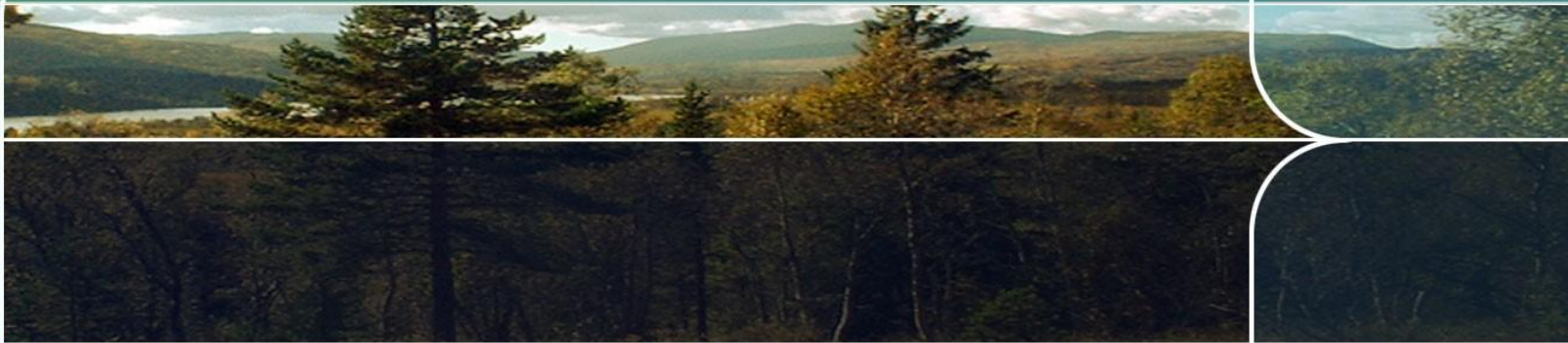


ICU Professionals'

Experiences of Caring

for Conscious Patients

Receiving MVT



ICU专业人士关于有意识患者接受机械通气治疗的
照护经验分享

PACU 尹露

Abstract

Over the last decade,
caring for patients who
are conscious while
receiving

mechanical ventilator
treatment has become
common in Scandinavia
intensive care units

- ✦ 斯堪的纳维亚重症监护室医护人员在过去的数十年中照护有意识行机械通气治疗的患者是非常常见的



Abstract

Therefore, this study aimed to describe anesthesiologists', nurses', and nursing assistants' experiences of caring for such patients. Nine persons were interviewed.

- 本篇文章旨在描述关于麻醉医生、护士、护工关于照护此类患者的经验



Abstract

A hermeneutic method inspired by Gadamer's philosophy was used to interpret and analyze the interview text.

一种Gadamer的hermeneutic哲学方法被用来解释和分析这篇文章



Abstract

Staff

m e m b e r s f o u n d i t
distressing to witness and
be unable to alleviate
suffering, leading to
e t h i c a l c o n f l i c t s ,
feelings of powerlessness,
and betrayal of the
p r o m i s e s m a d e t o t h e
patient.

医护人员发现目睹患者遭遇苦难而不能为其减轻是非常痛苦的，感觉违背了伦理道德，感觉到无助，背叛了对患者应有的承诺



Abstract

They were frustrated about their inability to understand what the patients were trying to say and often turned to colleagues for help. When caring for conscious patients, it takes time to get to know them and establish communication and a trusting relationship.

- ✦ 医护人员会因为不知道患者想要表达的意思而感到沮丧，也因此会经常向那些熟悉了解患者的同事寻求帮助
- ✦ 照护有意识行机械通气治疗的患者需要花费时间来和他们交流并建立一种信任的关系



Keywords

- ✦ hermeneutics, mechanical ventilation, conscious, nurses, relationship
- ✦ hermeneutics, 机械通气, 意识, 护士, 关系

Caring for conscious patients receiving invasive mechanical ventilator treatment (MVT) in intensive care units (ICUs) has become more common because light or no sedation has several medical advantages.

