

ORIGINAL ARTICLE

Communication Experiences of Conscious Indonesian Patients Who Underwent Mechanical Breathing in an Intensive Care Unit: A Phenomenological Approach

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Abstract

Background: Mechanical ventilation is equipment used by patients in ICU. These patients may experience stress due to inadequate communication, including psychological and emotional stress, often resulting in depression, anxiety, and frustration. It is important to facilitate effective communication during mechanical ventilation to monitor these patients. Nursing staff need to understand patients regarding their inability to communicate. The installation of mechanical ventilation is a barrier to nurse-patient communication. The culture in which a person lives has an impact on their health-related attitudes and behaviors. Thus, this study aims to determine the experience of the communication needs of conscious patients with experience of mechanical ventilation in ICU.

Methods: The research method uses qualitative research with a phenomenological approach. The population in this study were former ICU patients who experienced mechanical ventilation who were conscious. The sampling of informants was carried out using a purposive method. This study involved three research informants of various ages. This research was conducted in Yogyakarta, a province of Indonesia. Data collection used in-depth interviews. Data analysis in this study used the Colaizzi method to generate themes.

Results: The themes obtained in this study were experience of discomfort disturbance in mechanically ventilated conscious patients; mechanically ventilated patients' communication perceptions; the need for social interaction when mechanically ventilated; and the beliefs experienced by patients while unconscious in ICU. We found a new insight that trusting something the patient has experienced is something that needs to be respected. When patients were unconscious, all participants experienced a spiritual journey that brought them into a state of belief about the dying phase.

Conclusion: Communication between patients and nurses is beneficial in providing better nursing care following patient needs. This communication is also needed for patients with mechanical ventilation in ICU. It shows the importance of communication between mechanically

Keywords: communication, conscious patient, experience, intensive care unit, mechanical ventilation.

INTRODUCTION

Mechanical ventilation is medical equipment frequently used by patients in intensive care units (ICU) to help breathing and when oxygen levels are low [1]. It is estimated that about 13 to 20 million people worldwide are hospitalized in ICU every year [2]. In the United States alone, more than 4 million patients are admitted to ICU each year, where approximately 40% of these patients receive invasive mechanical ventilation [3]. Based on data from 39,510 ICU inpatient cases in Sweden in 2017, inpatients using mechanical ventilation ≥ 7 –21 days were 1,643 (4%) and >21 days were 307 (0.8%) [4]. Mechanical ventilation is a support that is generally required during general anesthesia or treatment in ICU [5]. Besides being beneficial for ICU patients, problems can also arise from mechanical ventilation. Because of the large number of mechanically ventilated patients worldwide, it is crucial to consider what kind of monitoring should be conducted. One important aspect of that monitoring is good and effective communication.

Communication is one of the problems that arises in patients with mechanical ventilation. Communication challenges in ICU are the communication of health workers in the ICU team, ICU team personnel and communication with patients or patient families [6]. Ineffective communication can create stress for patients experiencing mechanical ventilation, including psycho-emotional pressure with a tendency to depression, anxiety, frustration, fear and anger, panic, sleep disturbances, decreased self-esteem, and loss of control [7]. Based on a previous study, mechanical ventilation patients were associated with hopelessness, anxiety and helplessness [8]. Mechanically ventilated patients experience moderate to extreme levels of psychological

stress as a result of difficulties in communicating their needs [9]. The study on nurses' experience in caring for patients with diverse cultures found that language and cultural barriers were the most important challenges [10]. It is important for health workers to listen and pay attention to these patients, as well as recognize problems that arise in these patients. This awareness will optimize care and communication in circumstances where a humanitarian approach is required. One factor that warrants concern is the aspect of cultural differences [11].

From the standpoint of communication, Indonesian culture is undoubtedly distinct from cultures in other regions of the world. The culture in which a person lives has a notable impact on their health-related attitudes and behaviors. In this case, it is important for nurses who most frequently interact with patients to understand the health-related cultural beliefs and practices in order to provide effective and appropriate health services. These practices are known as “transcultural nursing” [12]. Furthermore, it is well recognized that people from different cultures may have different health demands and practices. In this sense, it is important for nurses to respect the cultural beliefs of others and provide nursing care by considering their cultures [12].

