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Nursing diagnosis *impaired verbal communication* in clinical practice: an integrative review

Diagnóstico de enfermagem *comunicação verbal prejudicada* na prática clínica: uma revisão integrativa

Diagnóstico de enfermería *comunicación verbal perjudicada* en la práctica clínica: una revisión integradora

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This is a study has as aim to identify in the literature the use in clinical practice of nursing diagnosis Impaired Verbal Communication in adults. It is an integrative literature review in the databases LILACS, BDENF, Coleciona SUS, CINAHL, EMBASE e MEDLINE, in 2015. 20 studies were analyzed, of which 12 (60%) reported high prevalence (75-100%) diagnosis in different clinical contexts, usually associated with the verbal impediment by physical barriers such as intubation/tracheostomy and neurological disorders. Diagnosis *Impaired Verbal Communication* has been used in clinical practice superficially, considering mainly physical aspects, easy identification without a more precise and detailed evaluation of damage in the communication. Emotional and social aspects were not considered in most studies.
Descriptors: Nursing Diagnosis; Communication; Nursing.

Este estudo tem como objetivo identificar na literatura o uso na prática clínica do diagnóstico de enfermagem *Comunicação Verbal Prejudicada* em adultos e idosos. Trata-se de uma revisão integrativa da literatura nas bases de dados LILACS, BDENF, Coleciona SUS, CINAHL, EMBASE e MEDLINE, no ano de 2015. Foram analisados 20 estudos, dos quais 12 (60%) relataram alta prevalência (75-100%) do diagnóstico em distintos contextos clínicos, geralmente associado ao impedimento verbal por barreiras físicas, tais como: intubação/traqueostomia e alterações neurológicas. O diagnóstico *Comunicação Verbal Prejudicada* tem sido utilizado na prática clínica de maneira superficial, considerando principalmente aspectos físicos, de fácil identificação, sem avaliação mais precisa e detalhada do prejuízo na comunicação. Aspectos emocionais e sociais não foram considerados pela maioria dos estudos.
Descritores: Diagnóstico de Enfermagem; Comunicação; Enfermagem.

Este estudio tiene como objetivo identificar en la literatura el uso en la práctica clínica del diagnóstico de enfermería Comunicación Verbal Perjudicada en los adultos y personas mayores. Tratase de una revisión integradora de la literatura en las bases de datos LILACS, BDENF, Coleciona SUS, CINAHL, EMBASE e MEDLINE, en el año de 2015. Se analizaron 20 estudios, de los cuales 12 (60%) informaron alta prevalencia (75-100%) del diagnóstico en diferentes contextos clínicos, generalmente asociada al impedimento de la verbalización por barreras físicas como la intubación/traqueotomía y trastornos neurológicos. El diagnóstico Comunicación Verbal Perjudicada se ha utilizado en la práctica clínica de manera superficial, considerando principalmente aspectos físicos, de fácil identificación, sin evaluación más precisa y detallada del perjuicio en la comunicación. Aspectos emocionales y sociales no fueron considerados en la mayoría de los estudios.
Descriptores: Diagnóstico de Enfermería; Comunicación; Enfermería.

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INTRODUCTION

Communication is the exchange of messages that exert influence on the behavior of people involved in the process; it is through the ability to communicate that mankind relates and transmits its knowledge to the world[1]. Because it is a dynamic process that involves an exchange of sent and received messages that influence the behavior of people in the short, medium and long term, it is an essential part of providing humanized care[2].

Thus communication, not merely as a basic instrument in the therapeutic relationship but as a competency or interpersonal ability, allows the professional to decode, decipher and understand messages emitted by the patient and his/her family, leading to better interaction and effectiveness in the care provided[3].

This is the basis of the health professional's skills, relevant as it is to services of prevention and to daily practice. It is not only used to survey the patient's basic history and other data, but communication is also important in building a relationship with the patient, creating a connection, negotiating and a sense of partnership[4].

It cannot be reduced to interpretive generalizations, given that it is a complex process, unique to the sensibility not only of who is communicating but also who is being affected by the communication. Inquiring thus into communication and its multiple meanings in the hospital means problematizing the centrality of the role of nurses in patient care and, thus, situating the technical dimension involved in nursing diagnoses within this care process.

