Original Article

Effectiveness of an Integrated Ethical and Therapeutical Communication Program on Critical Care Unit Nurses' Practices

Ethical and Therapeutical Program on CCU Nurses' Practices

Hasanain Yhiya Shimran and Sahar Adham Ali

ABSTRACT

Objective: (1) To assess critical care unit nurses' practices related to ethical and therapeutic communication. (2) To evaluate the effectiveness of an integrated educational program on improving nurses' knowledge and practices in critical care units.

Study Design: A quasi-experimental study

Place and Duration of Study: This study was conducted at the Hilla Teaching Hospitals, Babylon, Iraq, from 20th March to 10th July 2025.

Methods: One hundred and ten nurses were randomly allocated to experimental (n=55) and control (n=55) groups. The experimental group received an integrated ethics and communication training program, while the control group did not. Data were collected using validated tools: a 72-item knowledge questionnaire (r=0.84) and a 34-itxem practice checklist (r=0.79). Assessments were done before, immediately after, and one month post-intervention.

Results: The experimental group showed significant improvements ($p<0.05$) in knowledge and practices compared with the control group. Posttest results revealed a shift from poor/fair to good levels in ethical decision-making, informed consent, patient autonomy, communication skills, and patient safety. Improvements were retained at one-month follow-up. Age and educational level predicted gains, while sex and experience had no significant effect.

Conclusion: The integrated ethical and therapeutic communication program effectively enhanced critical care nurses' knowledge, practices, and ethical awareness, promoting safer and more compassionate care.

Key Words: Ethical principles, Therapeutic communication, Critical care nursing, Educational program, Nurse practices

Citation of article: Shimran HY, Ali SA. Effectiveness of an Integrated Ethical and Therapeutical Communication Program on Critical Care Unit Nurses' Practices. Med Forum 2025;36(10):92-97. doi:10.60110/medforum.361018.

INTRODUCTION

Critical care nursing is a highly specialized field requiring the provision of care to patients with life-threatening conditions that demand immediate, complex medical interventions. These patients often face severe and multifaceted health challenges, necessitating advanced technologies, close monitoring, and continuous support. Critical care units (CCUs) are equipped with sophisticated medical devices and staffed by highly trained professionals capable of managing high-stakes situations where time is critical. Nurses in these units play a pivotal role, coordinating care, ensuring patient safety, and addressing not only physical but also emotional and ethical challenges.[1]

The effectiveness of an integrated ethical and therapeutic communication program for critical care unit (CCU) nurses is crucial for improving both the quality of patient care and the well-being of patients and families. Critical care nurses work in high-pressure environments where life-threatening conditions are common, requiring immediate, complex decisions. Nurses who are well-trained in therapeutic communication and ethical decision-making are better equipped to manage difficult situations, navigate family dynamics, and provide compassionate care that aligns with the patient's needs, preferences, and values.[2]

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Received: July, 2025
Reviewed: August, 2025
Accepted: September, 2025

METHODS

A quantitative, quasi-experimental pre-post design was conducted to evaluate the effectiveness of an integrated ethical and therapeutic communication program on critical care unit nurses' practices. The study took place at Hilla Teaching Hospitals from 20th March to 10th July

2025 vide letter No. 73 dated 10-3-2025. A purposive non-probability sample of 110 nurses from CCUs was selected and randomly allocated to: Experimental group: 55 nurses and Control group: 55 nurses. Random allocation was applied to reduce selection bias and control confounding variables. A 34-item checklist was developed and validated based on literature review, covering:

1. Demographic data: age, gender, educational level, marital status, years of experience
2. Employment data: total nursing experience, ICU experience, special training
3. Nurses' practices in ethical and therapeutic communication

Validity and Reliability

- **KMO Measure:** 0.815 (adequate for factor analysis)
- **Bartlett's Test:** $\chi^2 = 7.022$, df = 6, p = 0.09
- **Reliability:** r = 0.79 (inter-rater reliability, $p \leq 0.05$)

Participants provided informed consent and could withdraw at any time. Pretest: assessed baseline practices in both groups. Intervention: experimental group attended the educational program