在重症监护室护理有意识的进行机械通气治疗的患者越来越常见，因为有研究已经证实轻度镇静甚至不对患者进行镇静对行机械通气治疗的患者的康复是有利的



Kress, Pohlman, O' Connor,
and Hall (2000) and Kress
et al. (2003) found
that patients who are
awoken from sedation on a
daily basis are a shorter
time
on MVT and in the ICU.

Kress, Pohlman, O' Connor, and
Hall在2000年, Kress 等人在2003
年已经提出不进行镇静或日常觉醒
能够减少患者进行机械通气治疗的
时间, 缩短患者的重症监护室住院
天数。



However, this is contradicted by the results of Mehta et al. (2012), who revealed that daily awakening does not reduce time on MVT or in the ICU.

然而，Mehta等人在2012年对此说法提出反驳，

他们认为患者的日常觉醒并不能够减少患者行机械通气治疗的时间及在重症监护室的时间。



Girard et al. (2008)
demonstrated that daily
awakening
including spontaneous
breathing led to a better
patient outcome than the
standard
approach and routines

- ✦ Girard等人在2008年提出与传统模式对比来说，患者的日常觉醒包括自主呼吸都能够使患者有一个很好的预后



Strøm, Stylsvig, and Toft (2011) also compared

standard sedation and daily awakening. They found that patients who were

woken on a daily basis and breathed spontaneously during MVT were not at

an increased risk of long-term psychological problems.

- ✦ Strøm, Stylsvig, and Toft三人对患者进行标准的镇静和日常觉醒也进行了对比，他们发现在进行机械通气治疗期间患者处于觉醒状态且有自主呼吸并不会增加患者身体出现问题的几率



This finding was in accordance with Jackson et al. (2010). Another sedation regimen for patients assessed as able to tolerate it during MVT comprises no or light sedation

这一发现与2010年Jackson等人发现的一致。另一些医务人员表示在患者行机械通气治疗期间他们也能接受对患者实施镇静的做法



Previous research on patients' experiences of being conscious during MVT has demonstrated that the endotracheal tube and probes caused pain and panic when patients did not get enough air and that communication was difficult, as such patients are unable to speak

- ✦ 根据先前的研究发现，有意识的行机械通气治疗的患者会因为气管内的导管感到恐惧及疼痛，不能获得足够的潮气量及增加了交流沟通的难度。



constant supervision by nurses is more favorable for patients than sedation. This may indicate that caring for patients who are conscious while receiving MVT places different demands on nursing staff compared with unconscious patients.

尽管如此患者还是喜欢在此种情形下由护士不断进行监督，比起镇静来说。这也说明了护理有意识的行机械通气治疗的患者比起护理那些处于镇静状态下的患者，对护理人员的要求更高



both nurses and patients
have

reported frustration;
nurses about being unable
to understand the patient
and

patients about their
inability to communicate
with nurses or family
members

有研究也提出，护士及患者在这种情形下都会觉得很沮丧。护士因为不能理解患者想要表达的，患者因为不能有效地与医务人员或是家属进行交流而感到沮丧



A previous study found that relatives felt uneasy when witnessing the patient's facial expressions of discomfort, and it was assumed that such stress can be transferred and cause distress among nurses and physicians

有研究提出家属在看到患者脸上流露的痛苦表情时非常难过，同时这也增加了护士及医生的痛苦



The researchers' interpretation was that the patients' eyes indicated grief, their body position was tense, and their facial expression stiff

在之前一个视频录像中收集的重症监护室里面接受机械通气治疗患者的研究中，研究者发现患者的眼神是悲伤的，身体肌肉是紧张的，表情是僵硬的。



It is plausible that this is interpreted in the same way by staff, leading to the question of whether they find it distressing to care for conscious patients during mechanical ventilation.

