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Communication Experience of Intubated Conscious Patients and Nurses: A Qualitative Study

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Abstract

Background: Nurses contribute a maximum length of time in providing care for patients in critical care area. Numerous studies have been conducted on communication experience in intubated conscience patients and nurses separately. Patients' experience distress during communication, which may affect the prognosis. The purpose of this study was to explore the communication experiences of nurses and conscious intubated patients together.

Methods: For deeper insights on the participants' inner feelings the study made use of phenomenological qualitative research methodologies. Data saturation occurred with in-depth interviews on 11 nurses and 6 patients through purposive sampling technique. The acquired data were arranged and subjected to a thematic analysis as part of a qualitative research technique.

Results: The research was undertaken from July 20 and September 30, 2022. Individual interviews with six intubated conscious patients and 11 nurseshighlighted physical needs and a range of emotional difficulties that patients experience, including loneliness, frustration, feeling disturbed, losing respect, insult, rage, and grief. Additionally, study discovered patients' spiritual convictions must be upheld by providing Holi water, flowers and threads in order for them to feel good. Not only do patients have trouble communicating, nurses also encounter obstacles such as fatigue while trying to interpret patients' gestures and signs, which takes time.

Conclusion: The study concludes that certain actions are required to resolve the communication problems that both nurses and patients encounter. The research has significant implications for nursing practice in the areas of communication advocacy, policy design to implement effective communication practices, and the creation of communication tools to support nursing care and assessment of conscious intubated patients.

Keywords: Communication, Intubation, Patient, Nurse, Qualitative study

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Introduction

In health care effective communication involves a two-way conversation between patients and healthcare practitioners. Participants communicate and are listened to without interruption; to clarify doubts, voice their viewpoints, exchange information, fully comprehend and appreciate each other.

Effective nurse-patient communication is critical to improving patient-centered care and achieving positive result (1). In nursing communication is a fundamental yet challenging issue. It impacts on clinical decision-making and the nursing process as a whole by encouraging excellent nursing care, favourable patient outcomes and satisfaction (2) thereby fostering confidence of patients on nursing care.

Communicating effectively has been described as shared understanding and satisfaction in healthcare for both patients and nurses. Communication helps to execute empathetic person-centred care, and when done correctly, it promotes positive patient outcomes and satisfaction with nursing care (2).

Sometimes communication is hampered in critically ill patients due to intubation along with the cognitive, sensory, and language deficiencies due to critical illness (3). Unlike comatose patient care which aims at targeted care by the professionals (4), the recent practices of keeping intubated patients awake, inability to communicate proves to be very frustrating for both nurses and patients. Studies have reflected a common experience for both as – frustration (5). Communication difficulties also result in many negative emotions like feelings of anger, loneliness, resentment and violence along with delirium among the patients (5). Communication with awake intubated patients during COVID 19 pandemic has also reflected the frustrations as a result of inability to verbalise with intubation (6,7).

To get over the communication challenges, many critical care nurses frequently employ various techniques to

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decipher nonverbal cues whereas majority of them guess the necessity (8). In the meantime, researchers have created and deployed user-friendly communication aid packages including augmentative and alternative communications (AACs), nonverbal techniques and resources (5,9-11). But in practical field, AACs are seldom used by nurses for various reasons; one such is the complicated, time taking devices and lack of organisational support for the availability of such devices (12). Thus, a tool should be developed which is easily available, easy to use and user friendly based on end user experience. For this purpose, it is more illuminating to look at how intubated conscious patients and nurses perceive various barriers in communication. If tool is intended to be developed, it should be based on the experience of the nurses and the conscious intubated patients. To investigate how nurses perceive communication with conscious intubated patients and to identify what patients need in this condition, a qualitative approach is ideally suited (13). Previous qualitative studies reported that nurses have difficulty in communication with intubated conscious patient cases (14). Also, the difficulty in communication imposes risk of misinterpretation of gestures done by the patients, unsatisfaction among patients and creates frustration in both, the caregiver and the patient (15).

The majority of health research carried out in critical care area is either patient-focused or nurse focused (16), meaning that the communication issues of verbally impaired patients and nurses together received minimal consideration. Though researchers acknowledge the barriers of communication and its effect on patients and the nurses both, there is dearth of researches to address the communication experience in depth in both simultaneously. Again, the majority of these investigations were conducted in USA, Australia, and Europe (17); no studies looked into this issue in developing nations, where high tech AACs are hardly available. Thus, if actual experience of communication between nurses and patients together are explored, it will serve as a base to develop pocket friendly, low tech AACs.

