

# Critical Nurses' Views and Experiences of Caring Unconscious Patients: A Qualitative Study

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## Abstract

*Nurses who care for patients in critical rooms, especially unconscious patients, feel greater pressure and burden of responsibility when caring for patients. This study further explores the nurses' perceptions as 24-hour care providers for unconscious patients and their experiences observing patients and family interactions during the critical phase of unconsciousness. Data were collected with Descriptive Qualitative Research Approach through a focus group discussion process consisting of 12 critical care nurses as participants. The results show four main themes and seven subthemes, including the nurses' responses when they first met unconscious patients, family involvement in patient care, the role of family stimulation activities, and the patient's responses when they woke up. This study concludes that nurses attempt to function effectively according to the nursing process procedures, although psychologically, they experience stress when caring for unconscious patients, and active family involvements essential to support and enhance the patient's recovery process. Furthermore, critical nurses need to get interventions for solving their psychological problems and the need to actively involve families in the care of unconscious patients.*

**Keywords:** *critical care nurse, stimulation, unconscious*

## Abstrak

Perawat yang merawat pasien di ruang kritis khususnya pasien tidak sadar merasakan tekanan dan beban tanggung jawab yang lebih besar saat merawat pasien. Studi ini lebih lanjut mengeksplorasi persepsi perawat sebagai penyedia perawatan 24 jam untuk pasien yang tidak sadar dan pengalaman mereka mengamati interaksi pasien dan keluarga selama fase kritis ketidaksadaran. Data dikumpulkan dengan pendekatan penelitian qualitative deskriptif melalui proses diskusi kelompok terfokus yang terdiri dari 12 perawat *critical care* sebagai peserta. Hasil penelitian menunjukkan empat tema utama dan tujuh subtema, termasuk respon perawat ketika mereka pertama kali bertemu pasien yang tidak sadar, keterlibatan keluarga dalam perawatan pasien, peran kegiatan stimulasi keluarga, dan respon pasien ketika mereka bangun. Penelitian ini menyimpulkan bahwa perawat berusaha untuk berfungsi secara efektif sesuai dengan prosedur proses keperawatan, meskipun secara psikologis, mereka mengalami stres ketika merawat pasien yang tidak sadar, dan keterlibatan keluarga aktif sangat penting untuk mendukung dan meningkatkan proses pemulihan pasien. Selanjutnya Perawat kritis perlu mendapatkan intervensi untuk mengatasi masalah psikisnya dan perlunya melibatkan keluarga secara aktif dalam perawatan pasien tidak sadar.

**Kata kunci:** perawat kritis, stimulasi, ketidaksadaran

## INTRODUCTION

Consciousness is regulated by a complex system known as the Ascending Reticular Activating System (ARAS) located in the rostral region of the brainstem with a coverage area of the mid-brainstem, which extends to the midbrain, thalamus, and hypothalamus (Deiva et al., 2017; Gurin et al., 2022; Satyanegara, 2014). Problems with this system will cause impaired consciousness, affecting a person's ability to use the five senses, open eyes, and respond to verbal, motoric, and alert commands. The most common causes include head trauma, ischemic/hemorrhagic, and metabolic disorders (De Amorim et al., 2016; Edlow et al., 2021; Helbok et al., 2022).

Further, decreased consciousness refers to a complex situation where assessing the patient's coma status becomes a significant challenge in the long term (Connolly et al., 2019; Zuo et al., 2021). A survey of health workers in 41 countries in 2020 revealed that 78% treated > 15 adult patients in critical condition and coma each month. The rate of decreased consciousness of patients in Indonesia is not documented, but the increase in cases causing this condition also affects the prevalence of decreased awareness. Causes of decreased consciousness can be traumatic and non-traumatic. The causes of trauma can be head injuries and accidents. Meanwhile, non-trauma causes can be stroke, infectious processes, and metabolic disorders. Head injury in Indonesia in 2018 was 11.9%, stroke was 10.9%, and hypertension as a stroke factor was 34.1% (Kesehatan, 2017).

The continued decline in consciousness

affects the patient's disability, morbidity, and mortality rates. This disability occurs when the condition of decreased consciousness is not treated immediately and adequately, and it will cause a long-term disability and recovery process. This condition will impact the family's finances and poor quality of life for the patients, related families, and communities. One effort to improve the quality of care for unconscious patients is to provide them with sensory stimulation to prevent the patients' sensory deprivation process. The health workers can give this sensory stimulation in collaboration with the families (Zuo et al., 2021).

