

Experience of Patients Who Have Been Introduced with Ventilators in The Intensive Care Unit (ICU) Sumedang Regional General Hospital in 2019

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Abstract

Introduction: The complexity of the problems experienced by patients who are installed on ventilators, health workers, especially nurses, need to provide comprehensive nursing care and improve caring attitudes in patients with critical conditions who are attached to ventilators. **Objective:** This study aims to dig deeper into the experience of patients who have been installed on ventilators in the Intensive Care Unit (ICU) Room of the Sumedang Regional General Hospital in 2019. **Method:** Design of the research method used is a qualitative method through a phenomenological approach with samples taken purposively. **Result and Discussion:** Analyst results a theme from the in-depth interview showed that the experiences of patients who have been put on ventilators include: 1) Psychological Responses: linu, feeling stabbed, thirsty, fear, sadness, between conscious and unconscious, added tightness, sleeplessness, feelings of hopelessness, confusion, between believing or not, unable to breathe, anxious, rebelling, nightmares, stinging, itch worried, upset, uncomfortable, tormented. 2) Patient Support: internal support: child and lukewarm, external support: Health workers (nurses). **Conclusion:** From the research that was found that the expressions of the 3 participants were appropriate and some were not in accordance with the theory / concept of patients who had been put on ventilators. So, a good, honest, and communicative nurse role is needed in meeting the needs of patients who are attached to ventilators holistically and plenary.

Keywords: Patient Experience; Ventilators; ICU;

Introduction

The success rate of ventilator installation according to the research journal conducted by Hanafie (2006) in (Latipah, 2019), not all patients can be weaned from the ventilator machine successfully in the first experiment. The first weaning trial has been successful in only 52% of the 110 patients who needed a breathing machine. The length of time it takes to wean a patient off a ventilator machine can also be quite long. Nett et al., (1984) report that 15% of patients who had to get a ventilator took more than 7 days to successfully wean.

According to the results of a preliminary study from February to June 2019 for 5 months in the *Intensive Care Unit (ICU)* room of Sumedang General Hospital, patients who were attached to ventilators reached 80 people. Of the 80 people who were put on ventilators, 60 people were declared unsuccessful due to their severe illness and patients came to the *Intensive Care Unit (ICU)* room with already bad conditions. 20 people were declared successful and could have their lives as they should.

Critical ventilator-attached patients account for two-thirds of all *Intensive Care Unit (ICU)* patients in Indonesia. Critical conditions with ventilators attached will cause physical, psychosocial, psychological, and spiritual problems (Bastian, Suryani, and Emaliyawati, 2016). Health workers, especially nurses, need to provide nursing care to *Intensive Care Unit (ICU)* patients who are fully equipped with ventilators (Cecep, Maryana, and Faizal, 2023). Qualitative research on ventilator-attached patients is needed as an effort to deeply explore patients' life experiences while on ventilators and find *new insights* about their experiences.

According to research (Bastian, Suryani, and Emaliyawati, 2016) with the number of participants 6 people consisting of 2 men and 4 women aged 27-54 years who were put on ventilators between 4 to 27 days and received minimal sedation. There are 8 themes obtained, namely the loss of hope in living life, feeling that they have been on the verge of death, dilemmatic suction procedures, the presence of loved ones as spirits in continuing life, viewing disease as a plan from God, looking down on self-image, the importance of facilitators in undergoing religious rituals, and the desire to be cared for by skilled health workers.

According to (Berntzen, Bjørk, and Wæien, 2018) the results of a study conducted on 18 adult patients who were admitted to intensive care units for more than 24 hours obtained themes namely, discomfort, struggle for life, handling emotional experiences, and pain.

(Marasinghe et al., 2015) Getting 11 sub themes and 3 main themes identified, his study involved 15 patients on ventilators. All these themes are reflections of the additional personal and interpersonal experiences of the patient. Feelings of suffering are such as pain, dependence, fear and anxiety, thirst, noise levels, cold environments, and nightmares. And body intolerance such as feelings of dense secretion, suctioning experiences, inability to speak and inability to express feelings that can result in stress and frustration.

