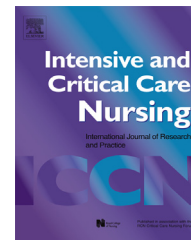




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ORIGINAL ARTICLE

The experiences of ICU patients during follow-up sessions – A qualitative study



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Content analysis;
Follow-up;
Intensive care;
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Summary

Objective: Evidence supports the recommendation for follow-up session(s) for patients after discharge from an intensive care unit (ICU). The aim of these follow-up sessions is to allow patients to express and discuss their experiences and problems following their time in an ICU. To optimise the knowledge gained from the follow-up session experience, it is necessary to describe how patients experience these sessions. The aim of this study was to describe how ICU-patients, experience a follow-up session.

Design/setting: This study adopted a qualitative design utilising semi-structured interviews, and which examined the experiences of seven men and five women. Qualitative content analysis was utilised.

Findings: The participants stated that the information gained from these sessions, which had previously seemed unclear to some of them, was, on the whole, now clarified and confirmed. A discernible difference was found between participants who were cared for on a general ward and those who were cared for on a rehabilitation ward and also were offered a meeting with a counsellor, following discharge from the ICU. The findings also indicated that participants who were not offered psychosocial support showed a greater need for a follow-up session.

Conclusion: This study has highlighted the need for increasing collaboration between intensive care staff and staff in other units to provide support to this patient group in order to reduce their suffering post intensive care experience.

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Implications for Clinical Practice

- The use of follow-up sessions is a way in which to assist patients who have been admitted to an ICU.
- The writing and maintenance of a diary has been shown to be valuable to the patient and this document should be written and maintained by ICU staff and relatives.
- Patients who are transferred to a medical or surgical ward following discharge from an ICU, and who have not received counselling, would benefit greatly from a follow-up session.

Introduction

The use of follow-up sessions are commonly used both in Sweden and internationally for patients who have previously been cared for in an intensive care unit (ICU). The overall aim of these follow-up sessions is to allow patients and their relatives the opportunity to express their experiences and problems, and if needed to refer these individuals to other healthcare professionals (Egerod et al., 2013; Pattison et al., 2007; Samuelson and Corrigan, 2009). These follow-up sessions, commonly consist of three steps. Firstly, a diary is kept by staff and relatives, detailing the patient's time in the ICU. The next step involves a member of the ICU staff visiting the patient on the ward they have been transferred to. This usually occurs a few of days after discharge from the ICU. Finally, a consultation session is organised approximately two months after discharge from the ICU (Egerod and Christensen, 2009; Engström et al., 2008; Samuelson and Corrigan, 2009). Follow up sessions are offered to patients after their discharge from the ICU, and have been shown to have a positive effect on the individuals rehabilitation and recovery (Samuelson and Corrigan, 2009). It has also been shown that this, among other things, gives these patients a better understanding of what they have gone through as well as the opportunity to put this knowledge into words. This has been shown to give these individuals the opportunity to make sense of their experiences, and it is hoped that this will assist the patient to move on from this experience (Chaboyer and Grace, 2003; Samuelson and Corrigan, 2009; Strahan et al., 2003). Samuelson and Corrigan (2009) show that patients, as well as their relatives, appreciate these follow-up sessions, with this shown to assist some patients and relatives to move on from their ICU experience. Factors that have been shown cause to patients stress during their time in the ICU, such as, being thirsty, wearing a continuous positive airway pressure (CPAP) mask, not being able to communicate and being moved to another care unit, have been identified (Samuelson and Corrigan, 2009).

In the Backman et al. (2010) study, patients who have been allowed to read the diary written for them were shown to experience a higher quality of life at follow-up. The patient diaries show what occurred to the patient, and may be a way in which to fill memory gaps, to explain certain memories (Engström et al., 2008), and can offer the ICU staff a new insight as to how future care should be designed (Egerod and Christensen, 2009). Photographs are also taken (with the permission of the patient or next of kin), and put in to the diary (Backman and Walther, 2001; Backman et al., 2010; Jones et al., 2010). Backman and Walther (2001) have shown that the use of photographs is appreciated by many patients. Patients who have been cared for in an ICU also

expressed that a diary helped them gain an insight into the experience. Contrary to this benefit, the reading of a diary has also been shown to be experienced by some as painful or unpleasant (Engström et al., 2008).

Research has also shown that patients' experiences can consist of both pleasant and unpleasant memories of their time in the ICU, with some patients describing their experiences as; dreams, nightmares, fantasies and perspective changes with frightening delusions (Roberts et al., 2006; Samuelson, 2011). Ringdal et al. (2006) state that four out of five patients who have had physical trauma have some memories from the actual events during their time in care, and the remaining one out of five, have experiences of false or unreal memories. Examples of these false or unreal memories include: illusions of people trying to injure them (Löf et al., 2006). It has been shown that memories of time spent in an ICU can change over time, but the emotional effects on patients, such as anxiety, appear to remain (Löf et al., 2006; Rattray et al., 2010). Therefore, the use of follow-up sessions may assist with dispelling some of these unpleasant memories, and/or reinforcing some of the more pleasant memories patients may have.

ICU patients are commonly offered an opportunity to attend a follow-up session before they are discharged from hospital (Egerod et al., 2013). ICU staff visit the patient following discharge from the ICU to provide both verbal and written information about the proposed follow-up session (Egerod et al., 2013; Samuelson and Corrigan, 2009). These follow-up sessions offer an opportunity to give realistic and honest information that can assist in attempting to explain the patient's experiences. In addition to this, follow-up sessions can provide an opportunity to ask if the participants require support in promoting their wellbeing and/or increasing their quality of life (Nåden and Eriksson, 2002; Samuelson and Corrigan, 2009). There is clear evidence that follow-up sessions have many benefits for the patient, as well as their relatives, and staff who provide care to these patients (Cutler et al., 2003; Rattray et al., 2010; Samuelson and Corrigan, 2009). With the aim of improving care for future intensive care patients, the nurses responsible for these follow-up sessions should provide their colleagues feedback based on what has been highlighted and observed in the follow-up sessions (Cutler et al., 2003; Egerod et al., 2013; Samuelson and Corrigan, 2009).

Information regarding the patient's time spent in the ICU is often requested by patients and their next of kin. It is intended that as much information as possible is provided during the follow-up sessions. It is hoped that this information will clarify and address any questions relating to the patients particular memories, nightmares, and any

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