Based on this background, the researchers aimed to identify the experience of the communication needs of conscious patients with mechanical ventilation in ICU in nursing settings in Indonesia, where sociocultural aspects differ from other countries.

METHODS

Study design and population

This research used a qualitative approach

with descriptive phenomenology [13]. The four steps of this descriptive phenomenological research process were the process of bracketing, intuitive, analyzing and describing, which are carried out sequentially. The researchers carried out bracketing by saving the researcher's assumptions regarding the data to be studied. Intuition was when the researchers interviewed, which involved intuition. Analyzing was after the researchers conducted interviews. The last step was to analyze the data collected. Describing was explaining the findings of this study [14].

Conscious patients with mechanical ventilation in ICU were the population in this study. The sampling of informants used a purposive method, where the number of participants was determined by consideration of the completeness of the information [15]. The inclusion criteria for this study sample were informants with a history of having been intubated with mechanical ventilation in ICU in *compos mentis* state; good general condition; no current physical complaints after treatment in ICU; relatively stable and able to communicate well and cooperatively. The sample exclusion criteria in this study were individuals who fulfilled the inclusion criteria but with conditions that did not allow the data collection process where their health declined or the patient refused.

The number of samples in this study was three, taking into consideration the adequacy of the data obtained and also data saturation. In addition, it is in accordance with the norms applied during the Covid-19 pandemic. In qualitative studies, it is often considered that if the number of samples is too small, it would threaten validity and generalization. To determine a sufficient number of samples, it is recommended to consider data adequacy, data saturation, and following existing norms

in the society by adjusting aspects that are fundamental to the research [14].

This research was conducted in Yogyakarta, a province of Indonesia. The data collection was conducted from January 2020 – September 2020, including preparing proposals, arranging ethical clearance and research permits, collecting data, data analysis, and research reporting.

Data collection

The study used a qualitative method with a phenomenological approach because it was more effective in highlighting individual insights and experiences from a personal perspective which can be different from existing normative assumptions [14]. Individual researchers were the primary data collection tool in this study. Researchers were directly involved in collecting data on informants. Researchers conducted in-depth interviews with semi-structured interview instruments. Researchers used a voice recorder on the iPhone XR smartphone recording menu to record and document conversations during interviews. Besides, note-taking of essential points and stationery was used as documentation. Non-verbal responses and clinical situations regarding the condition of the respondents were documented.

The validity of qualitative research is the compatibility and precision between the subject's data and the findings reported by the researcher. To ensure the validity of this study, we confirmed our findings with the subject's perception. Reliability is a measure of consistency in the analytical techniques used [16]. In this study, we confirmed the reliability of the data within one subject by repeating the same question to ensure similar responses. To ensure the reliability between subjects, we utilized an interview guideline.

Data analysis

Data analysis in this study used the Colaizzi method to generate themes by

organizing and sorting the data into patterns, categories, and basic descriptive units so that themes could be found [17].

