Communication: Communicating with a Patient Who is Anxious

What is Involved in Communicating with a Patient who is Anxious?

› Communicating with a patient involves providing information, but it also requires that the nurse listen carefully, identify knowledge deficits, discern what information is most important and useful to the patient, and provide that information in a manner the patient can readily understand. This paper will discuss interventions appropriate when communicating with a patient with anxiety; for information on communicating with patients with other conditions that might interfere with communication, see the related series of Nursing Practice & Skill papers
• What: Anxiety can interfere with the patient’s ability to communicate and understand the information being provided. Communicating with a patient who is anxious typically requires the need for interventions designed to reduce the anxiety (e.g., decreasing stimulation, administering medication) (for more information on anxiety, see Quick Lesson … Generalized Anxiety Disorder)
• How: Communicating with a patient who is anxious involves determining the cause of the patient’s anxiety, if possible, and using specific communication techniques and other interventions that will aid in reducing the patient’s anxiety as well as promote a therapeutic nurse-patient relationship (i.e., a relationship in which the nurse and patient/family collaborate to meet the patient’s mental, physical, and emotional health care needs). The specific communication techniques and intervention used should be incorporated into the patient’s plan of care to promote communication with entire health care team
• Where: Communicating with a patient who is anxious can occur in any inpatient or outpatient healthcare settings as well as in the home
• Who: Any appropriately trained clinician or assistive healthcare staff member can communicate effectively with a patient who is anxious. It is appropriate for family members and other nonprofessional caregivers to be present during this intervention, particularly as the presence of family members may help to reduce the patient’s anxiety level

What is the Desired Outcome When Communicating with a Patient who is Anxious?

› The desired outcome of communicating with a patient who is anxious is to promote patient understanding of the information provided during patient education by the nurse

Why is Communicating with a Patient who is Anxious Important?

› Effective communication between the nurse and a patient who is anxious can
• promote good quality patient care and positive clinical outcomes
• help the nurse clearly understand the patient’s needs
• enable the nurse to identify interventions that will help the patient feel less anxious
• improve the patient’s understanding of his/her medical condition and interventions performed
• improve the effectiveness of patient teaching
• promote the patient’s adherence to the prescribed treatment regimen

**Facts and Figures**

› Researchers evaluating racial disparities in mental health services utilization evaluated beliefs about mental health and treatment preferences of patients diagnosed with anxiety disorders. They determined that there were no statistically significant differences in these beliefs among Black, White, Hispanic, and Asian patients, and that whatever small differences in beliefs and treatment preferences were present were not sufficient to explain racial disparities in mental health services utilization (Hunt et al., 2013)

› Among patients receiving conscious anesthesia during surgical procedures, those with pre-existing higher levels of anxiety and depression experience significantly higher levels of anxiety during surgical procedures. Researchers who conducted a study of 119 patients receiving local, plexus, or regional anesthesia found that providing patients with ongoing information during the surgical procedure reduced anxiety in 49% of patients; allowing the opportunity to ask questions during the intraoperative period reduced anxiety in 55% of patients. These findings suggest that patients with diagnoses of generalized anxiety disorder and/or depression should be identified prior to surgery involving conscious anesthesia, as they are more likely than other patients to experience anxiety surrounding surgery. The study also found that appropriate nursing interventions can reduce patients’ anxiety in the operating room setting (Haugen et al., 2009)

› Researchers comparing pre-operative education provided face-to-face with that provided by telephone found no difference between methods with regard to patient level of knowledge or anxiety (Richardson-Tench et al., 2013)

› It is normal for a patient to feel anxious before any procedure. Approximately, 20% of adults in the United States have had or will have experienced a panic attack. If the anxiety is not addressed before the procedure it can worsen and can cause increased pain. Some strategies used before pharmacological interventions are communication, humor, and music. Whatever strategies are used, need to be individualized per the patient’s request. Researchers found through a questionnaire that over 50% of the patients questioned, preferred some light pharmacological intervention over some of the nonpharmacological strategies (Davis-Evans, 2013)

