

**CARDIAC NURSING ROUNDTABLE**

# The Concept of Communication Between Nurse and Patient in the Catheterization Laboratory

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**ABSTRACT**

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**BACKGROUND:** The nurse working in the catheterization laboratory through his/her physical presence is required to establish the appropriate therapeutic environment to successfully meet the physical and emotional needs of the patient.

**PURPOSE:** The purpose of this study is to approach the very complex issue of communication of nurses with patients coming through the catheterization laboratory.

**METHODS:** We studied articles and bibliographic references which have been published in authoritative databases (Pub med, Medscape, Iatrotek, Medline, Scopus, etc).

**RESULTS:** The results of studies show that people often express the need for support, feedback from nurses, and obtaining information about the upcoming process of diagnostic or therapeutic intervention. Communication is the most important variable in this patient-relationship. It is exactly this parameter that gives the patient the feeling of receiving care of high quality and which generally increases the overall satisfaction that both parties derive from health services. A good communication contributes to the smooth conduct of any examination and procedure and has a positive impact on health outcomes, and provides satisfaction to the health care professional who influences and is influenced by his relationship with the patient. In any case, knowledge and practical application of appropriate communication strategies are required for this working relationship.

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**INTRODUCTION**

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Communication is a vital element and basic component of nursing in all areas that renders it feasible to exercise all its interventions, including prevention, treatment, therapy, rehabilitation, education and health promotion. Without communication you could be in nursing but nursing care remains deficient. The nursing process as a scientific method of exercise and performance of nursing is achieved through dialogue, in a climate of interpersonal and individual skills of verbal communication. Nursing assessment and diagnosis of the patient could be effected with many methods and complemented by interviews with team members and other health services.

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Effective communication requires an understanding of patient experiences and expressions. It requires both skills and a sincere intention of the nurse to understand what concerns the patient. The nurse's communication with patients is important during any activity. The personal attention given by the nurse gives the patient the opportunity to communicate.

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### THE NATURE OF COMMUNICATION

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Communication is the process of transfer of information or the production process and transmission of messages, the existence of discussions between two or more people and the exchange of messages. Communication occurs when one person sends a signal, called transmitter, to another person who receives the message and processes it, the receiver. The communication process can be inhibited by many diverse factors that affect the quality of the message (Rayo, 2003).

The types of communication in general include *verbal* communication, whereby we exchange information using words and which takes the form of written and spoken language, and *non verbal* communication with the exchange of information without using words, sometimes referred to as body language, which helps in understanding complex meanings of the spoken word. The latter also includes touch and sight as a form of communication. Touching expresses a personal behavior and has different meanings for each person. *Touching* is considered as one of the most effective non-verbal ways of expressing emotions, such as comfort, love, loyalty, security, anger, frustration, aggression, excitement, and more, while *sight* is well founded as the primary communication often beginning with the line of sight (Weimann & Giles, 1988). For example, a glance is often a method of concentrating to start a discussion. Also, eye contact shows respect and desire to listen to some messages. Facial expressions play an important role as the person is the most expressive part of the body. The various messages that convey facial expressions are anger, joy, sorrow, suspicion, fear, contempt, etc. Posture is another way to communicate with and carries similar attitude and similar messages (Carol Taylor, Carol Lillis, Priscilla LeMone, 2002).

To achieve a good communication between nurse and patient, one should use simple language so that the message carried by the nurse remains simple and comprehensible, if not immediately apparent to repeat or be accompanied by a transaction. If however you still do not achieve communication, you should use another way to convey the message, but more importantly, you should remain in control, whether the message is understood properly or whether its content is misunderstood (Fry, 2005). Communication between nurses and patients is unique in that it concerns matters of vital importance and therefore often transcends very intense feelings. According to Ong, de Haes, Hoos and Lammes (1995) there are three different purposes in communication between

health personnel and patients; creating a good interpersonal relationship, information sharing and decision making regarding treatment.