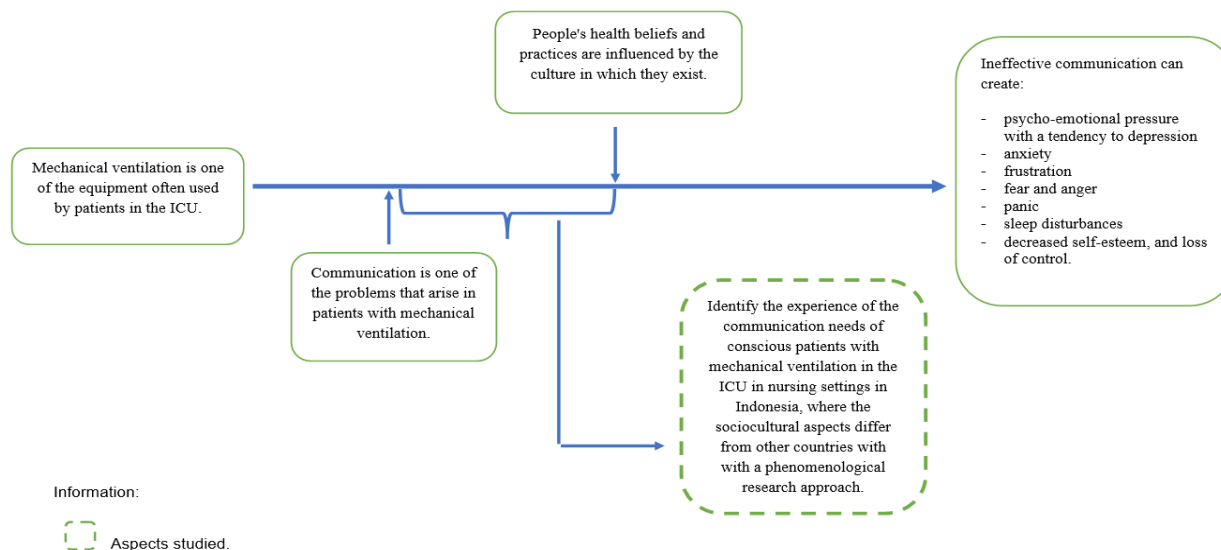


Figure 1. Theoretical research framework.

Ethical statement

This research received ethical clearance from the Health Research Ethics Committee of the Bakti Tunas Husada Tasikmalaya Nursing College with the Description of Ethical Exemption (No. 074/kep-kbth/VII/2020), which implemented seven WHO standards: social value, scientific value, equable assessment and benefits, risk, persuasion/ exploitation, confidentiality and privacy, and informed consent, referring to the 2016 CIOMS Guidelines. All participants provided written informed consent. In addition, this research fulfilled ethical

principles regarding autonomy, confidentiality, and veracity [18].

RESULTS

There were three participants (P1, P2, and P3) involved in this study (Table 1). P1 was a housewife and treated in ICU due to heart failure for 30 days. P2 was a teacher and treated in ICU due to gallstones for 60 days, while P3 was a civil servant and treated in ICU due to eclampsia and bleeding for 14 days. Thus, participants used mechanical ventilation for 14-60 days. During the interview process, the response rate was adequate.

Table 1. Characteristics of Participants

No	Age (years)	Sex	Education	Profession	Reasons for ICU Hospitalization	Duration Using Mechanical Ventilation
1	73	Female	Elementary School	Housewife	Heart Failure	30 days
2	49	Female	Bachelor	Teacher	Gallstones	60 days
3	31	Female	Bachelor	Civil Servant	Eclampsia and Bleeding	14 days

The thematic results found that there were four themes in the study (Table 2): (1) discomfort disturbances in mechanically ventilated patients; (2) communication perception of mechanically ventilated

patients; (3) social interaction needs during mechanically ventilated patients and (4) beliefs experienced by patients whilst unconscious in ICU.

Table 2. Thematic Research Results

No	Theme clusters	Themes
1	Inconvenience	Discomfort disturbances in mechanically ventilated patients
2	Perception and communication	Communication perception of mechanically ventilated patient
3	Support System	Social interaction needs during mechanically ventilated patients
4	Belief	Beliefs experienced by patients while unconscious in ICU

The following is a description of the themes that appear:

1. Discomfort disturbances in mechanically ventilated patients

The research results on the first theme were that all participants stated that there was a feeling of discomfort when mechanically ventilated. All respondents expressed discomfort with the following statements:

"Yes, it is exhausting...it is hard to breathe..." (P1)

"Yes it is hard when the device is installed (mechanically ventilated)..." (P2)

"When I was conscious, but the device was still attached (mechanically ventilated), I felt uncomfortable breathing... I felt like my

chest was being pressed... When it was comfortable, but the ET was still attached; the anesthetist came, and I asked to be extubated..." (P3)

2. Communication perception of mechanically ventilated patients

The research results on the second theme were that all participants stated a perception when communicating with other people (health workers/family). Mechanically ventilated patients find it difficult to express and communicate verbally. Mechanically ventilated patients used sign language/non-verbal communication to communicate with health workers and families and needed communication media. The following were

participant statements:

a. Mechanically ventilated patients have difficulty expressing and communicating verbally.

