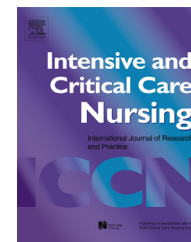




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ORIGINAL ARTICLE

# Sedation versus no sedation: Are there differences in relatives' satisfaction with the Intensive Care Unit? A survey study based on data from a randomised controlled trial

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## KEYWORDS

No sedation;  
Questionnaire;  
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## Summary

**Background:** Currently there is a trend towards less or no use of sedation of mechanically ventilated patients. Still, little is known about how different sedation strategies affect relatives' satisfaction with the Intensive Care Unit (ICU).

**Aim:** To explore if there was a difference in relatives' personal reactions and the degree of satisfaction with information, communication, surroundings, care and treatment in the ICU between relatives of patients who receive no sedation compared with relatives of patients receiving sedation during mechanical ventilation in the ICU.

**Method:** A survey study using a questionnaire with 39 questions was distributed to relatives of mechanically ventilated patients, who had been randomised to either sedation with daily wake up or no sedation.

**Results:** Forty-nine questionnaires were sent out and 36 relatives answered. The response rate was 73%. We found no differences in relatives' personal reactions or in the degree of satisfaction with information, communication, care and treatment in the ICU between relatives of patients in the two groups. Relatives of patients treated with no sedation felt more bothered by disturbances in the surroundings compared with relatives of patients who were sedated ( $p = 0.03$ ).

**Conclusion:** Treating the patient during mechanical ventilation with no sedation does not affect relatives' satisfaction adversely.

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during mechanical ventilation in the ICU. Several studies

### Implications for clinical practice

- Sedation management with no sedation seems not to affect relatives' personal reactions or satisfaction with information, communication, care and treatment in the ICU in a negative way compared to sedation with daily wake up.
- Health professionals must be aware that relatives of patients treated with no sedation can feel more bothered by noise and disturbances in the surroundings in the ICU compared with relatives of patients who are sedated.
- Relatives may express an overall satisfaction with the ICU, but staff within the specific ICU should pay attention to how contextual aspects such as staff availability and visiting policy influences relatives' satisfaction.

## Introduction

Sedation of patients in need of mechanical ventilation is changing, from heavy sedation towards less sedation with daily wake up (Devabhakthuni et al., 2012; Kress, 2013; Roberts et al., 2012). In 2010, Strom et al. (2010) published a randomised trial reporting a beneficial effect of a strategy of no sedation for patients undergoing mechanical ventilation compared to a standard strategy with sedation and daily wake up. The study reported a reduction in length of mechanical ventilation, a reduction in ICU and total hospital stay for patients in the no sedation group. There might also be an economical benefit with a strategy of no sedation because of shorter length of stay (Laerkner et al., 2016). International and national guidelines for sedation management in the ICU recommend no or less use of sedation (Barr et al., 2013; Fonsmark et al., 2015). However, little is known about how different sedation strategies affect relatives' satisfaction with the ICU.

Critical illness is distressing for both patients and relatives (Karlsson et al., 2011; Wong et al., 2015). Patients in need of mechanical ventilation often highlight the importance of relatives' presence in the ICU, because relatives can comfort and encourage the patient (Alpers et al., 2012; Egerod et al., 2015). A recent study revealed how relatives of patients in the ICU experienced high levels of anxiety with both psychological and physiological impact (Turner-Cobb et al., 2016). The experience of being a close relative to a patient being conscious during mechanical ventilation showed that relatives had ambivalent feelings towards both consciousness and sedation (Karlsson et al., 2010). Witnessing a loved one in distress and in discomfort can lead to feelings of powerlessness. Yet, the relatives also found it positive that they were able to interact with their loved one despite critical illness and mechanical ventilation. Knowledge about relatives' perspectives is important as change in sedation practice might affect the relatives' degree of satisfaction with the ICU.

Relatives' satisfaction is fulfillment of their needs or requirements, which may relieve or diminish their distress or improve their wellbeing (Van Den Broek et al., 2015). Furthermore, relatives' satisfaction is important, as relatives' opinion could serve as a surrogate measure to patient satisfaction (Schleyer and Curtis, 2013). Knowledge about relatives' experience and satisfaction is important for healthcare professionals as this may highlight new perspectives in care, information and communication to enhance comfort and reassurance for relatives as well as patients

have explored relatives' satisfaction with the ICU (Heyland et al., 2002; Myhren et al., 2004; Roberti and Fitzpatrick, 2010; Sarode et al., 2015; Schwarzkopf et al., 2013; Stricker et al., 2009). Yet, no studies have compared satisfaction with information, communication, treatment and care in the ICU between relatives of patients with different sedation management.

## Aim

To explore differences in relatives' personal reactions and the degree of satisfaction with information, communication, surroundings, care and treatment in the ICU between relatives of patients receiving no sedation compared with relatives of patients receiving sedation during mechanical ventilation in the ICU.

## Method

### Setting

The study was conducted in a medical-surgical 18 bed ICU at Odense University Hospital in Denmark. The ICU had a 1:1 nurse:patient ratio, ICU physicians are present 24 hours a day, there is no use of physical restraint in patient care and a free visiting policy for relatives. Daily information to patients and relatives was carried out in an ongoing and open dialogue. Approximately 75% of the nurses in the ICU were certified Critical Care Nurses and used to caring for non-sedated critically ill patients during mechanical ventilation (Laerkner et al., 2015; Strøm and Toft, 2011).

### Participants

The study was conducted as part of a randomised controlled trial, where patients in need of mechanical ventilation for at least 24 hours were randomised to either sedation with Propofol/Midazolam and daily wake up (standard) or no sedation (intervention). Patients in both groups received bolus doses of Morphine as pain management. 140 patients participated in the original randomised trial (Strom et al., 2010). The participants in this study were relatives of patients in both groups from the original trial. We assumed it was possible to enroll 50 relatives in the study, because we only wanted to include relatives who had been visiting the ICU. The relative of the patient was informed about the

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