

Patient need during mechanical ventilation literature review



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Review of literature is a systematic search of the published work to gain information about a research topic. It is a compilation that provides the ground work for the study.

A literature review is a “ Critical analysis of a segment of a published body of knowledge through summary, classification and comparison of prior research studies, review of literature, and theoretical articles.”(Wisconsin 2004)

This chapter deals with the information collected in relation to the ypresent study through published and unpublished materials, which provided the foundation to carry out this study.

In the present study the review of literature is organized and presented as follows.

- Literature related to patients need during mechanical ventilation.
- Literature related to augmentive and alternative communication methods
- Literature related to patients satisfaction

Literature related to patients need during mechanical ventilation

Wojnicki-Johansson (2001) conducted a study among nurses to evaluate the communication of mechanically ventilated patients in the ICU (n = 22).

Among the 22 patients, 19 patients have had good functional communication. Three patients reported that nurses were unable to understand their messages. The author suggested that nurses should critically evaluate their communication skills and frequently verify the content of communication with patients.

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Rotondi, Armando J. (2006) conducted a prospective cohort study on intensive care unit patients (n = 150) receiving mechanical ventilation. In this study the researcher collected data on patient's physical(e. g pain) and psychological(anxiety) experiences with the mechanical ventilation. The study revealed that among two third of patients were strongly associated with experience of sleeplessness , fear , inability to communicate, pain, tense and loneliness.

Bergbom-Engberg and Haljamae (2003) conducted a retrospective study, interviewed 158 patients on their recall of experiences while being mechanically ventilated 2 to 48 months after their ICU experience. Approximately half of the subjects reported experiencing feelings of anxiety/fear, agony/panic, and insecurity, and found it distressing not to be able to communicate properly with the nurses and their relatives.

Lance Patak, et al, (2004) conducted a descriptive study using qualitative and quantitative methods, a total of 29 critically ill patients, extubated within the last 72 hours,. It was found that 62% of patients (n = 18) reported a high level of frustration in communicating their needs while being mechanically ventilated. There was no significant difference between the duration of intubation and the level of frustration (Spearman $r = 0.109$, $P = 0.573$). Mechanically ventilated patients experience a high level of frustration when communicating their needs, and health care providers have a significant impact on the mechanically ventilated patient's experience.

Stacey M. Carroll (2004) used metasynthesis and understanding of non vocal mechanically ventilated patients' experiences with communication. The final

sample (n= 111) included 12 qualitative studies. The data, methods, and theoretical frameworks were critically interpreted. The samples are divided into two groups. In the first group, the characteristics of nonvocal ventilated patients' communication experiences were often not understood, which resulted in loss of control and negative emotional responses. In the second group, nonvocal patients wanted nursing care that was delivered in an individualized, caring manner. This facilitated positive interpersonal relations between the patient and the nurse.

Johnson and Sexton (2007) interviewed (n= 14) patients and identified 19 factors that caused distress for these patients. In this qualitative study, the inability to speak was identified by all participants as causing distress to some degree, from mild to extreme. In addition, other factors causing distress included pain/discomfort from the endotracheal tube, suctioning, inability to determine time, and noise. These distressing factors can be alleviated by health care professionals

Kefang Wang et al, (2008) conducted a phenomenological approach and Giorgi's phenomenological analysis procedure was used to analyse the data. Participants (n= 11) surviving from mechanical ventilation were interviewed in-depth, described their experience which were: ' being in an unconventional environment', ' physical suffering', ' psychological suffering', ' and self-encouragement ' and self-reflection'. ' Self-encouragement' and ' self-reflection' enhanced patients' self-confidence, which was beneficial to recovering. Critical care nurses should place the highest priority on recognizing and meeting the needs of ventilated patients in intensive care units.

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Fatma Eti Aslan (2009) conducted a descriptive study with patients (n= 300) in a cardiac surgery ICU post-operatively for a minimum of 48 h, had a sternal incision, chest tube, and required mechanical ventilation. Most patients described their pain as aching (n = 177) and throbbing (n = 154). The presence of chest tubes (n = 95), endotracheal tube suctioning (n = 47), change of dressings (n = 27) and the use of air mattresses (n = 20) were also identified as painful experiences for patients.

Nuran TOSUN et al (2010), conducted a descriptive study on patients (n = 155) who were admitted to medical or surgical ICUs and the patients were interviewed with a semi-structured interview form, to determine the experiences related to mechanical ventilation (MV) The data were evaluated with Colaizzi's qualitative research analysis method (91. 41 ± 34. 91). Physical restriction, dependency, air hunger, thirst, pain, inability to talk and difficulty to be understood were described as uncomfortable and stressful experiences for the patients. Flexible family visits, positive thinking, praying, hope for survival, care by experienced and friendly ICU nurses were effective for coping with stressful factors related to prolonged MV and the ICU environment

Literature related to augmentive and alternative communication methods

Stovsky et al. (1988) used a quasi-experimental design to compare two methods of communication in patients (n= 40) receiving ventilator support after cardiac surgery. The study explored patients' experiences and preferences for augmentative and alternative communication (AAC) methods during mechanical ventilation including yes/no questions, mouthing words/lip

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reading, facial expression reading, and use of an alphabet board, a magic slate board, a phrase board, and electronic scanning devices. The experimental group (n = 20) was introduced to a communication board before surgery and they used the board during the postoperative period while receiving mechanical ventilation. The communication board used icons and pictures to represent basic needs (pain, fear, heat/cold, thirst, and bedpan). In contrast, the control group (n = 20) relied on standard care and on the experience of nurses. Patients in the experimental group were significantly more satisfied with communication using the board than were patients in the control group (P = .05).

