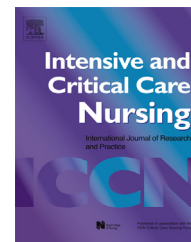




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ORIGINAL ARTICLE

# Continuous care and patients' basic needs during weaning from mechanical ventilation: A qualitative study

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## KEYWORDS

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ventilation;  
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Weaning

## Summary

**Background:** Mechanical ventilation is associated with a number of risks and complications. Thus, rapid and safe weaning from mechanical ventilation is of great importance. Weaning is a complex and challenging process, requiring continuous care and knowledge of the patient.

**Aims:** The aim of the present study was to describe the continuous care process during weaning as well as to analyse the facilitators and obstacles to the weaning process from start to finish from the perspective of intensive care unit (ICU) staff, particularly nurses.

**Research design:** Twenty-two ICU staff members, including nurses and physicians, and three patients hospitalised in the ICU were enrolled in this qualitative study. Semi-structured interviews were used for data collection and the transcripts were analysed using qualitative content analysis.

**Findings:** 'Continuous care' was found to be the patients' basic need during weaning from mechanical ventilation. Uninterrupted, stable, comprehensive and dynamic care and monitoring with immediate response to all physiological and psychological changes were features of continuous care. The three main themes identified by this study were *time spent with the patient*, *comprehensive supervision* and *maintenance of the quality of care during shifts*.

**Conclusion:** Continuous and constant care should be provided during the weaning process. Such care will help to provide health care staff with a deeper understanding of the patient and his or her continuous changes, leading to a timely and favourable response during weaning. To achieve this goal, skill, communication and organisational changes are essential.

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### Implications for Clinical Practice

- Continuous care refers to uninterrupted, stable, comprehensive and dynamic care and monitoring with immediate response to all physiological and psychological changes.
- Continuous care and the increased ability of nurses to assess patient needs will lead to effective communication between patient and nurse, allowing the nurse to obtain the patient's cooperation and promoting gradual weaning.
- ICU staff, particularly nurses, should be able to provide favourable environmental and organisational conditions to maintain the integrity and continuous care of the patient and reduce delays in the weaning process.
- Weaning is a gradual process that requires continuous, consistent and uninterrupted care. Otherwise, the ability to adapt to real-time changes in the patient's condition decreases.

## Introduction

Over 50% of critically ill patients require mechanical ventilation (MV) and 40% of the ventilation time is spent in the process of weaning the patients off of MV (Eckerblad et al., 2009; Metnitz et al., 2009). Weaning is a gradual reduction of respiratory support until the patient no longer requires assistance or has reached his or her maximum potential, making further reduction of respiratory support neither feasible nor realistic (Crocker and Scholes, 2009). Timely, fast, uncomplicated and successful weaning will reduce complications such as decreased cardiac output, infections, hyper- and hypoventilation, atelectasis, oxygen toxicity, barotrauma and ventilator dependency by shortening the duration of ventilation (Eckerblad et al., 2009; Lavelle and Dowling, 2011; Rose and Nelson, 2006). Organisational and clinician factors such as staffing levels, skill mix, experience and decision-making hierarchy influence the weaning process and can delay weaning (Blackwood et al., 2010). Studies have indicated the importance of interprofessional collaboration and communication, the need for subjective knowledge of the patient combined with objective clinical data and the need to balance systematic processes that reduce weaning delays with the individual needs of patients (Rose et al., 2014).

Weaning from MV is a complex and challenging process that is both a medical task and a nursing intervention (Tingsvik et al., 2015). In recent decades, the role of intensive care nurses in the weaning process has been highlighted (Cederwall et al., 2014; Rose et al., 2014; Tingsvik et al., 2015). The success of weaning may be optimised through continuity of care, knowledge of the patient and the development of patient-centred, individualised weaning plans (Crocker and Scholes, 2009), which suggests the importance of nurse involvement in the process and acknowledges its complexity (Lavelle and Dowling, 2011). The nurse should be able to recognise which patients are ready for weaning as soon as possible (Rose and Nelson, 2006). Studies on nurse involvement in weaning illustrate the importance of nurses' decision-making and autonomy in this area (Gelsthorpe and Crocker, 2004; Lavelle and Dowling, 2011; Rose et al., 2007; Taylor, 2006).

As the main caregivers, nurses spend most of their time with mechanically ventilated patients in intensive care units (ICUs) and are responsible for their continuous monitoring. Regardless of which criteria are selected for weaning, nurses are responsible for assessing patients to determine

whether they meet such criteria for weaning readiness and success.

Mutual trust and rapport, a positive nurse–patient attitude, sustained nurse–patient contact and meaningful interactions lead to a better understanding of the patient's condition by the nurse. Knowledge of the patient can be obtained only through a direct process of continuous care (Henderson, 1997), and thus this is a significant factor for improving treatment results and a key feature of intensive care (Ball and Cox, 2003). Patients are individuals and therefore there is no algorithm, guideline or set of rules that fits all (Crocker and Scholes, 2009). As both the patient's physical and mental status varies, they need to be assessed on a continual basis (Couchman et al., 2007). Being present on the ward most of the time allowed the nurse to observe and assess the patient's health status and need for ventilator support (Tingsvik et al., 2015). On the other hand, the continuity of nursing care in weaning is a prerequisite for creating a good relationship with the patient and trust (Eckerblad et al., 2009).

Due to the nurses' extensive, prolonged contact with the patients, focusing on aspects of continuous care could provide a deeper understanding of the role of nurses in the process of weaning and their interactions with other ICU staff, including doctors.

The aim of this qualitative study was to describe continuous patient care during weaning from MV during 24 hours and analyse the facilitators and obstacles to the weaning process from start to finish based on the experiences of the ICU staff, particularly intensive care nurses. The researchers sought to clarify how continuous, uninterrupted and stable care during a shift and from one shift to next shift can improve weaning outcomes, improve the safety of weaning and reduce complications.

## Method

A qualitative descriptive design was employed in the study to deepen our understanding of continuous care in the weaning process in a natural setting. Personal interviews were conducted, and qualitative content analysis was performed. Qualitative content analysis is suggested to be beneficial for exploring peoples' experiences of specific phenomena. Its primary goal is to provide knowledge and understanding of the phenomena being studied (Graneheim and Lundman, 2004).

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