"Yes, he doesn't realize how it feels to keep getting angry... Sad, I'm also afraid. In ICU, there are shadows. The nurse even told my child to accompany me, she said I was afraid... The point is that it's hard. I wanted to say something, but can't... Yes, but I can't talk..." (P1)

"Once I was in a stressful condition because when I was sleeping I was even talked to while the device was installed (intubated). I found it difficult to convey. So, finally, when I was praying, I put the writing on my chest. I just fell asleep too, I put the words on my body... I feel unenthusiastic... Yes, because the device made me unable to speak until the doctor said it was removed and then reinstalled but smaller..." (P2)

"I was not angry because all my wishes were fulfilled by communicating through writing on my thighs or spelling.. When I was conscious (while still mechanically ventilated), I felt uncomfortable breathing and had difficulty speaking but I knew because I am a nurse that this would happen. ..." (P3)

b. Sign language/non-verbal communication was performed by mechanically ventilated patients to communicate with health workers.

"If I wanted to drink, I used gestures such as gestures while drinking, but people (nurses) didn't understand... Yes, I wrote, but they didn't understand.... I communicated, for example, by showing a thumb or flick. Thumb means good, and flick means bad..." (P1)

"Yes, when it came to nurses, sometimes the nurses didn't understand what I meant. It's like I hit the beads on the bed, so that they understood what I mean, but didn't

understand... I hope I use sign language so people can quickly find out. But they didn't... Then I told my child using writing. Because I asked for paper and pens. But if I wrote for a long time, I felt short of breath. They talked to me but don't want to..." (P2)

"I once said to ask for suction using sign language, but the nurse didn't understand. I then wrote down my wish on my thigh (writing letters), and the nurse understood, and suction was done right away... Since I started to become conscious, I could only communicate with my hands because it was hard to talk... I conveyed it using spelling because I was not given paper/board. So spelt/written in thigh..." (P3)

c. Mechanically ventilated patients needed communication media in relation to patient's wishes when mechanically ventilated.

"Yes, it's easier for me to communicate with the media... Yes, it's easier if I could be assisted with tools to communicate..." (P1)

"To communicate, I used stationery, as well as beads (which I hit) on the bed... I've never been told if I could use other media, so I didn't know how to use it, I could try it..." (P2)

"If communicating with letters is good, just point with your finger..." (P3)

3. Social interaction needs of mechanically ventilated patients

The results of the research on the third theme were that participants emphasized the need for emotional and communicative support from healthcare providers and family. Mechanically ventilated patients needed family support; when mechanically ventilated, there is a wish that must be conveyed. Mechanically ventilated patients are aware of the existence of other people and need nurse attention. The following were participant statements:

a. Mechanically ventilated patients needed family support.

"Son, accompany me if I have been called (asking family to accompany)... Yes, I wanted to communicate with my family... Yes, I wanted my friends... I wanted to meet my children, this, this, this. But couldn't..." (P1)

"When I said goodbye, if something happened to me, my husband didn't want to accept it, so I told my children to share the inheritance. But my children don't want anything, I felt that they need me, I immediately felt that I had strength..." (P2)

"All I heard at that time was my husband crying. It became my encouragement to be healthy... Because we know that in ICU you don't often see your family..." (P3)

b. The wishes of patients during mechanically ventilation

"I wanted to meet my children, grandchildren, and my husband... Yes mbak, I want to meet my families..." (P1)

"Communication needs, the main one, are with nurses and doctors. Because if I went to my family, I also understood for sure that family gatherings were limited, and my family came when I was unconscious, so I didn't know either..." (P2)

"Communication needs, the main communication, is nurses and doctors... I want to eat, drink, suction, pain, and bloating..." (P3)

c. Mechanically ventilated patients required nurses' attention

"Yes, I understood. I knew that when I wanted to take a shower, the curtain was closed..." (P1)

"It felt it, I knew when Cristin shampooed me. Maybe when I lost my memory..." (P2)

"But when the nurse did something, I knew. Like showering, taking blood.... I know that when the nurse showered me, taking blood many times, but I think I just nodded.

