



Effect of attachment styles of individuals discharged from an intensive care unit on intensive care experience

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Abstract

Introduction: The present study was conducted as a cross-sectional type to examine the effect of attachment styles of individuals discharged from an intensive care unit (ICU) on intensive care experience and health status.

Methods: The population of the study included patients discharged from the ICU in a university hospital. The sample included 108 patients who were selected via simple random sampling method. Data were collected using a Demographic Information Questionnaire, Intensive Care Experience Questionnaire, the Relationship Scales Questionnaire, and Acute Physiology and Chronic Health Evaluation II system. In the analysis of data, frequency, percentage, mean, standard deviation, minimum and maximum values, and Mann-Whitney *U*, Kruskal-Wallis, Bonferroni-adjusted Mann-Whitney, and Spearman ρ correlation tests were used.

Results: A significant difference in the awareness of surroundings subscale for attachment styles was noted ($\chi^2 = 10.820$, $P \leq .01$). Moreover, participants' attachment styles (fearful, preoccupied, and dismissing) and intensive care experience were significantly correlated. A significant correlation was found between participants' secure attachment style points and Acute Physiology and Chronic Health Evaluation II score during discharge from the ICU ($r = 0.322$, $P = .001$).

Conclusion: Individuals' attachment styles should be taken into consideration when planning and implementing the nursing care and treatment of individuals hospitalized in an ICU.

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1. Introduction

Attachment has been defined as an emotional bond between 2 individuals based on the expectation that one or both members of the pair will provide care and protection in times of need [1–4]. Attachment styles are influential on the behaviors of the individuals who are in relationships with one another and also influential in obtaining satisfaction from their relationships, in the level with which the individuals are affected by the problems experienced in

relationships, and in coping with these problems [1,5–8]. This study was conducted to determine the effect of attachment styles of individuals discharged from an intensive care unit (ICU) on intensive care experience and health status.

1.1. The intensive care experience

Experiences of critically ill patients are an important aspect of the quality of care in an ICU [9]. They can be perceived as stressful, particularly when a person is removed from the safety of his/her home and sent to an ICU, an

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environment that can be experienced as unfamiliar, strange, and frightening [10,11]. Strahan and Brown [12] described the stressors that threaten the patient in the ICU. These include (a) physical response: disturbances of sleep, thirst, pain, and weakness; (b) environmental stressors: inability to distinguish day from night and feeling of being trapped and tied down by equipment; (c) emotional disturbances: impaired cognitive functioning, worries, anxieties, and fear; and (d) communication difficulties: inability to talk when receiving mechanical ventilation [12]. Adult attachment style, as a personal trait, has gained popularity over the past years, and it is believed that it may influence individuals' intensive care experiences.

1.2. Adult attachment theory

Originally formulated by John Bowlby [2-4], attachment theory postulates that an attachment system has evolved with birth to ensure an infant's proximity to a caring and protective caregiver. Bowlby [13] defined attachment as "the propensity of human beings to make strong affectional bonds to particular others." Main [6] has suggested that early attachment behaviors, such as crying and smiling, were innate, whereas later attachment behaviors reflect organized and conditioned strategies for maintaining closeness and security with the attachment figure. Bartholomew and Horowitz [1] have advanced a 4-category model of adult attachment (secure, fearful, preoccupied, and dismissing) that correspond to Bowlby's original working models of the self and others.

According to Bartholomew and Horowitz [1], secure individuals (who have positive models of both self and others) are hypothesized to experience a general comfort with closeness and trust in others, and fearful individuals (who have negative models of both self and others) are hypothesized to avoid close relationships because they fear rejection. Preoccupied individuals (who have a negative self model but a positive model of others) are hypothesized to have an intense desire for emotional intimacy coupled with a heightened concern about being rejected, whereas dismissing individuals (who have a positive model of self but a negative model of others) are hypothesized to stress the importance of independence and self-reliance over close relationships [5,8,14].

Attachment styles, which develop during infancy and childhood, may change over time. They may be influenced by some factors such as psychological, sociocultural, and environmental [15,16] and may be involved in several circumstances including the way an individual responds to treatment and how he/she adapts to new environments.

1.3. Clinical and the intensive care experience relevance of adult attachment theory

Attachment has also been discussed by Johnson [17] and Roy [18] in nursing theories. Johnson [17] and Roy [18]

claim that attachment styles should be taken into consideration when assessing a patient's behavior and when planning, implementing, and evaluating the provided care [19-24].

Moreover, some studies in the literature adduce that attachment styles are linked to a number of clinically relevant phenomena. These include quality of intimate relationships, depression, postnatal depression, self-esteem, anger and hostility, communication and marital satisfaction, career choice and satisfaction, eating disorders, psychosis, borderline personality disorder, and sexual and health behaviors [6,7,25-39].

This body of literature suggests a potential effect of attachment styles on adaptation to the environment and the health status. Based on this insight, attachment styles of individuals hospitalized in ICUs seem to be a potentially key factor affecting their adaptation to the unit and/or their health status. Therefore, the hypothesis of the study was established as "There are associations between attachment styles and intensive care experiences and health status." If such a correlation exists, a care and treatment planned by taking into consideration specific attachment styles of individuals would contribute to a swift and uncomplicated health status.

2. Materials and methods

2.1. Purpose and research questions

This research was carried out with a cross-sectional design to determine the effect of attachment styles of individuals discharged from an ICU on their ICU experience and health status. Research questions were as follows:

- What are the attachment styles of individuals discharged from an ICU?
- What are the ICU experiences of individuals discharged from that unit?
- Do the attachment styles of individuals discharged from the ICU influence their intensive care experiences and health status?

2.2. Participants and setting

The population of the research composed of individuals discharged from the ICU of a university hospital. The number of subjects to be included in the sample was calculated by taking into account the 2008 data of the ICU: 1074 patients had been admitted to this unit in 2008, and 882 of these patients were either discharged or transferred to other health care facilities. The sample size was calculated using the "sample size estimation with a known population" method. The number of individuals forming the sample population was taken as 882. In addition, based on the data from a study by Demir et al [39], a standard deviation of 13.93 was used for Intensive Care Experience Questionnaire

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