According to (Naef et al., 2021), explained that patients often enter critical rooms unexpectedly, resulting in stress, fatigue, and family confusion. Factors of uncertainty, inadequate communication, and a foreign environment affect the family's mind. The emotional distress associated with this experience can ultimately affect the family's health and ability to support the sick family member.

The incidence and prevalence of cognitive impairment were 100% in the third and sixth months following the intensive care unit. Higher Charlson Comorbidity Index score, increased disease severity, longer ventilator stay, pain, delirium, coma, and length of hospital stay were significantly and statistically associated with a lower score at three months. After being discharged from the intensive care unit, the patients experience significant functional failure and overall decreased health-related quality of life. Age and disease severity both have a major impact on health quality parameters. As a result,

it is essential to optimize critical care services to prevent, diagnose, and manage the patients in the intensive care unit to limit cognitive impairment and improve their quality of life after being discharged from the intensive room (Balasubramanian et al., 2020; Rai et al., 2020).

Treatments of patients in a coma state in the intensive room may cause the family to experience discomfort, which may lead to anxiety. The presence of good nurses helps reduce the anxiety felt by the family. Research on critical care nurses treating patients with COVID-19 revealed that the nurses experienced both emotional and physical problems. The emotional problems could be anxiety, fear, helplessness, worry, and empathy. Meanwhile, the physical symptoms might include sleep disorders, headaches, discomfort, fatigue, and breathing difficulty (Gordon et al., 2021). However, this present study also explores how nurses view interactions and the role of families in caring for critical patients, mainly unconscious patients.

## METHODS

This study aims to investigate the critical nurses' experiences in caring for unconscious patients and the role of the family during the treatment. A qualitative research method was employed. This study applied a qualitative descriptive research approach to phenomenology.

The data was collected through face-to-face focus group discussions (FGD) of the nurses working in critical hospital rooms. The participants were the nurses treating unconscious patients in the emergency room (ER), intensive care unit (ICU), and stroke unit at M.Yunus Hospital of

Bengkulu on January 2021. The participants were selected purposively based on several criteria, including a minimum educational qualification of a nurse profession and a minimum of 5 years of work experience. There was a total of 12 nurses participated in the study, yet 2 were absent due to being sick.

The participants were gathered in a room with chairs arranged in the letter U. All participants were assigned numbers at their respective chairs according to the number on the attendance sheet. The data was collected by providing open-ended questions to the participants, and the responses were recorded with an audio recorder for other verbatim transcription. The focus group discussion was held for 90 minutes. A key topic in FGD is exploring critical nurses' perceptions and experiences in caring for unconscious patients.

This research has received a letter of ethical recommendation from the Faculty of Nursing, Universitas Indonesia. The Faculty of Nursing, Universitas Indonesia of SK-05/UN2.F12.D1.2.1/ETIK issued the ethics test.FIK.2020. This study protocol explained that the participants were voluntary and that there was no potential physical or mental threat to the participants. Informed consent was given orally and in writing. The name of each participant was given a code, such as P1 for participant number 1. The collected data was saved according to safe data storage standards.

Verbatim transcripts consisted of audio recordings and field notes conducted by others nurse exclude researcher. The verbatim transcripts were given to the participants for correction and comment. If it already acceptable, it can be continue to the next process. Furthermore, the data was

analyzed for discussion to determine the themes and sub-themes. The analysis was carried out manually utilizing a content analysis method.

## RESULTS

The participants in this study met the criteria. They were all professional nurses with a minimum educational qualification of a qualified nurse profession and a minimum of 5 years of work experience. They specialized in the care room for unconscious patients, such as the emergency room, ICU, and stroke unit.

The following Table 1. Displays the profile of participants:

**Table 1. Profile of Participants**

No	Gender	Age	Length of work (years)	Length of work in critical room (years)
1	Male	36	16	8
2	Male	41	11	6
3	Female	29	6	5
4	Male	41	26	6
5	Female	40	22	8
6	Female	35	12	5
7	Male	40	11	6
8	Female	43	23	8
9	Female	35	11	5
10	Female	36	13	12
11	Female	36	12	6
12	Male	45	20	10

Based on the table, it can be described that the mean age of participants is 38.08 years old, the length of work as a nurse is 15.25 years, and the length of work as a critical nurse is 8.08 years.

