

Supplementary file S2. Strategies for methodological rigour.

Credibility (Korstjens&Moser,2017)
<p>Triangulation of information sources: registered nurses and patients after extubating. Allows for the investigation of different perspectives on the phenomenon.</p> <p>Respondent feedback: The analysed interviews were discussed for comment on potential transcribing and/or interpretation errors.</p> <p>Data saturation criteria implanted in data analysis</p> <p>The anonymity and confidentiality of the respondents were protected.</p>
Transferability (Tenny et al., 2022;Perelló-Campaner et al., 2023)
<p>Purposive sampling used to achieve greatest variation. Selecting respondents who can describe the investigated phenomenon allows for the inclusion of a wide range of professional profiles. Furthermore, maximal variance in demographic features (see Table 3) provides for maximum recording of the phenomenon's diversity.</p> <p>The completeness, richness, and diversity of the obtained data allow for a thorough description of the phenomenon.</p> <p>Variability in the characteristics of the analysed units allowed for contextual changes in data interpretation.</p>
Consistence (Korstjens & Moser,2017)
<p>To ensure consistency, provided a detailed description of interviewers, data gathering methods, and analysis processes.</p> <p>Traceability documents including field notes were available in native for patients and English for nurses.</p>
Confirmability: neutrality and bracketing
<p>Bracketing process. Researchers own beliefs, prejudices, and past experiences about care for conscious intubated patients was eliminated before and after interviews, analysis, and results formulation (Dörfler, V., & Stierand, M. (2020).</p> <p>The researcher's lack of prior relationship with the respondents prevented prejudice or preconceived notions from influencing the interview process.</p>