

Application Research of CICARE Communication Mode in Communication between Nurses and Patients of Endocrinology Intern Nurses

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Abstract: *Objective: To explore the application of CICARE communication mode in the communication between nurses and patients in the endocrinology nurses. Methods: A total of 40 internship nurses from the hospital endocrinology department from January 2018 to June 2018 were selected as the research objects. The survey nurses communicated with the patients in their daily work. They were divided into two groups, each with 20 cases. The observation group Based on the knowledge and trust model, the CICARE communication model was designed according to the characteristics of the hospital. The control group received traditional communication training and compared the training effects of the two groups. Result: After the training, the scores of communication ability between the two groups of nurses were significantly different. The scores of the observation group were higher than those of the control group ($P < 0.05$). Before the training, there was no statistically significant difference in the scores of the nurses and patients in the two groups. ($P > 0.05$), after the training, the score of the observation group was higher than that of the control group ($P < 0.05$). The scores of satisfaction between the two groups and the family members were significantly different. The scores of the observation group were higher than those of the control group ($P < 0.05$). Conclusion: The CICARE communication mode is applied to the communication training of nurses and patients in the endocrinology internship nurses, which can significantly improve the clinical communication ability of nurses and improve the satisfaction of patients and their families. It is worthy of promotion and application.*

Keywords: *CICARE communication mode, Endocrinology, Practice nurse, Nurse-patient communication*

1. Introduction

With the constant change of people's medical concept in recent years, the requirements for nursing work are getting higher and higher, and the contradictions and conflicts between nurses and patients are more obvious than before. How to maintain the relationship between nurses and patients has become the focus of many clinical scholars [1]. Communication skills are the key to the development of nursing work. Nursing communication is not only an effective therapeutic tool, but also an important means to meet the physiological and psychological needs of patients. The survey shows that more than 80% of clinical nurses and patients disputes are caused by poor communication or communication barriers. Caused, therefore, the training of nurses and nurses' communication skills should start from the intern stage [2]. The CICARE communication model is a process-oriented communication method that guides medical staff through six steps in a step-by-step manner. Studies have confirmed the feasibility, superiority and advancement of the CICARE communication model in the communication between nurses and patients [3]. In this experiment, 40 intern nurses from the hospital's endocrinology department were selected as research subjects, and two groups were selected for comparative study. The purpose was to explore the application value of CICARE communication mode in the communication between nurses and patients in the endocrinology nurses, as follows.

2. Materials and Methods

2.1 General Information

The study time was from January 2018 to June 2018. The study included 40 internship nurses. According to the training mode of receiving nurses and patients, they were divided into observation group and control group, with 20 cases in each group. The nurses in the observation group were 21 to 27 years old, with an average of (24.30 ± 2.03) years old. The induction time was 15d to 60d, with an average of (30.52 ± 7.20) days. The nurses in the control group were 20 to 26 years old, with an average of (23.05 ± 2.08) years old, and the induction time was 13d to 55d, with an average of (31.03 ± 6.56) days. Before the study, explain the research content, the purpose and significance of each operation to all the research subjects, and inform the research subjects to voluntarily choose whether to participate in the research. The research process has the right to voluntarily withdraw at any time during the research. The study was approved by the school and hospital ethics committee. Baseline data were compared and there was no significant difference between the two groups ($P > 0.05$).

2.2 Method

The trainee nurses in the control group received traditional nurse-patient communication training, which was mainly divided into training phase and time phase. Training stage: The hospital will teach the teachers to organize communication theory training, design multiple courses according to the actual situation, and conduct training at least once a week, mainly based on theoretical teaching. Firstly, it explains the importance of maintaining the relationship between nurses and patients, the factors affecting the relationship between nurses and patients in actual work, the psychological characteristics and needs of the patients, and the training of the language training and skills of the nurses, so that students can master the communication with different patients. Skills, and organize to participate in hospital specialist knowledge, at least once a month. A group of instructors consisting of senior doctors and nurses with high-grade or high-ranking titles. The internship nurses will be trained weekly to share courseware through multimedia and internet platforms. In the practical stage, we will guide the nurses themselves, patients and the environment, strengthen the basic nursing before visiting the patients, adjust the ward environment appropriately, familiarize the patients with the disease characteristics, and understand the follow-up diagnosis and treatment process; nurses need to wear neat, gentle words and positive when visiting the ward. Communicate with patients, understand the needs of patients and try to meet them. The questions raised by patients are answered in a timely manner. They are not in accordance with the fixed process, and according to the characteristics of patients, according to the communication methods of the nurses themselves.