这和医生们疑惑的患者有意识是否就能减轻其痛苦的想法有些一致，另一个问题就是护理有意识的患者是不是需要护士不同方法的照护，帮助以及是不是存在伦理方面的问题



we aimed to investigate
staff members'
experiences of caring for
conscious
patients to understand the
challenges they face

出于这些疑惑，我们调查了那些有
护理有意识行机械通气治疗患者经
验的医护人员来了解他们所面临的
一些挑战。



Theoretical Framework

Patients in an ICU are extremely vulnerable, and inability to speak when intubated limits their ability to mediate their wishes and needs. They are thus

completely dependent on the nurses' goodwill, knowledge, skills, and sensitivity

to their condition and needs

患者在重症监护室是非常脆弱的，他们不能够很协调的表达自己的想法和需求，完全依赖护士的专业知识、技能及对他们处境及需求的敏感性



Theoretical Framework

Conscious patients may require more

attention and presence on the part of the nurse to communicate their needs

If the nurse, due to workload, cannot meet

patients' needs, and assisting patients to endure, patients may feel worried or abandoned

有意识的患者更加需要护士的关注，大家都知道患者在接受机械通气治疗时会经历不舒适，或疼痛，或恐惧。如果护士因为工作负荷原因，不能够很好的满足患者需求及给予其帮助，患者就会产生一种被抛弃的感觉



Theoretical Framework

nurses can help patients endure by “standing by” them. Standing by is a caring

action implying that the nurses are present in the deepest sense of the

word, demonstrate willpower, courage, attentiveness, and a friendly approach,

as well as mediating calmness and eagerness to be together with the patient

to fight for survival and recovery

研究发现护士通过站在患者床旁就能够很好地为其减少痛苦。抛弃感会增加患者的痛苦，目睹患者遭遇苦难尤其是不能为其缓解同样会增加护士痛苦，让其感到违背了不伤害患者的伦理要求



Method

A hermeneutic approach
inspired by Gadamer (1989)
was used to interpret
the interview text

Gadamer的一种hermeneutic学说被
用来解释和分析这篇文章



Method

The present researchers' pre-understanding is part of the interpretation, builds on the above-mentioned theoretical framework and comprises many years of experience of working in an ICU, teaching, and previous research.

研究者建立在之前理论构架上的见解作为本篇文章解释的一部分

本篇文章的解释也包括了医护人员在ICU多年的工作及教学经验，先前研究



Participants and Procedure

The three nurse managers invited all nurses, nursing assistants, and anesthetists

who fulfilled the inclusion criteria to participate in the study.

The inclusion

criteria were as follows:

working in an ICU for the previous 3 years and having

cared for conscious patients who had been assessed as 3 to 4 on the MAAS

- ✦ 参与该研究的麻醉医生，护士，护士助手，需要满足以下条件：第一：在ICU有3年工作经历，第二：照护过有意识的行机械通气治疗的患者，第三：有学习的兴趣



Participants and Procedure

The participants' ICU work experience ranged from 9 to 25 years ($M = 16.7$) and they were aged between 38 and 54 years ($M = 47$). The participants gave their written informed consent before the interview

入选医务人员:ICU工作经历在9-25年之间, 平均在16.7年, 年龄在38-54岁之间, 平均在47岁, 均签署同意书



Participants and Procedure

The interview began with an open question: Could you please tell me

about your experiences of caring for a patient who is conscious while receiving

MVT? Follow-up questions were then asked, such as,

“Please tell me more” or “Can you explain?”

面试都以一个开放性的问题开始：你能告诉我们你关于在照护有意识行机械通气治疗患者的经验吗？紧接着会问：除了上面所谈到的，还有其他的吗？或者会问你解释一下这样做的原因吗



Participants and Procedure

some of the interviews only lasted about 20 min, although others took approximately 40 min ($M = 28$ min, $r = 18-41$ min). The interviews took place in a private room at the ICU, were audio-taped and transcribed verbatim shortly after. Data collection began in February 2012 and continued until March 2012.