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### PATIENT ADMISSION TO CATHETERIZATION LABORATORY

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The reasons that a patient can be brought to the catheterization laboratory vary and may include primary coronary angioplasty after an acute myocardial infarction (that may arrive during off-regular cath lab working hours) or emergency coronary angiography and adhoc angioplasty after any other acute coronary syndrome, or could be a scheduled appointment for a planned coronary angiogram with often ensuing coronary angioplasty in patients with symptoms and signs of myocardial ischemia. Other procedures may include diagnostic cardiac electrophysiological studies to investigate the causes of arrhythmias and with the possibility of therapeutic intervention (ablation), as well as implantation of permanent pacemaker or defibrillator to treat acute and chronic disorders of the cardiac electrical system. The latter procedures may be performed in either the catheterization laboratory or a dedicated electrophysiology laboratory.

Upon entering the cath lab, the patient is experiencing a very stressful situation with a mixture of feelings, characterized primarily by fear of imminent death from lack of control and power, possible memories of past events, a threat for psychophysical well-being, anxiety, feelings of invalidation; there is usually ignorance of medical-nursing interventions that need to take place, and of the requirement for further hospital stay for treatment and finally of the need for suppression of physical activity (Qyull, 1996). All this may lead to deterioration of the situation and ineffective treatment.

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### THE ROLE OF THE NURSE

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An important element of patient-nurse communication is the creation of a climate of trust between nurse and patient. The nursing process as a scientific method of nursing practice is achieved in many ways, in particular climate and interpersonal skills of verbal and nonverbal communication (Robillard, 1994). The entire nursing in fact relates to interpersonal communication. The proposed steps towards the improvement of communication include the following:

- Approach the patient with a friendly, polite handshake while maintaining a formal relationship. Use of a formal greeting to patients is an example of professionalism and respect
- Assessment of the level of knowledge and understanding of the process from the patient
- Adequate availability of time to the free expression of

the patient

- Design realistic plan of care, which should be directed to the psycho-emotional needs of the patient
- Establishment and provision of additional information in simple terms where necessary to reduce the anxiety and fear of the patient, the impending diagnostic or therapeutic intervention (Gross, 2003)
- Encouragement for physical rest and relaxation, to decrease the work of the heart and stimulation of the sympathetic nervous system and to facilitate the examination

The nurse called to reassure the patient may describe the procedure to be followed and encourage the patient to name what he/she is most concerned about and offer reassurance (Baker, 1996). It also helps in determining how to relieve anxiety and fear and if feasible, to provide the necessary means, e.g. physician-prescribed anxiolytics (Fowler, 1997) and have them administered or available at the bedside. The nurse should be polite and helpful, ensuring safety measures and dignity of the patient, for example during the disinfection in the groin area, careful not to unnecessarily expose the human body. Several times the patient during the preparation stage asks anxiously about the course and the procedure and thus the nurse needs to encourage him/her to cooperate and inform what comes next (Friedmann, 1996). Important in communicating health professional-patient relationship is empathy, the understanding of the emotional state of another person and sharing of emotional experience. It allows the patient to openly express anger or pain, making only a vague nod, accompanied by soothing comments like: "Yeah, right", "Of course", or "I understand." Studies on a sample of health professionals showed that empathy and the therapeutic alliance are major factors for the overall therapeutic effect (Squier RA, 1990). All these interventions are helpful in the work of the medical-nursing team working under very heavy pressure and thus the patient is receiving more careful and quality care. The important thing is that the patient receiving such care will feel even a little better and more comfortable. This approach will reduce stress, anxiety and fear and all because of a good interpersonal and good communication (Hall, 1996) This is now evidenced by many studies.

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#### NURSE -PATIENT COMMUNICATION AND CONTACT

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Several studies have shown that proper nurse - patient communication helps a lot in the outcome of health. A great nurse, the researcher Patricia Ashworth, studied various parameters relating to communication of nurses with cardiac patients and the results were published in 1980 in a book entitled "Care to Communicate". Ashworth's survey describes the nature and content of interactions in a sample of 39 patients and 112 nurses. In 71% of cases studied, communication between

nurse and patient was of short duration (<1 min), and focused principally on issues of physical care of the patient. Difficulties in communication may exacerbate the already compromised condition of the patient (Assworth 1987, Black-deeny & Mckenna 1997).