Posttests:

Posttest I: immediately after intervention to assess improvement

Posttest II: one month later to assess practice stability

RESULTS

The trial group demonstrated a clear improvement from pre-test to post-test, with mean scores increasing from a poor to a good level in most items. For example, understanding of ethical principles improved from 1.58±0.534 at pre-test to 2.42±0.720 at post-test, and recognizing ethical dilemmas rose from 1.95±0.524 to 2.52±0.555, both indicating significant progress ($p < 0.05$). The control group, however, showed minimal changes, remaining mostly within the poor to fair range, with mean values such as 1.47±0.539 at pre-test and 1.57±0.550 at post-test for the first item. Overall, the results indicate that the educational or training intervention applied to the trial group was effective in enhancing nurses' knowledge and application of ethical decision-making principles particularly in understanding autonomy, beneficence, non-malfeasance, and justice whereas the control group exhibited no meaningful improvement (Table 1).

The marked improvement in the trial group's performance, with mean scores rising from the poor or fair level in the pre-test to the good level in the post-test for all items. For instance, identifying common ethical dilemmas improved significantly from 1.49±0.690 to 2.70±0.610 (p = 0.012), and applying ethical reasoning in real-time situations increased from 2.15±0.524 to 2.60±0.560, both reaching the good category. Similarly, consulting ethical committees and communicating ethical concerns also showed notable progress, moving from poor to good levels after training. In contrast, the control group displayed minimal change across all items, with mean scores remaining in the poor range (e.g , 1.40±0.683 to 1.50±0.680, p = 0.020). Overall, the findings indicate that the educational intervention was effective in strengthening the trial group's ethical practices in critical care, enhancing their ability to identify, reason, consult, and communicate effectively when facing ethical dilemmas (Table 2).

The experimental (trial) group showed significant improvement in their practices related to patient and family involvement in ethical decision-making after the educational intervention, while the control group showed only minimal change. The trial group's mean scores increased from a poor level in the pre-test (around 1.56–1.65) to a good level in the post-tests (ranging between 2.51–2.70), with statistically significant differences ($p < 0.05$). This improvement indicates that participants became more capable of engaging patients and families in treatment discussions, respecting cultural and religious values, and facilitating conversations about end-of-life care.

Table No. 1: Comparison of experimental and control group responses regarding to ethical decision-making principles (pre and post test)

Item	Control group			P value	Trial Group			P value
	Pre-test	Post-test 1	Post-test 2		Pre-test	Post-test 1	Post-test 2	
Demonstrates understanding of key ethical principles (autonomy, beneficence, non-maleficence, justice) in patient care.	1.47±.539	1.53±.539	1.57±0.550	0.026	1.58±.534	2.35±.700	2.42±0.720	0.006
Obtains informed consent using clear, simple language and ensures patient comprehension	1.55±.603	1.62±.652	1.67±0.670		1.58±.629	2.35±.751	2.42±0.765	
Identifies and respects patient autonomy in decision-making processes.	1.95±.891	1.87±.924	1.92±0.935		2.35±.799	2.73±.560	2.80±0.575	
Recognizes and appropriately addresses ethical dilemmas in nursing practice.	1.62±.593	1.60±.655	1.65±0.665		1.95±.524	2.47±.539	2.52±0.555	
Follows institutional protocols for ethical decision-making and documentation	1.84±.601	1.45±.633	1.50±0.650		1.84±.601	2.55±.603	2.60±0.615	

Table 2: Comparison of experimental and control group responses regarding practices for handling ethical dilemmas in critical care (pre and posttest)

