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Psychological Sequelae Following Treatment in Intensive Care

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A research report submitted in partial fulfilment
of the requirements for the degree
MSc (Nursing)

The University of Witwatersrand
Faculty of Health Sciences
Department of Nursing
2009

DECLARATION

I, Cindy Frances Hatchett, declare that this research report is my own work, except where indicated.

It is being submitted in partial fulfilment for the degree Master of Science (Nursing) at the University of the Witwatersrand, Johannesburg.

It has not been submitted before for any degree or examination at this or any other University or institution.

…..……

Cindy Hatchett

……..day of…….2009

DEDICATION

I would like to thank my husband Mike, and my tribe of children, Tarryn, Devon, Chelsey, Justin and Cameron for their patience, support and understanding during the writing of this research report.

My gratitude goes out to my mother, Lesley Wheelan, and my sisters Tracey and Tammy for their constant love and encouragement.

In memory of my father

Garth Thomas Wheelan

1942 - 1998

ABSTRACT

Anxiety, depressive and post-traumatic stress (PTS) symptoms have been identified in many patients following ICU treatment (Rattray, Johnston & Wildsmith 2005). The Intensive Care Unit (ICU) is a stressful environment and patients may be left with long standing psychological symptoms that impair their quality of life (Scragg, Jones & Fauvel 2001). There is a dearth of research on early assessment of the psychological sequelae following treatment in ICU in South Africa and interventions required to aid in the recovery process. Post-traumatic stress symptoms do not appear to decrease over time after ICU discharge (Jones et al 2001, Rattray et al 2005), indeed they may endure for a number of years (Kapfhammer et al 2004) causing the patients significant suffering.

The purpose of this study was to investigate the prevalence of symptoms of anxiety, depression and post-traumatic stress in patients, at their first follow up visit in the outpatient department at a level one academic hospital in Johannesburg, South Africa. A prospective, quantitative, cross-sectional, descriptive format was used to investigate these variables. The total sample number was 98 and the instruments used in the structured interview were the Hospital Anxiety and Depression Scale (HADS) and the Experience After Treatment in ICU –7 (ETIC-7).

The prevalence of symptoms of anxiety in this sample population was 48%, depression 28% and post-traumatic stress 32%. Fifty-eight percent of the sample had combined anxiety and depression scores severe enough to have a 'possible clinical disorder'.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank my supervisor Gayle Langley and co-supervisor Shelley Schmollgruber for their valuable suggestions and for guidance in the right direction.

I would also like to thank Professor Pieter Becker and Dr. Steve Olorunju of the Biostatistics Unit at the Medical Research Council for their assistance with the analysis of the statistics.

My thanks go out to all the patients who participated in this study.

TABLE OF CONTENTS

	DECLARATION	ii
	DEDICATION	iii
	ABSTRACT	iv
	ACKNOWLEDGEMENTS	v
	TABLE OF CONTENTS	vi
	LIST OF TABLES	x
	LIST OF FIGURES	xii
	GLOSSARY OF ABBREVIATIONS	xiii

CHAPTER ONE

INTRODUCTION AND OVERVIEW

1.1	INTRODUCTION	1
1.2	BACKGROUND TO STUDY	1
1.3	PROBLEM STATEMENT	4
1.4	PURPOSE OF RESEARCH	5
1.5	RESEARCH OBJECTIVES	5
1.6	SIGNIFICANCE OF STUDY	6
1.7	RESEARCH QUESTION	9
1.8	META-THEORETICAL ASSUMPTIONS	9
1.8.1	Theoretical Framework	11
1.8.2	Operational Definitions	13
1.8.3	Methodological Assumptions	16
1.9	OVERVIEW OF RESEARCH METHODOLOGY	17
1.9.1	Research Design	17
1.9.2	Validity and Reliability	17
1.9.3	Ethical Considerations	18
1.10	LIMITATIONS OF THIS STUDY	20
1.11	SUMMARY	20

CHAPTER TWO

LITERATURE REVIEW

2.1	INTRODUCTION	22
2.2	BACKGROUND TO STUDY	22
2.3	STRESSORS IN THE ICU	25
2.3.1	Physical stressors in ICU	25
2.3.2	External environmental stressors in ICU	26
2.3.3	Interpersonal stressors in ICU	27
2.3.4	Intrapersonal stressors in ICU	27
2.3.4.1	Memories, dreams, delirium and amnesia	28
2.4	FAMILY MEMBERS OF ICU PATIENT	32
2.5	ICU NURSING STAFF	32
2.6	TRANSFER ANXIETY OR 'RELOCATION STRESS'	33
2.7	QUALITATIVE STUDIES	34
2.8	SOUTH AFRICAN RESEARCH	34
2.9	SUMMARY	35

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1	INTRODUCTION	37
3.2	PURPOSE AND OBJECTIVES	37
3.3	RESEARCH DESIGN	37
3.3.1	Research setting	39
3.3.2	Sample population	40
3.3.3	Sampling and sampling method	40
3.4	DATA COLLECTION	41
3.4.1	Procedure	41
3.4.2	Instruments	45
3.4.2.1	The Hospital Anxiety and Depression Scale (HADS)	45
3.4.2.2	The Experience After Treatment in ICU-7 scale (ETIC-7)	46

