

Nurses' Reflections on Challenges and Barriers of Communication in The Intensive Care Unit: A Phenomenology Study

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Abstract

Communication among nurses, patients, and families takes an important role in the intensive care unit in which the patients are in critical condition and unable to involve in two-way communication. Research related to effective nurse-patient communication has been done extensively, but the information regarding communication in intensive care unit is still limited. This research aimed to explore nurses' experiences in the intensive care units in effective communication to patients/patient's families. This was a qualitative study project with phenomenology approach. The data were collected using the in-depth interview technique approximately 60 minutes involving ten nurses who were selected using the purposive sampling at Al Islam Hospital Bandung. Data were analysed using the Colaizzi method and the results were presented in themes. Based on the nurses' experiences, four themes were emerged in this study including (1) Nurses' dilemma of their professionalism and personal issues/matters, (2) Contextual factor affects selection of nurses' communication technique, (3) Barriers in effective communication; difficulties in accompanying families to accept critical patient conditions, care and treatment procedures in the ICU which were complicated, and misunderstanding between nurse-patient and family (4) Compassion and patience are required in nurse-patient communication in ICU. The complex patient/family conditions in the ICU require nurses to choose the appropriate communication technique accompanied by a sense of compassion and patience. Nurses need to improve their ability to communicate effectively in order to lower the barriers in communicating between nurses-patients/families. Recommendations, training and assistance of effective communication become important for nurses in improving services in the Intensive Care Unit.

Keywords: Effective communication, family-patient, ICU, nurse experience.

Introduction

Communication plays a role in the patients' healing, related to the collaboration of nurses and other health workers, and also affects patient and family satisfaction (Suryani, 2014). Thus, good communication is necessary for every service available in the Hospital. Specifically, nurses with good ability and skills in communication will easily establish positive relationships with patients and their families (Liljeroos, Snellman, & Ekstedt, 2011) especially nurses who work in intensive care unit (ICU) one of the services available in the hospital in which a special service for patients with critical condition. This particular skill is important and should be continuously improved by any nurses, so it would become a habit in their duty to provide health services in the hospital.

ICU is a specialized care unit that manages a treatment for seriously ill and critical patients and injuries with life-threatening or potentially life-threatening complications; involves trained health personnel; and is supported with completely specialized equipment intended for patient observation, treatment and therapy (Ministry of Health, 2010). Unstable patient condition in ICU and their generally lower state of consciousness makes the patients' family as one of important decision makers related to nursing interventions. Under such conditions, effective communication between nurses and patients/families is required.

The research of therapeutic communication; processes, strategies, challenges between health workers and patients along with their families have been widely done. For example the research of Liestriana, Rejeki, and Wuryanto (2012) which aimed to identify the relationship of therapeutic communication with postoperative patient satisfaction in RSUD Kajen Pekalongan District. The research method used a descriptive correlative and the cross-sectional approach with 32 nurses as samples. The data were collected by using questionnaire with a correlation test. The study found that there was a significant correlation between therapeutic communication and postoperative patients' satisfaction in RSUD Kajen Pekalongan District. The result of this research was

supported by the research of Bolla (2013) that aimed to see the nurse's therapeutic communication relationship with patients' satisfaction level in the Melati inpatient room of RSUD Subang with 16 nurses and 16 patients as samples. The research method of the study was qualitative descriptive. Data collection included questionnaires and observations. The study found that there was a relationship between nurse therapeutic communication and the patients' satisfaction level. The study conducted in ICU by Azoulay et al. (2000) aimed at identifying factors related to the family understanding level of the condition of the patients treated in the ICU. The sample size was 102 patients with 76 families of patients who visited or accompanied the patient during treatment. There was a lack of understanding of the patient's family about the patients' condition because the doctor's communication time was less than 10 minutes. There was also a lack of information given in brochures or leaflets. It caused the family to misunderstand the patients' condition.

