# NÄRSTÅENDES BESÖK HOS PATIENTER SOM VÅRDAS PÅ INTENSIVVÅRDSAVDELNING

### Akademisk avhandling

som för avläggande av filosofie doktorsexamen vid Sahlgrenska akademin vid Göteborgs universitet kommer att offentligt försvaras i hörsal 2118,

Institutionen för vårdvetenskap och hälsa

Arvid Wallgrens Backe, Hus 2, Göteborg, fredagen den 19 oktober 2012 kl 09.00

av Thomas Eriksson

Fakultetsopponent: Professor Dagfinn Nåden Institutt for sykepleie Høgskolen i Oslo

### Avhandlingen baseras på följande delarbeten

- I. Eriksson, T., & Bergbom, I. (2007). Visits to intensive care unit patients frequency, duration and impact on outcome. *Nursing in Critical Care*, *12*(1), 20-26.
- II. Eriksson, T., Lindahl, B., Bergbom, I. (2010). Visits in an intensive care unit: a hermeneutic observational study. *Intensive and Critical Care Nursing*. 26 (1), 51-57
- III. Eriksson, T., Bergbom, I., Lindahl, B. (2011). The experiences of patients and their families of visiting during while in an intensive care unit: a hermeneutic interview study. *Intensive and Critical Care Nursing*. 27 (2), 60-66.
- IV. Eriksson, T., Bergbom, I., Lindahl, B. (2012) Hermeneutic observational studies: a methodological perspective. *Submitted*

Göteborg 2012



GÖTEBORGS UNIVERSITET

## Närståendes besök hos patienter som vårdas på intensivvårdsavdelning

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#### **Abstract**

Aim: The overall objective of the present thesis was to describe and assess the importance and impact of visits by the patients' families in an ICU, from patient and family perspectives, and to develop, from a hermeneutic perspective, a research method to study the interplay between patient and family during the visit.

Method: The comprehensive methodology of the thesis was hermeneutic. Qualitative as well as quantitative methods were applied to elucidate the issues at stake. In paper I, 198 patients were consecutively included, and data were statistically analysed to establish patient mortality and length of stay at the hospital, in relation to visits of families in the ICU. In paper II, ten patients and 24 visitors were observed during visits. In paper III, seven patients and five relatives were interviewed about their memories of the visits in the ICU. Field notes from the observations, and the interviews with patients and relatives, were interpreted and analysed inspired by Gadamer's hermeneutic philosophy. Paper IV represents a theoretical discourse, and presents methodological aspects of the hermeneutic interpretation of data from the observations.

Results: There were no significant differences between the patients having visitors and those who did not. The patient group with no visits comprised 25 %; they were older, and lived in single households, which contrasted to the patient group having visitors. Analyses of the three clinical studies revealed four themes. The themes relate to the meaning of visiting for patients and their relatives, and are as follows: the visit means to see and realize, to guard and watch, to meet, and to sacrifice. The caring entails that you witness and see with your own eyes, and that you feel a communion with the sick. From the patient perspective, the visit signifies that you are confirmed, empowering you to fight to get back to life. Communion and availability in conjunction enable an individual to achieve a thorough involvement with another being. The results of study IV disclosed that what you observe is depending on your theoretical view. If you see from your heart, you interpret from your heart.

Conclusions: The conclusions drawn from the studies of the present thesis are that opportunities to create a presence in the community - a communion - between patients, relatives, and carers, are at want. The present fundamental view of caring in intensive care units is in need of change, in order to create optimal conditions for a communion. Visits need to be regarded as an essential part of caring, and relatives' visits ought to be facilitated and encouraged. Furthermore, visits are important both for patients and their relatives, as sharing the event of critical illness, in the sense of sharing the suffering, the healing, and the restoration of health, is considered a precondition for their recovery. Care should be organized around the patients and their families. Families and patients bring their fellow stories of life, including values and beliefs, thereby increasing the probability of dignified individualized care.

Keywords: intensive care, ICU patient, patient visitors, visiting ICU, mortality ICU, length of stay ICU, hermeneutics, research observation, methodology, caring science.

ISBN 978-91-628-8472-7