一些面试者在回到问题时持续了20多分钟，另一些持续接近40min，时间波动在18-41min之间，平均时间为28min

面试是在ICU一个私密房间进行，面试过程形成录像的形式，数据的收集自2012年2月持续到2012年3月



Interpretation and Analysis

The transcribed interview text was read several times to allow the researchers

to become familiar with the content and experiences described. After this first

reading, focused on the question: What did

staff members experience when caring for conscious patients who were

receiving invasive MVT? This reading revealed that a different form of caring

is needed for conscious patients.

根据面试录像转写出的关于照护有意识行机械通气治疗患者的经验被研究者反复阅读，第一次阅读后提出了以下问题：

在照护有意识行机械通气治疗患者期间，医务人员会经历些什么，事实披露是需要一种不同方式的护理方法的



In the third reading, new questions were posed, such as “What kind of care is necessary?” “What obstacles exist?” and “What kind of care alleviates patients’ suffering?” The answers were somewhat complex, which required returning to the theoretical framework and what had been previously understood.

第三次阅读时，新问题出现了：哪一种护理方法是必要的，期间会存在哪些问题，哪一种护理方法能够减轻患者的痛苦



Results

Our interpretation was that the staff found it difficult to witness the patients'

suffering and stress. It was their duty to alleviate suffering, but not knowing how to act and care for the patients to make them more comfortable was experienced

as frustrating. This resulted in a feeling of powerlessness, despair, and

the belief that it was wrong to cause suffering by allowing the patients to

remain conscious, which was contrary to their values and beliefs

医务人员表示他们在目睹患者遭遇苦难是痛苦的，减轻患者的苦难是他们的职责，但是不知道应该怎么样才能够帮助他们，这一点使医务人员感到很沮丧，由此内心也会产生一种无力，绝望感，会感觉是因为让患者保持清醒才让他们去经历苦难的，感觉到违背了他们帮助患者减轻痛苦的价值观念



Results

On the other

hand, the text also revealed that the treatment was in the patients' best interest, as it prevented complications and promoted recovery.

另一方面，文章也提出了我们应该寻找的是一种能够满足患者需求和兴趣，同时也能够减少并发症发生，促进康复的治疗方法



Results

The following themes were identified: It is distressing to witness the patients' stress and suffering; Feeling frustration due to not being in control of the situation; Receiving and losing trust and confidence; Being there for the patient; Needing time to learn a new way of caring; and Allowing time for rest, sleep, and privacy

下面是医务人员在交流过程中提到的原句：

目睹患者遭遇苦难是很痛苦的，因不能够解决此问题而感到沮丧，与患者建立信任和信心，和患者在一起，需要时间来学习一种新的照护方式，允许患者能够有足够的睡眠，休息，不受干扰的时间



It is Distressing to Witness the Patients' Stress and Suffering

The staff found it difficult to watch the patients' stress and suffering, which

in turn caused them frustration, as they felt sympathy for the patient. The

patient's gaze and facial expression; grimacing, perspiring, lined forehead,

and high breathing frequency indicated unease

目睹患者遭遇苦难是痛苦的：

这个过程使他们感到很沮丧，患者目光的凝视，痛苦的表情，皱起的前额，出汗以及快节奏的呼吸频率都表明患者的忧虑，患者会不由自主地移动手和脚，医务人员不得不约束他们，以防患者拔出通气设备

医务人员想尽可能让患者舒适，而对此现象无能为力，医务人员也感到无可奈何



It is Distressing to Witness the Patients' Stress and Suffering

You suffer with them, you have to be alert all the time, stay close to them so

that they don't pull out things and many become stressed when awake. I think

that more are stressed than calm. (Nursing assistant [NA] 2)

- ✦ 一位麻醉助手称当患者清醒状态下处于痛苦的情况下时，我们需要一直守护在患者身旁以防患者移除通气设备



It is Distressing to Witness the Patients' Stress and Suffering

I can feel powerless in relation to the patient due to being unable to help. I detest being unable to help, I want to help as much as I can. (Nurse [N] 1)

