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**'Being There' when one's spouse
is hospitalised in a non-local tertiary centre.**

**A thesis presented in fulfilment of
the requirements for the degree of**

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ABSTRACT

Illness that requires hospitalisation is a potential cause of anxiety for the entire family. Furthermore, increases in technology and specialisation of hospital services have resulted in increasing numbers of patients being transferred to centralised tertiary hospitals. There is limited international and national literature that explores the phenomenon of having one's spouse hospitalised in non-local tertiary centres. Therefore, this study was conducted with the aim of exploring the experiences of those whose spouses were hospitalised in non-local tertiary settings. Understanding of the experiences of 14 people affected by such hospitalisations was underpinned by a Heideggerian phenomenological perspective.

Three major themes emerged from this study. Those who have their spouse hospitalised in non-local tertiary settings spend time waiting; a time best described as *being-in-suspense*. Despite *being-in-suspense* the research participants adjusted to their understanding of the situation; a period of time interpreted as *fitting being out-of-town into being-in-the-world*. The final theme that emerged from this study is that there were times when the research participants perceived that they were alone, unable to support or be supported by their spouses: *being with and without others*.

Overall the findings of this research indicate that those whose spouses were hospitalised in a non-local tertiary centre lived day by day, with little or no social support, awaiting outcomes over which they had limited control. The worst potential outcome for these individuals would be that of the spouse's death in the non-local centre. When the outcomes of the non-local hospitalisation could be predicted, the events of living day by day were manageable. It also emerged from conducting this study that in living day by day, the supporting spouse dealt with the circumstances by being focussed on the temporality of the present and a vision of a positive future. However, their spouses were not always able to conceive the future in such a positive way. Nurses and other health professionals must remain cognisant of the fact that while they are familiar with the everydayness of non-local hospitalisations,

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