Many studies conducted around the world on ventilator patients highlight that their incompetence and extra-personal experience are broader. A phenomenological study conducted by (Lykkegaard and Delmar, 2015) in Iran, found several personal experiences such as a sense of dependence, stress during ventilator installation, the presence of fear, anxiety, an unfamiliar environment and changes in physiological needs. According to (Marasinghe et al., 2015) whose research in the *Intensive Care Unit (ICU)* of the Srilanka National Hospital in participants consisting of 15 people obtained 11 sub-themes and 3 main themes identified which were all unpleasant experiences.

In the study (Prime et al., 2016) whose research was in Norwalk Hospital USA, the results of the study were 70% of patients agreed or strongly agreed that they were experiencing pain, 50% agreed or strongly agreed that they were comfortable with using minimal sedation. Half of the patients agreed or strongly agreed that they preferred to stay awake. Five patients (31%) indicated that they were frustrated, while 17 relatives (89%) agreed or strongly agreed that the patient was frustrated.

Because of the complex problems experienced by patients who are put on ventilators as described above, health workers, especially nurses, need to provide comprehensive nursing care. A thorough understanding of the patient's condition and needs is essential. In Indonesia itself, especially in hospitals in the West Java region, there has been no research that reveals the experience of patients while on a ventilator. Abroad there have been many similar studies conducted by Samuelsson (2006), Karlsson, Bergbom & Forsberg (2012) and Varga, Dioszeghy & Fritus (2007). Considering that there are differences in cultural background, social status, differences in religious understanding in terms of carrying out worship and the treatment process carried out, researchers are interested in exploring the patient's life experiences while on a ventilator which is likely to appear a different life experience from patients in other countries.

With the discovery of *new insights*, it can increase understanding and knowledge about the problems experienced by patients who are installed on ventilators, the adaptation process carried out, and what needs are needed to provide care.

Based on an interpersonal interview with 19-year-old Mr. A who had been put on a ventilator \pm 1 week with a diagnosis of *respiratory failure* stated:

“It's even more suffocating, the pain is like being stabbed, there is a feeling of fear when the phlegm is sucked, it's hard to eat, sad, even more tormented, it's hard to talk ”.

After an interview with Mrs. N, who is 32 years old who has been on a ventilator for \pm 3 days with a diagnosis of *post sectio caesaria*, information was obtained about her experience while on a ventilator. At the time of the interview the mother said;

“I don't feel anything, it's normal for me. Not sick, just hard to talk and can't eat ”.

According to Mrs. Y, a 28-year-old who had been on a ventilator for \pm 5 days on a ventilator for \pm 3 days with a *diagnosis of post sectio caesaria*, the mother stated that,

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“There was a feeling of fear, I was afraid that I would not be able to recover. The point is difficult to speak”.

Thus, nurses can provide holistic nursing care and improve *caring* attitudes in patients with critical conditions who are ventilator-attached by using a phenomenological approach in qualitative research.

This study aims to explore the experience of patients who have been installed with ventilators in the *Intensive Care Unit (ICU)* room of the Sumedang Regional General Hospital in 2019

Method

In this study, researchers used qualitative research with a phenomenological approach. In this study, researchers explored the meaning and meaning of the experiences of patients who had been put on ventilators in the *Intensive Care Unit (ICU)* room at Sumedang Regional General Hospital. In this study, researchers chose a descriptive phenomenological approach. Researchers saw the phenomenon of the meaning of patients who had been put on ventilators in the ICU of the Sumedang Regional General Hospital. The population of this study was patients who had been put on ventilators in the *Intensive Care Unit (ICU)* room of the Sumedang Regional General Hospital which numbered 15 people and successfully lived

Result and Discussion

The patient's experience at the time of critical condition is perceived differently by each patient. Patients who can pass through critical conditions, at critical moments have meaningful experiences in their lives. Patients who had been installed on ventilators obtained from data in the *Intensive Care Unit (ICU)* room of the Sumedang Regional General Hospital in February – June 2019 totaled 80 patients. In 60 patients were declared unsuccessful due to their severe illness and patients came to the *Intensive Care Unit (ICU)* room with an already bad condition. Meanwhile, 20 patients were declared successful and could carry out their lives as they should.

