

CHAPTER 5

Conclusions, Implications, and Recommendations

This chapter presents the conclusion of the study, implications on nursing field, and recommendation for future research.

Conclusions

This descriptive study aims to explore the intensive care experiences among ICU survivors. The duration of data collection was from July to August 2015 in three government hospitals of Malaysia. The samples consisted of 142 ICU survivors, and the instruments used to collect the data consisted of two parts: Demographic Data Form and Intensive Care Experience Questionnaire (ICEQ) developed by Rattray, Johnston and Wildsmith (2004) with 10 additional of open-ended questions. The reliability of ICEQ according to domain awareness of surrounding, frightening experiences, recall of experiences, and satisfaction with care were .914, .821, .797, .841, respectively.

Among 142 samples: 57% were male and 43% were female; 39% were young adult, 49% were middle age adult, and 49% were older adult; majority of the samples were Malay (70.4%); around 77% were Muslim; more than half samples finished their high school (68.3%); 33.1% were planned to admit, while 66.9% were unplanned; mean length of stay was 12.07 days; 74.6% claimed not fully conscious; 55.6% were in severe condition; almost all samples were intubated (94.4%); and 82.4% received sedation.

Descriptive statistic was used for data analysis. The result of the study revealed that samples had high level of awareness towards their surrounding (n = 71, 50.0%). Samples claimed that they can recall better after received an explanation from the staff. Samples reported high level of frightening experiences (n = 96, 67.6%). The most frightened experiences among samples while they were staying in ICU were pain resulted from various reasons such as procedures in ICU and the illness itself. The finding showed low level of ability to recall the experiences (n = 117, 82.4%) among

the samples. The events that remembered the most by the samples in this study were saw scary things and heard loud sounds from machines. Samples had low satisfaction with the care services during their stay and received treatments in ICU (n = 81, 57.0%). However, samples claimed received warm care from the staff and pictured the staff as kind, diligent and delivered best care to the patients.

Implications of the Study

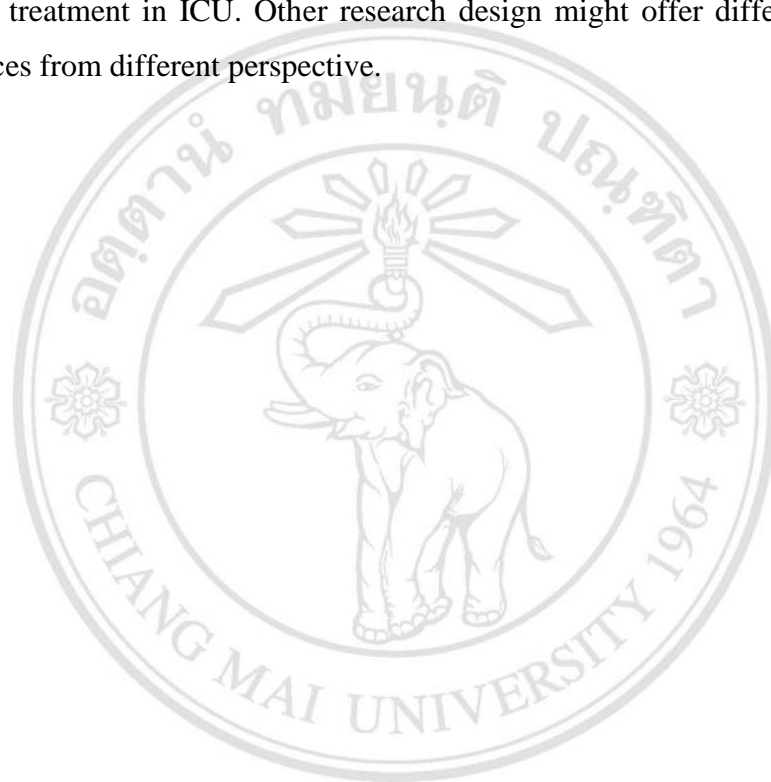
Implications for nursing administration, the result could provide valuable information to nurse manager in order to enhance nursing skills of the critical care nurses through special training or courses regarding the care services for the critically ill patients in ICU. Nurse Manager might help their subordinate by shaping good attitude and how to behave befittingly towards the patients' care. Furthermore, nurses can team up with hospital administrator in order to provide more conducive environment especially when it comes to noises and lighting in ICU, and come out with new policy including visiting hours for the family members which might help patient ease their worries while staying in ICU.

Implication for nursing practice, the result of this study provides basic information for critical care nurses to improve quality of care by creating a conducive environment and providing care with empathy concern in order to reduce negative experiences among critically ill patients. In addition, critical care nurses should establish innovative strategies to enhance communication between patients and health care providers in order to reach patients' needs. Examples of the strategies are using a non-verbal method such as communicating board, high-tech communication devices, or simple body languages. It is difficult to totally remove the sources of unwanted experiences, thus, critical care nurses need to imply the continuity of giving sufficient information and orientation about ICU, which might help patients to be more focused on curing process and promote less negative intensive care experiences.

Implication for nursing research, the result of this study can be the basic information for creating new communicating strategies for enhancing communication among critically ill patients and health care providers in order to lowering psychologically intrusion and understanding patients' concern.

Recommendations for Future Research

Intensive care experiences should be further studied with related factors in future research, in order to look at the causes that trigger such experiences. In future studies, researchers might look at the correlation of the intensive care experiences with other related factors. Moreover, qualitative study design in future research should be taken into consideration in order to explore in depth regarding patients' experiences while staying and receiving treatment in ICU. Other research design might offer different intensive care experiences from different perspective.



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