Hospitalization, it is worth keeping in mind, is perceived to be an unpleasant experience for those who live it, since it is permeated by fear of the unknown, the use of technological resources that are often invasive and painful, by the use of technical and erudite language that increases the anxiety of being sick with respect to its pathological image, by distress caused by being in an unknown environment of rigid, depersonalizing structures, sharing the same physical space with people outside of their usual living situation, and, finally by concern for their clinical evolution[5].

For humans, disease is the breakdown of organic harmony, interfering with all areas of a person's life, especially that of living with immediate family. Faced with these potentialities, the nursing team seeks to alleviate feelings of bio-psycho-socio-spiritual imbalance presented by the patient, increasing their confidence and self-esteem. The interpersonal relationship between the nurse and the patient is founded on communication[6].

Communication is a basic tool for humanized care; it should be present in all actions performed with the patient, in order to guide, inform, support or comfort. It is through communication that people can express what they are, relate with others, and satisfy their needs. Because of that, the relationship between nurse and patient acquires so much importance within the phenomenon of care[7].

When establishing communication with others, it is important to think that the act of communication is far-reaching, and does not begin or end with a word, which does not include, after all, all forms of communication. When two or more people talk, both process the words and messages and construct their own meanings concerning what was spoken, (re) building knowledge and thoughts about other things, successively. Therefore, communication leaves marks on the subject. Both verbal and non-verbal communication do this, because body language is expressed in gestures, expressions, and emotions[8].

There is only one nursing diagnosis in the NANDA (*North American Nursing Diagnosis Association*) related to problems in the communication process, namely the diagnosis *Impaired Verbal Communication*. This diagnostic attempts to address the issue of communication as a whole. The diagnostic *Impaired Verbal Communication* was included in the standings in 1983 and revised in 1996 and again in 1998. It is defined by decreased

ability, delayed or absent to receive, process, transmit and use a system of symbols[9].

The adoption of the nursing diagnosis *Impaired Verbal Communication* as a technological tool for caring for patients who are unable to verbalize and can guide professional practice critical, reflective and individual nurses. It allows one to enhance, direct, and qualify the actions they take in caring for patients and improve expression and interaction. The use of a single nomenclature to describe the loss of a patient's communication also allows nurses to standardize their logs for care needs, allowing further evaluation of the adequacy of measures to address the identified care needs.

A patient diagnosed with *Impaired Verbal Communication* needs specific, effective nursing care that promotes well-being, since communication is a human need inherent and very important in the recovery process.

The aim of this study was to identify the use of literature in clinical practice of nursing diagnosis *Impaired Verbal Communication* in adults and the elderly.

METHOD

This study is an integrative review of literature, a method that consists in the analysis of texts in order to gather and synthesize results of previous studies on a given topic, in order to obtain deep knowledge of the subject investigated, and determine if knowledge is viable to be put in practice[10].

To construct this type of revision it is necessary to follow a six-step procedure which was adopted in this study, namely subject identification and search query; definition of inclusion and exclusion of studies and sample criteria; summary of selected studies in table format, designing a database; critical analysis of findings, identifying differences and conflicts; interpretation of results; and the presentation of the review[10].

In November 2015 an integrated search was held with boolean AND resource and the use of keywords communication, verbal, and

impaired in BVS portal (Virtual Health Library), considering the LILACS (Latin literature American and Caribbean Health Sciences), and BDENF Collects SUS (Brazil). In the CINAHL databases, EMBASE and PubMed portal, considering the MEDLINE database, an integrated search was used, in addition to keywords communication, verbal, and impaired, the descriptor Nursing Diagnosis due to the high number of articles found without this descriptor. Searches had no limitations concerning date of publication.

The following inclusion criteria were considered in selecting the texts: written in Portuguese, Spanish, or English; studies in which the use or application of the nursing diagnostic Impaired Verbal Communication, considering the adult and elderly population.