Therefore, a study was undertaken to find the communication experience of both the intubated conscious patients and nurses together. The study was undertaken to explore the aspects of communication experience, using interviews of both patients and nurses which obtained a rich, narrative description.

Methods

The study was conducted in the critical care units of a 500 bedded tertiary care hospital with 103 adult Critical care beds. Optimal heterogeneity of the contextual factors was ensured with the critical care units having different types of patient diagnosis and varied staff allocation system.

The present study adopted a phenomenological approach of qualitative study with in-depth individual interviews, adhering to the COREQ checklist (18) (Supplementary file 1).

Exploring the lived experience of nursing professionals and conscious intubated patients not only contributes to a description of the communication experience but also allows for a deeper exploration of the significance of communication for both patients and the nurses (19,20).

The research employed purposive sampling as a method of participant selection**.** Participants were informed about the study's purpose and questionnaire, and willingly agreed to participate.

All patients above 18 years with primary level literacy were included for the study. Only those patients who were extubated after remaining conscious during intubation for at least 24 hours were interviewed. The patients with mental illness, sensory deprivation of vision and hearing and memory impairment were excluded from the study. All the critical care nurses posted in care of conscious intubated patients were included in the study.

The researcher conducted face to face interviews with six (6) intubated conscious patients and eleven (11) nurses, respectively till the saturation of data occurred. The data saturation was operationalised using the base size, run length, and the relative amount of incoming new information, or the new information threshold (21). Similar result of data saturation has occurred at 17 or below interviews for other phenomenological studies (21-23). Phenomenological components as an understanding of mind, for researcher's own perception and bracketing was considered (24).

For the sake of the credibility and validity of the findings, a number of strategies were adopted during data collection and analysis to maximise methodological rigour, in accordance with the reliability criteria (25) (see Supplementary file 2).

The primary method of data collection used in this study was in-depth interviews with audio recording. Between July 20 and September 30, 2022, individual interviews were done. One day following extubating, the patients were interviewed to ensure that their memory recall remains unharmed. Open-ended, non-structured interview questions were used in the sessions. Based on the specific objectives and the overarching research topic, the researcher created the interview guide (Supplementary file 3). For patients, the interview was conducted in both native language and English, whereas for nurses, interview was conducted in English only as the nurses had good knowledge of English, with their nursing education being in English only. Consultation with linguists regarding the consensus on translations, both forward and backward was done. The primary purpose of using the native language for patients was to help with the procedure of interviewing the respondents thereby removing any linguistic hurdles during the questioning. Because of the throat pain complained after extubating,

only 15 to 20 minutes interviews were conducted by the researcher herself with the patients. For the nurses 20 to 30 minutes interviews were conducted in a secluded room next to the ward and at the bedsides during off-peak hours. Interviews were continued until data saturation occurred (21). Every participant was interviewed just once, with the investigator being the only person present. Nonverbal cues, aspects of the interview procedure, or any information to support the verbal exchanges were noted in the field note diary (26). After obtaining the institutional ethics committee permission, interviews were conducted after explaining the purpose of the research to the participants.

Data saturation was done using base size of 6 interviews, run length of 2 interviews and a selection of a new information threshold of ≤ 5%. This approach makes it possible to describe and report on saturation with a variety of options and increased clarity and openness (21). Starting with 23 base themes, new themes for the 7th run in the series of interview was one (1) from only one (1) nurse. Thus, a total of 41 codes were generated into preliminary themes (Table 1). The saturation ratio determined was 4.3%, so interview was stopped upon data saturation with 11 nurses and 6 patient interviews. The interview series started where researcher noted first six interviews conducted on four critical care nurses and two patients after extubating. Next the numbers of unique themes identified from the respondents were summed up to 23, which is the denominator of the equation proposed by Guest, 2020 for reaching data saturation (21).

Saturation quotient = 5% New theme/base theme; (data saturation is assumed at saturation quotient of ≤ 5% for new information threshold)

Three techniques were employed in the study's data analysis: organizing, summarizing, and evaluating the data. A thematic analysis was carried out. This involves a back and forth reading between data rather than always continuing in a sequence (27).

Analysis was conducted in accordance with Braun and Clarke six-phase guide which is a helpful framework (28).