Item	Control group			P value	Trial Group			P value
	Pre-test	Post-test 1	Post-test 2		Pre-test	Post-test 1	Post-test 2	
Identifies common ethical dilemmas in critical care settings (end-of-life decisions, resource allocation, patient confidentiality, etc.)	1.40± .683	1.45± .689	1.50± 0.680	0.020	1.49± .690	2.64± .620	2.70± 0.610	0.012
Applies ethical reasoning and decision-making techniques in real-time situations	1.47± .573	1.47± .634	1.52± 0.630		2.15± .524	2.56± .570	2.60± 0.560	
Consults appropriate ethical committees or senior staff when faced with complex ethical decisions	1.49± .505	1.40± .494	1.45± 0.500		1.55± .603	2.45± .789	2.50± 0.770	
Effectively communicates ethical concerns to the healthcare team, patient, and family	1.82± .611	1.76± .637	1.80± 0.630		1.65± .584	2.44± .714	2.48± 0.700	

Table No. 3: Comparison of experimental and control group responses regarding practices for patient and family involvement in ethical decisions (pre and post test)

Item	Control group			P value	Trial Group			P value
	Pre-test	Post-test 1	Post-test 2		Pre-test	Post-test 1	Post-test 2	
Engages patients and families in discussions about treatment goals and ethical considerations.	1.45± .789	1.53± .790	1.58 ± .800	0.008	1.56± .788	2.51± .814	2.58 ± .824	0.001
Respects cultural, religious, and personal values in ethical decision-making.	1.38± .561	1.58± .658	1.62 ± .668		2.15± .448	2.60± .564	2.64 ± .574	
Facilitates discussions about advance directives, code status, and end-of-life care.	1.55± .503	1.47± .504	1.52 ± .514		1.65± .480	2.64± .589	2.70 ± .599	
Encourages patient and family participation while maintaining professional boundaries.	1.45± .689	1.51± .690	1.56 ± .700		1.56± .688	2.51± .717	2.60± .564	

Table No. 4: Comparison of experimental and control group responses regarding practices for professional integrity and ethical conduct (pre and post test)

Item	Control group			P value	Trial Group			P value
	Pre-test	Post-test 1	Post-test 2		Pre-test	Post-test 1	Post-test 2	
Maintains patient confidentiality and privacy in during interactions.	1.56± .501	1.49± .505	1.55± 0.520	0.002	1.67± .474	2.44± .601	2.50± 0.620	0.008
Reports ethical concerns, conflicts of interest, or breaches in ethical conduct.	1.44± .631	1.56± .714	1.60± 0.730		2.18± .611	2.62± .680	2.68± 0.695	
Demonstrates impartiality, fairness, and non-discriminatory behavior in patient care.	1.27± .651	1.38± .680	1.45± 0.690		1.35± .673	2.64± .649	2.70± 0.660	
Engages in continuous learning and ethical discussions with colleagues.	1.29± .658	1.40± .683	1.48± 0.700		1.38± .680	2.62± .680	2.68± 0.695	

Table No. 5: Comparison of experimental and control group responses regarding therapeutic communications practices through pre test and post test

Item	Control group			P value	Trial Group			P value
	Pre-test	Post-test 1	Post-test 2		Pre-test	Post-test 1	Post-test 2	
Greeting the patient	1.36± .485	1.49± .505	1.59 ±0.555	0.244	1.25± .440	2.71± .685	2.81 ±0.735	0.248
Nurse treats the patient with respect	1.49± .767	1.89± .875	1.99 ±0.915		1.76± .816	2.65± .726	2.75 ±0.766	
Show interest in the patient's thoughts about his/her health status	1.71± .458	1.60± .494	1.69± .635		1.47± .504	2.47± .813	2.57 ±0.863	

