

Implementing augmentative and alternative communication in critical care settings: Perspectives of healthcare professionals

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Aims and objectives: To describe the perspectives of healthcare professionals caring for intubated patients on implementing augmentative and alternative communication (AAC) in critical care settings.

Background: Patients in critical care settings subjected to endotracheal intubation suffer from a temporary functional speech disorder and can also experience anxiety, stress and delirium, leading to longer and more complicated hospitalisation and rehabilitation. Little is known about the use of AAC in critical care settings.

Method: The design was informed by interpretive descriptive methodology along with the theoretical framework symbolic interactionism, which guided the study of healthcare professionals ($n = 48$) in five different intensive care units. Data were generated through participant observations and 10 focus group interviews.

Results: The findings represent an understanding of the healthcare professionals' perspectives on implementing AAC in critical care settings and revealed three themes. *Caring Ontology* was the foundation of the healthcare professionals' profession. *Cultural Belief* represented the actual premise in the interactions during the healthcare professionals' work, saving lives in a biomedical setting whilst appearing competent and efficient, leading to *Triggered Conduct* and giving low priority to psychosocial issues like communication.

Conclusion: Lack of the ability to communicate puts patients at greater risk of receiving poorer treatment, which supports the pressing need to implement and use AAC in critical care. It is documented that culture in biomedical paradigms can have consequences that are the opposite of the staffs' ideals. The findings may guide staff in implementing AAC strategies in their communication with patients and at the same time preserve their caring ontology and professional pride.

Relevance to clinical practice: Improving communication strategies may improve patient safety and make a difference in patient outcomes. Increased knowledge of and familiarity with AAC strategies may provide healthcare professionals with an enhanced feeling of competence.

KEYWORDS

alternative and augmentative communication (AAC), communication, communication aids, healthcare professionals, intensive care units (ICU), interpretive description, nursing care, rehabilitation, speech impairment, symbolic interactionism