Patient’s experiences of technology in adult intensive care: A Heideggerian Phenomenological Study

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Study Context

• Technology and ICU are inextricably linked
  (Zitzelsberger 2004 Almerud et al. 2008)

• Admission to ICU is source of psychological and emotional stress
  (Almerud et al. 2008; Hewitt 2002; Granja et al. 2005)

• May lead to stress, anxiety, ICU delirium, and post-traumatic stress disorder

• Delays in both physical and psychological recovery are reported
Debates in the Research

- Nurses manage both technology psychological care of the critically ill
- Current debates:
  - Dehumanise care  (Walters 1995; Alasad 2002)
  - Impersonal care  (Alasad 2002; Wikström, et al. 2007)
  - Restricts nurses focus  (Chesla 1997, McGrath 2008, Barnard et al. 2001)
Research Question

• What are patients’ experiences of technology in adult intensive care?
Research Objectives

• To explore patients’ perceptions of receiving care in a technological environment
• To explore patients’ perceptions of how technology has influenced their experience of care
Research Methods

• Heideggerian Phenomenology
• Access via ICU follow up clinic
• Interview topic guideline
• 19 participants
• Data managed using NVivo
• Analysis- Van Manen’s (1990) framework
Findings

My Useless Body

Watching myself in an unreal world

Being Invaded

Experiences of Technology

Making sense of it

Search for familiarity

Sorting the real from the unreal

Why am I here?

NOW

Technology and care

Getting over it

Getting on with it

THEN

Agency

Temporality
My Useless Body

‘I couldn’t do anything. No matter how hard I tried, I couldn’t move, breathe properly, talk, eat, drink...you name it. Everything was just so... well my body was useless’

Participant 3
My Useless Body

- Watching myself in an unreal world
  - Living in an unreal world
  - Spectator of myself

- Being Invaded
  - Technology as part and parcel

- On a tether
My Useless Body

• Being Invaded

‘Oh and they put this naso tube in which was draining my stomach. So basically I could see everything coming out of my stomach. It was disgusting...horrible. It was like I was falling apart’

• Participant 11
My Useless Body

• On a Tether

‘it feels like a tether...you are attached to a very sensitive part, like a dog on a lead. So you are attached to this machine and you like twist there and there is a little pull and you move here and there is another pull. So you are basically you can’t move. And it well at best it tickles you and at worst it is really uncomfortable.’

• Participant 12
My Useless Body

• Technology as Part and Parcel

‘I wasn’t perturbed by anything that was there…It just became part and parcel. Like the dialysis machine, it was just there. It became part of me…”

• Participant 2
My Useless Body

• Watching Myself In An Unreal World

‘as I was laid there...my skin didn’t feel like my own. When my husband used to come in and hold my hand, I thought he was holding somebody else’s. I almost asked him, ‘Whose hand are you holding?’ Before I realised that it was mine. I could see it, I could move it yet still it didn’t feel like it belonged to me.’

• Participant 7
Making Sense of It

Why am I here?

Searching for familiarity

Sorting the real from the unreal
Making Sense of It

• Sorting the Real from the Unreal

‘Because even now I have memories but I don’t know whether they are real or not. So it is difficult finding out the reality and the dream world. You know trying to distinguish the two was the hardest thing for me.’

• Participant 4
Making Sense of It

• Filling the Gaps

‘[Wife] filled me in on all the odds and ends. So [Wife] has helped a lot, she has been able to clarify the details.’

• Participant 2
Making Sense of It

• Search for Familiarity

‘I remember my wife being in my dream at one point and me feeling a bit better, and feeling a bit calm, thinking, OK that is [wife] and she is there that is good’

• Participant 12
Technology and Care

Getting on with it
- Being Invisible
- Being Good

Getting over it
- Necessary Evil
- Bowing to authority
Technology and Care

Suctioning was the worst thing….I hated it. When I could feel phlegm in my chest I knew the tube would be coming… I dreaded the cap coming off the thing, then I knew cough, cough, cough for the next few minutes. It was so exhausting’

• Participant 19
‘I felt cared for but it did seem impersonal at times…they did examine me but I felt they were more interested in what the machines were telling them… I felt just separated from it, the person that they were discussing the person attached to the machines wasn’t me, like it was somebody else.’
Technology and Care

• Getting On With It- Being Good

‘I tried to keep still so I wouldn’t disturb the lines. They kept alarming, I will never forget the sound of that alarm!.. Anyway, every time it went off somebody would come and re-set it and every time I moved it would go off again…’

• Participant 19
Technology and Care

• Getting Over It-Bowing to Authority

‘It’s hard to say, because obviously they are the experts and you have to bow to their better judgement...’

• Participant 17
Technology and Care

• Getting Over It - Necessary Evil

‘Well it [tracheal suctioning] it feels like you... when you have a frog in your throat and you try to clear it, well I couldn’t do that so it was a great relief. When I saw the nurse approaching, I thought, great she is going to suck all this rubbish out. So on one hand it was uncomfortable but on the other it was brilliant because it made me feel better.’

• Participant 4
Key Discussion Points

• Useless Body
  – The disintegrated, invaded and dysfunctional body dominates the patients experiences in ICU

• Making Sense of It
  – Participants whilst constructing their story value temporal cohesion and rely on their families to help them sort out the real from the unreal

• Technology and Care
  – Experience technology as a series of paradoxical relationships- impersonal yet personal, invisible yet well cared for, alienating yet reassuring, painful yet comforting
Limitations

- Slow recruitment process
- Very small self-selected sub-set of the ICU population
- Limited transferability
- Single site
- Limited cultural diversity of sample
- Retrospective view of their experiences
Implications

• Therapeutic objective is to optimize recovery rather than just survive the ordeal (NICE 2009)

• Insufficient rehabilitation from critical illness represents a major public health issue (NICE 2009)

• Factual memories protect against PTSD (Jones et al 2001; Griffiths and Jones 2011)
Future Research

- Clarify model of critically ill body
- Evaluation and comparison of interventions that facilitate construction of a story (diaries, follow-up, de-brief)
- Exploration of families perspectives of providing the supportive role
- Deductive evaluation of stressors
Final Thought…

“I still felt very alone. I couldn’t make myself heard. I’d got no strength so I couldn’t bang anything. I looked around and thought is this it? Just me? I’ve never been surrounded by so many people and felt so alone. I’ve never had so much attention yet felt so neglected.”

Participant 4
Any Questions?