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ORIGINAL ARTICLE

Good nursing care to ICU patients on the edge of life

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Summary Critically ill patients are admitted to intensive care units (ICUs) to receive advanced technological and medical treatment. Some patients seem not to benefit from the treatment, and sometimes questions are raised as to whether treatment should be withheld or withdrawn. This study was conducted using ICU nurses' experiences with the aim of acquiring a deepened understanding of what good nursing care is for these patients. The study was performed at an adult ICU in Norway, where 14 ICU female nurses were included as participants. The research design was based on interpretative phenomenology and data was collected by group interviews inspired by focus-group methodology. The participants were divided into two groups and each group was interviewed four times. Colaizzi's model was used in the process of analysis. The results show that good nursing care depended on several basic conditions: continuity, knowledge, competence and cooperation, and included clear goals to give appropriate life-saving—or end-of-life treatment and care. Cornerstones in good nursing care were nurses' verbal communication and nurses' use of their hands. The study emphasises several consequences for future ICU nursing practice and education to enhance good nursing care to patients on the edge of life.

Background

Seriously ill patients are admitted to intensive care units (ICUs) to take advantage of advanced technology and nursing care. In spite of the ICUs' primary emphasis on recovery and surviving, many patients also end their lives there. A chart review showed that for a 12-month period, 87% of 1327 patients survived to be discharged from ICU, and 13% died

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before transfer to the ward. About 79% of the dying patients died within about 4 h after treatment was withheld or withdrawn (Hall and Rocker, 2000). This may indicate that patients' lives sometimes are upheld by advanced treatments that only lengthen their process of dying. According to Solomon et al. (1993) over-treatment is a greater problem than under-treatment in ICUs.

The consequences of non-treatment will most probably lead to critically ill patients' deaths. However, now and then patients survive after curative treatment has been withheld or withdrawn, or after a long time of treatment with seemingly little progression. Therefore, the decision to change from curative treatment to palliative care is difficult to make, and it has been shown to be fraught with conflicts and delays (Badger, 2005). When death approaches and nursing care should be palliative, patients might receive an inconsistent combination of therapies because of mixed goals (Scanlon, 2003). This may have a negative influence on nursing care since clear goals for the treatment of patients have been shown to be preconditions for good nursing care (Chapple, 1999; Hov et al., 2007).

A fundamental idea in western culture is the autonomy of human beings. This means that seriously ill and dying patients have the right to determine what care they should receive (ICN, 2001). However, ICU patients are rarely involved in their end-of-life decisions and care (Owens, 2005; Seymour, 2000). This can be caused by the severity of their illness and their experience of pains, suffering or reduced state of consciousness, which can make them incompetent in decision-making. Furthermore, their extremely distressing and confusing experiences (Bergbom Engeberg, 1991; Russell, 1999) and poor memory from their ICU stay (Granberg et al., 1998; Russell, 1999) can cause barriers in gaining first-hand information about their preference for treatment and nursing care. Advanced directives have been found to identify the patient's wishes, which may contribute in the goal setting, but there are variations in the documentation and use of such directives (Kirchhoff et al., 2004)

Studies into end-of-life care in ICUs show that patients and their relatives are highly satisfied with the quality of care (Burfitt et al., 1993; Mayer and Kossoff, 1999), but they also highlight areas for improvement (Baker et al., 2000; Beckstrand et al., 2005; Kirchhoff and Beckstrand, 2000). It is crucial to extend nursing knowledge of how the best possible care can be provided to this group of ICU patients (Rubenfeld and Curtis, 2006). The literature review did not reveal any findings related to patients' needs for nursing care when questions were raised whether to treat them curatively. Therefore, this study was conducted with the aim of acquiring a deepened understanding of what good nursing care is for these patients in their situation.

Method

Research design

The patients focused on in the study were extremely ill and vulnerable and included those about whom questions concerning the appropriateness of curative treatment were raised. Due to methodological and ethical reasons data was collected from ICU nurses' accounts of their experiences of caring for these patients.

The research design was based on phenomenology since ICU nurses' lived experiences were focused upon. A central concept in phenomenology is 'bracketing,' which means that researchers put aside theories, personal knowledge and expectations of the phenomenon under study (Husserl, 1995). As this can be understood to be incompatible with human existence, this study is based on interpretative phenomenology. In this tradition, researchers' experiences are viewed as legitimate and necessary for understanding other people (Colaizzi, 1978). At the same time, researchers' presuppositions need to be 'bridled' (Dahlberg and Dahlberg, 2004), which means that pre-understanding must be the subject of continual and thorough scrutiny.

Setting

The current study is one of a two-part study about ICU nursing when questions concerning curative treatment or not were considered (Hov et al., 2007). The study was conducted in a nine-bed, adult, general ICU in a central hospital in eastern Norway. The daily treatment and care of patients was carried out by ICU nurses and physicians; anaesthetists were responsible for the patients' medical treatment in close cooperation with physicians from the patients' primary ward. Nursing was mostly delivered according to a one-to-one principle (Manthey, 1992). Some patients had diaries in which the nurses wrote to tell the patients and their relatives about important things that happened during their ICU stay.

Participants

The first author (R.H.) informed staff about the study at a staff meeting. Then all 37 nurses in