

NURSE-PATIENT COMMUNICATION WITH MECHANICALLY VENTILATED PATIENTS

Layla Ismail, Nursing Student

Elizabeth Heitkemper, PhD, RN

The University of Texas at Austin School of Nursing

Purpose: Sedation practices are currently trending toward lighter or no sedation for mechanically ventilated patients (MVPs). Thus, there is a growing prevalence of conscious MVPs, increasing the need for improved communication practices.

Ineffective communication during mechanical ventilation increases patient frustration, anxiety, and discomfort. There is also evidence that a person's inability to communicate their needs is associated with post-intensive care unit (ICU) anxiety and depression (Myhren et al., 2009). The purpose of this study, therefore, is to better understand the communication assessment process of nurses caring for conscious MVPs and identify gaps in current communication tools

Myhren H, Toien K, Ekeberg O, Karlsson S, Sandvik L, Stokland O
Intensive Care Med. 2009 Dec; 35(12):2078-86.

Methods: A student researcher conducted individual, in-depth interviews with registered nurses (RNs) that have experience in caring for non-sedated MVPs. Interviews lasted approximately 30 minutes. Interviews used a semi-structured interview guide that covered the topics of nurse training and education, MVP assessment, and MVP communication methods and tools. Interviews were either via zoom online or in-person. This study was deemed exempt by the IRB but verbal consent was obtained prior to the interview.

Findings: Five RNs were interviewed. 60% were female with an average of 14 years of RN experience. Five themes emerged. First, topics of communication were limited. Sub themes showed (1) communication was limited to binary topics and (2) the direction of communication was limited to unidirectional with nurses controlling the topics and frequency. Second, two main factors contribute to making communication with MVPs challenging: sedation practices and family member interference. Third, the assessment of MVPs is aligned with sedation levels. Fourth, the implications of communication difficulties were found to be severe. The main implication discussed was ICU post-traumatic stress disorder (PTSD) and the lasting effects it leaves on MVPs. The last main theme showed that nurses had recommendations to improve the communication process. The sub themes showed (1) improving nurse training, (2) less sedation for patients, and (3) increasing accessibility to communication tools.

Conclusions: These findings demonstrate numerous issues related to communication with conscious MVPs and clearly demonstrate negative implications. Future research should expand on this work to further explore these findings and develop more robust communication approaches and tools. Hospitals should develop training programs for new RNs working with MVPs to improve care quality and health outcomes. Nursing education could also be enhanced by increasing exposure to multidisciplinary collaboration, as speech language pathologists have expertise in communicating with nonverbal patients that nurses should find useful.

To provide truly patient-centered care it is critical that nursing communication practices be improved to widen the scope of communication topics to include not just disease-based topics but also psychosocial ones.

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