The analysis was done with the research question as the guiding point, "what is the experience of nurses and the conscious intubated patients when communicating?"

Step 1: Become familiar with the data

The first step involved transcribing the data. Transcripts were written meticulously by listening to the recording over and over to avoid any missed links and data. This allowed the researcher to refer back to something the participant said earlier or later in the interview. This step identified themes from the patterns of the transcript (29).

Step 2: Generate initial codes

Researcher structured the data in a meaningful and methodical manner. Coding converted large amounts of data to little morsels of meaning.

Step 3: Search for themes

Theme are sentences or statements that clarify the concept of a research emphasizing something significant or fascinating about the data and/or study topic (29). For example, researcher identified codes based on patients' physical, psychological and spiritual needs for nurses to address. Researcher grouped these into a theme named "Areas of Communication Need".

After this phase, the codes were organized into themes.

Step 4: Review themes

Themes and subthemes were re-established based on content similarity in incidents and dissimilarity of content with other themes (Table 2). The themes were evaluated for the facts supporting each theme to ensure its validity.

Researcher focused to find

1. Relevancy of the theme to the research question
2. Whether the interview data actually support the theme
3. Whether too many codes are compressed to generate the theme
4. Are the themes overlapping or distinct
5. Are there subthemes within the themes

After scrutinizing the themes, reading and re reading the notes, communication *need* and *lack of communication tool* were merged to form new theme-*Necessity of standardised communication tool* to communicate.

Similarly, the themes of *lack of time* and *communication barrier* were not significantly different to consider two different themes, but lack of time was considered to be under sub themes - structural and functional barrier.

When researcher studied the theme *how communication is done*, the researcher believed that there were at least two separate sub-themes within it- *verbal and non-verbal*. Touch evolved as significant information about the theme. Both nurses and patients reported favourable experiences with touch. Moreover, instead of *how communication is done*, *communication types* were more suitable.

When reviewed the theme areas of communication need, researcher noticed at least three separate sub-themes and collapsed into a new theme as expressed need. Many of the codes relating to expressed need were classified into subthemes physical, psychological, and spiritual.

To summarize, the researcher made a few modifications at this stage:

- The researcher integrated the lack of time theme with communication barriers and categorized it into two subthemes: structural and functional.
- Researcher created a new theme on types communication that had two subthemes:

  verbal and non-verbal
- Communication need and lack of communication tools were combined to generate a new theme-

Table 1. Preliminary themes

Theme-communication need	**Theme-lack of time**	**Theme-communication barriers**
Codes	***Codes***	***Codes***
• Become agitated unless communicated	• Have less time to communicate with patients who cannot speak	• Excessive noise from machines
• Communication expresses empathy	• Can save time from guessing	• Chaos when other patients become critical
• Can understand need of patients better	• Nurses are always busy, don't wait to listen	• Weak to hold pen to write
• Want to convey gratitude to the care givers	• Nurses hurriedly meet the physical need and vanish	• Illegible scribbled write ups
• Communication is must	• Shortage of time for patients owing to lots of documentation	• Gestures and signs are often misinterpreted
Theme-lack of standard tool	**Theme-areas of communication need**	**Theme-how communication is done**
Codes	***Codes***	***Codes***
• No tool available	• Thirst	• Talking to patient
• No formal training on communication with verbally impaired patients	• Turning	• Patients try writing, use signs, show gestures
• Never heard of available tools	• Itching	• Silent presence beside the patient
	• Back pain	• Holding hand
	• More pillows	• Touch
	• Time and date	
	• Put of light	
	• Anxious	
	• Scared	
	• Loneliness	
	• Frustration	
	• Feeling disturbed	
	• Losing respect	
	• Insult	
	• Rage and anger	
	• Grief	
	• Deity flower, holy water/books	
	• Convey gratitude or happiness	

Table 2. Final themes and the subthemes

Theme communication type	**Expressed need**	**Barriers of communication**	**Necessity of standardised communication tool**
	Sub theme- physical		
	Describing pain at different body parts, need of	**Sub theme- functional barriers**	No training on communication
Sub theme- verbal	comfort measures, elimination need, personal hygiene	Patient weakness	with intubated conscious
Talking to patients	**Sub theme- psychological**	Illegible writing	patients
Sub theme- non-verbal	Expression of emotional state	Nurses over worked	Guessing the patient response
Showing gesture	Enquiring health status	Lack of time for nurses	is tiring
Writing with pen and paper	Asking for recreation or diversion activities,	Nurses lack attitude to speak	Misinterpretation of required
Using signs	Asking for communication aids,	**Sub theme- structural barriers**	message by nurses are
Touch as a means of	**Sub theme- spiritual**	Sound in critical care area	frustrating
communication	Want to meet clergy	Constant sound from ventilators	Need helpful standard
	Want spiritual articles	Non availability of standardized tool	communication tool
	Want to worship		

Necessity of standardized communication tool

- Lastly researcher consolidated areas of communication need into a new theme: expressed need.