After reading the articles, it was possible to determine which complied with the inclusion criteria. With the aim of organizing the data, an instrument was elaborated (summary), that highlighted the data used to identify the article (title, authors, newspaper, year of publication, and language, objective, method, main results. To analyze the data, repeated, exploratory, and critical readings of all the content were undertaken.
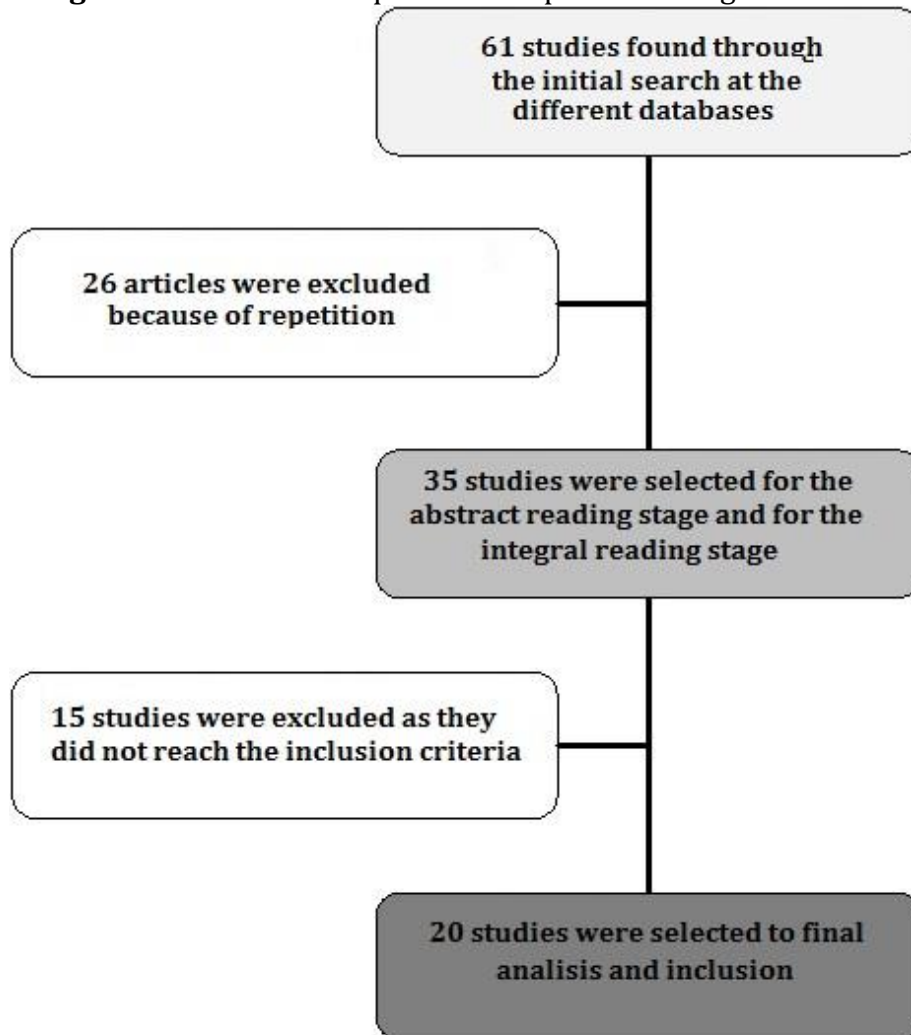
RESULTS

In the BVS (Virtual Health Library) portal, the search obtained the initial results of 38 studies, 21 in LILACS database, 16 on BDENF and 1 publication in Collects SUS base (Brazil). In the databases of CINAHL, EMBASE and MEDLINE results were respectively 13, 1 and 9 articles. The total of this search stage was 61 publications.

In the following steps, 26 articles were excluded for repeat motif, leaving 35 for the subsequent analysis of the titles and abstracts. In reading steps by abstracts and full text were excluded respectively 9:06 studies (Table 1).

Therefore, 16 studies were selected for analysis, completion of data organization tool and inclusion (Figure 1 and Table 1).

Figure 1. Illustrative sequence of steps of the integrative review. São Paulo, 2015.