Dr Buckman in his book "Communication Skills in Palliative Care: A Practical Guide" stresses that the main point of communication of nurses with patients is the realization that reality is always more complicated than any design. It requires establishing a personal patient rapport and trust. It seems that one of the biggest concerns of the patient in the cardiology department is fear of having the disease and its progression. This causes anxiety and stress that affects the psychological state. In a similar survey conducted by Red Ponte (1992) in the Netherlands found that patients were less anxious when the nurses were willing to talk with them and hear their fears and concerns. In a survey conducted in the Netherlands by Haywood (1995) showed that the lack of communication caused uncertainty to patients, while patients who had good information from the nurses on issues related to their feelings, they felt greater satisfaction and safety. The survey of Ley (1998) conducted among patients in many different parts and different diseases showed that the right communication of nurses with patients resulted in better cooperation and compliance to the instructions they received, so that they had more speedy recovery, better stay in hospital and felt more comfortable, unlike others who had no good communication. A good nurse-patient cooperation leads to better detection and treatment of disease. At the same time the emotional support that a patient is receiving turns out to be very important and provides the ability to transform negative emotions into positive and make the patient feel that someone offers help and cares about him/her.

According to Mon & Gilbert (1995), patients need emotional support, love, understanding, regardless of age, social status, race or gender. To achieve this, nurses must be well trained in matters of knowledge and communication. This research was done in America with the help of video cameras and 181 nurses participated. Among them, 165 had non-verbal communication and 16 had verbal communication. The survey focus was more on nonverbal communication. It was found that non-verbal confirms or denies them expressed verbally.

According to Kruszner and Harisson (2000), failure to inform patients about the treatment to be provided led to negative nurse-patient interaction resulting in problems during hospitalization; patients may not disclose any problems or may not accept hospitalization and/or treatment and do not feel comfortable. The nurses were indifferent and did not have adequate performance in their work. There was no emotional contact between them and the patients were dissatisfied and often aggressive. The nurse communication with patients is important during an activity. The personal attention given by the nurse gives the patient the opportunity to communicate

(Rier, 2001). In a review of 25 articles on communication of health professionals with patients, it was found that the forms of "open communication" directly related to improved levels of blood pressure and blood sugar, reduced pain, improved patient's emotional state and improved general functionality (Stewart 1995). It has been shown that various communication techniques such as providing patient with information and emotional care (the "warm" reassurance and emotional involvement that a nurse can provide) - have a positive impact on the health status of patients. Specifically, a survey of Di Blasi, Harkness, Ernst, etc. showed that health professionals, who were trying to establish a warm, friendly relationship with patients, were more effective in their work than those who maintained a formal and impersonal relationship (Di Blasi Z, Harkness E, Ernst E, 2001). Fundamental value of nursing is respect for human dignity. Without respect to man, nursing will never be able to be personalized and humanitarian.

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### CONCLUSION

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Trying to decode the needs of patients during the admission or stay in the catheterization laboratory can lead to common conclusions. The results of many studies show that patients often express the need for support, feedback from nurses, and receiving information to address their health needs. Through communication given to the patient it is felt that high quality health care is delivered, which generally increases the overall satisfaction that the patient derives from the health care services. The nurse working in this high technology and rapid response environment should balance between clinical and psychological support, centering the focus to best possible patient care. Thus one finds that the teaching and practice on the implementation of specific technical communication is necessary and appropriate to facilitate the work of health care professionals and help them feel themselves adequate and competent at what they do. In conclusion, it has been shown that proper nurse-patient communication can help in having a smooth procedure in the cath lab and thereby has a positive impact on overall physical and psychological health condition.