**What You Need to Know Before Communicating with a Patient who is Anxious**

› Providing information about what the patient/family can expect regarding the patient’s medical condition or treatment may reduce patient’s anxiety

› Research has shown that development of a therapeutic working relationship between nurse and patient can decrease patient anxiety (for information about developing a positive therapeutic relationship with patients, see Nursing Practice & Skill ... Communication: Establishing Nurse-PatientRelationships)

Therapeutic communication techniques include the following:

› Using open-ended questions to encourage the patient/family to share information

› Showing respect for the patient and family members

› Recognizing that communication includes not only verbal interaction but also nonverbal communication, such as tone of voice, body language, and facial expression

› Acknowledging the needs of the patient/family

› Using silence at appropriate points in conversations to encourage the patient/family to share thoughts and feelings about the illness and its treatment

› Appropriate communication interventions vary according to the level of the patient’s anxiety

• **Mild anxiety:** Patients with mild anxiety are typically able to maintain eye contact and have logical thought processes. They may experience increased energy and motivation and are able to learn new information, so communication and patient teaching are usually effective

• **Moderate anxiety:** Patients with moderate levels of anxiety experience increased emotional tension and a heightened physical response to stress. The rate and pitch of their speech may increase and they may exhibit increased muscle tension and sweating, be easily distracted, and be unable to focus attention on specific details. Patients are able to solve simple problems, but communication and teaching become more difficult because of their decreased ability to concentrate. Medications (e.g., anxiolytics, antidepressants) may be helpful for patients with moderate anxiety

• **Severe anxiety:** Patients with this level of anxiety experience the “fight or flight” stress response and may exhibit agitation, poor eye contact, disorganized behaviors, headache, nausea, dizziness, and difficulty in concentrating and in solving problems. Medications to treat anxiety may be prescribed

• **Panic attack:** A panic attack is a condition of extreme anxiety that is out of proportion for the situation causing it, which often presents no actual physical threat to the patient. Patients experiencing a panic attack become fearful and disorganized
in their thinking, and may become violent in an effort to protect themselves from situations in which they perceive a threat. They are usually emotionally drained and unable to solve problems, and experience somatic symptoms (see below). Panic attacks often occur with other serious psychological conditions such as depression and substance abuse. The panic attack must be resolved, often with medication, prior to communication or teaching

—Common symptoms of panic attack are as follows:
  - Difficulty breathing
  - Pounding heart or chest pain
  - Intense feeling of terror
  - Sensation of choking or smothering
  - Dizziness or feeling faint
  - Trembling or shaking
  - Sweating
  - Nausea or stomach ache
  - Tingling or numbness in the fingers and toes
  - Chills or hot flashes
  - A sense of impending doom or that death is imminent

—Panic attacks can recur over time, a condition called panic disorder. Panic disorder is characterized by panic attacks that persist throughout life if untreated (for more information on panic disorder, see Quick Lesson About … Panic Disorder)

Preliminary steps that should be performed before communicating with patients who are anxious include the following:
• Review the facility/unit protocol for communicating with patients who are anxious, if one is available
• Review the treating clinician’s orders for general care of the patient
• Review the patient’s medical history/record for information on
  – the patient’s mental health (e.g., generalized anxiety disorder)
  – medications (e.g., theophylline, albuterol, amphetamines, steroids, methyldopa) that can cause or contribute to anxiety

Gather the following supplies:
• Personal protective equipment (PPE; e.g., sterile/nonsterile gloves, gown, mask, eye protection) if exposure to body fluids is anticipated
• Written information, if available, to reinforce verbal education

