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Unpredictability: Nurses' lived experience of caring for long-term mechanically ventilated patients in intensive care units

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This phenomenological study was prompted by questions about intensive care nurses' experiences of caring for long-term mechanically ventilated patients in a potentially hostile environment. Data were collected by tape-recorded semi-structured interviews and from a focus group of five registered nurses in the intensive care units of a major tertiary level government hospital in Cape Town who volunteered to participate in the study.

Data from the semi-structured tape-recorded interviews and from the focus group were transcribed verbatim and analysed using Colaizzi's[1] phenomenological research method of inductive reduction. Four themes emerged: 'bonding', 'maintaining', 'stress-inducing' and 'unpredictability'.

In this research setting, nurses' experiences of caring for long-term mechanically ventilated patients is one of bonding and maintaining, but this experience is also very stress-inducing, which results in unpredictability in the quality and delivery of care to patients.

A comparison of the theme clusters of caring from qualitative phenomenological studies by Barr[2] (1985), Forrest[3] (1989) and Ford[4] (1990) and more recently by Beeby[5] (2000), as outlined in Table I, reveals similarities with the theme clusters found in this study, although none of these studies explored nurses' experiences of caring for long-term mechanically ventilated patients.

Barr's study[2] consisted of 15 critical care nurses working in a variety of intensive care unit settings. The theme clusters from this study of 'totality of care', 'recognition of patient's individuality' and 'family involvement' compare with theme clusters of 'effort and energy put into nursing care', 'being supportive', 'knowing the patient' and 'knowing the family' from my study.

The study by Forrest[3] explored the experiences of caring of 17 registered nurses working in medical, surgical, psychiatric and paediatric areas. The derived theme clusters of 'being there', 'respect', 'feeling with and for', 'closeness' and 'knowing them well' match up with the theme clusters of 'being close', 'supportive', and 'knowing the patient' in my study.

Ford's sample[4] consisted of 6 registered nurses working with cardiac patients. The theme clusters of 'sensing the patient's vulnerability', 'being in tune with the patient's world', 'being attentively present', 'centring on the patient' and 'being comfortable with the patient' compare with the theme clusters of 'knowing the patient', 'being close' and 'being supportive' as found in my study.

However, it is Beeby's study[5] of 9 staff nurses (registered nurses) working in an ICU and a coronary care unit (CCU), which compares most closely with my study. Beeby's theme clusters of 'being there', 'being close', 'respecting the person', 'having feelings for the patient', 'involving the family', 'being supportive' and 'having experience and expertise' are similar to the theme clusters of 'knowing the patient', 'being supportive', 'being close', 'knowing the family' and 'being experienced' in my study.

Unpredictability

Patients admitted to an ICU with a critical life-threatening illness will often experience episodes of uncertainty characterised by the unpredictability of flare-ups, setbacks, recurrences and exacerbation. The theme of unpredictability emerged from a variety of theme clusters, two of which predominate. These were 'patient deterioration' and 'busyness'. Both of these theme clusters illustrated how emotionally and mentally demanding critical care nursing can be and in parallel affected the delivery and quality of caring.

Throughout the study, unpredictability was a common thread tightly interwoven among all the themes.

Patient deterioration

The responsibilities of the critical care nurse include appropriate use and understanding of advanced technology and intricate and invasive interventions, as well as the ability to assess and monitor a patient's condition for sudden deterioration and the skill to intervene appropriately. These sudden 'on-the-spot' situations requiring immediate and appropriate responses can be emotionally and mentally draining. The above implies that critical care nurses are

Table I. Comparison of formulated meanings of caring relevant to the study

Barr[2] (1985)	Forrest[3] (1989)	Ford[4] (1990)	Beeby[5] (2000)	Fouché (2003)
Totality of care	**Being there**	**Sensing the patient's vulnerability**	**Being there**	**Knowing the patient**
Priority of care	**Respect**	Beyond the call of duty	**Being close**	**Knowing the family**
Nature of caring	**Feeling with and for**	**Being in tune with the patient's world**	**Respecting the person**	**Dependence**
Blending of attitude with action	**Closeness**	**Being attentively present**	**Having feelings for the patient**	**Being close**
Recognition of patient's individuality	Touching and holding	**Centring on the patient**	**Involving family**	**Being supportive**
Family involvement	Picking up cues	**Being comfortable with the patient**	**Being supportive**	**Being experienced**
Teaching and communication	Being firm		**Having experience/ expertise**	**Effort and energy put into nursing care**
	Teaching			
	Knowing them well			
	Patient perception of outcomes			