After content analysis, 4 themes were obtained, including : Nurses' Perception Towards Unconscious Patients, Family Involvement in Patient Care, Patient Stimulation by The Family, Response of

Patients who Had Regained Consciousness. The following will explain all the themes and sub-themes found:

### Nurses' Perception Towards Unconscious Patients

The nurses had various physical and psychological responses when they found the patients unconscious for the first time. The nurses' reaction could be a desire to assess the patient's condition further. P5 stated that *"...when we find an unconscious patient, the first thing we do is to check the patient's response. We expect it to be verbal or a response to pain. After that, we check the GCS."*

P1 added, *"...if we encounter an unconscious patient experiencing deterioration, we prioritize informed consent and cooperation with the family. The family must be involved."*

The nurses' psychological reactions might include anxiety, increased workload, and the possibility of working extra. P10 stated, *"...my first thought when an unconscious patient comes in the ER is that I will have more workload, and there will be a long errand, and psychologically, I may feel under pressure as a nurse."*

P12 noted, *"...if there is an unconscious patient, I think it will be a hassle. The first impression is that we require extra care to monitor the SpO2 since the patient may become apneic at any time. Thus, it has to be much more intense; particularly, we need to provide special control."*

### Family Involvement in Patient Care

Based on the nurses' experience caring for unconscious patients, the patient improvement process would be more optimal if the family was involved. P6 confirmed that: *"...in the ER, at least a*

*family involvement is required to look after and supervise the patient, such as helping the patient taking the medication, to be asked for approval of the treatment procedures to be carried out and to understand the patient's condition."*

In addition, P7 revealed that: *"...it is important for the family to be involved in the intervention, especially for informed consent and the availability of the daily needs of the patient."*

P4 noted that: *"...in my experience with patients who have lost consciousness due to COVID-19, a family helped the patient, and the patient's condition improved although she was in a poor state. Meanwhile, the other female patient, whose initial condition was better, was left by her husband and children after they found out that her COVID-19 test was positive. The next day, the patient deteriorated and died."*

### **Patient Stimulation by The Family**

A sensory stimulation intervention for the unconscious patients should be given. P2 confirmed that *"...the unconscious patients should be given a stimulus because their brain is still working, and their hearing sense is still functioning. Therefore, the family involvement could be done by inviting them to the ICU."*

Providing stimulations to the unconscious patients was a joint effort between the health workers and families. P11 stated: *"There are several things a family member does when visiting sick family members. It includes telling them who they are / their role, reading Surah Yasin, offering prayers from the Qur'an, and helping the patients with personal hygiene needs."*

Besides, P12 also added that: *"...the family*

*could also help to stimulate the patients or holding, family prayers for the patient while holding their hand or forehead, playing the Qur'an recitation and or reciting the Qur'an."*

### **Response of Patients who Had Regained Consciousness**

There were various responses from the patients who had just regained consciousness. P5 stated, *"...when a post-op patient arrived at the room, he realized that he felt some pain and was anxious, nervous, and uncomfortable with the surrounding environment."*

P3 expressed that *"...several patients are confused and crying about their current condition. They often say, 'What happened to me?'; 'What has been done to me?' and 'Where am I?'. The patients think they have just been given a second chance to live."*

### **DISCUSSION**

Based on the FGD, it was found that the nurses admitted they had a heavy workload when dealing with the unconscious patients because they required extra monitoring and felt anxious about their conditions. It was in line with research, which found that 20.7% of the nurses working in the emergency and critical rooms had excessive work. They had 19.8% higher anxiety levels than other nurses, 82.8% experienced a high level of stress, and the majority of nurses stated that the high stress due to administrative regulations reached 80.1%. In comparison, job stress reached 79.3% (Belayneh et al., 2021; Chegini et al., 2019).

The nurses in the critical rooms experienced anxiety and fear and had an

increased workload when dealing with unconscious patients. This condition was one of the triggers for Burnout Syndrome. Burnout Syndrome could be defined as a stressful condition related to work, characterized by both physical and emotional exhaustion due to expectations and the reality of the nurse's position, which was not ideal. This continued stress due to work problems occurred when the nurses felt overwhelmed by orders from superiors that kept coming, yet they could not fulfill them. If this condition continued and was left unchecked, there would be a loss of interest in the work, and they would no longer find the motivation to continue working. Their work productivity might eventually decrease (Alzailai et al., 2021; Wang et al., 2022).

Based on their research (Alkhawaldeh et al., 2020) stated that several interventions could be given to reduce the work stress of ICU nurses. Several included mindfulness-based interventions, yoga, aroma therapy, and massage. Based on the results of a literature review, it was stated that the cognitive-behavioral intervention was the most widely used, and this intervention had been proven to improve the ability of ICU nurses to deal with stress. This intervention could also lower the work stress.

Based on the nurses' experiences, the presence and involvement of family greatly impacted the care progress for critical and unconscious patients. Meanwhile, another similar study stated that the presence of family twice a day for 15 minutes and their involvement in the patient care provided a significant difference with those whom the family did not visit. The presence of family in a critical condition played a crucial role, both for the family's and the patient's

anxiety (Alkhawaldeh et al., 2020). (Wong et al., 2019) and (Wong et al., 2021) stated that when families recognize their situation and find purpose by contributing to their family member's recovery, it could strengthen them to endure and be resilient to support the family member in crisis.

