



KEY POINT SUMMARY

OBJECTIVES

The aim of this study was to describe unpleasant and pleasant memories of the ICU stay in adult mechanically ventilated patients.

DESIGN IMPLICATIONS

Designers should be aware that even sedated, critical care patients are aware of their environmental surroundings. Many patients in this study noted aspects of the ambient environment such as noise, air temperature, and the aesthetic environment as providing comfort to them at a most stressful time.

Unpleasant and Pleasant Memories of Intensive Care in Adult Mechanically Ventilated Patients — Findings From 250 Interviews

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Key Concepts/Context

Patients' perspectives on the intensive care experience are essential to improve patients' comfort and well-being during and after a stay in the intensive care unit (ICU). This research approach was unique as the author used data from a large number of patient interviews ($n = 250$) and a validated qualitative content analysis technique to create themes from the data. One of the themes included—environmental distress—described aspects of the physical environment that patients remembered as causing distress.

This study took place in Sweden.

Methods

The researcher visited patients at the ward 3–5 days after ICU discharge. She checked for absence of delirium and inattention by using a confusion assessment method, and, if medically impaired or confused, came back 3–5 days later. The author interviewed participants face-to-face using two open-ended questions: (1) Please describe what you remember as unpleasant during your ICU stay and (2) Please describe what you remember as pleasant during your ICU stay.

Subsequently, the author analyzed the transcribed interview texts using qualitative content analyses. Because there was so much data, the author made counts and tabulations of the codes to summarize what was known about the data, answering the questions what and how many, using the counting as a way of detecting patterns within the data to guide further analyses. She then compared the various codes based on differences and similarities and sorted into subcategories. The author then



formulated subcategories and categories and reviewed the original texts to check the validity of the categorization.

Findings

Of the 250 patients interviewed, 81% remembered the ICU stay and 71% described unpleasant memories and 59% pleasant. Pleasant memories, such as support and caring service, are important to relieve the stress and balance the distressing memories.

Ten categories emerged from the content analyses (five from unpleasant and five from pleasant memories), contrasting with each other: physical distress and relief of physical distress, emotional distress and emotional well-being, perceptual distress and perceptual well-being, environmental distress and environmental comfort, and stress-inducing care and caring service.

The category *environmental distress* was sub-categorized as *environmental disturbances* and *technological restraint*. The participants described how the surroundings felt hostile, unfamiliar and confined due to the apparatus; the view was restricted and there were irritating and disturbing noises, lights and odors. Feeling too hot or cold, or having an uncomfortable bed or pillow contributed to the distress. Even more disturbing were the frequent interferences of the staff. The participants felt they were in a crowded space with people, constantly talking, rushing in and out, with high-intensity activities frequently going on; some described the whole atmosphere as an annoying chaos.

Moreover, other patients lying in the same room disturbed and upset them (for example, when they were coughing or agitated or needed special treatment or resuscitation). The negative impact of equipment also caused distress. The feelings of being surveyed all the time by monitors, being exposed to different kinds of machinery or equipment which sometimes did not work properly, or being transported with all sorts of fancy apparatus to the radiotherapy department were stated as distressing experiences. Furthermore, although the staff was always present in the room, the fact that there was no calling device at the bedside caused distress because they were unable to catch the nurse's attention when needed.

Environmental comfort included the sub-categories *relief of disturbances* and *removal of restraining devices*. Having a quiet time in the middle of the day, when the patient was left undisturbed, was pleasant and most appreciated. Others mentioned interventions to produce a soothing atmosphere, such as dimming the lights, listening to relaxing music, positioning pillows for comfort, and having a cooling fan running when feeling warm.



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Limitations

The authors note that the large sample is both a strength and a limitation of the study. The more participants, the greater the richness and variation of the data, increasing the study's credibility. However, a larger number of participants inevitably increase the volume of data, which may entail some limitations in data-handling processes during collection and analysis.

Further, the interviews were not audiotaped or transcribed verbatim, which could mean that some descriptions or subtle influences were not captured, resulting in fragmentation of the data and potential loss of meaning.

Finally, the authors note that some patient memories may have been lost or not yet processed, affecting the data collected and the subsequent findings.