When I started to wake up, I didn't think about anything. Just always be optimistic by saying healthy...healthy...healthy in my heart..." (P3)

4. Beliefs experienced by patients while unconscious in ICU

The results of the research on the fourth theme were beliefs of participants when unconscious. The following were participant statements:

"Oh yes. Come on, come with me, said the priyayi (nobleman). The priyayi dressed up like an angel, my hands were held like this (showing a tightly held hand). Then invited to fly in the white ground. I kept on flying up and down like that for a long time, until I was tired because I was asked to fly for a long time... I didn't know why there is a very deep river, so if you fall you will die, I said ... At that time it's like where you're going to be picked up by priyayi who are dressed with traditional clothes, that's really nice. I'm accompanied anyway, in case I suddenly die. Then called one by one. Then, the priyayi said that you will come later...." (P1)

"I immediately felt strength. But actually, I also gave up. I also had come far, in a very wide, bright place, stars, the nurses were all in white... Before seeing the mosque, I saw a little boy. I had toy trucks. The little boy was about 7 years old, around elementary school age, fair skin, and was wearing a red bag. The nurse who slashed my leg said, please call the boy to come here. I said I didn't want to because if he wanted to come here, he would have died. God's Miracle. It should have been cut off, but it's still continuing. Alhamdulillah. Hopefully, I got better. The ustadz (religious figure) said that PKU was told to emigrate. Hijrah is moving, moving where it is. His wife was a friend of mine, and she visited me in ICU. I already remembered everything. But I still couldn't talk. But I still

wrote, and I still keep it..." (P2)

"I felt that I was in a big box; it felt like I was floating, looked bright/white, and couldn't see myself or other people there, hovering. But then after a while, it went down, and I was awake..." (P3)

DISCUSSION

This study involved three participants. We acknowledge that this is a limitation of our study, since the study was conducted during the Covid-19 pandemic which prevented involving more participants due to access restrictions. Characteristic data showed that all participants were female and had elementary school to undergraduate levels. The reason for admission was due to comorbidities such as heart failure (informant 1); gallstones (informant 2); and eclampsia with bleeding (informant 3). Participants were 31-79 years old.

First Theme

The research results on the first theme showed the discomfort experienced by the participants. The study found themes related to discomfort, with the sub-theme of discomfort in mechanically ventilated patients. All participants expressed these results. The definition of discomfort, according to Herdman and Kamitsuru [19] in Domain 12 discomfort disturbances, is a condition in which the patient feels a lack of ease, relief, and transcendence in physical, psychospiritual, environmental, cultural, and/or social dimensions. The characteristic definition of the nursing problem of discomfort is change in sleep pattern; worry; crying; dissatisfaction with the situation; distressing symptoms; fear of feeling cold; feeling hot; uncomfortable; hunger; inability to relax; irritability; itch; groan; anxiety; hiss; uncomfortable in a situation [19].

Based on previous qualitative research,

there were 24 issues that emerged from the abstraction process, divided into 11 categories and four themes: (a) The effect of intense stress on the body system; (b) The resulting negative emotional situation; (c) Feelings of being hospitalized; and (d) Perceived support from the family and loved ones. In addition, the most frequent codes found in the study were "afraid", "feeling watched", "feeling comforted", "failed to communicate", and "having difficulty breathing", with an intensity of 66.6% [20].

A qualitative study of mechanically ventilated ICU patients identified two themes of discomfort: unpleasant physical sensations and unpleasant psychological feelings. Most patients did not describe high pain levels or associate physical discomfort with pain [21].

The comfort needs of patients with mechanical ventilation in ICU were in the context of physical, psychospiritual, environmental, sociocultural, and interventions to increase comfort during mechanical ventilation divided into the following three categories: pharmacological interventions, nursing care interventions, and complementary and alternative interventions [22].

Second Theme

The results of research on the second theme appear in perception and communication. Perception and communication are part of processing information and are expressed by all participants with mechanical ventilation, which has its difficulties. Based on the study's results, sub-themes were found, such as having difficulty expressing something; communicating verbally; using sign language/non-verbal communication to communicate with health workers and needing communication media in relation to patients' wishes while mechanically ventilated.

All respondents stated that it was difficult to express something, so it became misinterpreted by health workers. Participants 1 and 3 stated that it was challenging to communicate their desire to fulfill basic needs such as drinking and suction because of secretion in the respiratory system. It was also felt by nurses who were confused because they did not understand. The complexity of care provided by nurses and patients is a separate phenomenon, that is, the phenomenon of nurses experiencing confusion and / or ambiguity, communication difficulties, and the desire to comfort patients [23].

