“Some of us are actually aware, you know”

A study of psychosocial nursing, in the encounter between the awake intubated patient and the critical care nurse

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Aim

... to develop knowledge of the encounter between the intubated critical care patient and the nurse

"loneliness"

"being a living dead"

"being a garbage can for pipes and hoses"
Flow chart

Preparations

8 h. Descriptive observation

24 h. Focused observation

12 h. Selected observation

Naive reading

Structural analysis

Critical interpretation

New recognition/realisation

Critical Care Patient’s lifeworld Prefiguration - preconception

Data Collection Configuration

Analysis & interpretation Refiguration

Dialogue with nursing practice

Interactional Nursing Practice - Critical hermeneutics

Ethnography

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Data collection

Three phases of participant observation:

- A descriptive phase (8 h.)
- A focused phase (24 h.)
- A selective phase (12 h.)

A total of 44 hours of participant observation
Interpretation

A phenomenological hermeneutic approach

Ricoeur inspired interpretation theory
- To obtain a deeper understanding of being-in-world - through tales of the participants life world

Text interpretation
- A continuous dialectical movement between units and wholes - between description and understanding
- To understand a possible way of “being in the world” in which critical reflection can increase awareness of variations in the phenomenon
Findings

The three themes emerged:

- Contact
- Information
- Interaction

*Contact in the encounter emerged as a dominant finding*
Theme I: Contact

Contact was defined as:

- Nurse's ability to establish and maintain contact in the encounter with the awake intubated patient, in order to ensure an experience of intimacy and caring in the patient-nurse relation.

The patient beckons after the nurse at the ward. Patient beckons again after 1½ min. The nurse sits behind the PC, looks at him and asks, the voice is low, the eyes on the PC "are there something you want?". After 1½ minutes. The nurse rise up and goes to patient.

The nurse speaks, soothes and comforts while the relatives are leaving. Right after she goes back to the desk and starts working at the computer.
Theme II: Information

Information was defined as:

- Nurse's practice in the encounter with the awake intubated patient, in terms of providing information, psychosocial care, and nursing interventions.

There is no eye contact with the patient during the nursing action. The patient becomes increasingly physical restless and got wandering eyes.

The nurse informs the patient while she prepares to suck the patient. Her voice bearing is low, she has her back towards the patient and it roars from the suction catheter. "I will clear your chest tube - you'll probably cough".
Theme III: Interaction

Interaction was defined as:

- Nurse's ability to communicate, collaborate, involve, create and maintain a patient-nurse relation with the awake intubated patient in the encounter - Interactions in critical nursing care are depending on the patient's resources.
Concluding Suggestions

- Divergence between the Critical care nurse's intention and action in the encounter

- Patient's psychosocial needs are being overlooked, despite the fact that the nurse consider the basis of care as good and professional

- Direct contact in the encounter increases:
  - The critical care nurses ability to read, assess and interpret the patients psychosocial needs
  - The critical care patients possibility to receive psychosocial care
QUESTIONS?

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Discussion

- How many of your patients are sedated when intubated? How many are awake?

- Do nurses do, what they think they do, in the Critical care nursing?

- How do you, in your daily critical care practice, meet the critical care patients psychosocial needs?
Thank you for your attention

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References

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