Themes printed in bold compare with themes in the Fouché study (see text).

responsible for caring in its broadest sense of the patients in the ICU:

> *… all of a sudden, [patient's name] develops this resistant bug and has to go to E26 (Source Isolation Unit). Just as we thought that he was on the mend. It is so emotional. I feel sorry for the family …(P4)*

> *… in cases of emergency if both patients need to be attended to then you must use your discretion which one to attend to first because both patients are ventilated and you are the only sister in the unit. I really hate those days …(P1)*

Another form of unpredictability was seen as an unexpected emotional response from family members and from one of the participants:

> *… we knew that [patient's name] was going to die. We were all with her at the end. When [patient's name] died the family just stood there. I cried, I sobbed. She was part of us. I even went to the funeral …(P2)*

Patient deterioration was also perceived as a cause of the busyness of the ICU. Prevalent words and phrases used by the participants included *hectic, chaotic, frantic, quickly, rushing, priority, suddenly* and *catch-up.*

> *… sometimes you can't see the balance, you can't balance it because you don't know what to expect when you see the patient the following day …(P4)*

Busyness

This theme cluster of busyness impacted heavily and negatively on the delivery and quality of patient care. Busyness causes stress for the critical care nurse, but because of the uncertainty and intensity of the busyness, this theme cluster fitted more appropriately under unpredictability:

> *… you are so busy you can't, you just can't see to the emotional needs of your patients. You have to do the 10 o'clock observations, the meds, full-wash and the patient must sit out. Then the patient pulls out his ETT (endo-tracheal tube) and then the other patient starts playing up …(P1)*

> *… you must set up your priorities. Plan early morning. Because normally we shift-leaders take the very sick patients. Your priorities are to your sick patients and your long-term patients tend to be neglected …(P2)*

Discussion

This theme of unpredictability appears to be new, not evident in the current literature pertaining specifically to critical care nursing. This theme also had a commonality with the other three themes. Hilton[6] (p. 70) describes uncertainty as a cognitive state created when an event cannot be adequately defined or categorised owing to lack of information. In order to organise information, a person must be able to recognise and classify it. This requires that the stimuli be specific, familiar, consistent, complete, limited in number and clear in boundaries. Critical care nursing seldom has these characteristics, and therefore I preferred the term unpredictability. There appears to be more rapid change in patient status and therefore more unpredictability in the critical care environment, where patients with life-threatening conditions are nursed, than in non-critical care settings.

The irregularity of 'spare' time to do 'the little things', irregularity in the availability of resources, fluctuations in the patient's condition and in length of stay, as well as conflict seem to contribute to emotional neglect, both of the patient and of self. Unpredictability can make working in the critical care environment more difficult because it interferes with the ability to assess a situation in an attempt to predict nursing outcomes with some degree of accuracy.

Hilton[6] states that when a person does not know what to do to help or change a situation, he or she may therefore do nothing. This was evident in my study, where participants were reluctant to initiate change in the units they were working in. This may result in withdrawing emotional care to their patients and to themselves. Hilton suggests that these states of uncertainty may trigger emotion-focused coping strategies to manage the uncertain state created by the situation. Emotion-focused strategies include such behaviours as absenteeism, smoking, over-eating and the excessive use of alcohol and chemical substances. There is much published literature on such incidents within all the nursing specialties.[7-10]

Conclusion

The unpredictability of critical care nursing may result in reluctance on the part of nurses to enter this specialised area of nursing. It may be a reason why tired and emotionally depleted nurses are leaving the ICU. This new theme of unpredictability may require further research in the future, and should be incorporated into critical care nursing curricula.

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