3.4.3	Validity and Reliability	47
3.5	DATA ANALYSIS	48
3.6	ETHICAL CONSIDERATIONS	49
3.7	SUMMARY	51

CHAPTER FOUR

RESULTS AND FINDINGS

4.1	INTRODUCTION	52
4.2	DEMOGRAPHIC DATA	54
4.2.1	Sample size, age and gender	54
4.2.2	Age distribution of sample population	55
4.2.3	Race of sample population	56
4.3	CLINICAL DATA OF SAMPLE POPULATION	56
4.3.1	Sample from different ICU types	57
4.3.2	Length of stay in ICU	58
4.3.3	Mechanical ventilation	58
4.3.4	Memory of physical restraints	58
4.3.5	Stressors prior to admission to ICU or post discharge	59
4.3.6	Prior psychiatric treatment	59
4.4	PREVALENCE OF ANXIETY SYMPTOMS	63
4.5	PREVALENCE OF DEPRESSIVE SYMPTOMS	64
4.6	HADS TOTAL SCORE	65
4.7	PREVALENCE OF POST-TRAUMATIC STRESS SYMPTOMS	66
4.8	ANXIETY, DEPRESSION AND PTS SYMPTOMS	67
4.8.1	Anxiety, Depression, PTS symptoms and mechanical ventilation	69
4.8.2	Anxiety, Depression, PTS symptoms and memory of physical restraints	69
4.8.3	Anxiety, Depression, PTS symptoms and ICU type	70
4.9	ITEMS ON THE EXPERIENCE AFTER TREATMENT IN ICU-7	72
4.10	SUMMARY	73

CHAPTER FIVE

SUMMARY AND DISCUSSION OF MAIN FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1	INTRODUCTION	75
5.2	SUMMARY OF THE STUDY	75
5.2.1	Purpose of the study	75
5.2.2	Objectives of the study	75
5.2.3	Methodology	76
5.3	DISCUSSION OF THE MAIN FINDINGS	77
5.3.1	Prevalence of anxiety and depressive symptoms	77
5.3.2	Prevalence of post-traumatic stress symptoms	79
5.3.3	Post-traumatic stress symptoms and memory of physical restraints	81
5.3.4	Post-traumatic stress symptoms and mechanical ventilation	81
5.3.5	Length of stay in ICU	82
5.3.6	Qualitative findings	82
5.4	LIMITATIONS OF THIS STUDY	83
5.5	RECOMMENDATIONS	84
5.5.1	Identification of those at risk and follow up	84
5.5.2	Recommendations for nursing practice	85
5.5.3	Recommendations for nursing education	87
5.5.4	Recommendations for nursing research	87
5.6	SUMMARY AND CONCLUSIONS	88
5.7	REFLECTIONS	90
	LIST OF REFERENCES	92

APPENDICES

APPENDIX A	Approval from Health Sciences Postgraduate Committee	104
APPENDIX B	Approval Human Research Ethics Committee	105
APPENDIX C	Approval from Department of Health	106
APPENDIX D	Information letter for patients	108
APPENDIX E	Informed Consent Form	111
APPENDIX F	Data Collection Instrument	112
APPENDIX G	Permission to use scales	119

LIST OF TABLES

Table 2.1	Factors known to cause psychological distress in ICU and factors known to reduce risk of PTS symptoms	24
Table 2.2	Identified stressors in ICU	31
Table 4.1	Sample size and gender of sample population	54
Table 4.2	Age distribution of sample	55
Table 4.3	Race of sample population	55
Table 4.4	Clinical data collected	56
Table 4.5	Anxiety symptoms; Mean scores, Standard Deviations, Range and Median	60
Table 4.6	Depressive symptoms; Mean scores, Standard Deviations, Range and Median	61
Table 4.7	Post-traumatic stress symptoms; Mean scores, Standard Deviations, Range and Median	62
Table 4.8	Prevalence of anxiety symptoms in sample population	63
Table 4.9	ANOVA – Age and anxiety symptoms	64
Table 4.10	Prevalence of depressive symptoms in sample population	64
Table 4.11	Prevalence of post-traumatic stress symptoms in sample population	66

Table 4.12	Prevalence of symptoms of anxiety, depression and Post-traumatic stress in different ICU's	70
Table 4.13	Percentages of total sample who had symptoms on ETIC-7	72

LIST OF FIGURES

Figure 4.1	Percentage of sample from different ICU's	57
Figure 4.2	Prevalence of anxiety, depression and post-traumatic stress	68

ABBREVIATIONS USED IN THIS STUDY

ETIC-7	Experience After Treatment in ICU-7 scale
HADS	Hospital Anxiety and Depression Scale
ICU	Intensive Care Unit
OPD	Outpatient Department
PNI	Psychoneuroimmunology
PTS	Post-traumatic stress
PTSD	Post-traumatic stress disorder
PTSS	Post-traumatic stress symptoms