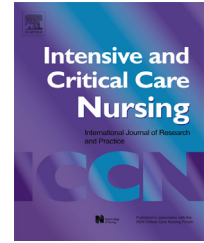




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# ‘‘Not being able to talk was horrid’’: A descriptive, correlational study of communication during mechanical ventilation



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Accepted 28 October 2014

## KEYWORDS

Respiration;  
Artificial;  
Critical illness;  
Intensive care units;  
Communication;  
Intensive care  
experience  
questionnaire

## Summary

**Objectives:** The purpose of this *study* was to describe the patient experience of communication during mechanical ventilation.

**Research methodology:** *This descriptive study is a secondary analysis of data collected to study the relationship between sedation and the MV patients' recall of the ICU.* Interviews, conducted after extubation, included the Intensive Care Experience Questionnaire. Data were analysed with Spearman correlation coefficients ( $r_s$ ) and content analysis.

**Setting:** Participants were recruited from a medical-surgical intensive care unit in the Midwest United States.

**Results:** Participants ( $n=31$ ) with a mean age of  $65 \pm 11.9$  were on the ventilator a median of 5 days. Inability to communicate needs was associated with helplessness ( $r_s = .43$ ). While perceived lack of information received was associated with *not feeling in control* ( $r_s = .41$ ) and *helplessness* ( $r_s = .41$ ). Ineffective communication impacted negatively on satisfaction with care. Participants expressed frustration with failed communication and a lack of information received. They believed receipt of information helped them cope and desired a better system of communication during mechanical ventilation.

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*Conclusion:* Communication effectiveness impacts patients' sense of safety and well-being during mechanical ventilation. Greater emphasis needs to be placed on the development and integration of communication strategies into critical care nursing practice.

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## Implications for clinical practice

- Increased emphasis needs to be placed on supporting patient communication during mechanical ventilation through integration of alternative communication strategies into practice.
- Increased frequency and repetition when providing information to mechanically ventilated patients may help improve the patient experience of mechanical ventilation.
- Provision of training for critical care nurses in how to support patient communication during mechanical ventilation and how to use alternative communication aids has potential to decrease patient distress during mechanical ventilation.

## Introduction

Over 50% of patients report communication challenges during mechanical ventilation as moderately to extremely stressful (Rotondi et al., 2002; Samuelson et al., 2007). Mechanically ventilated (MV) patients report problems not only with their inability to communicate but also with a perceived lack of information received (McKinley et al., 2002; Wunderlich et al., 1999). Ineffective communication is consistently linked to patients' negative emotions while in an intensive care unit (ICU) including feelings of frustration (Jablonski, 1994; Johnson et al., 2006; Logan and Jenny, 1997), fear (Jablonski, 1994; Khalaila et al., 2011), anxiety (Engstrom et al., 2013; Jablonski, 1994) and anger (Hafsteindottir, 1996; Johnson et al., 2006; Khalaila et al., 2011). Frustrated patients sometimes give up trying to make their needs known or restrict communication to only essential information (Hafsteindottir, 1996; Patak et al., 2004).

Ineffective communication not only increases MV patients' stress but also impacts upon care during, and recovery after, ICU. Greater than one third of communication exchanges between nurses and MV patients related to pain management have been rated by researchers as unsuccessful (message not received or not understood) (Happ et al., 2011). Thirty percent of patients report being unable to communicate their needs while MV (Ratray et al., 2010). Inability to communicate needs has been associated with post-ICU anxiety, depression and distress related to ICU events (Myhren et al., 2009).

The purpose of this secondary analysis was to describe the patient experience of communication during mechanical ventilation. The two specific aims were to:

- Describe the association between the patients' report of communication during mechanical ventilation with their emotional responses in the intensive care unit (ICU) and with patients' appraisal of ICU care.

- Describe patients' experiences of communication challenges and communication exchanges during mechanical ventilation.

## Methods

This descriptive study is a secondary analysis of data collected to study the relationship between sedation and the MV patients' recall of the ICU. Although communication was not one of the primary aims of the study, during initial data analysis it emerged as an important component of the patients' ICU experience.

## Setting and participants

A convenience sample of patients was enrolled over 18 months from a 24-bed medical-surgical ICU in a suburban community hospital in the upper Midwest of the United States. The unit was staffed 24/7 by university affiliated intensivists. Patient to nurse staffing ratios were 2:1 or 1:1. Patients were eligible for the study if they were 18 years or older, spoke English, had an anticipated duration of mechanical ventilation greater than 24 hours and had no documented mental incompetence. Patients on a ventilator in a long-term care unit or at home prior to ICU admission were not eligible.

## Ethical approval

All aspects of this study were reviewed and approved by the first author's (J.G.) university Institutional Review Board (IRB), which serves as the IRB for the primary study site, and by the IRB for the acute care rehabilitation hospital where post-ICU interviews were also conducted. If the initial study consent was obtained from a patient's proxy, the informed consent process was repeated with patients prior to the post-ICU interview. Names used in quotations have been changed to protect the confidentiality of participants.

## Data collection

Structured interviews, conducted with patients after extubation and transfer from ICU, included the Intensive Care Experience Questionnaire (ICEQ) (Ratray et al., 2005) and follow-up questions related to patients' comments during instrument completion. Interviews also included three open-ended questions: (a) do you find any of your memories of ICU distressing? (b) is there anything else you would like to share about your experience of being on the ventilator in the ICU?, and (c) can you describe anything the healthcare staff did or

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