A nurse is the core of communication and plays an important role in facilitating professional communication because a nurse is a bridge between patient and family with other health professionals including in Intensive Care Unit (Ghiyasvandian, Zakerimoghadam, & Peyravi, 2015). In the communication process, especially in the room of patients with the critical condition, nurses, patients, and families may experience many challenges such as the determination of patient care decisions must be immediate, complicated procedures for life saving and life threatening. Research related to effective communication and therapeutic between nurses and patients have been done quite extensively, but research information that explores nurse experience when communicating with patient and family in ICU was still limited. One of them is due to the limited number access of families allowed to enter the treatment room in addition to the condition of the patient in an unconscious condition. This study aimed to explore nurses' experiences in the intensive care units in effective communication to patients/patient's families.

Method

This study was a qualitative research project using a phenomenology approach. Phenomenology is a research method that aims to reveal live experiences about a phenomenon (Suryani, Welch, & Cox, 2013). This study particularly explored nurses' experiences in communicating with patients and their families in the Intensive Care Unit. Ethics approval was obtained from the Human Ethics Committee of Universitas Padjadjaran, and the site permission letter was approved by Al Islam Hospital, Bandung number 3059/RSAI/DIK/VI/2016.

Setting and Participants

The study was conducted in the Intensive Care Unit, Al Islam Hospital Bandung. The participants were ten nurses consisting of five men and five women selected by a purposive sampling technique. The inclusion criteria include nurses who have worked for more than 3 years, holds nursing education at least Diploma 3 and ICU training certificates. Participants were selected with the assistance of the head nurse (the manager of the nursing unit at each ward) using the nurse's database as a consideration of conformity with the inclusion criteria. Participation itself was voluntary.

Data Collection and Analysis

Data collection was done by in-depth interview. An interview is an effective method to explore human's behaviour including experience (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Data collection and data analysis on phenomenology research approach put the researcher as the main instrument which functions to plan, perform data collection, analyse, determine the results, and make the report (Polit & Beck, 2014). In this study, interview to 10 participants was conducted by the lead researchers who had experienced interviewing in the qualitative study and had clinical experiences in critical care unit area including intensive care unit for 16 years. The interview was conducted in 60-90 minutes with each participant, recorded using a digital voice recorder and transcribed in Bahasa Indonesia. The stages of the

interview included: developing trusts with participants and exploring nurse's experience in communicating with patients and families. The researcher paid attention to the principles of social skills including friendly, empathy, polite, and showing open attitude in data interpretation and reporting research results.

Data analysis was undergone by using Colaizzi 1978 method (Wojnar & Swanson, 2007). Stages of data analysis included first understanding the content of each transcript by listening to the recording and reading transcripts at least 5-8 times depending on the researcher's understanding. The second stage was marking the participants' important expression related to nurse's communication with patients and families and separating the transcribe into a distinct file (file 1). The third stage was formulating unit meaning reading file 1 then grouping the same ideas (file 2). The fourth stage was reading file 2 and clustering it in the same themes, and they were put together into the major theme. The fifth stage was integrating all results into a very complete explanation of the theme. At this stage, the researcher narrated the major theme supported by data from the team cluster, files 1 and 2 and discussed themes with the research team. The sixth stage involves explaining the basic structure of the discovered phenomenon, using the full description of the fifth stage. In this stage the researchers identified the basic structure of phenomena related to communication between nurses with patients and families in intensive care unit. The seventh stage, validating the results of the analysis by returning to the participants to explain the results of the sixth stage to ensure that it was in accordance with the nurse's experience when communicating with patients and families. Based on the analysis, four major themes obtained are described in the results.

Trustworthiness of this study

This qualitative research was carried out by taking into account the reliability of data by using data validity including credibility, dependability, confirmability, and authenticity (Polit & Beck, 2014). Credibility means that the researcher verified back to the informant to ensure the accuracy of the data in the interview. Transferability in

qualitative research was un-generalized so that the researcher wrote in a clear, detailed, systematic and reliable way, by writing citations and comments. For dependability did by conducting data inquiry where done rare verification of research started from the raw data, data reduction results, and record of the research process. For external reviewers' feedback are conducted by consultation with qualitative phenomenology research experts. Confirmability was done by recording and taking note of the raw data systematically including field notes. The implementation of this qualitative research was using ethical principles of research.

Results

Characteristics of participants

All participants in the study have the same education background, which is Diploma III, with the average working period in ICU for 5 years with the maximum working period of 8 years and the minimum of 3 years. All participants have participated in various training related to life-saving and critical care.