Other research findings revealed differences in the patient family satisfaction of patients who survived and died. Based on the data, it was found that a higher level of satisfaction was experienced by the families of survived patients who received good manners, respect, and affection from the health workers. The families of surviving patients also had a higher level of satisfaction concerning the decision-making and accuracy of information about the patient's health. (Tajarernduang et al., 2020)

However, this contradicted the results of research conducted by Nouri et al. (2021) and (I et al., 2019), which stated that the presence of family in the removal of the ventilator machine in the patients showed no significant difference in the level of anxiety for both the family and patients.

Furthermore, it was also found that most families often whispered the patient's name, listened to the Qur'an, and talked to the patient. It was in line with several researches explaining that the sound stimulus given to the unconscious patients by the closest person three times a day for five days positively responded to the level of awareness and behavioral response of the patients (Hoseinzadeh et al., 2018; Rahimi et al., 2019; Varghese et al., 2021).

Other similar studies on the role of the family found that the presence of family members and their words when the patient

was in a coma was highly crucial. The families gave the most common words expressing affection, encouragement, and especially religious messages to the patients in critical rooms. It was believed that when a familiar voice mentioned the patient's name or gave a message, the resultant stimulus was more remarkable as a person would pay more attention to them, considering they had emotional and cognitive value (Kalani et al., 2016; Moattari et al., 2016; Salmani et al., 2017; Silva et al., 2019).

In addition, Communication with unconscious patients was associated with a decrease in the incidence of physiological side effects, a decrease in the duration of mechanical ventilation, a decrease in length of stay in the intensive care unit, and a statistically significant positive efficiency at the patient's level of consciousness. Hearing stimulation shows strong potential to improve the prognosis of coma outcomes as evidenced by EEG response (Aellen et al., 2023; Phianhasin et al., 2023). Auditory stimulation was also often used to provide sensory stimulations in patients with altered levels of consciousness, as the sense of hearing was the last sensory to be lost during a coma. Music therapy could be a non-expensive, non-invasive intervention to improve patient care goals and significantly increase the patient's level of consciousness with a head injury, thereby facilitating recovery and lowering the treatment costs (Grimm & Kreutz, 2018; Megha et al., 2013; Yekefallah et al., 2021). Another study that supports families providing sensory stimulation found that the GCS score in the patients receiving sensory stimulation by the family was more significant than the stimulation performed by the nurses, with an average

difference of 2.17 (95% CI 1.67-2.66). The auditory stimulation combined with tactile and multisensory stimulation confirmed better results than a single stimulation, such as only the auditory stimulation. Auditory and tactile stimulation measures performed by trained families had a statistically significant positive effect on increased levels of consciousness as measured by GCS. Then, the implementation of sensory stimulation before 24 hours was much better than after (Ahmed et al., 2023; Park & Davis, 2016; Salmani et al., 2017; Weaver et al., 2022)

Further, when they first regained consciousness, the patient's responses included confusion, crying, and wondering about their current condition. This condition was in line with the results of research, which stated that the primary responses reported by the patients after the coma were feeling thirsty, cold, and painful. Many patients stated they could not distinguish whether they were awake or dreaming. They needed clarification about whether it was real or not. One of the things that could be done to overcome this was to make a journal in the patient's bed, followed by a photo. It would help the patients organize their memories after they wake up. The transition from one level of consciousness to another after head trauma was marked by one behavioral sign. The evolution to a minimal level of consciousness characterized by fixation of vision, followed by localization of noxious stimuli, visual search, and manipulation of objects, could be predicted by etiology, duration of loss of consciousness, and age (I et al., 2019; Llorens et al., 2022).

## CONCLUSIONS

The nurses' perceptions of unconscious patients include the perceptions related to the role that must be carried out and their psychological responses in dealing with patients with decreased consciousness. The nurses' experiences also confirm that the involvement and support of the family are highly crucial for the recovery process of unconscious patients. The family can stimulate the patient, which may give positive results in improving the patient's condition. The first response when the patient regains consciousness varies depending on the cause of the loss of consciousness and the presence of sensory stimulation.

Recommendation for nursing practice based on this research is an important concern of stake holder that the nurses need support and a support system to help them improve their professional abilities while adapting to the stress experienced in the critical rooms. While it is also a critical point to involve family in caring of unconscious patients.

Therefore, it is also important to do further research on the care of unconscious patients that involves the collaboration of health practitioners and involves families.

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