Step 5: Define the topics

The ultimate refinement of themes was to identify the "essence" of each respondent's experience. (28).

What does the theme say? How do subthemes interact with the main theme? How do the themes connect to one another? This research study focuses on the overall issue of what patients and nurses seek from communication, and how this connects to the other themes.

Figure 1 shows the relationships between themes and includes a narrative in result and discussion section, on what nurses and patients experience during

communication, and what they seek from communication.

Figure 1 depicts the relationship between themes and subthemes addressing the research question- "What is the communication experience of nurses and conscious intubated patients?"

Communication experiences were identified through themes as barriers of communication under 2 subthemes of structural and functional barriers. Nurses use verbal and patients use non-verbal techniques to communicate. Most of the communications by the patients were to express their needs under the domain of physical, psychological and spiritual. Both the nurses and the patients were univocal towards the necessity of standardized communication tool to ease the communication.

Step 6: Writing-up

In general, the ultimate result of research is a report including result and discussion, such as a in journal article or dissertation.

Results

These are represented in two primary subsections.

1. The participants' background information.
2. Findings drawn from the qualitative information.

The participants' background information

Heterogeneous participants' background information is listed in Table 3. Total six intubated conscious patients and 11 nurses were interviewed. The majority of the respondents, who were all females, were between the ages of 21 and 30. A total of six nurses possessed a Bachelor of Nursing degree. The majority of staff nurses had one to three years of experience working in variety of critical care areas. The age range of patients was from 28 to 75 years. The patients were admitted in different critical care units like intensive critical care unit (ICCU) and intensive therapy unit (ITU) of specialties neurological, gastro-intestinal, and cardiac and general ITU. Number of intubated days before interview was from one day to 15 days.

Findings drawn from the qualitative information

The study's findings, which were derived from in-person interviews, are given and explained along with verbatim.

Communication types adopted by nurses and patients

With conscious intubated patients, the nurses confirmed that they employed both verbal and nonverbal communication strategies. Touch came out to be the most significant component of nonverbal communication.

Nurse- "Not only verbal communication, using touch as a means of communication is a source of strength. It's about signaling to him, without words, that I am present.

Nurse- "It also serve as a time to reaffirm each person's unique answer".

Patient- "As the nurses stood by my side and touched my palm, I felt a sense of security, though I could not reciprocate my feelings to her, but her touch meant a lot to me"

For the patients, they were unable to express their needs promptly but tried sign languages. Nurses had to guess the sign which were wrong sometimes making patients frustrated.

Nurse- "In my experience, conversation with an alert intubated patient was like playing "guessing activities" "it was often haphazard, unstructured and unplanned."

Patients- "Many a time nurses failed to understand my needs, I kept on giving clues through signs, but every time the nurse failed to understand and showed something else."

