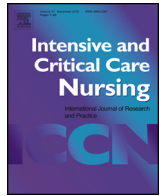




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Thank you letters from patients in an intensive care unit: From the expression of gratitude to an applied ethic of care

Alexandre Herbland^{a,*}, Michel Goldberg^b, Nathalie Garric^c, Olivier Lesieur^{a,d}

^a Service de réanimation polyvalente, Hôpital Saint Louis, rue du docteur Schweitzer, Groupement Hospitalier La Rochelle Ré Aunis, 17019 La Rochelle Cedex, France

^b Laboratoire Littoral, environnement et sociétés (LIENSs). UMR CNRS 6250 Bâtiment Curie. Université de La Rochelle, 17000 La Rochelle, France

^c EA 4643 Construction discursive des représentations linguistiques et culturelles (CoDiRe), Université de Nantes, 44000 Nantes, France

^d EA 4569, Laboratoire d'Éthique Médicale et Médecine Légale, université Paris Descartes, France

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ABSTRACT

Introduction: Patients' perception of an intensive care unit stay can lead to a better understanding of the expectations and needs of patients hospitalised in intensive care so that care for critically ill patients can be adapted and improved. Thank you letters are sources of original information which come directly and spontaneously from patients.

Objective: The objective of this study was to analyse the thank you letters from patients who required intensive care treatment and to identify messages that could be intended for the intensive care unit team.

Design: We conducted a qualitative study according to a thematic analysis. The body of research consisted of 17 letters from patients hospitalised in intensive care unit.

Setting: The study took place in the medical-surgical intensive care unit of a French general hospital. The intensive care unit is made up of 16 resuscitation beds and four continuous monitoring beds.

Findings: Two main themes emerged: (i) expression of gratitude through a description of the caregivers' behaviour (humanity and professionalism) and recognition for surviving (ii) the narrative of the intensive care unit experience.

Conclusion: Thank you letters give a rich insight into how the patients perceived their stay in intensive care unit. Letters from patients give direct feedback on the quality of care provided, contribute to give meaning to work and raise the question of what the core values of care should be for all concerned in the healthcare providers–patients relationship.

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Implications for clinical practice

For various reasons, thank you letters should be easily available for all ICU staff:

- These letters contain information which gives insight about intensive care patients' experiences.
- Healthcare providers can find a sense of professional acknowledgement in the letters which is both gratifying and gives sense to the care and services provided.
- The humanity in care relationship comes through the letters and needs to be taken more into consideration in critical care.
- Letters constitute a highly personalised and non-exclusive means of communication which can feed an endless source of renewable information for an applied ethics of care.

* Corresponding author.

E-mail addresses: alexandre.herbland@orange.fr (A. Herbland), michel.goldberg@univ.fr (M. Goldberg), nathalie.garric@univ-nantes.fr (N. Garric), olivier.lesieur@ch-laroche.fr (O. Lesieur).

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Introduction

intensive care unit patients sometimes express their thanks towards ICU teams by sending a thank you letter. Thank you letters from patients who survived their stay in ICU provide direct and spontaneous personal accounts. Even if the patient's experience in ICU has already been explored by several methods (semi-directive interviews, questionnaires, testimonials) (Green, 1996; Hofhuis et al., 2008; Stein-Parbury and McKinley, 2000) ICU staff may still have inaccurate perceptions of their patients' experiences (Abuatiq, 2015; Randen et al., 2013; Schindler et al., 2013). These letters embody one facet of the patients' experience and feelings, they nevertheless constitute a unique and relevant source of information on this topic. Hidden behind the expression of gratitude, the patients convey potentially significant messages to the health professionals which could be the basis for future action.

Letters of gratitude have been the subject of one study in palliative care (Centeno et al., 2010) but to the best of our knowledge a study focusing on letters received from patients in ICU has not been carried out. The analysis of such data may allow for a better clarification of the patients' experience and messages delivered to the care providers. This feedback from patients can help us to improve our understanding of their needs and their expectations and thus to make adjustments in our care provision.

