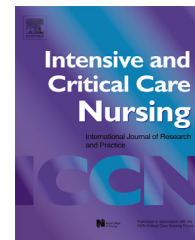




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ORIGINAL ARTICLE

# To feel strong in an unfamiliar situation; Patients' lived experiences of neurosurgical intensive care. A qualitative study



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## KEYWORDS

Interaction;  
Interpretive phenomenology;  
Neurosurgical intensive care;  
Nursing;  
Security

## Summary

**Aim:** The aim of this study was to explore the lived experiences of conscious patients in neurosurgical intensive care.

**Method:** Data collection was performed by qualitative interviews using an interview guide. Eleven former patients, seven women and four men, were interviewed two to 14 months after discharge. The interviews were recorded and transcribed verbatim and analysed using an interpretive phenomenological approach.

**Findings:** The analysis revealed three themes: To feel safe in an unfamiliar situation, to experience strains and limitations, and to be confirmed as a human being. These three themes culminated in the essence: To feel strong in an unfamiliar situation. Patients experienced a soothing environment where, despite strains, they felt safe being cared for in a ward with specialised medical treatment. When mental and physical strains decreased during the period of care, they experienced the ability to cope with the simplest tasks as a sign of regained identity. **Conclusion:** Patients' main experience during intensive care was security. Security along with human contact and interaction with staff and next of kin made the patients feel strengthened as human beings in an unfamiliar situation. The fact that the patients were conscious enabled them to understand their situation and to experience security.

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### Implications for Clinical Practice

- ICU nurses need to be reminded about establishing a good interaction with the conscious patient. This provides an experience of security.
- Unnecessary disturbances caused by sound and light in the ICU room should be limited.
- ICU nurses need to encourage next of kin to visit their relative because of their importance in comforting the patient.

## Introduction

The neurosurgical intensive care unit (ICU) is a highly technological environment in the hospital. The equipment surrounding the patient is used to monitor, treat and examine. It includes, for example, ventilators, infusion pumps and cables. The unit is also characterised by a sound- and light-intense environment, constant sounds from other patients, and conversation between staff is mixed with unexpected alarms and noisy nursing actions. During the night the light is reduced but situations can arise in which the light is restored fully and intensely (Johansson et al., 2012; Meriläinen et al., 2010, 2012).

Critically ill patients cared for in this kind of nursing environment are described as vulnerable and exposed and not able to protect themselves from sound and light impressions. Because of their fatigue they experience difficulties in communicating and asking questions; therefore the environment does not make any sense for them (Almerud et al., 2007). In this condition there is a risk of the patients developing ICU delirium during their ICU stay (Löf et al., 2006; Zaal et al., 2013).

The experience of intensive care is retained in memories that patients carry with them, which can affect their quality of life. Several studies have demonstrated the connection between memories and the development of post-traumatic stress disorder after discharge (Ratray et al., 2010; Zetterlund et al., 2011).

The ICU nurse has an important role in preventing the patients from suffering negative effects from their impression of their ICU stay. This includes the ICU nurses using their knowledge about communication and interaction. Here, the patients' level of consciousness is an essential factor that affects communication. Therefore, the nurse needs to be creative in the interaction and find an understandable way to explain and inform the patients about the care. It is also important that ICU nurses are aware of their patients' physical and psychological needs and reactions regarding the ICU environment. Good interaction improves the patients' experiences of security and promotes the patients' integrity and personal identity in the unfamiliar situation (Tingsvik et al., 2013; Wåhlin et al., 2006).

There are two major diagnoses in neurosurgical intensive care: traumatic brain injury and spontaneous cerebral haemorrhage. These critical illnesses can affect the patient with different levels of severity, from mild to severe. Even those patients that suffer from mild brain damage demonstrate symptoms such as headache, concentration disorders, fatigue and lack of memory (Lundin et al., 2006). This patient group needs treatment and monitoring supplied by neurosurgical intensive care even though they are conscious. The level of consciousness is estimated repeatedly by the

ICU nurse, using the Glasgow Coma Scale (GCS). The GCS measures the level of consciousness by combining three different tests: an eye, motor and verbal test. Each test generates a certain score and the sum of these determines the level of consciousness (Middleton, 2012; Teasdale and Jennet, 1974). A conscious neurosurgical patient could be more sensitive and more affected by different stimuli in the environment than an unconscious patient. Therefore, it is important to study these patients' memories and experiences of their ICU stay to improve understanding of this category of patients.

## Aim

The aim of this study was to explore the lived experiences of conscious patients in neurosurgical intensive care.

## Methods

### Design

An interpretive phenomenological approach was chosen to explore the lived experiences of being a conscious patient in neurosurgical intensive care. Interpretive phenomenology focuses on the lived experiences of human beings and aims to get a deeper understanding of the meaning of the lived experiences. Interpretive phenomenology elucidates the phenomenon of the experiences and makes the invisible visible (Cohen et al., 2000; Kvale, 1997). Interpretive phenomenology differs from ordinary phenomenology, which is to be seen as descriptive; describing the phenomenon.

### Informants and procedure

Informants were recruited from a neurosurgical intensive care unit in Sweden. The inclusion criteria for informants were: aged over 18 years, having experienced an ICU stay of more than five days, a consciousness level of GSC 14–15 during the ICU stay, and not mechanically ventilated during the stay. A query was made to the Swedish Intensive Care Registry (SIR) and a following check-up in the medical records identified 24 former patients as possible informants in view of the inclusion criteria. An information letter was sent by post to the identified informants and out of those 24 informants 11 agreed to participate in the study, seven women and four men. The informants were aged 37–81 with a median age of 74. The time at the ICU varied between five and 15 days with a median of 12 days.

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