

INTENSIVVÅRDRUMMETS BETYDELSE

FÖR VÅRDANDE OCH VÄLBEFINNANDE

– patienters närståendes och vårdpersonalens erfarenheter

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Akademisk avhandling som för avläggande av filosofie doktorsexamen vid Linnéuniversitetet försvaras vid offentlig disputation, 13 juni 2014, klockan 14.00 i sal Wicksell, Hus K, Växjö

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ABSTRACT

Olausson, Sepideh (2014). *Intensivvårdsrummets betydelse för vårdande och välbefinnande – patienters närståendes och vårdpersonalens erfarenheter (The meanings of ICU patient room as a place of care from the perspective of patients, next of kin and staff)*, Linnaeus University Dissertations No 176/2014, ISBN: 978-91-87427-90-9. Written in Swedish with a summary in English.

Aim: The overall aim of the thesis was to illuminate the meanings of intensive care units' patient rooms as a place of care for critically ill patients and their loved ones. Moreover, it was aimed to develop photovoice as a data collection method for research in ICU context.

Methods and materials: Data has been collected using photovoice methodology in combination with research interviews for all three empirical studies. In total 37 people participated. Nine patients, fourteen loved ones and fourteen nurses from three ICU settings. Study I examined the perspective of loved ones, for this purpose a phenomenological hermeneutic method rooted in the philosophy of Ricoeur was chosen. Study II and III examined patients' respectively nurses' perspective. Both studies are phenomenologically orientated guided by a reflective lifeworld approach rooted in continental philosophy. Study IV is a theoretical paper focusing on employing photovoice as a data collection method in ICU context.

Main findings: The tone and touch of caring is vital for how ICU patient room is materialized for patients. The interior design and furnishing has a great impact on the wellbeing of the loved ones and also the support they can offer the critically ill patient. One major finding is that the ICU patient room is a taken for granted place for health care providers and the impact of it upon caring, patients' and loved ones wellbeing is not reflected over. It also seems unclear who is responsible for the environment of ICU once it has been built. The environment of ICU affects nurses' ability to care for the patients and their family in a genuine way and to promote their wellbeing during a fragile time in life.

Conclusions: There is an urgent need to translate research findings into clinical practice in order to improve the environment of ICU patient rooms. There is also need of further research and policies for transforming the hostile environment of the patient rooms to a healing environment more conducive to people's recovering process.

Key words: Intensive care, patient rooms, lived experiences, patients, staff, next of kin, phenomenology, hermeneutics, photovoice, caring