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│    61 studies found through │
│     the initial search at the│
│      different databases    │
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│  26 articles were excluded  │
│   because of repetition     │
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│  35 studies were selected for the│
│  abstract reading stage and for the│
│     integral reading stage  │
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│  15 studies were excluded as they│
│  did not reach the inclusion criteria│
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│  20 studies were selected to final│
│    analisis and inclusion   │
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Table 1. Reason for exclusion of articles. São Paulo, 2015.

Reason for exclusion	
Language*	
Population**	
Diagnostic does not apply	
Publishing of the summary in Annals	
TOTAL	**15**

* Chinese, Turkish and Dutch (n = 3); ** Children (n = 2).

Table 1. Selected studies for integrative review. São Paulo, 2015.

TITLE OF STUDIES
- Frequent diagnoses and nursing interventions for women in an intensive care unit [11]
- Impaired verbal communication of the family, highlighting the need to develop a new nursing diagnosis[12]
- Impaired verbal communication: employed activities versus activities proposed in the literature [13]
- Nursing care in the postoperative liver transplantation: identifying nursing diagnoses[14]
- Nursing diagnoses for dependent elderly residents in a long-stay institution in Fortaleza-CE[15]
- Diagnosis and nursing interventions in patients undergoing total and partial laryngectomy[16]
- Hemodynamic laboratory in nursing: diagnosis and intervention based on the Theory of Roy Adaptation[17]
- The nurse and the nursing diagnosis: impaired verbal communication[18]
- Ventilatory weaning: a case study of protracted weaning[19]
- Application of nursing process: a case study with a puerperal[20]
- The families assessment in the hospital context: an approach between the Calgary model and NANDA taxonomy[21]
- Nursing diagnoses in patients with stroke[22]
- Key nursing diagnoses in patients with acquired immunodeficiency syndrome (AIDS)[23]
- Communication in interpersonal nurse / oncological elderly client underwent emergency tracheostomy[24]
- Nursing diagnoses in patients admitted to a medical-surgical unit [25]
- Impaired verbal communication during short-term oral intubation[26]
- Impaired verbal communication: research on cerebral vascular post-accident period[27]
- Nursing care to patients with cancer in the head and neck with emphasis on oral cavity tumors in the state of Rio de Janeiro[28]
- Nursing plan for a patient with con anoxic encephalopathy[29]
- Nursing diagnosis in intensive care unit: The Turkey experience[30]

All the studies analyzed had nurses as authors, 18 (90%) were published in nursing journals[11-15,17-23,25-30], and 16 (80%) were developed in Brazil and published in Portuguese[11-18,20-28].

Through critical reading and analytical studies it was identified that although they all concern the loss of verbal communication in different situations of clinical practice, 12 (60%) use the diagnostic *Impaired Verbal Communication* secondarily and superficially, by identifying its prevalence and incidence in different populations of patients[11,14-18,21-23,25,28,30].

Three studies (15%) are described as case studies, where there are reports of the presence of that diagnosis inferred by the characterization of the clinical condition of the patients studied[19,20,29]; two others (12.5%) are qualitative research, mentioning the context and living conditions that prevent verbalization, according to the nurse's[24] and patient's[26] perspective. Only three (15%) studies have focused mainly on in-depth exploration in clinical practice the diagnosis *Impaired Verbal Communication*[12,13,27].

The studies analyzed indicate high prevalence of the diagnostic *Impaired Verbal Communication*. The same was found to be prevalent in 28 (100%) women with length of stay greater than three days in the obstetrics UTI in a hospital in Ceará[11]; in 14 (100%) patients in the immediate postoperative liver transplantation, also in hospital in that State[14]; in 10 (100%) patients in neurological intensive care for stroke in Santos (SP)[22]; 25 (86.2%) and dependent elderly with chronic disease conditions in the institution of long-stay[15]; 48 (80%) patients with HIV/AIDS treated for infectious diseases in São Paulo[23]; 184 (78.5%) people with acute coronary artery disease

treated at hemodynamics unit in Ceará[17]. And prevalence of this diagnosis in Goiás, Brazil, was 12 (75%) households of patients seen at University Hospital at the inpatient unit[23].