Expressed need- physical, psychological and spiritual

Nurses revealed apart from physical need, patients also

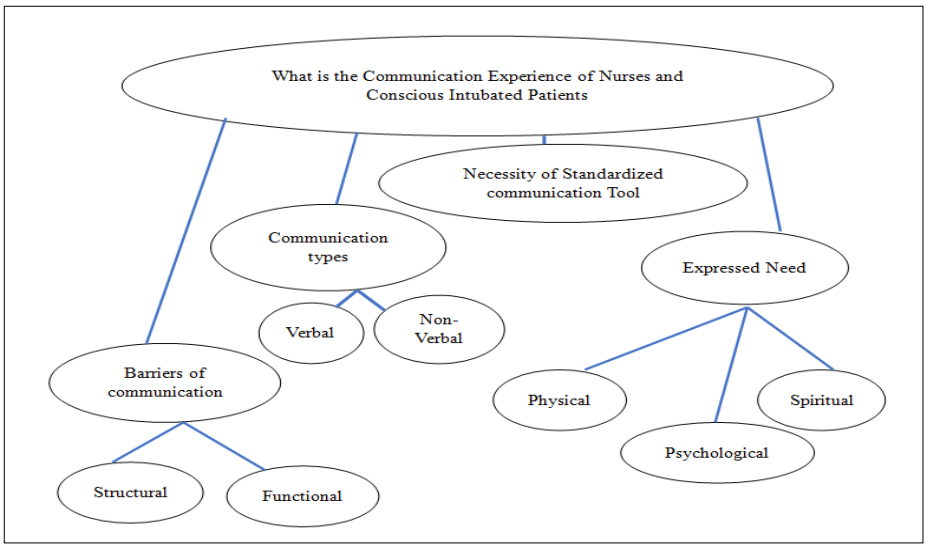

Figure 1. Relationships between themes

Table 3. Heterogeneous participants' background information

Informant	Age (years)	Gender	Qualification	Critical care experience (y)	Number of intubated days	Critical care area
Nurse	24	Male	Bachelors	2		ICCU
Nurse	21	Female	Bachelors	1		ICCU
Nurse	29	Female	Diploma	5		ICCU
Nurse	21	Female	Bachelors	1		ITU (Gastro)
Nurse	30	Female	Diploma	7		ITU (Neuro)
Nurse	22	Female	Bachelors	2	Not Applicable	ITU (Cardiac)
Nurse	25	Female	Diploma	3		ITU
Nurse	24	Female	Bachelors	2		ICCU
Nurse	22	Female	Bachelors	1		ITU (Gastro)
Nurse	26	Female	Diploma	3		ITU (Neuro)
Nurse	27	Female	Diploma	4		ITU (Cardiac)
Patient	41	Male	Bachelors		5	ICCU
Patient	62	Female	Masters		1	ITU (Gastro)
Patient	28	Male	Bachelors	Not Applicable	15	ITU (Neuro)
Patient	75	Female	Standard XII passed		3	ITU (Cardiac)
Patient	48	Male	Bachelors		7	ITU
Patient	58	Male	Bachelors		7	ICCU

had emotional and spiritual need. Nurses reiterated that the patients were eager to know the time frequently which were nearer to the visiting hours. Nurses and patients both stated that they felt more at ease having holy flowers and holy texts close to their bedside table.

Nurses stated that not only the restlessness was for physical discomfort; emotional outbursts were also conveyed through restlessness.

Nurse- "They typically ask for suctioning, turning around or tube removal."

Patient- "I was afraid of the ET tube placement; it seemed something is stuck. I wanted to know when I shall be free from the tube".

Patients also wanted to convey sense of gratitude and happiness when they felt they were understood and heard.

Nurse- "At times, patients smiled back as we offered the care they expressed. Many times, when we came near the bedside, they just smiled at us. This was a feeling of contentment to us".

Barriers of communication-structural (non-availability of standard tool, sound in critical care area) and functional (time constraints, patients' weakness)

The barriers to communication expressed by nurses were mainly time constraints. Similar views were conveyed by the *patients* too as quoted *"nurses often seemed to be in hurry".*

One *nurse* said *"speaking with people who are awake and intubated is a strenuous job, its time taking".*

"I had limited time to spend by my patients' bedsides".

Though the nurses supplied the patients with pen and paper to write, often their weak muscle power didn't allow them to write properly and attempts were illegible.

Another major concern expressed by the *patients* was the sounds of the monitor, "*the constant beep sound was so frightening and irritating at the same time".*

Necessity of standardized communication tool

Nurses said communication was a crucial to prevent patients' restlessness. Both have expressed the need of a suitable communication aid.

Nurse- "If we didn't cater to their expressed need of communication, they became agitated".

In other words

"*It's not that we stop communicating with the patient since they don't answer verbally".*

But contrary to nurses, patients were disappointed about the nurses. *"Some nurses showed no effort to communicate as we were unable to speak, this made us so neglected and I felt like screaming and started crying sometimes."*

Most revealed that communication does not happen due to reasons like, lack of opportunity, time constraints, lack of suitable tool and patients' and nurses' reluctance.

"It takes time to interact with the patients because they cannot talk. Having a communication tool would help me communicate with these patients more effectively".

"Research studies reveal many such tools are available like picture cues, communication board, but nurses have none to use here".