Lawless (1975) conducted a study on ventilated patients (n= 30) and the study described different types of boards that could be used to help patients communicate during mechanical ventilation: a magic slate board, magnetic plastic letters and board, an alphabet board, a picture board, and a simple writing board. Critical care nurses were used such type of AAC methods to assess their effectiveness in facilitating communication.

Reed (2008) conducted a study among nurses and patients regarding communication methods used to communicate. The study revealed that 60% of mechanically ventilated patients were extremely frustrated with their inability to communicate and 75% of nurses perceived their methods and 51% of patients preferred the picture board as their best method compared to other communication aids and basic methods, and 58% of nurses reported the picture board as the most beneficial method.

Inke eh, light j & kitko I (2008) done quantitative research regarding communication between nurses and patients (n= 60) with complex communication needs (CCN). The Augmentative and alternative communication (AAC) strategies that can be used by nurses to facilitate more effective communication with patients with CCN. Difficulties in communication between nurses and patients arise when patients are unable to speak. . Using AAC strategies will help nurses and patients better communicate with each other when speech is not an option.

Literature related to patients satisfacion

Annie (2007) performed an experimental control trial of patients (n= 60), and the study demonstrated that 73% patients without the communication board found their communication process was inadequate. 80% found their communication was adequate with the communication. 63% of patients reported being unsatisfied with their communication process without the communication board and with the board, 77% were satisfied. Of those who used the Communication Board, 80% were satisfied with the board, 20% moderately satisfied and none reported unsatisfied. Nurses, however, reported 53% satisfaction, 30% moderately satisfied and 17% unsatisfied. Overall, the patients with the Communication Board reported higher satisfaction with communication ($p < .001$) and this was correlated to their satisfaction with the Communication Board ($p < .01$).

AC Jansen, et al (2009) done a study, developed a questionnaire that consisted of 60 questions in eight domains (General satisfaction, Reception, Physical care, Mental care, Empathy and attention, Communication and information, Surroundings and Physical discomfort). Answering possibilities <https://assignbuster.com/patient-need-during-mechanical-ventilation-literature-review/>

ranged from 1 (not satisfied) to 5 (completely satisfied). all consecutive adult patients from a 29-bed, tertiary-care, medical, surgical, neurosurgical and thoracic-surgical ICU were interviewed within 4 days after discharge.

Demographics and clinical characteristics were obtained from electronic records. General linear modeling (GLM) with Bonferroni-Holmes correction was used to study the relationship between overall patient satisfaction scores and the eight domains, corrected for patient and ICU-related factors. The model was tested for clinically relevant interaction between determinants. Ninety-eight patients were interviewed. The mean overall patient satisfaction score was 4.60 (SD = 0.93). Of the eight domains, only Communication and information (P = 0.039) appeared to be significant in predicting general satisfaction. Also sex (P = 0.046), length of ICU stay (P = 0.042), the interaction between Communication and information and age (P = 0.016), and the interaction between Communication and information and Minimal Mental State Examination score (P = 0.013) were significant. An indepth analysis of Communication and information showed that the interaction of communication with birth country (P < 0.0001) and with duration of mechanical ventilation (P = 0.041) was significant. This implies that, for Dutch versus non-Dutch patients and patients longer on mechanical ventilation, clear communication with doctors and nurses was particularly important.

Parsa-Yekta, Z, . (2009) conducted a quasi experimental study to compare the effects of two types of communication methods on anxiety and satisfaction in patients (n= 90) after cardiac and bypass surgery having intubation. Patients were randomly selected by divided into two groups

(experimental and control). The researchers met all patients the day before the surgery explained the reason and use of the picture chart for the experimental group and the routine communication methods for the control group. Data collection was done through a questionnaire consisting of: 1) demographic specification and clinical history, 2) Spielburger's questionnaire for obvious anxiety and 3) visual analogue scale (10cm) for patient satisfaction evaluation which is undertaken the day after surgery and after extubation. The results of the G^2 test and the Fisher's exact test showed significant statistical differences between the two groups concerning the level of the patient's anxiety and satisfaction. The use of the picture chart for the experimental group, decreased patient's anxiety resulting from speech disability and increased their satisfaction with their communication with nurses as compared to the control group.

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