Methods

Objectives

The aim of this descriptive study was to examine an ICU patient's perspective through the bias of thank you letters, and to identify the potential relevant messages addressed to the ICU team.

Setting

The study took place in the medical-surgical ICU of a French general hospital. The ICU is made up of 16 resuscitation beds and four continuous monitoring beds.

Ethical approval

Ethical approval for this study was provided by the Institutional Ethical Committee of the Atlantic 17 Hospital Community of Territory. According with French law on medical research, written informed consent from the patient or next-of-kin was not required for this observational study.

Data collection

Before 2012 thank you letters received in ICU were not systematically kept and filed, nevertheless medical secretaries would file thank you letters that arrived in a specific file. The project of letters analysis came about by exploring this particular file. In October 2012 we retrospectively compiled the most recent thank you letters received from ICU patients in chronological order in this file. These patients had spontaneously written and sent letters of gratitude after being discharged. The compilation of letters formed the body of research. Data saturation determined the qualitative sample size.

In 2013 we put in place a specific ICU policy in order to classify, count and archive letters from families and patients. All letters received whoever sent them, are collected by the medical secretaries and kept. During the period from 2013 to 2016 the unit received 92 thank you letters, a minority (30) of which came from patients. Just for information, during the 2012–2016 period the unit received one letter of complaint.

Dear Hospital manager,

Due to major health problems, I was admitted in (month) to your ICU ward and then the cardiology department. More recently (date) I was admitted to the emergency department and then, after a short stay in ICU at (other location) due to a lack of available beds, I was hospitalized again in your pneumology department.

I would like you to pass on the information please, to all the people who work in these different departments to tell them on my behalf how grateful I am and to thank them all.

I was able to appreciate, not only the quality of their care but also their heartfelt kindness, in such painful moments, as they were understanding, kind and thoughtful.

I know how difficult their task is so I was all the more touched by the fact that they were so present and attentive and I would like to tell them how much this helped me.

People always feel a little distraught and worried during a stay in hospital and even more so when you are old like me, it is even worse!

Please thank everyone from me.

Yours sincerely

(Signature)

Fig. 1. An example of a thank you letter.

The words in brackets refer to specific locations or dates and were omitted to preserve the author's anonymity.

In 2012, 594 patients were admitted to ICU, with an average age of 65 years, an average length of stay of 9.69 days and the mortality rate was 28%.

Data analysis

We analysed the letters using thematic textual analysis with an inductive approach (Boyatzis, 1998). Coding processed over six phases: familiarisation data, setting up initial codes, searching for themes among codes, reviewing themes, defining and naming themes and finally producing the report. The letters were made anonymous and analysed by four different researchers (AH, MG, NG, OL). The four researchers came from a range of backgrounds more specifically linguistic (NG), discursive analysis (MG), biomedical ethics (OL), intensive care (AH, OL). This ensured that there was a range of perspectives when coding, interpreting and in discussing the findings. The three first steps of the coding process were independently undertaken to improve the trustworthiness of the analysis. To enhance the credibility of the research, differences of opinion about coding and interpretative analysis were regularly discussed until consensus was reached and this happened during several analysis meetings. The use of saturation in the analysis reinforced the truthfulness and transferability of findings. In the findings and discussion sections, all statements in quotation marks have been taken directly from the letters to illustrate our findings.

Findings

The patients and their letters

The people who wrote the letters had undergone life-threatening situations requiring a stay in ICU. The patients and their letters characteristics are shown in Table 1. The median age was 63 years (interquartile range (IQR): 44–76). The median length of stay in ICU was 10 days (IQR: 2–18). The median interval between leaving the unit and writing the letter was 49 days (IQR: 17.5–117.5). Seven patients were not from the area. A whole letter has been translated into English and attached to article (Fig. 1).

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