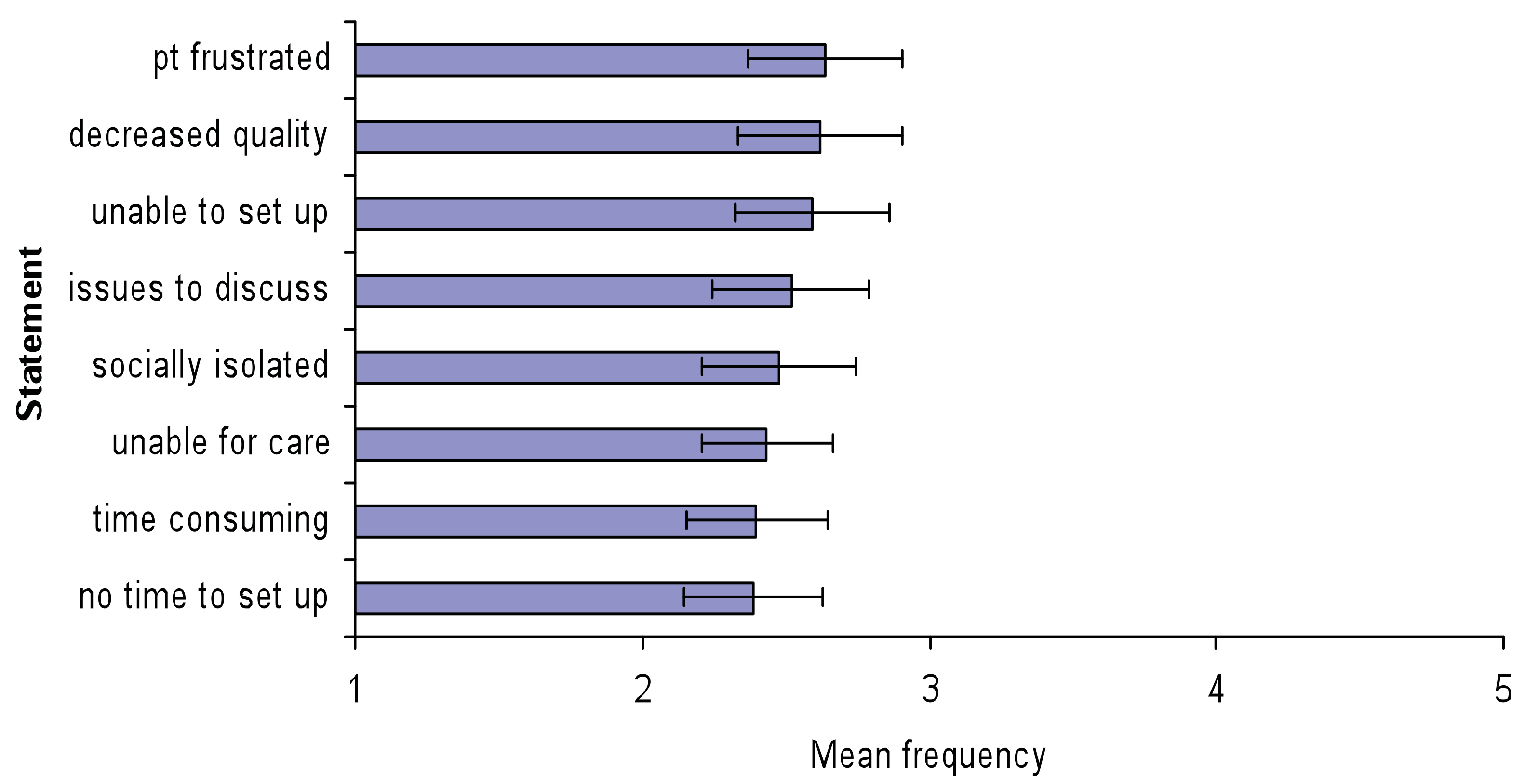


RESULTS

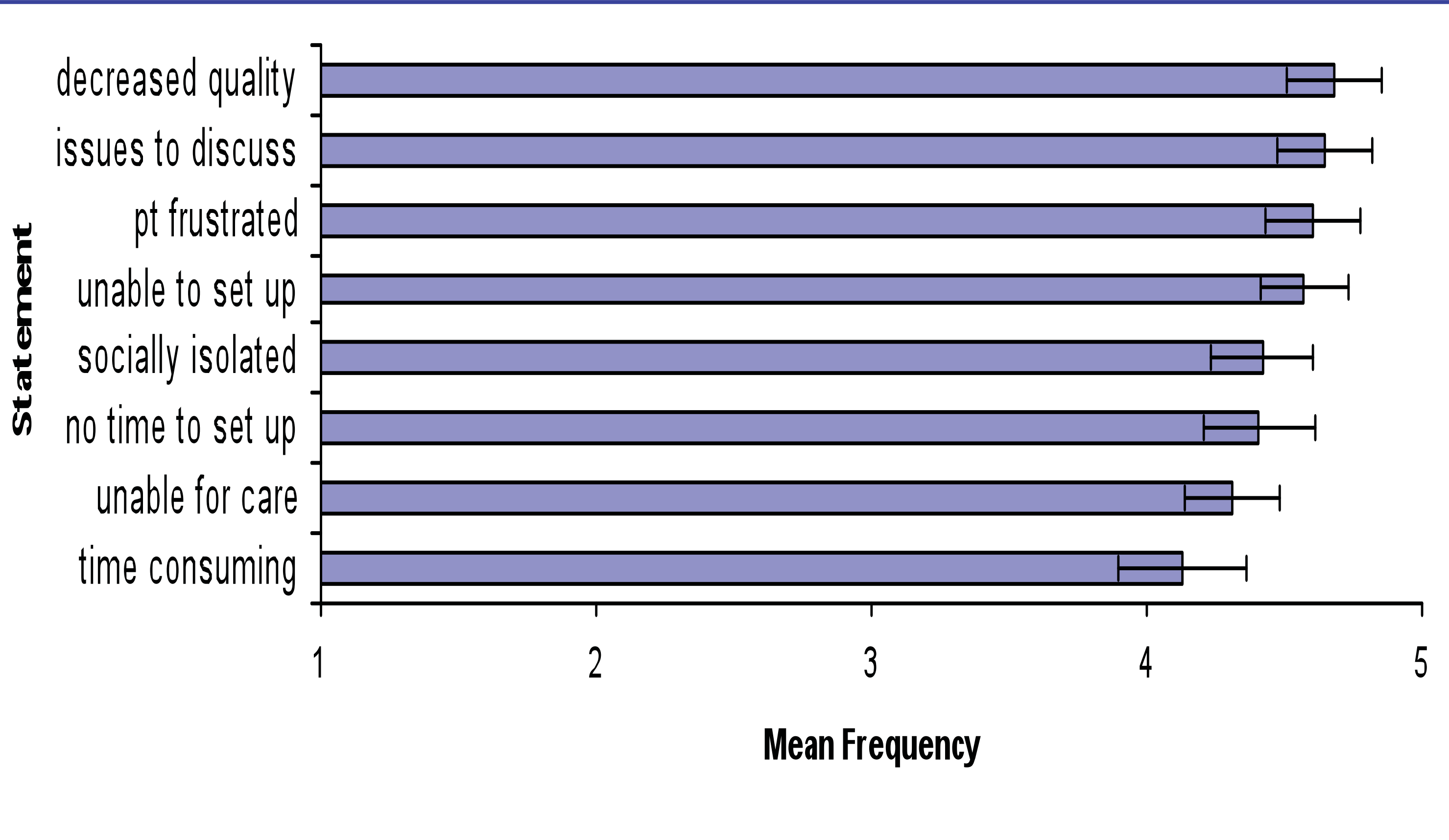
5. No significant difference was found in ratings of reasons patients were **currently** being referred but nurses significantly felt that referral rate to SLP **should** be highest “when quality of care is affected” (F(7, 455)=8.95, p<0.001).

Current frequency of referral and **ideal** rate were significantly different (no overlap in confidence intervals around means between both graphs). More than 75% of the nurses strongly agreed that nonspeaking patients should be referred to SLP yet less than 25% felt that these patients were currently being referred.

Current referral frequency



Ideal referral frequency



RESULTS

6. Overall, only 32.4% of nurses were aware of the extent of SLP services for communication ($\chi^2_{1df} = 8.80$, p <0.01).

DISCUSSION

- ❖ Perceptions of the MUHC ICU nurses regarding communication with nonspeaking patients are similar to what has been reported in the literature:
 - ❖ they perceive their role as key
 - ❖ they agree that communicating with these patients is important but is time consuming
 - ❖ they lack the time and materials to set up AAC methods
 - ❖ they recognize their need for help with AAC methods
- ❖ poor overall awareness of SLP services for the nonspeaking patient could explain the low rating for SLP involvement in this area by the nurses and the lower current referral rate
- ❖ nurses' preference for natural, simple communication strategies probably relates at least partially to their lack of training in use of methods requiring materials or equipment such as picture and letter boards
- ❖ SLPs could be the most helpful to the MUHC ICU nurses for AAC methods other than yes-no questions, pointing and writing

CONCLUSION

- ❖ Continued effort is necessary to:
 - ❖ further assess the needs for AAC in the MUHC ICUs
 - ❖ implement appropriate measures to increase awareness of AAC services for nonspeaking patients in the MUHC ICUs
 - ❖ augment SLP involvement with these patients according to their needs while supporting the nurses in their work

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