### REFERENCES

1. Raya A. Noleutike ("Nursing") 2003; 42(3):286-292.
2. Adams L, Conolly MA. Nonvocal treatments for short and long-term ventilator patients. Speech pathology for tracheostomized and ventilator dependent patients. Newport Beach, Inc; 1993; pp. 290-309.
3. Ashworth P. Care to Communicate. London: Whitefriars Press, 1980.
4. Baker C, Melby V. An investigation into the attitudes and practices of intensive care nurses towards verbal communication with unconscious patients. *J Clin Nurs* 1996; 5:185-192.
5. Beck C (April, 2001). Metasynthesis: Implications for nursing practice. Papers presented at the Eastern Nursing Research Society, Atlantic City, NJ.
6. Bergbom-Engberg I, Haljamae H. The communication process with ventilator patients in the ICU as perceived by the nursing staff. *Intensive Crit Care Nurs* 1993;9:40-47.
7. Black P, Deeny P, McKenna H. Sensoristtrain: an exploration of nursing interventions in the context of the Neuman systems theory. *Intensive Crit Care Nurs* 1997;13:249-258.
8. Buckman R. Communication in palliative care: a practical guide. In Doyle D, Hanks GWC, MacDonald N (eds): *Oxford Textbook of Palliative Medicine*, 1993, p. 51-69.
9. Byock I. Dying Well: The Prospect for Growth at the End of Life. New York, NY: GP Putnam's Sons; 1997.
10. Taylor C, Lillis C, LeMone P. "Basic Principles of Nursing", Paschalidis Medical Publications, Athens, 2002.
11. Cornock MA. Stress and the intensive care patient: perception of patients and nurses. *J Adv Nurs* 1998;27:518-527.
12. Desbiens NA, Wu Aw, et al. Pain during hospitalization is associated with continued pain six months later, in survivors of serious illness. Study to understand prognoses and preferences for outcomes and risks of treatments. *Am J Med* 1997; 102:269-276.
13. Di Blasi Z, Harkness E, Ernst E, et al. Influence of context on health outcomes: a systematic review. *Lancet* 2001; 357:757-762.
14. Faber-Langendoen K. A multi institutional study of care given to patients dying in hospital. Ethical and practice implications. *Arch Intern Med* 1996;156:2130-2136.
15. Fowler SB. Impaired verbal communication during short-term oral intubation. *Nurs Diagn* 1997; 8:93-98.
16. Friedman HS. Interpersonal Issues in Healthcare, Academic Press, New York, 1982.
17. Gross J. Striving for a gentle farewell. New York Times, Aug 3, 2003; sect 1.
18. Hall DS. Interactions between nurses and patients on ventilators. *Am J Crit Care* 1996; 5:293-297.
19. Knapp ML. Non Verbal Communication in Human Interaction. Harcourt College Pub; 4th edition, Nov 1996.
20. Leathart AJ. Communication and socialisation, 2: perceptions of neophyte ICU nurses. *Intensive Crit Care Nurs* 1994; 10:142 - 154.
21. Menzel LK Factors related to the emotional responses of intubated patients to being unable to speak. *Heart Lung* 1998; 27:245 - 252.
22. Qyull TE. A Midwife Through the Dying Process. The John Hopkins University Press, Baltimore, MD, USA, 1996.
23. Rier DA. The missing voice of the critically ill: a medical sociologist first-person account. *Sociol Health Illn* 2000;22:68-93.
24. Robillard AB. Communication problems in the intensive care unit. *Qual Sociol* 1994; 17:383-395.
25. Fry S, Johnstone M. "Ethical Issues in Nursing Practice", Athens, Paschalidis Medical Publications, 2005.
26. Schumann R. (1999). Intensive care patients' perceptions of the experience of mechanical ventilation. Unpublished Doctoral dissertation. Texas Woman's University.

27. Stewart MA. Effective physician-patient communication and health outcomes: a review. *Can Med Assoc J* 1995; 152:1423-1433.
28. Squier R. A model of empathic understanding and adherence to treatment regimens in practitioner-patient relationships. *Soc Sci Med* 1990; 30:325-339.
29. SUPPORT Principal investigators. A controlled trial to improve care for seriously ill hospitalized patients: the study to understand prognoses and preferences for outcomes and risks of treatments. *JAMA* 1995; 274:1591-1598.
30. Weimann J. & Giles H. (1988) Interpersonal communication. An introduction to social psychology. Blackwell Science, Oxford, 1999; p. 219.