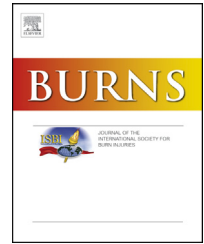


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Burn patients' experience of peripherally inserted central catheter insertion: Analysis of focus group interviews from a South Korean burn center

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ABSTRACT

Purpose: Although the use of peripherally inserted central catheters (PICCs) has increased in burn patient treatment, little is known about the subjective experiences of these patients with PICCs. These experiences may be similar to those of other patients, particularly cancer patients receiving long term care but it is not clear if this is the case. Burn patients' exposure to skin injury may result in pain and apprehension similar but different from that felt by cancer patients. The aim of this study was to explore the subjective experiences of PICC insertion procedures among burn patients treated and managed in a burn center in South Korea.

Methods: A qualitative descriptive study was conducted using focus group interviews. Twenty-two participants who experienced of PICC insertion procedures participated in audio-taped focus groups sessions. Qualitative content analysis was used to identify categories of discussion depicting participants' subjective experience with PICC procedures. **Results:** Three categories of PICC subjective experience were identified: (a) distress: painful burn treatments and repeated venipunctures, (b) PICC insertion: short and endurable, and (c) use of PICC: lots of pros and a few cons.

Conclusions: The major findings from our focus group interviews were that frequent venipunctures are a significant sources of distress for burn patients. However, most participants reported that PICC provided a very convenient route for venous infiltration and for that they were generally positive about the procedure. This knowledge may enable clinicians to better the needs of their patients when undergoing PICC insertion and management.

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1. Introduction

Knowledge of the subjective experiences of burn patients is critical to the comprehensive treatment and support of burn patients during their long and tedious, sometimes painful experiences of treatment. This knowledge can be integrated into the care of these patients and serve to provide important

and valuable topics of discussion between patients and their providers.

Delivering intravenous fluids, long-term use of antibiotics, and total parenteral nutrition are essential in burn treatment. While there are increasing medical reports of the issues surrounding reliable and secure vascular access the patient's perspective and subjective experiences are lacking in the literature. Reliable and secure vascular access is critical in the

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care of burn patients. Some approaches are not feasible with these patients due to the nature of the original burn. Although it is important to maintain intravenous access, venous access and maintenance of IV catheters seems very hard due to burn range and location in the skin.

Traditionally central venous catheters (CVCs) and peripheral Venous Catheters (PVCs) use were the main approaches to provide venous access. These approaches have resulted in selected complications. The principal complications of CVCs are pneumothorax and catheter-related bloodstream infections (CR-BSI) while PVCs are related to problems in maintaining routes and frequent insertions for optimal catheter rotation. Although there is wide variation in practice for maintaining vascular access in burn patients, frequent rotation of catheters is a widely accepted practice to decrease occurrence of bacteremia [1]. Recent studies have reported that about 30% of burn clinicians do not routinely change PVCs without signs of infection; further, catheter rotation practices showed wide variation from 3 to 14 days in US burn centers [2].

Peripherally inserted central catheters (PICCs) are one type of central venous catheter (CVC) for intermediate or long-term intravenous therapy [3]. PICCs were developed to supply parenteral nutrition and for the administration of chemotherapy especially for critically and chronically ill hospitalized patients. Recently the use of PICCs has been expanded for the administration of various types of medication, such as antibiotic therapy and other clinical or community care settings [4–6]. PICC has been said to serve as ‘bridge’ device from hospital to community and short term to long term intravenous treatments [4]. As the number of patients with limited peripheral access who are in need of long-term therapy increases, the use of PICC in various clinical and community settings has become widespread and popular.

Previous literature about PICC insertion and the related experiences of patients with this treatment approach has been cited in the cancer literature [5–8]. The experience of pain, apprehension, the potential impact on patients’ quality of life and the convenience or inconvenience of treatments have been noted as important topics to cover in discussions with patients. Little is known about the experience of burn patients with PICC insertion and while the concerns may be similar to those of other patients, burn patients might have a separate set of concerns or experience with pain due to the many skin wounds that have occurred and that are simultaneously being treated. The aim of this study was to address the gap in knowledge about burn patients’ subjective experiences with peripherally inserted central catheter (PICC) insertion by exploring their responses to key open-ended questions in the context of focus group discussions with other patients undergoing PICC insertion procedures in one burn center in South Korea.

2. Methods

2.1. Design

A qualitative descriptive study with focus group interviews was used to provide an in-depth and rich understanding of patients’ subjective experiences. In focus group interview methodology, participants are recruited based on criteria such

as similar experience on the particular research topic, similar sociodemographic characteristics and comfort with the approach and trust of the interviewer and other fellow patient participants participating in the group (Rabiee, 2004).

2.2. Ethical considerations

The study was approved by the Institutional Review Board of Gachon University (IRB No. 1044396-201411-HR-008-01). All participants were informed about the purpose of the study and recorded discussions as well as the procedures taken to protect their confidentiality. Written informed consents were obtained from all participants. All interview data and record files were stored on the hard drive of a password-protected computer shared and accessible to only the authors. Backup document files were secured in locked file cabinets in the researcher’s office.

2.3. Setting and sample

All patient participants were recruited from the Bestian Burn Center, Daejeon, South Korea. Bestian Burn Center is one of the largest burn care centers in South Korea. Adult burn patients were eligible if they had experience of PICC insertion procedures. Participants were invited because of their willingness to discuss their experiences in a group with other burn patients undergoing PICC procedures. Recruitment and formation of the focus groups was continuous until no new information was obtained.

2.4. Procedures and data collection

Based on a review of literature [6,8], the interview guide was developed to explore patients’ subjective experiences with PICC insertion and its maintenance (Table 1). All participants were asked to describe various experiences, and questions were all open-ended.

Four focus groups including 22 adult burn patients were conducted. The focus groups were homogenous with respect to PICC placement experience. Those who agreed to take part were assigned to focus groups depending upon their personal schedule and availability. The focus groups took place in a private secluded room in the burn center. The focus group interview environment was set up to foster participants’ willingness to openly share with others facing similar concerns. Each of the four focus group interviews took from 90 to 120 min and included 5–6 participants per group. The nurse researcher and research assistant led the focus group interviews. All group interviews were tape recorded.

Table 1 – Focus group discussion: open-ended questions.

Question

Tell me what it is like to experience a burn and burn treatment?
How was the venipunctures for your burn treatments?
Tell me about the information you received about the PICC.
How was the PICC insertion for you?
How was the PICC management for you?
Tell me about the positive and negative aspects of the PICC.

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