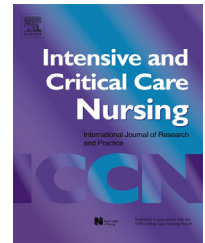




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ORIGINAL ARTICLE

Nurses' experiences of caring for critically ill, non-sedated, mechanically ventilated patients in the Intensive Care Unit: A qualitative study



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No sedation;
Nursing

Summary

Objective: The objective was to explore nurses' experiences of caring for non-sedated, critically ill patients requiring mechanical ventilation.

Design and setting: The study had a qualitative explorative design and was based on 13 months of fieldwork in two intensive care units in Denmark where a protocol of no sedation is implemented. Data were generated during participant observation in practice and by interviews with 16 nurses. Data were analysed using thematic interpretive description.

Findings: An overall theme emerged: "Demanding, yet rewarding". The demanding aspects of caring for more awake intubated patients included unpredictability, ambiguous needs and complex actions, while the rewarding aspects included personal interaction. Three sub-themes were identified: (i) *caring for and with the patient*, (ii) *negotiating relational and instrumental care* and (iii) *managing physical and emotional closeness*.

Conclusion: Despite the complexity of care, nurses preferred to care for more awake rather than sedated patients and appreciated caring for just one patient at a time. The importance of close collaboration between nurses and doctors to ensure patient comfort during mechanical ventilation was valued. Caring for more awake non-sedated patients required the nurses to act at the interface between ambiguous possibilities and needs, which was perceived as both demanding and rewarding.

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Implications for Clinical Practice

- Caring for more awake, non-sedated patients during mechanical ventilation requires a new set of competencies for ICU nurses.
- Pay attention to and develop working conditions that incorporate a balance between closeness and distance in everyday clinical practice to counter emotional burnout.
- Support and educate nurses to act as moral agents in the interface of complexity in the ICU, to preserve patients as persons at the centre of nursing practice.

Introduction

Recent changes in the sedation management of critically ill, mechanically ventilated (MV) patients in intensive care (ICU) have been described as constituting a paradigm shift (Mehta et al., 2011; Roberts et al., 2012). The evolution of this new paradigm includes analgosedation, where pain is treated first and sedation is administered only when necessary (Devabhakthuni et al., 2012). The change in sedation management may affect patients as well as the practice of health care professionals, which makes it important to explore nursing practice within this developing paradigm. This article is part of a broader study exploring patients' and nurses' experiences, actions and interactions in the context of a no-sedation strategy in ICU. This article focuses on nurses' experiences of caring for non-sedated and awake MV patients.

Sedation has been considered to be an integral aspect of the treatment of patients requiring intubation and MV in ICU (Moore, 2011). In recent years, however, the disadvantages of sedation have become apparent and practice has changed towards lighter sedation (Barr et al., 2013; Egerod et al., 2013b; Egerod, 2009; Kress and Hall, 2012). The new sedation paradigm enables better monitoring of cerebral functioning and improves long-term patient outcome (Wunsch and Kress, 2009). A randomized clinical trial in Denmark demonstrated the feasibility of a protocol of no sedation leading to significantly shorter duration of MV, shorter ICU stay and shorter length of hospital stay, compared to a group of patients receiving light sedation with daily wake-up calls (Strom et al., 2010). A follow-up study showed that a protocol of no sedation did not increase long-term psychological sequelae after intensive care (Strøm et al., 2011), suggesting that MV patients do well without sedation (Strøm and Toft, 2011).

A cross-sectional survey of sedation practice in Nordic and non-Nordic European countries, concluded that Nordic countries come closer to applying a strategy of lighter sedation (Egerod et al., 2013a). The study highlights that organisational and contextual factors, such as ICU size, staffing ratio and inter-professional collaboration affect sedation practice. Not all studies however, support the goal of less or no sedation. A Swedish study exploring ethical issues, argued that non-sedated patients might suffer and stated that disagreement persists regarding sedation practice (Nortvedt et al., 2005). This is consistent with a US survey which demonstrated that most nurses consider MV to be stressful and that sedation is required to ensure patient comfort (Guttormson et al., 2010).

While research has focused on conscious MV patients and their relatives (Karlsson et al., 2012a,b,c; Karlsson and Forsberg, 2008), less attention has been given to the experiences of ICU nurses. A recent qualitative study exploring the perspective of experienced ICU nurses concluded that lighter sedation enabled the provision of individualized care, better communication and the establishment of a nurse–patient relation (Tingsvik et al., 2013), while another study highlighted the nurses' experience of caring for less sedated patients was more demanding and increased nursing workload (Everingham et al., 2014).

Being awake implies that patients are alert and conscious, corresponding to a score of 0 on the Richmond Agitation and Sedation Scale (RASS) (Sessler et al., 2002). Change in medical practice may have some derived implications for everyday nursing practice, which will continue to be silent, tacit and remain as "invisible work", if unexplored (Mesman, 2008). Therefore, more knowledge is needed to describe and understand how less or no sedation may influence nursing practice in the ICU. Our study attempts to explore the nurses' perspective in order to provide perceptive knowledge of care in the ICU, embracing a new paradigm of no-sedation.

Methods

Objective

The aim of the study was to explore nurses' experiences of, and attitudes towards, caring for non-sedated, awake, critically ill MV patients in ICU.

Design

A qualitative approach, using participant observation and interviews, was chosen to enable an in-depth enquiry into everyday practice in ICU from the nurses' perspective. The study was conducted as part of an ethnographic fieldwork (Emerson et al., 2011; Ybema, 2009) and our data were generated by the first author over 13 months in two ICU units during the period 2011–2013 (August 2011 to March 2012 and September 2012 to March 2013).

Setting

The context of the study was two level three adult ICUs (units A and B) in a University Hospital in Denmark. The units

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