"A tool for understanding the patients' specific need would be helpful"

The study findings clearly state the need for a suitable communication tool based on the need identified during the interviews.

Discussion

Study found, nurses use verbal and non-verbal techniques, whereas patients can make gesture and signs only. Critically sick patients typically communicate with the simplest nonverbal cues possible, including head nods and gestures (29). A study reports the identification of needs of the patients are the foundation of all nursing action (4). Present study findings also indicate that essential physical demands, such as those for suctioning, position changes, and thirst, are the main concerns of both patients and nurses. Apart from these they also struggle with psychological requirements which the nurses too pointed out and strive to meet. Recent studies echoed similar concerns that patients who are intubated are deemed to have serious conditions, their capacity for self-help is restricted and their mental and physical capacity are also reduced. A shared sensation of frustration were characteristics of nurse-patient communication (5). Thus, nurses also have a significant role to meet them (30,31). Though study pointed opposing statement that meeting the needs and preferences of patients and caregivers is less important to care providers than finishing care procedures (1).

The primary psychological demands that awake intubated patients identified come in many forms of loneliness, insult, despair, rage, and frustration. Studies have stated the need of communication which has direct impact on physical and mental well-being and the inability to verbalize their demands, particularly those related to pain, thirst, anxiety, and similar emotions, resulting from intubation, may lead to prolonged hospital stay (32). While external factors play a significant role in the communication, there are also elements that are directly tied to a nurse's psychological qualities (12). One of the most significant unfavourable attitudes contributing to inadequate communication is a failure to prioritize communication (20).

The present study identified another major aspect regarding the expression of spiritual needs by the patients. Care providers for critically ill patients should consider the spiritual needs of both the patients and their families. Incorporating spiritual care into patients' healthcare management regimens necessitates increased attention from healthcare organizations and practitioners (31). However, there is very little mention of the psychological, spiritual or emotional responsibilities of the nurses in studies (20).

Nurses and patients both stated time constraints in communication experience**.** Studies report communication to be quite time consuming and motivation-demanding, as well as emotionally and physically taxing on both the patient and the caregiver (8). But some health care researchers have criticized nurses' concerns about time constraints are not true(1).

Most of the nurses and patients have demanded a suitable communication tool in the present study. Compared to doing nothing, the use of communication-assistive materials or technology can improve nurse-patient communication, reduce frustration, and speed up the process of determining the patient's requirements (32). In the present place of study, no such tool is used. Critically sick patients typically communicate with the simplest nonverbal cues possible, including head nods and gestures (8). The study identified that nurses are aware of available communication tools and expressed interest to use them if provided. Based on the findings an appropriate communication tool may be designed to ease the communication experience between nurses and the patients. To maintain highly relevant, creative, and data-driven policies and strategies that are essential to maintaining high-quality patient care and promoting optimal nursing practice, it is essential to examine current crisis communication policies and procedures across healthcare institutions (6).

Conclusion

The present study method shall help nurses to undertake qualitative study methods with appropriate data saturation concept. The current study's goal was to gain insight into the current pattern and experience of communication between nurses and conscious intubated patients. The results of this study demonstrated that communicating with intubated patients poses a significant challenge on the nursing staffs. The patients may find it difficult to pinpoint the causes of discomfort and distressed symptoms non-verbally. The psychological, physiological, comfort and spiritual needs of these patients were identified through interview. The staff nurses and patients both look forward to a suitable communication tool which may ease the communication difficulty. The results of the study indicate that developing a communication approach and enhancing communication between nurses and conscious intubated patients was necessary. This will make it easier for them to express and fulfil their needs and result in better outcomes, an early recovery period, and a shorter hospital stay. Further study is advised in light of these findings to create effective communication tools for conscious intubated patients. Nursing institutions may develop programs that explicitly address communication challenges experienced by conscious intubated patients and educate nurses and students. Following all of these, the relevant authority should start a study project to develop suitable communication tool and implement policies on standard communication practices.

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Competing Interests

There was no conflict of interest by the authors

Ethical Approval

Ethical Approval- Ethics approval was obtained from Institutional Ethics Committee of Peerless Hospitex Hospital and Research Centre Limited on 16th July 2021 with Reference Number [PHH & RCLCREC/3430/2021].

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Supplementary Files

Supplementary file 1. COREQ checklist.
Supplementary file 2. Methodological rigor, in accordance with the reliability criteria.
Supplementary file 3. Interview guide

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