How to Communicate with a Patient who is Anxious

• Perform hand hygiene and don PPE, as necessary
• Identify the patient using 2 unique identifiers, according to facility protocol
• Establish privacy by closing the door to the patient’s room and/or drawing the curtain surrounding the patient’s bed
• Introduce yourself to the patient and family members, if present; explain your clinical role; assess the coping ability of the patient and family and for knowledge deficits and anxiety regarding the medical treatment the patient will receive
  • Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
    – Use professional certified medical interpreters, either in person or via phone, when a language barrier exists
  • Answer any questions and provide emotional support as needed. Ask the patient/family to explain what considerations, if any, can be instituted to promote the patient’s comfort in order to reduce anxiety; for example, some patients may request reduced lighting, limiting visitors, and/or providing relaxing music
• Assess the severity of the patient’s anxiety and individualize communication and other interventions appropriately, as follows:
  • Mild anxiety:
    – Offer reassurance, teach relaxation techniques (deep breathing, progressive muscle relaxation [PMR], visual imagery), and provide education about the benefits of tension-reducing activities such as a quiet environment, low lighting, and simple distraction techniques such as use of quiet music
  • Moderate anxiety:
    – Offer reassurance, teach relaxation techniques, and reduce stimulation by placing the patient in an area with reduced distractions (e.g., fewer people and reduced noise). Administer medications to treat anxiety as needed and prescribed
  • Severe anxiety:
    – Use simple sentences and specific instructions, use a soft tone of voice, and avoid confronting the patient. Reduce stimulation and administer medications as prescribed
• Panic attack (see Red Flags, below):
  – Perform interventions that reduce stress before teaching or communicating with the patient if possible. Perform the same interventions noted for severe anxiety above, including administration of medications. Use chemical and/or physical restraints, as ordered, if the patient is a danger to him/herself or others (for more information regarding restraint use, see the related series of Nursing Practice & Skill papers)
  › If the patient is taking medications that can cause or increase the intensity of anxiety, speak with the treating clinician about finding alternative medications
  › Dispose of used materials according to facility protocol and perform hand hygiene
  › Update the patient’s plan of care, if appropriate, and document communicating with the patient in the patient’s medical record, including the following information:
    • Date and time the communication occurred
    • Patient’s level of anxiety before and after the communication
    • Details of topics discussed
    • Any unexpected patient events or outcomes, interventions performed, and whether or not the treating clinician was notified
    • Patient/family member education, including topics presented, response to education provided/discussed, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Communicating with a Patient who is Anxious
  › Notify other health care team members about the patient’s anxiety, any factors such as medical conditions and/or medications that may be contributing to the anxiety, as well as interventions that have helped reduce the patient’s anxiety level
  › Anxious patients who experience some or all of the symptoms of a panic attack should be referred for psychological evaluation. Treatment includes cognitive therapy, relaxation training, and pharmacology, usually antidepressant agents. Initial treatment in patients experiencing a panic attack may include antianxiety medications, although these are not commonly prescribed for treatment of panic disorder because of their limited effectiveness and their potential for causing physical and psychological dependence

What to Expect After Communicating with a Patient who is Anxious
  › The patient has an accurate understanding of the information provided during patient education by the nurse

Red Flags
  › People who experience repeated panic attacks typically avoid situations that have previously triggered these attacks, and develop an ongoing fear of having another panic attack. Patients who experience repeated panic attacks should therefore be referred to a mental health clinician for treatment to minimize fear and avoidance behaviors, which can reduce the patient’s daily functioning and quality of life

What Do I Need to Tell the Patient/Patient’s Family?
  › When communication is possible, educate the patient/family about what to expect during and after the procedure to be performed, and what outcome to expect. Encourage questions from both the patient and family
  › If laboratory testing or other diagnostic procedures are ordered, explain how these procedures are performed and when the results will likely become available
  › If the patient is cared for at home or will go home after the procedure, explain how the family can contact the treating clinician if questions or problems arise
  › Instruct the patient/family about clinical signs and symptoms that may indicate increasing anxiety, such as increasing irritability and agitation; these should be reported to the treating clinician
  › Explain the importance of keeping follow-up medical appointments to allow continued surveillance of the patient’s medical condition, reinforcement of patient education, and assessment of what, if any, additional interventions are needed regarding the patient’s anxiety. Provide written information documenting the time and location of the patient’s next follow-up appointment
References