- ✧ 一位护士称当他看到患者遭遇痛苦而不能提供帮助时，他是很无奈的，他憎恶自己的无能为力，他想尽可能多的去帮助患者



Feeling Frustration due to Not Being in Control of the Situation

Being unable to assist and pay undivided attention to patients due to the workload was interpreted as frustration on the part of the staff due to inability to provide good care

因为不能控制此种情形而感到沮丧：由于工作负荷问题致使医护人员不能为患者提供专一的照护，时间是照护有意识行机械通气治疗患者一个很大的问题



Feeling Frustration due to Not Being in Control of the Situation

They are forced to leave the conscious patient

alone, which gives rise to insecurity and fear of betraying the patient's trust.

The staff members underlined the need for improved planning and communication

between themselves and the physicians.

护士助手说他们被安排做很多事情，没有充裕的时间来专一护理有意识行机械通气治疗患者，他们强调强调内部之间增强沟通及交流的重要性



Feeling Frustration due to Not Being in Control of the Situation

participants emphasized the necessity of being active and committed

when caring for conscious patients to recognize changes in their medical status.

They had to remain close to the patients at all times to make them feel secure.

参与者强调积极主动关注患者机械状态的必要性，医护人员强调需要时刻与患者在一起，使其感到安全，交流及固定医护人员照护是很重要的



Feeling Frustration due to Not Being in Control of the Situation

It's frustrating to work on a ward where so much happens and you have to check on someone behind you. Constantly. You would need eyes in the back of your head.

护士助手指出ICU里有很多事情需要完成，很多东西不能同时兼顾，需要随时进行病房的动态关注，如果患者清醒，想拔出气管导管，那我们就只有坐在他的身旁拉着他的手，并且还需要随时关注其他患者



Feeling Frustration due to Not Being in Control of the Situation

it's very difficult and I often get help from a nurse who understands the patient better than I do, they often interpret for me.

麻醉医生表示他们经常会从护士那儿获得帮助，因为通常情况下护士更加了解患者情况



Feeling Frustration due to Not Being in Control of the Situation

We try to stick to a care plan, or something may have been agreed in the morning, sure, but things can happen that make it necessary to change but you have to be able to change back again if you see that it doesn't work.

护理人员表示医生流动性太大，每位医生的治疗计划都不相同，这对患者的护理是不利的



Feeling Frustration due to Not Being in Control of the Situation

I think that at such times there should be more staff around the patients both for the patients' and our own sake.

护士助手认为拥有更多的医护人员，不管是对患者还是我们医护人员来说都是有利的



Receiving and Losing Trust and Confidence

The participants stressed that as the patient's life was in their hands, they had

to act in a manner that inspired confidence and trust. The staff stated that it is

important to establish contact with patients who shut themselves off, seem

exhausted, refuse contact, and appear to have given up, despite repeated

efforts on the part of the staff

参与者强调与患者建立信任及帮助他们重获信心是非常重要的，尤其是那种不与人交流，看起来很衰弱，拒绝治疗或已经开始自暴自弃的患者



Receiving and Losing Trust and Confidence

Some shut themselves off a bit and I suppose it's to be able to endure the situation. Especially when they have been there for some time and find it exhausting

护士助手说患者不愿意与人交流，其实也是说得过去的，尤其是那些已经在ICU住过几次，看起来衰弱的，加之医护人员又不能很好领会他们的意思，换位思考，他们的处境也是很痛苦的



Receiving and Losing Trust and Confidence

I interpret it
as lack of trust, actually!
They have given up on us,
sometimes as a doctor
you're not the right
person but perhaps it's
the nursing assistant who
spends
most time in the ward,

麻醉医生认为患者不愿意进行交流，
其实是因为缺乏信任造成的，对患者而言，医生并不是最好的，他们也许会认为护士助手对他们的帮助最大，因为护士助手与他们接触的时间最长



Receiving and Losing Trust and Confidence

They hand over their lives and you must never let them down. It's the greatest trust anyone can give and you must never betray that trust no matter how tired you are when on duty.” (N3)

护士认为在患者想轻言放弃自己生命时，我们应该让他们学会不要堕落，尽管工作或值班很辛苦，我们也应该对患者真诚



Being There for the Patient

It was necessary to remain physically close to the patients at all times, talk to them in a reassuring way, and explain what is happening to calm them.