Regarding incidence survey of critical care units and hospital inpatient Marília- SP showed that during 852 days, an average of only 0.015 patients were assigned the diagnosis *Impaired Verbal Communication*, despite the average of 10.9 patients undergoing endotracheal intubation (OTI)/ day.

In this study, the authors give little consideration to the verbal communication skills of the patient with nurses in clinical practice, putting greater emphasis on issues of a biological nature[18].

In the three case studies analyzed in the diagnosis *Impaired Verbal Communication* is described in similar contexts, attention to patients in critical condition with advanced disease. The first is a British study[19] that describes the conditions and clinical course of a patient with lung cancer and dysfunctional response to weaning, initially submitted to IOT and subsequently to tracheotomy. The authors point out that this diagnosis is common in that context of difficulty breathing since, for having the sedation level gradually decreased, to become alert, but unable to verbalize, and may cause frustration and anxiety in the individual[19].

Another case study[20], conducted in Brazil brings the diagnosis *Impaired Verbal Communication* as an aid in the description of the implementation of the nursing process to postpartum women admitted to UTI due to postpartum cardiomyopathy and severe hypoxic encephalopathy after cardiac arrest. The authors associate the presence of the diagnosis to the patient's neurological changes when in a coma state, and list of nursing interventions and expected results related to communication in addressing the patient, based on nursing nomenclatures[20].

The third case study analyzed involves clinical case simulation and focuses on the description of nursing diagnoses assigned by intensive care nurses in a hypothetical Turkish patient. The authors report that diagnoses pointed most often were related to the integrity of the skin and oral mucosa, and the diagnosis Impaired Verbal Communication which had lower identification rate, only 2.2% (n=45). Relevant work highlighted refers to the fact that no diagnosis of psychosocial nature was pointed out by nurses, indicating, the researchers said, little appreciation for cultural and social aspects and the emotional and spiritual dimensions of the patient.

One of the analyzed qualitative studies is Brazilian and was developed through interviews with 15 cancer hospital nurses involved in the care of elderly patients at IOT. Although bring the title the term communication with tracheostomy patients, it offers little attention to the diagnosis *Impaired Verbal Communication* in this particular context. Cites only in the discussion of the themes, called verbal communication, said diagnosis is a tool that can help nurses to implement nursing interventions without further exploration about your application[24].

The other qualitative study[26] It was developed in New Jersey, USA, through interviews with ten patients who had undergone IOT. They described the experience of being unable to verbalize how frightening and frustrating, revealing that they would most like to communicate to the professionals in this situation was the pain and discomfort. Although it was published in a specialized journal in nursing diagnoses and bring on the publication title terminology, using the nomenclature of the NANDA, the study objectively addresses the use of diagnosis, only highlighting the loss of verbal communication in intubated patients

Nursing diagnosis *Impaired Verbal Communication* was addressed with further research in descriptive survey of the family unit of patients admitted to hospital in Goiás (GO). The speeches of the family were recorded and analyzed according to grouping by familiarity, under the same reasoning was applied diagnosis and taxonomy, which

allowed the inference and proposal of the authors of a new diagnosis: impaired verbal communication from the family. It was defined based on the concept of adaptation of NANDA, the individual to the family unit and proposed having as factors related to those found more frequently in families studied: psychological barriers involving stories of conflict, lack of ties and family models. The study provides recommendations for adjustments and refinements to the diagnosis *Impaired Verbal Communication*, with a view to family care[12].

Another survey of the central approach of that diagnosis was carried out in Ribeirão Preto - SP, Brazil, in three stages. The first, involving literature review showed the relationship between diagnosis and their specific interventions, most of those described according to the Nursing Interventions Classification (NIC). In the second phase was mapping of the proposed interventions and validation committee of new judges activities related specifically to the injury of verbal communication. In the third stage, nurses were asked about the use of diagnosis and interventions related to verbal communication impaired and 69% reported using them, and the action most used active listening (76.6%). The authors propose inclusion of other activities related to interventions for the diagnosis *Impaired Verbal Communication*.

