

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**OPTIMISING THE HUMAN EXPERIENCE:
THE LIVED WORLD OF NURSING THE FAMILIES OF
PEOPLE WHO DIE IN INTENSIVE CARE**

**A thesis presented in partial fulfilment of the requirements
for the degree of Master of Arts
in Nursing
at Massey University**

Catherine Andrew

November 1997

ABSTRACT

Intensive Care nurses share some of the most precious and poignant moments with people who have family members dying in ICU. This study explores the lifeworld of seven ICU nurses who describe their experiences working with these families. Data was gathered using unstructured, indepth, face-to-face interviews. These were tape-recorded and transcribed. The study uses a phenomenological approach informed by Heidegger and hermeneutics. Van Manen's methodological suggestions are followed to shape and focus the study, and provide guidelines for analysis of the data and the writing of the report. The findings reveal that ICU nurses recognise that this is a particularly tragic and difficult time in peoples' lives. The nurses are aware that the last hours or days with a dying relative may be vividly remembered for years to come. During this time nurses seek to optimise the human experience of the family members by making the time as positive, or best, as possible. This is achieved through strategies such as Being There, Supporting, Sharing, Involving, Interpreting and Advocating. These strategies are enabled by three domains: Nurse as Person, Nurse as Practitioner and Nurse as Colleague which describe a wider context to working effectively with families rather than merely looking at direct interactions between the nurse and the family. Optimising the Human Experience is proposed as the central essence or phenomenon of nursing the families of people who die in ICU.

ACKNOWLEDGMENTS

This thesis represents a journey of two and a half years challenging, invigorating work. There have been times of frustration when progress seemed to stall, or when it just seemed there were other things I would rather be doing. Other times have been exciting and stimulating when the work has been thoroughly enjoyable. One of the best things about a journey is the people met along the way who share part of that experience. I would like to acknowledge the contribution of those people, without whom the journey would never have been completed.

First of all, the nurses who volunteered to participate in this study. I am deeply appreciative of your willingness to share your experiences and feelings so openly and honestly. I sincerely hope that this study helps to record and value the nature of the work you do in situations that obviously place huge demands on you as professionals and as human beings.

My thesis supervisor, Dr Judith Christensen has provided both academic mentorship and support. I am grateful for the way you have shared your knowledge and experience to guide me on this journey but have quietly left me to make my own choices and decisions. Your confidence in my ability at times when I have doubted myself, has been much appreciated.

My colleagues at the School of Nursing, Midwifery and Health Education at Christchurch Polytechnic have been a constant source of support and encouragement. In particular I would like to acknowledge Jean Beynon, Ann Blackie, Lynda Jeffs, Kaye Milligan, Stephen Neville, Anna Richardson and Lesley Seaton. You have seen the good times and listened to the headaches and frustrations. Your faith in my ability to complete this work has been a constant source of reassurance.

A source of ongoing advice and critique has been the small group of people who commenced thesis research at the same time as me. We have experienced similar frustrations and anxieties sometimes compounded by living away from our supervisor and the university. It has been extremely useful and enjoyable to exchange ideas and challenges. The regular meetings and discussions we have committed ourselves to this year have been a real help. Thank you, Barbara Fox, Daphne Manderson and Janetta Skiba.

I would like to acknowledge the Christchurch Polytechnic Foundation for honouring me with the Alison Johnston Research Award. This allowed me to have space and time away from responsibilities of classroom teaching making it possible to focus on and absorb myself in the data which is so necessary for a research project of this nature.

Finally I would like to thank my family and friends for the patience and understanding they have shown over the past two years. At times it seems extremely difficult to work, study and have a life, there just aren't enough hours in the day! I am grateful for tolerance you have shown and the encouragement you have offered.

Thank you all.

A handwritten signature in black ink, appearing to read 'Cathy Andrew', with a stylized flourish at the end.