Communication is done in two directions so that listeners can receive a message. If the communicators convey the message using accessible language, then the communicant can be understood. Likewise, the communication between nurses and patients can be fostered if the message is clear. It is part of the characteristics of nurse-patient communication. Communication can facilitate nursing actions. In this study, participants needed help conveying messages so that nurse and patient communication could not be adequately established. There was inequality in nurse-patient communication. Nurses wanted to understand the patient's wishes, but the patient was unable to convey the message clearly [24].

Based on Nursing Diagnoses Definitions and Classification 2021-2023 Domain 5 Perception/Cognition is a human processing system including attention, orientation, sensation, perception, cognition, and communication. Communication is sending and receiving verbal and nonverbal information [19].

In a previous study, difficulties in communication were found when the

majority of respondents (82.29%) considered general communication to be very difficult. This study also revealed that 100% of the respondents used their hands to point and gesture, followed by shaking their head (65.38%), whispering (19.23%), and writing (11.53%). Sleep and communication difficulties were the main problems for 97.91% and 96.94% of the respondents, respectively. The majority of respondents (66.66%) scored more than 7 on the Intensive Care Psychological Assessment Instrument [25].

Among common strategies used by the nurses in the critical care settings are reading the words that the patient says, encouraging the patient by telling the nurses that they are fine, assessing the patient's communication skills, "thumbs up" to indicate "yes", "shake the head" to indicate "no", pointing to a body part, speaking slowly and waiting for the patient's response, taking time to listen patiently to what the patient is trying to express, and touching critically ill patients who do not speak when the nurses communicate with the patients [26].

Third Theme

The results of research on the third theme was the support system. A support system is external support for the patient, such as family support or health workers. The sub-theme in this theme is that patients with mechanical ventilation need family support and the nurses' attention, especially when expressing the patient's wishes.

While the patient is being treated using mechanical ventilation, the patient experiences a terrifying and inspiring experience. Fear consists of anxiety, hopelessness, and dependency. Patients' expectations are spiritual relationships, the presence of the health team as a source of comfort, the family looking forward, and

overcoming the disease (steps towards life) [27].

Spirituality and religion are essential for coping with critically ill patients. Health workers need to support patients from the spiritual aspect of treatment. Patients used spirituality and religious coping strategies to relieve stressful situations in ICU. Respecting the patient's spiritual beliefs is essential to critical care [28].

Patients on invasive mechanical ventilation want to be heard, have control over their care, and contribute to decisions regarding their health conditions. There is a need to establish effective nurse-patient communication strategies, which may include determining the mode of communication used by the patients, waiting to allow the patients to participate in the communication, and confirming the messages communicated by the patient themselves [29]. Improved communication supports have been shown to reduce fear and anxiety in mechanically ventilated patients [30].

Fourth Theme

The research results on the fourth theme were the beliefs experienced by patients when unconscious. Trusting something the patient has experienced is something that needs to be respected. When the patients were unconscious, all participants experienced a spiritual journey that brought the patient into a state of belief in the dying phase. The pre-death phase was experienced differently by each participant.

Fifteen studies analyzed showed three things in the patient's memory treated in ICU: memories of dreams and delusions, memories of care from protection to alienation, and memories of being vulnerable and close to death [31].

Twenty-five per cent of patients reported severe post-traumatic stress symptoms in ICU.

Anxiety and depression rates are significantly higher than the general population. Patients treated in ICU experience pessimism, memories of pain, lack of control, and inability to express needs which are symptoms of post-traumatic stress [32].

Based on the data of 133 patients, 51.1% had distorted memory; 15.0% had memory loss; 48.1% had an unrealistic experience; 27.8% recalled confusion, panic, anxiety, and discomfort during their ICU stay; and 9% had a traumatic experience. Multiple logistic regression analysis revealed that memory loss was associated with surgery, and a significant association was observed between traumatic memory and pain. Opioid use may have a protective effect against memory loss. These results demonstrate the importance of pain relief and retaining accurate memory during ICU care [33].

In conclusion, in this study, several themes were found from the qualitative analysis, i.e. discomfort disturbances in mechanically ventilated patients; communication perception of mechanically ventilated patients; social interaction needs during mechanical ventilation; and beliefs experienced by patients while unconscious in ICU. Therefore, more effective communication approaches for mechanically ventilated patients need to be explored.

