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Research article

He survived thanks to a non-sedation protocol: Nurses' reflections about caring for critically ill, non-sedated and mechanically ventilated patients

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ABSTRACT

Objective: The objective was to explore ICU nurses' experiences of caring for non-sedated, critically ill mechanically ventilated patients, when following a study protocol as part of a clinical trial.
Design: The study had a qualitative design with twelve nurses participating in two focus groups. The interviews were analysed using a thematic approach.
Findings: One overall theme emerged, "Cautious optimism", which suggests positive experiences but with a negative undertone. The most remarkable experiences were related to caring for the patient, but there were some disappointments with regard to the interprofessional teamwork. Three subthemes were identified: 1) Excitement and uncertainty 2) Inspiring but demanding nurse-patient relationship, and 3) Teamwork or working against the tide?
Conclusion: The main findings reflect the remarkable and positive aspects of caring for awake and involved mechanically ventilated ICU patients, but also how nurses found it demanding to follow a weakly implemented study protocol that sometimes resulted in deviations from their nursing ethical standards of care. A more strategic implementation plan for the study and improved interprofessional teamwork might have improved their experiences.

Implications for clinical practice

- Caring for awake, non-sedated critically ill patients requires well-qualified, skilled and experienced nurses.
- A strategy of non-sedation enhances patient autonomy and communicative capacity and may be experienced as a source of inspiration in critical care nursing.
- Interprofessional collaboration in the multidisciplinary team is recommended when implementing new intensive care unit treatment protocols.

Introduction

The use of sedation to relieve pain and anxiety and provide comfort has been considered standard care and an integral part of the treatment of critically ill intensive care unit (ICU) patients needing mechanical ventilation (MV) (DeBiasi et al., 2015). However, increasing evidence suggests negative patient outcomes connected to deep sedation, such as longer MV time, agitated delirium and prolonged ICU and hospital stays (Kress et al., 2000; Strøm et al., 2010), which has led to a change towards lighter sedation (Egerod et al., 2006; Kress and Hall, 2012; Strøm et al., 2012).

Despite this knowledge, the sedation levels in MV ICU patients are still largely sub-optimal, with a greater tendency towards oversedation (Jackson et al., 2009). A survey from 2013 on current sedation practices in Europe indicates that Nordic countries tend to use lighter sedation than non-Nordic countries (Egerod et al., 2013). In

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one Danish ICU, a protocol of no sedation is standard practice; here, a randomised trial published in 2010 showed that no sedation, compared to light sedation and daily sedation interruption (DSI), led to fewer days on MV and shorter ICU and hospital stays (Strøm et al., 2010).

Studying the implications of a non-sedation protocol on nursing practice, Laerkner et al. (2015) found that nurses experienced caring for non-sedated MV patients as demanding, yet rewarding. Awake patients entailed unpredictability, ambiguous needs and complex actions. Despite this, the nurses still preferred the patients to be awake rather than sedated, mainly due to enhanced personal interaction with the patient. Tingsvik et al. (2013) found that it is easier to communicate, establish a relationship and provide individualised care with lightly sedated or awake patients than with deeply sedated patients. However, communication with an awake patient might still be demanding, due to endotracheal tubes and probes, pain and panic during treatment (Karlsson et al., 2012a,b).

The study by Strøm et al. (2010) has now been repeated as a Scandinavian multicentre study, the NONSEDA Trial (Toft et al., 2014), with ICUs from Denmark, Sweden and Norway participating. Patients were randomised to either light sedation with dailt sedation interruption or a protocol of no sedation. In order to keep patients comfortable, both groups received analgesics: paracetamol and morphine administered as bolus doses. The Visual Analogue Scale (VAS) was used to monitor the need for analgesics (Toft et al., 2014). Since the study period was of considerable duration, participation in the trial might be expected to lead to changes in sedation practice and the attitudes of health care personnel towards wakefulness in critically ill MV ICU patients in the participating sites.

This focus group study presents findings from nurses' experiences of caring for non-sedated patients included in the NONSEDA Trial in one of the two participating Norwegian ICUs. The article also reveals how the participating nurses experienced teamwork around NONSEDA study participation and how they managed to follow the study protocol.

Methods

Objective

The aim of this study was to explore nurses' experiences of caring for non-sedated, critically ill patients requiring MV, and how the nurses managed to follow a study protocol of non-sedation.

Design

A qualitative approach using focus group interviews was chosen to gain insight into the ICU nurses' experiences.

Clinical setting

The context of the study was the participation of two Norwegian ICUs in a Danish multicentre randomised clinical trial where patients were randomised either to receive light sedation with daily sedation interruption or to follow a protocol of no sedation (Fig. 1). This sub-study was conducted in one of the two Norwegian ICUs, a 10-bed mixed ICU in a university hospital in Autumn 2015, approximately one year after the start of the NONSEDA Trial. The patients in this ICU are mainly non-elective. The clinical setting is further described in Fig. 2. At the time of this sub-study, 10 patients had been included in the non-sedation group, and they represented a total of 151 days in the ICU and 120 days on MV. Their diagnoses were postoperative complications, cardiac insufficiency, sepsis, necrotizing fasciitis, ileus and COPD. Demographic data on these patients are presented in Table 1.

Participants

The participants in this sub-study were ICU nurses who had been caring for non-sedated and awake patients during MV. The last author, who worked as a study nurse in this ICU, and the ICU head nurse purposively selected 18 nurses who had been caring for critically ill non-sedated patients during MV for more than three passes, and distributed by email information on the study and an invitation to participate in focus groups. Twelve nurses agreed to participate and gave their written consent. The work experience of the twelve nurses ranged from three to 26 years; eight were experienced (>5 years) and four less experienced (>5 years). Nine were female and three male. Each focus group of six included both experienced and less experienced and male and female nurses. All the nurses had permanent positions, and represented about one third of the nurses that had cared for these patients. The sampling plan was considered adequate and sufficient (Morse, 1991).

Ethical approval

The study was conducted according to the principles of the Declaration of Helsinki (WMA, 2013). The study does not come under the provisions of the Act on Medical and Health Research in Norwegian legislation, since it does not generate new knowledge about health and disease or use human biological material. The project managers in the NONSEDA Trial and the head of the ICU gave permission to perform this local sub-study. The participating nurses will be able to recognise their own and the other participants' statements. However, nobody else can identify the participants.

Data generation

The first and last author conducted the focus group interviews with the nurses. A semi-structured interview guide (Fig. 3) was used, designed as a questioning route (Krueger and Casey, 2015). The guide was informed by previous research and covered topics such as the participants' preparation for the study, their experiences and opinions of following the study protocol, experiences of meeting and taking care of the non-sedated critically ill MV patients and their relatives, ethical issues, what skills they considered important and how they found collaboration with other health care personnel. The sequence of the questions was arranged with care to allow participants to consolidate their opinions and

- The experimental group will not receive sedatives, the patients will be awake and have a natural sleep rhythm
- Patients will be thoroughly and repeatedly informed by staff about time, place and treatment
- Morphine bolus doses for pain management
- Agitated delirium treated with haloperidol, and nurse/caregiver bedside
- Sedation is to be used only if these measures have no effect on the agitation, or if sedatives are necessary for oxygenation

Fig. 1. The NONSEDA trial protocol of no sedation.

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