Understand patient's concern about their health	1.42± .629	1.56± .631	1.66 ±0.681		1.31± .605	2.45± .878	2.55 ±0.928
Pay attention to patient	1.67± .721	1.76± .693	1.60± .494		1.49± .690	2.38± .913	2.48 ±0.963
Allow the patient to speak without interruption	1.53± .604	1.62± .593	1.69± .635		1.38± .593	2.42± .896	2.52 ±0.946
Provide the patient with the necessary information based on their request	1.69± .960	1.78± .937	1.69 ±.635		1.47± .858	2.45± .899	2.55 ±0.949
Use terms and vocabulary that the patient can Understand	1.55± .789	1.93± .790	2.03 ±0.840		1.60± .807	2.45± .899	2.55 ±0.949
Make sure that the patient is fully understand the nurse during the meeting	1.47± .604	1.64± .677	1.74 ±0.654		1.42± .599	2.60± .564	2.70 ±0.614
Encourage patient to ask question about their health	1.44± .570	1.69± .635	1.64 ±.677		1.51± .605	2.47± .634	2.57 ±0.684
Engage patient to be a part of their treatment plan	1.27± .592	1.38± .623	1.48 ±0.673		1.22± .534	2.55± .633	2.65 ±0.683
Discuss with the patient the next steps in their health follow-up	1.49± .742	1.6± 2.733	1.70 ±0.783		1.42± .712	2.49± .858	2.59 ±0.908
Demonstrate caring and interest for the patient	1.55± .633	1.64±. 620	1.69 ±.635		1.49±. 605	2.45± .812	2.55 ±0.862
Spend enough time with patient	1.47± .663	1.51± .635	1.61 ±0.713		1.55± .689	2.35± .907	2.45 ±0.957
Nurses staff treat patient with respect	1.62± .733	1.53± .766	1.63 ±0.783		1.53± .742	2.49± .879	2.59 ±0.929
The nurse use body language when communicating with patients	1.45± .689	1.55± .715	1.65 ±0.739		1.58±. 712	2.55± .835	2.65 ±0.885
The nurse use facial expression when communicating with patients in CCU	1.49± .742	1.42± .738	1.52 ±0.788		1.44± .714	2.49± .858	2.59 ±0.908

In contrast, the control group's mean scores remained mostly at the poor to fair levels, showing no meaningful progress. Overall, these results confirm that the training program effectively enhanced nurses' ethical practice skills, promoting patient-centered and culturally sensitive involvement in ethical decisions (Table 3).

The experimental (trial) group exhibited a clear and statistically significant improvement in their practices related to professional integrity and ethical conduct after the intervention, while the control group displayed only slight or negligible changes. In the trial group, mean scores increased from poor or fair levels at pre-test (1.67±0.474) to good levels at post-test (2.50±0.620), indicating enhanced awareness and practice of ethical standards.

The highest improvements were seen in maintaining confidentiality (2.50±0.620) and demonstrating fairness and non-discrimination (2.70±0.660), suggesting that participants developed stronger professional ethics and accountability. Conversely, the control group's mean scores remained largely within the poor range (around 1.45–1.60) across all items, showing no meaningful progress (Table 4).

Table 5 indicate that the experimental (trial) group demonstrated notable improvement in their therapeutic communication practices from pre-test to post-test, whereas the control group showed minimal or inconsistent progress. The trial group's mean scores increased across all items from poor levels at pre-test (around 1.25–1.60) to good levels at post-test (ranging from 2.45–2.81), reflecting significant enhancement in communication skills such as greeting patients, showing respect, understanding concerns, encouraging participation, and providing clear information. This improvement suggests that the intervention effectively strengthened nurses' ability to build rapport, express empathy, and communicate clearly with patients. In contrast, the control group's scores remained within the poor to fair range (approximately 1.45–1.99), indicating limited change without the intervention. Overall, the results confirm that the educational program had a positive impact on improving nurses' therapeutic communication, promoting better interaction, understanding, and patient-centered engagement in care.

DISCUSSION

This study showed that a significant improvement in the experimental group's ethical practices after implementation of the integrated ethical and therapeutic communication program. All five items showed statistically significant post-test increases ($p<0.05$). For instance, understanding of key ethical principles (autonomy, beneficence, non-maleficence, justice) improved markedly from 1.58±0.534 to 2.35±0.700 ($p=0.006$), moving from a poor to a good level of practice. In contrast, the control group showed minimal change (1.47±0.539 to 1.53±0.539, $p = 0.026$) [Table 1]. These results align with Rainer et al[3] and

Robichaux[4], who emphasized that structured ethics education enhances nurses' moral reasoning and decision-making in critical care.