The observation group nurses receive CICARE communication mode communication training, which is divided into three stages: theoretical study, formulation process and practical application. The department first established a quality monitoring group for nurses and patients communication. The head of the nurses served as the leader of the team. Five or eight high-quality nursing staff with good communication skills were enrolled in the group to be responsible for the training of the observation team. The training content is mainly based on CICARE theory and communication knowledge. The quality control team conducted training on nurse-patient communication theory in the first two weeks. The training method is the same as the control group. At 3 to 4 weeks, the team members mainly study the basic content of the CICARE communication model and the key practical and precautions for clinical practice, and participate in training at least once a week. In order to improve the training effect, CICARE communication experience training can be designed according to the hospital situation. On the basis of traditional theoretical teaching, increase the video, question, case analysis and other learning projects, so that nurses can experience the real nurse-patient communication process in the scenario simulation, and strengthen training results. Beginning in the fifth week, the students can be instructed to start the actual clinical operation. The quality control team and the intern nurse discuss together, combined with the characteristics of the patients in the department, and work according to the CICARE communication mode process. The CICARE communication model process includes: actively contacting the patient and selecting the appropriate name. Active self-introduction, close the relationship between nurses and patients, inform family members to carry out the purpose of operation, let them actively cooperate, in the process of nursing management, ask patients to have doubts and concerns, encourage active suggestions, and give feedback to the questions raised by family members. After leaving or nursing work, you should explain to the patient and family members politely and explain the situation. From the 6th to the 7th week, the specific process of the CICARE communication

mode will be printed and distributed to all nurses. The training will be explained in detail by PPT or video. After the observation, the nurses will be encouraged to ask questions and discuss, and the training teacher will answer them accordingly. After the 8th week of training, the knowledge assessment will be carried out. Through the scenario simulation, case analysis and CICARE communication process sheet, the nurse training effect will be investigated and evaluated, and the unqualified participants will participate in the second training.

2.3 Observation Indicators

(1) Record and compare the general information of the two groups participating in the training nurses; (2) After the training, use the nursing students' clinical communication ability evaluation questionnaire to assess the communication ability of the nurses and nurses, including seven items. The higher the score, the communication between the nurses and patients The better the ability; (3) Before and after the training, the scores of the nursing nurses' communication theory are evaluated. The higher the score, the better the communication ability of the nurses and patients; (4) After the training, the patients are investigated before discharge. The staff issued the "patient satisfaction survey questionnaire on the communication behavior of the nursing nurses", mainly to investigate the patient's satisfaction with the nursing communication communication of the nurses.

2.4 Statistical methods

Data were processed using statistical software SPSS 19.0, " $(\bar{x} \pm s)$ " indicates measurement data, t test; rate (%) indicates count data, and χ^2 test. $P < 0.05$ was considered statistically significant.

3. Results

3.1 Comparison of General Information of Intern Nurses

There was no significant difference in the general data between the two groups of nurses ($P > 0.05$), as shown in Table 1.

Table 1: Comparison of general information between two groups of interns

Project	Types	Observation group (n=20)	Control group (n=0)	χ^2/t	P
Age (year)	-	24.30±2.0	23.05±2.08	0.458	0.542
Entry time (d)	-	30.52±7.20	31.03±6.56	0.335	0.658
Marital status	Married	5 (25.00)	4 (20.00)	1.504	0.485
	Unmarried	15 (75.00)	16 (80.00)		
Cultural level	College	7 (35.00)	8 (40.00)	0.779	0.254
	Bachelor Degree or above	13 (65.00)	12 (60.00)		

3.2 Comparison of Nurses' Communication Ability Scores

The communication ability scores of the two groups of nurses were significantly different. The scores of the observation group were higher than the control group ($P < 0.05$), as shown in Table 2.

Table 2: Comparison of communication skills scores between the two groups of nurses [$(\bar{x} \pm s)$, min]

Project	Observation group (n=20)	Control group (=20)	t	P
Total communication	2.89±0.55	2.23±0.38	4.605	0.000
Building a harmonious relationship	2.79±0.35	2.15±0.40	5.654	0.000
Keen listening	2.69±0.29	2.22±0.39	6.502	0.000
Confirm family problems	2.72±0.33	2.27±0.29	5.115	0.000
Be involved together	2.76±0.43	2.19±0.43	5.682	0.000
Passing valid information	2.82±0.48	2.21±0.28	5.714	0.000
Verification experience	2.75±0.55	2.42±0.33	5.359	0.000

3.3 Assessment of Theoretical Results

Before the training, there was no significant difference in the evaluation scores of the nurses and patients communication theory between the two groups ($P>0.05$). After the training, the scores of the observation group were higher than the control group ($P<0.05$), as shown in Table 3.