From the data obtained, 5 participants were then selected and determined. The study was conducted on July 8, 2019. During the research process, two participants withdrew in the study and a study was conducted on 3 participants. In-depth interviews conducted with all 3 participants were conducted at their respective participants' homes.

According to the agreement that has been made previously, interviews are conducted at 09.30 WIB to 10.30 WIB for each participant. This study obtained two main themes that provide an overview or phenomenon of the experience of patients who have been put on a ventilator, the two main themes include psychological response and patient support.

Psychological Response

The experience of patients while on a ventilator provides a psychological response that participants feel and experience while on a ventilator. The psychological response is used to name the reaction to the excitatory received by the five senses (Wiarto, 2017).

Almost all participants felt different psychological responses when they were put on ventilators. One participant said while on a ventilator he could not talk, thirsty while looking down his head and a low voice. One participant said he felt between consciously or unconsciously, especially if there was already phlegm feeling tight while taking a deep breath. One participant said between believing or not and fear.

Patient Support

The source of internal support for patients at the time of ventilator installation is mostly from husbands, children, and siblings (siblings or siblings). All three participants said they received sources of support from their husbands, children, and siblings (siblings). Two participants received support from their husbands and children. One participant received a source of support from her husband and siblings. Meanwhile, external support is from health workers, especially nurses. Nurses who take care of patients for 24 hours and meet the basic needs of patients. The three participants said they received support from health workers, especially nurses.

The experience of patients who have been put on a ventilator provides different psychological responses experienced by patients when they are attached to a ventilator. The results showed that one participant stated that when attached to the ventilator, he felt stiff, could not speak, felt that something was in the way, could not eat, it hurt, and he felt stabbed, thirsty. The second participant stated that while on ventilator he felt between conscious and unconscious, added tightness, fear, sleeplessness, feelings of hopelessness, sadness. Meanwhile, the third participant stated that they felt confused, afraid, between believing it or not, unable to breathe, anxious, rebelling, nightmares, pain, discomfort, soreness, itching, worry, unable to speak, upset, tormented.

This is supported by research journals according to (Puspitasari and Pujiastuti, 2018) the acceptance stage consists of: the stage of denying, the individual acts like nothing happened and refuses to believe the events that have occurred.

The results showed that the most dominant need in the communication channel component was communication through images as much as 96.9%, and in the communication message component was information about pain and discomfort (100%), and in the communicator component was expecting nurses to have a quick response in meeting patient needs (96.9%). Meanwhile, from open questions, additional information was obtained, namely that patients who need a family phone can provide support through one-way communication (6.25%) and more time for families to visit them (6.25%).

The psychological response experienced by patients while on a ventilator was different for each participant against the background of knowledge values and stressors experienced. This psychological response will change every day depending on changes in the patient's condition. Support from the family: husband, children, relatives are needed

once in times of critical condition. The assistance and support of health workers (doctors, nurses) is also indispensable in the treatment, treatment, and fulfillment of the basic needs of patients. The patient's relationship with the creator is indispensable to encourage the patient to his recovery. The level of dependence of patients on ventilators is very large on nurses or families in meeting their needs. A patient and *caring* attitude that health workers and families should have.

Some participants revealed that patients who were put on ventilators received support from their husbands, children, relatives, and health workers. Husbands, children, and relatives who always provide *support* and always accompany patients every day. Health workers who always provide *support*, treatment and care to patients who are put on ventilators every day. The family is the closest person in providing support for patients (Kinasih and Wahyuningsih, 2012), so when the patient is installed on a ventilator, family support is needed. Family relationships with patients can speed up the patient's healing process according to the results of Kinasih's research (Kinasih and Wahyuningsih, 2012). Where the results of research on the role of the family's spiritual companion on the patient's recovery motivation.

Conclusion

Based on the results of the study, it can be concluded that the experiences of patients who have been installed on ventilators that have been put on ventilators are appropriate and some are not in accordance with the theory / concept of patients who have been installed ventilators. So, in this case, the role of a good, honest, and communicative nurse is needed in meeting the needs of patients who are attached to a ventilator holistically and plenary and can be used as basic data in providing comprehensive nursing care in addition to support from family, spouses, and close friends so that participants can improve their quality of life.

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