Themes

Four main themes emerged from the analysis include (1) Nurses' dilemma of their professionalism and personal issues/matters, (2) Contextual factor affects selection of nurses' communication technique, (3) Barriers in effective communication: difficulties in accompanying families to accept critical patient conditions, care and treatment procedures in the ICU which were complicated, and misunderstanding between nurse-patient and family, (4) Compassion and patience are required in nurse-patient communication in ICU.

Theme 1: Nurses' dilemma of their professionalism and personal issues/matters

Nurses are aware that they must communicate effectively with patients and families, but as individuals sometimes they have personal issues such as problems with children or husbands at home. They are aware that the problem might affect the way

they communicate with patients. "... I ever forgot to smile... moreover, when I felt very tired and there were personal problems with family at home, I tried to keep smiling... though maybe my smile was different yea..." (P2). A similar opinion was expressed by another participant, who said "... also when I was sick of the jobs, there were a lot of patients in bad conditions, many problems at home... so, I was unable to communicate well, I could not focus," (P3).

As individuals, nurses also have problems at home, especially with families that may affect the nurses' emotional stability while working. On the other hand, the physical conditions of patients including fatigue and psychological of under pressure due to the situation of care services in the ICU both directly and indirectly affected their performance in communicating with patients and patient's families. They tried to put aside their feelings, fatigue, and emotion due to personal problems so that despite the problem, they can still perform well (smiling, being friendly, and answering questions).

Theme 2. Contextual factor affects selection of nurses' communication technique

The condition of unconscious patients in the ICU causes their families to decide what medical and nursing interventions that patients will have. The situation makes the nurses in the ICU constantly communicate with the family. The nurses have to choose appropriate communication techniques based on the characteristics of the family such as talking slowly, using simple-repetitive language. A nurse said that "..... when communicating with the elderly, they should talk very slowly" (P4). While communicating with families with lower-secondary education, nurses used different communication approach.

"Families didn't understand the type of tools in the ICU, what the examination was done for, and if the results had been out they were also confused with the results. Although we explained in simple language, not using the medical term, it was not easy for them to understand. Most of them were from the village and only elementary and secondary school graduates" (P4).

Other nurses also expressed about communicating the interventions related

to services in the ICU simply for middle-educated families disclosed by 7 out of 10 informants (P1, P2, P3, P5, P6, P7, P10).

In short, the age and education factors of the patient's families in the ICU affect the way nurses use communication techniques with them. The nurse chose to communicate slowly to the elderly patient's family. When communicating with families with low education level, nurses used a simple language and they had to repeat the information.

Theme 3: Barriers in effective communication

Nurses face various barriers when communicating with the patient's family. Constraints expressed by nurses include difficulties in accompanying families to accept critical patient conditions, care and treatment procedures in the ICU which were complicated, and misunderstanding between nurse-patient and family.

The hemodynamic conditions of patients in the ICU tend to be unstable and very fluctuating, which means that the patient's condition may suddenly improve or may even deteriorate which can cause organ failures, or even death. This situation can take place quickly and cause shock to the patient's family.

"When the patient's condition deteriorated and we informed to the family, they sometimes became hysterical and even fainted. If it happened, we waited for the family to be calm. Since it would be useless to communicate in such situation, they wouldn't accept what we say and sometimes they got back in anger" (P6).

Other nurses also expressed similar experiences "yes, it would be difficult to communicate with the families who were still less able to accept or in denial state" (P9). All nurses expressed the same opinion about the difficulty of families' acceptance of the patients' condition.

Further obstacles were related to the complexity of service and care in the ICU which family of patients usually face such as the tight hours of patients visit, and loads of medical and nursing interventions that had an impact on the number of complaints received by nurses from the family.

"... It's often... ICU is relatively closed,

our patient visit time is restricted which is often complained and that the rule is, the family may enter during the visiting hour only or in certain conditions such as criticalness. And that's our culture, the only one ill person but all villages want to visit" (P2).

Opinions about family complaints were also related to ICU services "there are so many complaints, especially at the time of the emergency, why they (family) were not involved from the beginning" (P6). Nurses often received various service-related complaints from patient's families. Therefore they found it difficult to establish communication with the families.