Closeness is important for ensuring that the patients feel that the staffmembers are there for them

守护在患者床旁是必要的，不仅是身体上接近他们，我们也应该从心灵上去接近，让他们感受到我们的存在，感受到安全



Being There for the Patient

When they became aware that the patients found it difficult to cope without sedation, withdrew and avoided contact, the staff members applied various strategies to resolve the situation, such as explaining and informing about different matters.

- 医务人员尝试着寻找一切方法来解决患者因为没有镇静而造成机械通气治疗时的痛苦，让患者感受到从未被放弃，我们一直在为他们努力着



Being There for the Patient

even if the patient does not want me to

sit and hold her hand. It's part of basic security, as it's essential for staff to demonstrate that they can be trusted

护士认为即使患者有时候不希望我们坐在他们身旁，拉着他们的手，我们仍然还是会坚持，这样其实能让他们有安全感，因为我们管理着患者的呼吸循环及其他生存需要的东西



Being There for the Patient

You feel as if you need to be there. I think that there needs to be more [staff] when patients are completely awake to make them feel secure and that it will work. (NA 3)

护士助手认为如果真的需要一直呆在清醒患者床旁的话，那我们需要更多的医护人员



Needing Time to Learn a New Way of Caring

The participants believed that they have insufficient sedation—how the patients feel, their medical status, and whether it is better to be conscious while on MVT. They considered that the consequences for nursing care were disregarded.

护士认为护理那些充分镇静行机械通气治疗的患者比清醒患者容易，然而另一方面有意识患者更容易交流，能听懂指令，配合我们进行护理工作，尽管护理镇静患者更容易，但是往往有意识患者的护理满意度会更高，护理有意识患者的方法还需要时间来学习，医生表示护理有意识患者往往显得更加人道



Needing Time to Learn a New Way of Caring

A different mode of working. It feels safer when patients are conscious.

You know a bit more about how they behave and . . . the pattern is similar when

they are conscious on a ventilator.

护士助手认为护理有意识行机械通气治疗患者的护理方法是不相同的，我们需要时间来学习，学习如何交流并能够懂得患者的需求，这样更有利于工作的开展，增加患者的安全感



Needing Time to Learn a New Way of Caring

Over the years I have gained a greater appreciation of patients being awake and being able to talk to them.
(N 3)

护士认为这些年护理有意识患者能够获得患者及家属更多的理解



Allowing Time for Rest, Sleep, and Privacy

One way of alleviating patients' suffering was leaving them alone and letting them rest and sleep, preferably in a small room, as well as paying attention to signs of fatigue. The participants regarded a good night's sleep as essential

for physical and mental recovery

减轻患者痛苦的一种方法就是让患者单处，让他们休息

参与者认为好的睡眠有助于患者生理和心理的恢复



Allowing Time for Rest, Sleep, and Privacy

They also stated that they tried to give privacy to patients who felt comfortable being alone by making them agree to use a bell but were at the same time attentive to their condition

- ✦ 我们会给患者一个独处的空间，同时征得患者的同意，使用床头铃来确保患者在有问题时能及时找到我们



Discussion

a human being's facial expression

makes “the other” responsible, which was expressed by the participants in the

present study. They found being confronted with the patient's suffering difficult,

as witnessing others' suffering leads to personal suffering

患者痛苦的表情会让我们感到伦理方面的冲突，无可奈何及违背了护理好患者承诺

参与者在研究中透露患者的表情，也是我们应该要负责，患者痛苦的情绪也会让我们自己难受，因此参与者尝试一切方法减轻患者的痛苦，这被视为是我们有义务去做的事情



Discussion

When nurses became aware that they could not alleviate the patients' suffering, they felt that they had failed. They feared that the patients' trust in them might have been lost or diminished, which threatened or hindered the development of a caring relationship.