The in-depth approach to the subject of verbal communication was also identified in a study conducted in Fortaleza (CE)[27]. Although the authors reported that the objective of the research is to investigate the prevalence of diagnosis Verbal Communication impaired in patients in the rehabilitation process due to stroke, also pointed out, in detail, the defining characteristics that were used to support the clinical reasoning process to assignment of that diagnosis, correlating them with different variables.
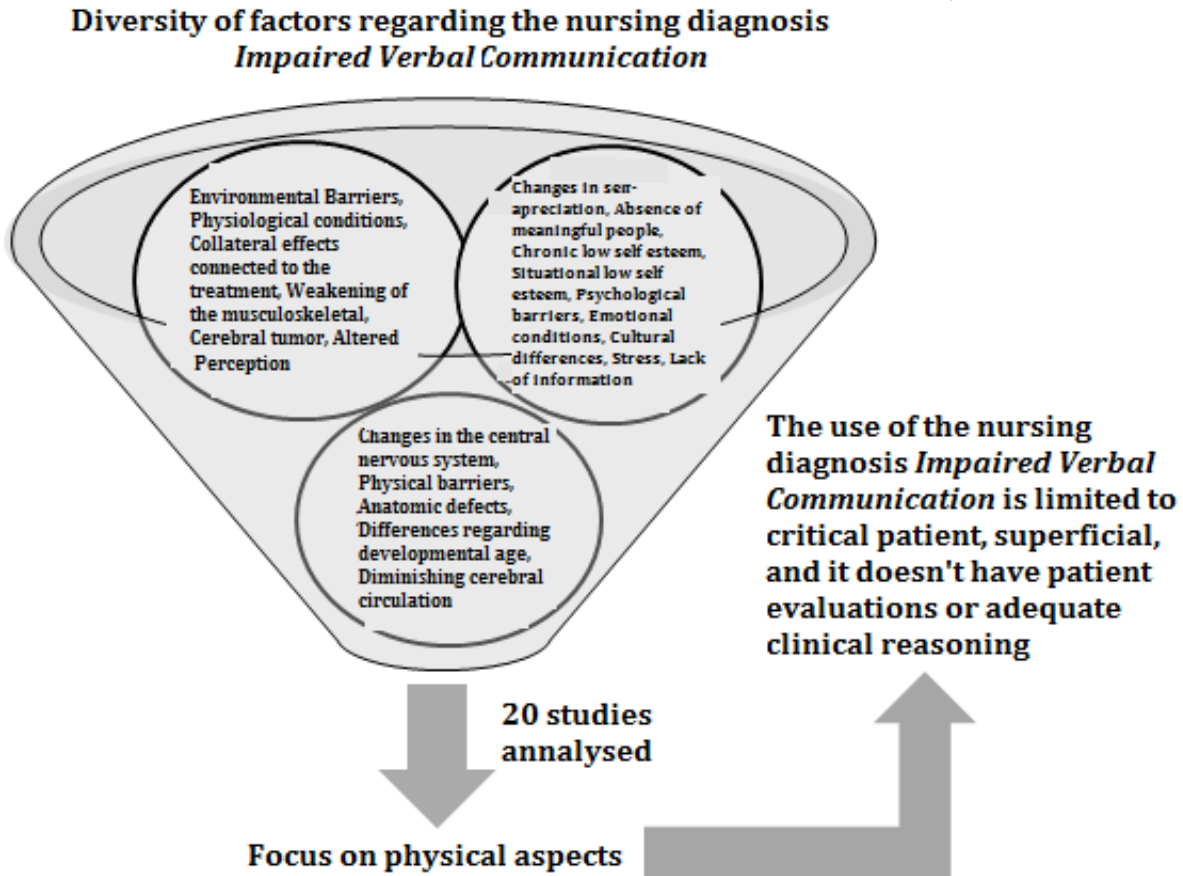
Thus, in addition highlighted the prevalence of 37.5% (n=40), statistically significant associations between exposure time /space/person with difficulty verbally expressing thoughts (p=0.006) and with slurred (p=0.007). Another relevant fact pointed out by this study was that the defining characteristics difficult to use body language and difficult to use facial expression were the third most frequently found, both present in 73.3% of patients with impaired verbal communication studies (n=15) which, however, refer to the dimension of nonverbal communicative process[27].