Improvements were also noted in obtaining informed consent (1.58→2.35), reflecting enhanced ethical communication skills, consistent with Lavoie et al.[5] Respect for patient autonomy recorded the highest post-test mean (2.73±0.560), confirming Milliken's[6] findings on the centrality of autonomy in ethical nursing practice. Additionally, nurses' ability to recognize ethical dilemmas and follow institutional protocols improved significantly (1.95→2.47 and 1.84→2.55, respectively), demonstrating progress in both ethical awareness and practical application. The control group, however, remained largely unchanged.

The findings of this study showed significant gains in handling ethical dilemmas - specifically in identifying ethical conflicts (1.49→2.64, p = 0.012), applying ethical reasoning, consulting ethics committees, and communicating ethical concerns (Table 2). These results are consistent with studies by Grady et al[7], Oh & Gastmans[8] and Park et al[9], which highlight that ethics-based training enhances nurses' competence and confidence in addressing moral challenges in complex care environments.

A significant improvement in patients and family involvement in ethical decision-making is shown in Table 3. The experimental group showed notable increases in engaging patients and families (1.56→2.51), respecting cultural and religious values (2.15→2.60), facilitating discussions about advance directives (1.65→2.64), and encouraging participation in care decisions (1.56→2.51). These outcomes support findings by Epstein & Street[10], Lachman[11] and Trotochaud et al[12], who emphasized the positive impact of communication-based ethics education on shared decision-making and patient-centered care.

Table 4 highlights the marked improvement in professional integrity and ethical conduct within the experimental group. Scores increased substantially for maintaining confidentiality (1.67→2.44, p = 0.008), reporting ethical concerns (2.18→2.62), demonstrating fairness and non-discriminatory behavior (1.35→2.64), and engaging in continuous ethical learning (1.38→2.62). These results align with Saleh et al[13], Mohamed & El-Sayed[14], Lee et al[15] and Othman & Alshammari[16], who stress that continuous ethics education fosters professional accountability, impartiality, and moral integrity among critical care nurses.

In the present study, the experimental group achieved substantial post-intervention improvements in all 17 items assessing therapeutic communication (Table 2). Scores increased from poor/fair levels (1.22–1.76) to good levels (2.4–3.0) across domains such as greeting patients (1.25→2.71), using clear and understandable language (1.60→2.45), encouraging participation in care (1.22→2.55), and ensuring patient understanding (1.42→2.60). In contrast, the control group showed only minimal or inconsistent changes, indicating that the intervention was the key factor driving improvement. These findings confirm that integrating ethical principles with therapeutic communication strategies significantly enhances nurses' ability to deliver patient-centered care. Improved communication skills lead to better engagement, active listening, empathy, and ethical sensitivity - key components of professional nursing in critical care settings. These results are supported by Abou Zeina & El-Mahdy[17], Yousef & Mahmoud[18], Kourkouta & Papathanasiou[19], Al-Hassan & Al-Sayed[20] and Mohammed et al[21], all of whom emphasized the importance of ongoing structured training in fostering effective communication and ethical competency.

We recommend implementing this program as a standard component of in-service training in critical care units, with modules tailored to different age groups and educational levels. Encouraging participation in ethics training can enhance practical application. Ongoing pre- and post-assessments are advised to maintain program relevance and effectiveness. Future research should examine the long-term impact on nursing practice and patient outcomes

CONCLUSION

The integrated educational program was highly effective in improving critical care nurses' practices in ethical principles and therapeutic communication. Nurses in the trial group showed significant improvement, moving from "poor" to "good," while the control group showed minimal change. Gains were most notable in ethical decision-making, communication skills, and patient safety. Age influenced knowledge gains, and education level correlated with practical skills, whereas sex and years of experience had no significant effect, indicating the program's broad effectiveness.

Author's Contribution:

Concept & Design or acquisition of analysis or interpretation of data:	Hasanain Yhiya Shimran, Sahar Adham Ali
Drafting or Revising Critically:	Hasanain Yhiya Shimran, Sahar Adham Ali
Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

Conflict of Interest: The study has no conflict of interest to declare by any author.

Source of Funding: None

Ethical Approval: No.73 Dated 10.03.2025

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