护士认为如果不能减轻患者的痛苦，他们会感到失败，恐惧会减少患者对他们的信任感，不利于建立良好的医患关系



Discussion

Nurses and anesthetists underlined the importance of patients being able to rest and sleep when conscious during MVT. However, to rest/sleep, patients must feel secure, which presupposes trust in the professionals as well as the confidence that they can place their lives in the hands of the professionals

护士和麻醉医生强调有意识患者行机械通气治疗时充足休息和睡眠的重要性，患者能够休息和睡眠的前提就是安全，并且对医务人员充满信任，充分肯定医务人员的能力



Discussion

The physicians in particular expressed that caring for conscious patients receiving MVT diminished objectification of them nurses described as inviting the patient to collaborate and working together for recovery

医生认为患者参与到镇静方案及护理方案的选择中，与麻醉医生，护士，护士助手一起合作是必要的，有利于患者的康复



Discussion

Nurses expressed that caring for conscious patients during MVT requires a different approach compared with unconscious patients. They stated that it is important to remain by the bedside and be there to support the patient's recovery

护士认为护理有意识的患者与无意识的患者相比，需要一种不同的方法，认为始终坚持在患者身旁有利于患者康复，当然有时候患者需要独立空间时，我们再离开



Discussion

The interview text was read separately several times by both authors and after each reading they met to discuss what had been understood, which gave rise to new questions.

- 面试转录内容被分开来几次阅读，每一次阅读都会有所收获，并且从中能够发现新的问题



Discussion

Three participants from the same ICU representing each professional category (anesthetists, nurses, and nursing assistants) were interviewed, thus a total of nine persons participated, which can be considered very few as well as not representative of all ICUs.

- 三类参与者共计九位医护人员被纳入研究，表面上感觉不具有代表性，然而这九位参与者不仅仅在护理有意识患者上经验丰富，无意识患者也一样，他们可以对这两种不同镇静效果下的护理方法



Discussion

Research that focuses on the effects of light or no sedation in relation to recovery is needed, One group was woken every day while the other did not receive any sedation during MVT. When comparing quality of life, no statistical differences were found between the groups.

此研究目的是想证明轻度或是不镇静的方案对患者的恢复是必要的。通过SF-36调查出ICU患者的生活质量，结果显示每天处于唤醒状态和不接受任何镇静措施的两组患者在生活质量方面差异无统计学意义



Discussion

The authors' understanding of the participants' statements was that caring for conscious patients during MVT was experienced as difficult. When caring for conscious patients, it takes time to adapt and find out how to act, as communication is difficult to establish. Actions were taken to relieve patients' suffering such as facilitating opportunities for sleep and rest as well as showing concern

所有参与者的陈述中都表示护理有意识患者是困难的，因为我们目睹他们遭遇苦难，尤其在不能为他们减轻时，参与者会感觉违背伦理道德

护理有意识患者需要花费时间来寻找方法，与患者进行交流，采取措施来减轻痛苦，诸如在帮助患者休息，睡眠的基础上也能让患者感受到我们的关心



Acknowledgment

We are grateful to the healthcare professionals who took part in the study and the ward management for giving us access to the study location.

- 感谢参与此研究，为我们分享经验的所有医护人员



Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Funding was provided by the Research and Development Centre, Skaraborg Hospital, Sweden, and the School of Life Sciences, University of Skövde, Sweden.

- ✦ 此研究基金主要来自Research and Development Centre, Skaraborg Hospital, Sweden, and the School of Life Sciences, University of Skövde, Sweden.



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that is all thank you !!!