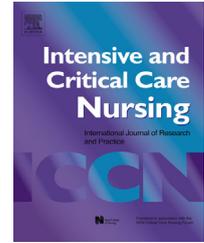




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ORIGINAL ARTICLE

Intensive care patients' perceptions of how their dignity is maintained: A phenomenological study



Ellen Klavestad Moen^{a,*}, Dagfinn Nåden^b

^a Østfold Hospital Trust, Research and Innovation, Box 16, N-1603 Fredrikstad, Norway

^b Department of Nursing, Faculty of Health, Oslo and Akershus University College of Applied Sciences, Box 4, St. Olavs Plass, 0130 Oslo, Norway

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KEYWORDS

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Intensive care
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Patient experiences

Summary

Aim: The aim of the study was to acquire knowledge of what contributes to maintaining and promoting the dignity of intensive care patients.

Method: The study takes a phenomenological approach, and the method of data collection is qualitative research interviews. The participants consist of seven former intensive care patients. The analysis was carried out by means of Giorgi's phenomenological analysis strategy.

Findings: Being seen and heard and having one's wishes and needs attended to are parts of dignified care. Personal and individual nursing was essential, as well as the extra involvement beyond what was expected. Being helpless and having to be cared for was unpleasant and degrading. The experience of being unable to speak could cause demeaning situations. Being met with respect was the essence of having one's dignity maintained and promoted. The sense of being treated as an object was the essence of experiences that inhibited dignity.

Conclusion: The findings indicate that the intensive care patients' experience of having their dignity maintained in an intensive care unit is good, despite a high-tech, busy environment. There is also potential for improvement in several areas. Awareness, moral integrity and demeanour are central to dignified patient care from the perspective of intensive care patients.

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* Corresponding author. Tel.: +47 90794145.

E-mail addresses: ellen.klavestad.moen@so-hf.no (E.K. Moen), dagfinn.naden@hioa.no (D. Nåden).

Implications for clinical practice

- Encountering the intensive care patients with respect is essential to preserve the intensive care patients' dignity.
- Awareness, moral integrity and demeanour by the intensive care nurse are central to dignified intensive patient care.
- In a high technology environment it is crucial to be aware of the balance between care and technological operational tasks.

Introduction

Intensive care patients are in a context where they may be comatose and on mechanical ventilation. They receive medical treatment and care in an advanced, technological and busy environment. With such complex treatment there is a risk that the medical treatment and technological equipment take too much of the nurses' attention, at the expense of the patients' psychosocial needs. Attention to the dignity of patients may be under pressure, which may give them a feeling of dehumanisation (Calne, 1994). Intensive care patients may lose control over their situation because of the injury, illness and treatment, be prone to reduced autonomy and integrity and be excluded from communication (Stubberud, 2010, 2013). Intensive care patients now tend to be kept awake during mechanical ventilator treatment (Karlsson, 2012), which may increase their possibility of subsequent recollection of the intensive care treatment. Patients' experiences of dignified care must therefore be considered vital in research and development of knowledge about nursing in an intensive care unit.

Background

Dignity is a fundamental value in nursing; maintenance of patients' dignity is an ethical responsibility for care-givers. The concept has many dimensions and encompasses behaviour, manner and even status. The word dignity is derived from the latin *dignitas*, meaning worthy. Dignity and worthiness are thus related, but not identical concepts (Edlund et al., 2013; Eriksson, 1996, 2006).

Man's dignity is both absolute and relative. Absolute dignity is given to man from creation and is infinite and impossible to renounce. Absolute dignity is reflected as traces in the relative dignity in an inner ethical and an external aesthetic dignity. The inner dimension consists of internalised ethical attitudes giving each person an awareness of dignity in oneself and others. The external aesthetic dignity reflects dignity in action and is created in relations with others. This relative dignity can be broken down and erased, but it can also be reinstated and recreated (Edlund, 2002; Edlund et al., 2013; Eriksson, 1996, 2006).

The following literature review shows that research focusing on the dignity of intensive care patients is sparse. However, several studies discuss the experience of former intensive care patients, where the issue of dignity is touched on and feelings of dehumanisation are uncovered.

Essential elements of former intensive care patients' experience, according to Gjengedal (1994) were a loss of voice, the importance of personal relations, anxiety and insecurity, disorientation to time and a changed sense of their body. According to Russell (1999) the most important

change was the close monitoring by means of medical technical equipment while nursing staff gave patients a sense of safety. Good communication between patients and nurses was perceived as therapeutic and reassuring, while a lack of communication was a burden. From different perspectives similar findings have been reported by Almerud et al. (2007), Fredriksen and Ringsberg (2006), Hofhuis et al. (2008), Karlsson and Forsberg (2008), McKinley et al. (2002), Schou and Egerod (2008). Vulnerability and unpleasant experiences increased if the staff were not forthcoming. Wang et al. (2008) concluded that an intensive care unit should be a place where patients are treated as individuals, not just a place for survival. The patients in Samuelson's (2011) study had both unpleasant and pleasant recollections of their stays in the intensive care unit, including care involving staff with unsatisfactory behaviour and attitudes. Lack of respect and attention and indifferent care were reported. The same study also described cases of exceptional behaviour and attitudes among staff, emphasising their sympathetic personality, attitude and conduct. Being awake during ventilator treatment involves being painfully aware that one is dependent on others, being voiceless and helpless. It is possible for patients to endure the situation if they have nurses who assist them, are attentive to their expressions, remain alert to their needs and do not leave them (Karlsson, 2012).

The literature review shows that research focusing on the dignity of intensive care patients is scant. Although there are several studies where former intensive care patients tell about their experiences of being cared for in intensive care units, and where dignity experiences are mentioned in the results, few studies have been carried out where the main focus is on patients' experiences of preserving their dignity. We identified a need for a study such as the present one to be carried out.

Aim

The aim of the study was to acquire knowledge of what contributes to maintaining and promoting the dignity of intensive care patients. This gave rise to the following overarching research question: what are the experiences of former intensive care patients of having their dignity upheld during their stay in the intensive care unit?

Method

The study takes a phenomenological approach (Giorgi, 1985). Phenomenology is concerned with understanding social phenomena from the person's own perspective and descriptions of the world as it appears to them, from the

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