

**EFFECTIVENESS OF AN INDIVIDUALIZED
COMMUNICATION PROTOCOL ON CLINICAL
OUTCOMES OF COMATOSE PATIENTS IN
SELECTED INTENSIVE CARE UNIT OF TERTIARY
CARE HOSPITAL**



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CONCLUSIONS

According to the results of a study Individualized Communication Protocol was effective in reducing the incidences of physiological adverse events, increasing level of consciousness, improving comfort, reducing level of agitation & sedation and reducing level of pain in comatose patients of experimental group admitted in ICU.

Implications of the study:

The findings of the present study have the following implications in the clinical setting:

1. Nurses, doctors, and other health team members working in ICU need to be aware of the Individualized Communication Protocol implemented in ICU.
2. Health care workers should receive periodic in-service and continuing education program on communication techniques in order to improve communication skills.
3. Nurses and other health care workers should incorporate Individualized Communication Protocol into their usual routine care along with other forms of treatment while working in ICU.
4. The Individualized Communication Protocol can be implemented through a structured teaching program, an in-service education program, and must be evaluated at various durations.
5. A nursing administrator may organize an in-service education program for

staff nurses to update their knowledge and skills regarding communication with comatose patients.

6. Nursing faculty may sensitize the nursing students toward communication with comatose patients so that students inculcate these communication skills.
7. Application of appropriate communication protocol by staff nurses, senior nurses, doctors, nurse practitioners, family members, and close relatives may bring out positive clinical outcome in comatose patients admitted in ICU.
8. Members of the family need to participate in the application of communication techniques to aid in the recovery and bring internal peace to the comatose.

Recommendations for Further/Future Research:

The following research areas are recommended for future studies:

1. A similar study might be carried out with a larger number of participants.
2. A long-term follow-up study may be undertaken on comatose patients to assess effectiveness of communication techniques on various physiological parameters.
3. Focus group discussion may be conducted to motivate the caregivers to communicate appropriately and adequately with comatose patients.
4. Further research can be done on factors affecting communication with comatose patients.
5. Further research can be done on factors influencing the knowledge and practice of the staff nurses.

6. A qualitative research can be undertaken to study the experiences of unconscious patients in ICU after recovery.

Summary: This chapter included conclusions, implications of the study, recommendations from the present research findings, and recommendations for future research.