Misconceptions often coloured the communication between the nurse and the patient/family. This was probably because Bandung is the capital of West Java Province with a high level of urbanization, diverse cultures, and the status of Al Islam Hospital as the first referral hospital of Puskesmas (Public Health Center) in various areas of West Java. This diversity impacts the way family and nurses communicate. "... Ah, I am from Batak, I talk with a loud voice, while the patients' families are Sundanese, So they might consider me angry when I speak to them with a loud voice (P4).

The opposite condition was expressed by the nurse (P7) "... I feel like often shouted by the patients, so sometimes I keep the distance from the family". The difference of communication styles sometimes became a hurdle in family-nurse communication.

Theme 4: Compassion and patience are required in nurse-patient communication

Patient's critical conditions such as unconscious, weak and totally dependent state on the health worker raised the nurses' compassion to the patients and their families. When performing interventions such as bathing, changing position and suctioning the nurses empathized the patient's condition. Thus, when the patients are unable to communicate verbally, the nurses may communicate non-verbally to the patient by showing compassion and patience while performing the treatment. "... so, yea... sometimes the patient looked tortured and in pain while suctioning, but they could not talk, I felt sorry, so tried to take action carefully,

fast and effective" (P5).

Nurses also expressed their compassion when they handle personal hygiene needs of the patients. "... While bathing an unconscious patient, I washed their bodies as if I helped to cleanse my own mother's, so I did it with affection and patience" (P1). The condition of a fully dependent patient requires the nurse to be careful and full of patience to carrying out actions.

Discussion

The first theme in this study: The dilemma between nurse professionalism and inconvenience in nurse-patient/family communication is in accordance with the research findings of Fakhrianoor and Dewi (Fakhrianoor & Dewi, 2014) which stated that the unpleasant circumstances experienced by the nurses can cause stress that leads to the occurrence of burnout at work. The discomfort experienced by the nurses will have an impact on the services provided considering the nurse as the frontline of health services. Nonverbal communication such as smiling, physical contact and facial expression is very important in creating effective communication between nurses and patients and families especially in ICU (Xu, Staples, & Shen, 2012). Informants experienced other psychological and physical conflicts such as perceived fatigue and personal problems encountered impacted on their appearance as rarely smiling when conveying information to the patient's family. Loghmani, Borhani, and Abbaszadeh (2014) mentioned that personal problems occurred can interfere with the interaction between the nurse and the patient's family. In addition to the shortage of staff coupled with high workloads caused nurses did not have enough time for the patient's family so that there was a negative interaction between nurses and family (Loghmani et al., 2014).

Ideally intensive care unit has a 1:1 ratio where one nurse takes care of one patient. However, the reality revealed that sometimes they handled two patients in one shift so that it made them exhausted. The discrepancy between the number of nurses and patients required the nurse to adapt to the situation.

The adaptation was more focused on visible physical needs indicator which can lead to deterioration of the patient or the worst. It could cause death, the nurse forgot to communicate with the patient's family. Recast the estimation of the nurse-patient ratio that should be in the ICU. In addition, pay attention to the balance between the workload and the rest time for the nurses become important to improve the services in the ICU, especially the quality of communication between the nurse with the patient and family.

Contextual factors influenced the selection of nurse communication techniques. The results of this study also showed that in the effective communication between nurses and patients' family, it was important to pay attention to factors such as age, educational background, and economic status. All three of these can affect the pattern and techniques of nurse-family communication. Age factor becomes a challenge in communicating also found in research conducted by Callinan and Brandt (2015). They mentioned that the nurse barrier in communicating with the elderly due to cognitive impairment. The impairment requires nurses to choose communication techniques that are appropriate to the conditions such as using simple language and talking slowly. In addition, the patient's family education background influences their understanding of the information provided by the nurse. It was as described in research by Suryani (Suryani, 2014) that the higher a person's education is, the easier it is for him or her to receive information provided by health workers and vice versa. For ICU where the family has an important role in the patient's service process, conducting the assessment in particular medical history and social support should not only focus on the patient but the assessment is also performed on the patient's companion. Thus, the nurses should know the patient's background clearly so that they can determine communication methods that suits the patient's companion characteristics, including the family.