Table 3: Comparison of the scores of theoretical scores of nurses before and after training [$(\bar{x} \pm s)$, min]

Group	n	Before training	After training	t	P
Observation group	20	68.60±7.22	92.52±7.50	17.448	0.000
Control group	20	69.03±7.05	82.63±7.89	16.285	0.000
t	-	0.775	15.603	-	-
P	-	0.358	0.000	-	-

3.4 Comparison of Patient and Family Satisfaction Scores

The scores of satisfaction between the two groups of patients and their families were significantly different. The scores of the observation group were higher than those of the control group ($P<0.05$), as shown in Table 4.

Table 4: Comparison of patient and family satisfaction scores [$(\bar{x} \pm s)$, min]

Group	n	Quality of care	Nursing support	Total satisfaction score
Observation group	20	89.30±6.93	86.36±7.03	92.30±5.76
Control group	20	71.03±5.42	70.55±5.16	73.02±4.36
t	-	12.682	13.336	15.036
P	-	0.000	0.000	0.000

4. Discussion

Communication ability is an objective requirement of the medical model to change the social role of medical staff. As a freshman nursing student in the nursing profession, it is very important to master certain communication skills^[4]. After the "90", most of the nursing students are the only children of the younger generation. They are young and energetic, but they have poor self-care ability and lack of social adaptability, which makes them unable to adapt in clinical work^[5]. In the survey, the incidence of interpersonal problems in nursing students was 60.9%. About 50% of college students are dissatisfied with their interpersonal status and think that they are not good at interpersonal communication. The most prominent performance is language communication barriers and social fears^[6]. Clinical internship is an important stage in the transformation of nursing students' roles. From the past others to serve themselves to serve others, from being cared for by others to actively caring for others, often because of lack of service awareness, and reluctance to actively communicate with patients^[7]. This study investigates the influencing factors of the communication ability of nursing students in our school, and further explores the impact of CICARE communication mode on the clinical communication ability and patient satisfaction of our nursing students, and provides reference for the communication management mode of nursing students in our school. The quality of nursing care services in our school provides a clinical basis^[8].

In this study, 40 trainee nurses were included as the survey subjects, and they were divided into two groups to carry out different nurse-patient communication training. The results showed that the observation group nurses and nurses had higher communication scores than the control group, and the patient and family satisfaction scores were higher than the control group. It shows that the CICARE communication mode is applied to the training of nurses and nurses in the internship nurses with good results^[9]. Nurse-patient communication is the process of information exchange and interaction between nurses and patients. The content of communication is directly or indirectly related to the patient's care and rehabilitation. It also includes the thoughts, feelings, wishes and requirements of both parties. Communication^[9]. With the change of modern medical model, the change and expansion of nurses' roles, and the extension and expansion of the connotation of nursing services, communication ability has become more and more important in the daily work of nursing staff^[10]. Traditional nursing communication training methods, focusing on theoretical knowledge learning, less practical clinical training operations, and poor performance in training nurses and nurses' communication skills. The CICARE communication model is a kind of guiding communication method widely used in the world

in recent years. It mainly includes six steps of contact, introduction, communication, inquiry, answer and departure. As a guide, the communication ability of training medical staff is simple and concise, easy to operate and other advantages^[11-12]. This communication mode will be based on people-oriented, patient-centered standardized process communication, integrated into daily nursing work, not only has high practicality, but also highlights the professional quality of nursing staff and promotes the efficiency of nurses and patients. Communication, applied to the training of trainee nurses, can help them develop good communication habits of nurses and patients, promote communication skills, and have important significance for improving the quality of care and reducing the incidence of nurses and patients. It is an ideal improvement. Nursing quality program^[13-14]. Based on its own characteristics, the hospital develops a CICARE communication model suitable for interns and nurses, which can help them improve their clinical communication skills, promote the establishment of a good relationship between nurses and patients, and provide a clinical basis for follow-up promotion^[15].

5. Conclusion

In summary, the CICARE communication model is applied to the communication training of nurses and patients in the endocrinology nurses, which can significantly improve the clinical communication ability of nurses and improve the satisfaction of patients and their families. It is worthy of promotion and application.

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