This study has implications for the field of education because it highlights the value of putting a patient's perspective approach and emphasizing communication needs when treating patients with specific conditions, such as conscious patients receiving mechanical ventilation. In terms of nursing practice, especially in ICU settings, it is important for nurses to communicate effectively with mechanically ventilated patients, especially for long-time use of ventilation.

For further research, it would be interesting to investigate how the data obtained from qualitative study might be expanded to include larger subjects in order to obtain relevant quantitative data. To gather information from Indonesian nurses, qualitative phenomenology study on the experiences of nurses managing conscious patients on mechanical ventilation is also crucial.

Conflict of interest statement

The authors declare no conflict of interest.

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Author contributor statement

S. F. conceived, designed the study and obtained funding; S. F. and E. E. data collection and data analysis; S. F. and M. S. H. wrote and finalised the original draft; M. S. H. critically revised the manuscript for important intellectual content. All authors have read and approved the final version of the manuscript.

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تجارب التواصل للمرضى الإندونيسيين الواعين الذين خضعوا للتهوية الميكانيكية في وحدة العناية المركزة : مقارنة ظاهرية

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الملخص

ال خلفية والأهداف: التهوية الميكانيكية هي أحد الأجهزة التي يستخدمها المرضى في وحدة العناية المركزة. قد يعاني هؤلاء المرضى من التوتر بسبب عدم كفاية التواصل. بما في ذلك الضيق النفسي والعاطفي مع الميل نحو الاكتئاب والقلق والإحباط. ومن الضروري تسهيل التواصل الفعال أثناء استخدام التهوية الميكانيكية لمراقبة المرضى. وتحتاج الممرضات إلى فهم المرضى فيما يتعلق بعدم قدرتهم على التواصل. ويصبح استخدام التهوية الميكانيكية عائقاً أمام التواصل بين الممرضات والمرضى. والثقافة التي يعيش فيها الإنسان لها تأثير على مواقفه وسلوكه فيما يتعلق بالصحة. ولذلك، يهدف هذا البحث إلى تحديد تجربة احتياجات التواصل للمرضى الواعين الذين خضعوا للتهوية الميكانيكية في وحدة العناية المركزة.

منهجية البحث: استخدم هذا البحث الأساليب النوعية مع منهج الدراسة الظاهرية. وكان مجتمع الدراسة في هذا البحث مرضى وحدة العناية المركزة السابقين الذين خضعوا للتهوية الميكانيكية أثناء وعيهم. وتم أخذ عينات من المخبرين باستخدام طريقة هادفة حيث اشتمل هذا البحث ثلاثة مخبرين من مختلف المستويات العمرية. وإجراءات ذلك في يوجياكارتا، إحدى المقاطعات في إندونيسيا. واستخدم البحث مقابلات متعمقة لجمع البيانات، بينما كان تحليل البيانات بطريقة كولاري لإنتاج المواضيع.

نتائج البحث: المواضيع التي تم الحصول عليها من نتائج هذا البحث هي اضطرابات الانزعاج لدى المرضى الواعين الذين يستخدمون التهوية الميكانيكية، وتصورات التواصل لدى المرضى الذين يستخدمون التهوية الميكانيكية، والحاجة إلى التفاعل الاجتماعي عندما يستخدم المرضى الواعين التهوية الميكانيكية، والمعتقدات التي يعاني منها المرضى أثناء حالة اللاوعي في وحدة العناية المركزة. لقد اكتشفنا رؤى جديدة مفادها أن تجربة المرضى أمر يجب احترامه. وبينما كان المرضى فاقدين للوعي، خاض جميع المشاركين رحلة روحية أوصلت المرضى إلى حالة من الإيمان بالمرحلة الأخيرة من الحياة.

الاستنتاجات: التواصل بين المرضى والممرضات مفيد في تقديم رعاية تمريضية عالية الجودة بناء على احتياجات المرضى. يعد هذا الاتصال ضرورياً أيضاً للمرضى الذين خضعوا للتهوية الميكانيكية في وحدة العناية المركزة. وهذا يوضح أهمية التواصل بين المرضى الذين يستخدمون التهوية الميكانيكية والممرضات في وحدة العناية المركزة.

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