Various barriers to effective communication were identified in this study. The nurse's communication skills have been a great concern but often overlooked. Communication is not only carried out to patients but also to families related to

the condition of family members who are critically ill. Nearly 100% of families stated that communication with nurses is important to them, especially if associated with agreement on procedures and interventions provided to patients (Redley, LeVasseur, Peters, & Bethune, 2003). It may need to delve the solution to minimize the barriers.

Patients/families frequently complain to nurses. Nurses are required to always be professional on duty. This is demonstrated in any situation and condition including when encountering both patient and family complaints. Frequent visit of patient's relatives during the visit resulted in a negative interaction between the nurse and the patient's family member (Loghmani et al., 2014). On the other hand, difficulty in assisting the family to accept the condition of family members who are critically ill. Delivering information to the patient's family was increasingly difficult especially when the nurse has to deal with a denial patient's family. In accordance with research that conducted by Griffiths (Monden, Gentry, & Cox, 2016) stated that it is not easy to deliver bad news to patients or families. Moreover, sometimes they enter a phase where they cannot accept the situation. It needs nurse's social skills and ability to control the emotions of others. Someone who has social skills is able to control the emotions well when dealing with others, carefully figure out the situation, and interact smoothly, besides these skills can influence and lead, deliberate and finish the slaughter and it is required in teamwork, in this case, nurse-patient and their families.

The nurse has difficulty communicating with someone who has a different cultural and linguistic background. Research conducted by Savio and George (Naveen & Anice, 2013) mentioned that nurses have difficulty talking to someone who has a distinct cultural and linguistic background. Another study conducted by Chittem and Butow (2015) stated that the language differences could lead to misunderstanding in interpreting the information provided. Therefore, in the nurse-family relationship mutual respect is needed to be able to minimize misunderstanding due to differences in cultural culture and language. Nurses also may need to improve clinical performance, knowledge skills,

and communication skills that are easily understood by patients and their families.

Compassion and patience are required in nurse-patient communication. . Patients treated in intensive care feel hopeless, helpless, hopeless, feeling of wanting to give up, uncertainty about the future and feel on the verge of death (Bastian, Suryani, and Emaliyawati (2016); Emaliyawati, Sutini, Ibrahim, Trisyani, and Prawesti (2017) this creates its own anxiety for patients and can affect hemodynamic status, hypermetabolism that occurs in critically ill patients, and can reduce oxygen supply and perfusion to tissues(Shari, Suryani, & Emaliyawati, 2014). Compassion is needed to provide support to patients in critical condition. The results of this study indicated that communication between nurses with patients' families in ICU requires patience due to the unfavourable condition of the patients. Nurses' jobs are not easy because the nurses have to control anger and patience (Loghmani et al., 2014). According to Pandanwangi (Pandanwangi, 2009), individuals with high emotional intelligence are individuals who are able to master emotional turmoil, manage stress and have good mental health, thus this individual will be able to establish good relationships with others. According to Rexhepi and Berisha (Rexhepi & Berisha, 2017), someone with good emotional intelligence will live his/her days and work with optimism, stay motivated, calm, focus, self-control, care and respect the environment. Nurses in the ICU must have a high caring attitude because this attitude is the condition for giving care. According to Suryani (Suryani, 2014), nurse's knowledge about behavioural science is the substance to perform care, and nurse's ability to provide physical and psychological needs is the tool. The nurses should have the high self-awareness to bear patience and loving nature.

Conclusion

The four themes found in this study (1) Nurses' dilemma of their professionalism and personal issues/matters, (2) Contextual factor affects selection of nurses' communication technique, (3) Barriers in effective communication;

difficulties in accompanying families to accept critical patient conditions, care and treatment procedures in the ICU which were complicated, and misunderstanding between nurse-patient and family (4) Compassion and patience are required in nurse-patient communication in ICU. The themes were new insights in the research related to nursing and patient communication in ICU. The themes are also important as knowledge of the nurses and family communication, especially health services in Indonesia which might be different from other countries. It is important for nurses to improve their clinical performance, knowledge, and effective communication skills to enhance the verbal communication effectiveness, as well as non-verbal communication between nurses and patients. Training and assistance in effective communication in the intensive care unit can be the way to improve nurses' communication skills.

Conflict of interest

No conflict of interest in this study

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