Cathy Andrew
Christchurch
November 1997

TABLE OF CONTENTS

Abstract	ii
Acknowledgments.....	iii
Table of Contents.....	v
List of Tables.....	ix
List of Figures	x
Key to Abbreviations.....	xi
CHAPTER ONE – INTRODUCTION.....	1
OVERVIEW OF THE STUDY.....	2
BACKGROUND TO THE STUDY.....	3
STRUCTURE OF THE THESIS	4
SUMMARY	6
CHAPTER TWO – SETTING THE SCENE: NURSING IN THE INTENSIVE CARE UNIT	7
THE INTENSIVE CARE UNIT	8
WORKING IN ICU.....	10
DEATH AND DYING IN ICU	12
SUMMARY	14
CHAPTER THREE – PHENOMENOLOGY: PHILOSOPHY AND METHOD	15
PHENOMENOLOGY: THE PHILOSOPHY	15
HISTORY OF THE PHENOMENOLOGICAL MOVEMENT ..	15
HEIDEGGERIAN PHENOMENOLOGY	18

HERMENEUTICS	20
NURSING AND PHENOMENOLOGY	23
PHENOMENOLOGY: THE METHOD	26
VAN MANEN’S APPROACH TO PHENOMENOLOGY	27
THE NEW PHENOMENOLOGY	32
PHENOMENOLOGY: THIS STUDY.....	35
SUMMARY	38

CHAPTER FOUR – DESIGN AND FEATURES OF THIS STUDY 40

AIM OF THE STUDY	40
THE FAMILY IN ICU- A REVIEW OF THE LITERATURE....	40
PURPOSE OF THE STUDY	44
TURNING TO THE NATURE OF LIVED EXPERIENCE	45
Orientating to the Experience and Formulating the Research Topic	45
Explication of Assumptions and Pre-understandings.....	47
INVESTIGATING THE EXPERIENCE AS WE LIVE IT	49
The Setting.....	50
The Participants	51
The Data	52
The Analysis.....	52
TRUSTWORTHINESS OF PROCESS AND OUTCOME.....	53
ETHICAL ISSUES AND PROCEDURES.....	56
SUMMARY	57

**CHAPTER FIVE – THE RESEARCH OUTCOME:
OPTIMISING THE HUMAN EXPERIENCE 58**

OPTIMISING THE HUMAN EXPERIENCE: AN OVERVIEW	58
OPTIMISING THE HUMAN: THE PHENOMENON	59
The Phenomenon	59
Optimising the Human Experience: Definitions and Use .	62
Optimising the Human Experience: A Schematic	

Representation	64
OPTIMISING THE HUMAN EXPERIENCE:	
SITUATING THE PHENOMENON	67
Being Human.....	67
In-Betweenness to Optimise the Human Experience	68
Skilled Companionship in Optimising the Human Experience	70
PRESENTATION OF STRATEGIES THAT OPTIMISE THE HUMAN EXPERIENCE.....	72
SUMMARY	73
CHAPTER SIX – KEY STRATEGIES TO OPTIMISE THE HUMAN EXPERIENCE	74
BEING THERE	75
SHARING	79
SUPPORTING	84
INVOLVING.....	88
INTERPRETING.....	91
ADVOCATING.....	95
SUMMARY	98
CHAPTER SEVEN – NURSE AS PERSON	99
GIVING.....	100
GRIEVING.....	105
BALANCING.....	109
SUMMARY	113
CHAPTER EIGHT – NURSE AS PRACTITIONER.....	115
ATTENDING	116
PREPARING.....	119
COORDINATING.....	122
SUMMARY	125

CHAPTER NINE – NURSE AS COLLEAGUE	127
AFFIRMING	128
SUPPORTING	131
REFLECTING.....	134
SUMMARY	136
CHAPTER TEN – DISCUSSION AND CONCLUSIONS.....	138
FINDINGS OF THE STUDY	138
CONTRIBUTION TO KNOWLEDGE	140
IMPLICATIONS OF THE STUDY.....	141
Nursing Practice	141
Nursing Education	143
Nursing Research.....	144
LIMITATIONS OF THE STUDY	146
RECOMMENDATIONS FOR PRACTICE	147
FURTHER RESEARCH.....	148
WHAT I HAVE LEARNED FROM THIS STUDY.....	149
SUMMARY	151
REFERENCES	152
APPENDICES.....	162

LIST OF TABLES

Table One - Optimising the Human Experience: Key Strategies 75

Table Two – Domain – Nurse as Person..... 100

Table Three – Domain – Nurse as Practitioner 116

Table Four – Domain – Nurse as Colleague..... 128

LIST OF FIGURES

Figure One – A Schematic Representation of Nursing the Family of a Dying Person in ICU	66
---	-----------

KEY TO ABBREVIATIONS

The following abbreviations have been used in this thesis when material has been used from transcriptions of participants' interviews:

...	Pause
..//..	Material edited out of transcript
(round bracket)	Researcher's comments or questions
[square bracket]	Clarifying or explanatory comment