Regarding the defining characteristics and factors related to the diagnosis Impaired Verbal Communication there are few references of these studies analyzed, except for the last described[30]. As much as regards the context of patients with impaired verbalization due intubation or tracheotomy, there are indications that the most frequent related factors are those linked to the presence of physical barriers[11,14,18,19,22,26] and physiological/neurological conditions changed[11,15,17,19,20,23,27-29].

The Figure 2 shows the main results of the review.

Figure 2. Schematic illustration of the main results of this review. São Paulo, 2015.

Diversity of factors regarding the nursing diagnosis *Impaired Verbal Communication*

Environmental Barriers, Physiological conditions, Collateral effects connected to the treatment, Weakening of the musculoskeletal, Cerebral tumor, Altered Perception

Changes in self-apreciation, Absence of meaningful people, Chronic low self esteem, Situational low self esteem, Psychological barriers, Emotional conditions, Cultural differences, Stress, Lack of Information

Changes in the central nervous system, Physical barriers, Anatomic defects, Differences regarding developmental age, Diminishing cerebral circulation

The use of the nursing diagnosis *Impaired Verbal Communication* is limited to critical patient, superficial, and it doesn't have patient evaluations or adequate clinical reasoning

20 studies annalysed

Focus on physical aspects

DISCUSSION

The authors do not explore in depth the verbal losses, discussions are superficial and the care focus is on physical aspects and easily identified without the implementation of evaluation and appropriate clinical reasoning. So this study, despite its limitations related to digital access and language, can bring contributions to the science of nursing, since point's high prevalence of diagnosis in different contexts and clinical situations where it is possible to use. However, more research is needed, considering the complexity of the communication process, without reducing only the verbal dimension.

In the exercise of care is important for nurses to know and apply in their clinical practice diagnostic nomenclature of adequate nursing situations in which there is loss of verbal communication.

However, the studies analyzed in this review bring, mostly prevalence data without exploring with the deserved deepening the implementation of the diagnostic context, with its defining characteristics and related factors, pointing out the strengths and weaknesses of it. And note that the studies exploring the loss of communication in the context of critical care or attention to individuals with physical / physiological diseases, denoting lack of exploration of this condition in mental and psychiatric health, areas in which clinical practice shows the need identification of problems related to communication. Also there are no studies that have carried out or at least suggested content validation of the diagnosis *Impaired Verbal Communication*.

As the only diagnosis that includes the communicative dimension of the human being in the current taxonomic classification of NANDA, diagnosis *Impaired Verbal Communication* seems to be little explored in the literature. And precisely because it is unique in the complex communicative

dimension, it seems necessary to consider the non-verbal dimension with greater property, such relevance.

So that the information can be properly shared, the nurse must remember that communication takes place beyond words, represented by the verbal and the nonverbal involves: gestures, silences, facial expressions, body movements and distances kept between people. Professionals should listen carefully, knowing what to say and when to speak in clear and accessible language, for patients and families, often because of shame, fear, anxiety, and other feelings, not verbally express their needs[31-34].

So when verbal communication is impaired, realize and understand the verbal cannot help nurses to identify more accurately the patient's feelings, doubts and difficulties of verbalization, contributing to the practice of nursing excellence[35].

Help professional, yet, the potentiation of their own communications while transmitting element messages[34]. We should aim to help the customer in a structured way, through planned interactions, using the knowledge of therapeutic communication[1].

CONCLUSION

Diagnosis *Impaired Verbal Communication* has been used in clinical practice superficially, especially considering physical, easy to identify, without more accurate and detailed the damage in communication. Emotional and social aspects were not considered in most studies.

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CONTRIBUTIONS
Ana Cláudia Giesbrecht Puggina wrote the research project, guided and supervised the data collection, performed data analysis and writing of the article. **Monica Martins Trovo** wrote the research project, guided and supervised the data collection, performed data analysis and writing of the article. **Chaiane Amorim Biondo** held data collection and analysis articles. **Ingrid Almeida** held data collection and analysis articles. **Mariana Santos** held data collection and analysis articles. **Maria Júlia Paes da Silva** project coordinator opined in the design and reviewed the final version.