

**POPINVITED: ID# 101025**

**Title:**

The Lived Experience of Critically Ill Patients in Isolation Rooms: Surviving Isolation

**Sondos Eqylan, MSN**

Reema Safadi, PhD

*School of Nursing, The University of Jordan, Amman, Jordan*

**ACCEPTED**

---

**Session Title:**

Rising Stars of Research and Scholarship Invited Student Posters

**Slot:**

RS PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

---

**Applicable Category:**

Students

**Keywords:**

Critically ill patients, Isolation experience and Lived experience

**References:**

Abad, C., Fearday, A., & Safdar, N. (2010). Adverse effects of isolation in hospitalised patients: A systematic review. *Journal of Hospital Infection*, 76, 97-102.

Abdalahim, M., & Zeilani, R. (2014). Jordanian survivors' experiences of recovery from critical illness: a qualitative study. *International Nursing Review*, 61, 570-577.

Barratt, R., Shaban, R., Moyle, W. (2010). Behind barriers: patients' perceptions of source isolation for Methicillin-resistant *Staphylococcus aureus* (MRSA). *Australian Journal of Advanced Nursing*, 28(2), 53-59.

Biagioli, V., Piredda, M., Mauroni, M., Alvaro, R., & De Marinis, M. (2016). The lived experience of patients in protective isolation during their hospital stay for allogeneic haematopoietic stem cell transplantation. *European Oncology Journal*, 24, 79-86.

Blair, K., Eccleston, S., Binder, H., & McCarthy, M. (2017). Improving the Patient Experience by Implementing an ICU Diary for Those at Risk of Post-Intensive Care Syndrome. *Journal of Patient Experience*, 4 (1), 4-9.

Chittick, P., Koppisetty, S., Lombardo, L., Vadhavana, A., Solanki, A., Cumming, K., Agboto, V., Karl, C., & Band, J. (2016). Assessing patient and caregiver understanding of and satisfaction with the use of contact isolation. *American Journal Infection Control*, 44(6), 657-660.

Creswell, J. (2007). Designing a Qualitative study. *Qualitative inquiry & research design: Choosing among five approaches* (pp.36-39). Los Angeles: SAGE Publications.

Gasink, L., Singer, K., Fishman, N., Holmes, W., Weiner, M., Bilker, W., & Lautenbach, E. (2008). Contact isolation for infection control in hospitalized patients: is patient satisfaction affected?. *Infection Control & Hospital Epidemiology*, 29, 275-278.

Gleeson, A., Larkin, P., & O'Sullivan, N. (2016). The impact of methicillin-resistant *Staphylococcus aureus* on patients with advanced cancer and their family members: A qualitative study. *Palliative medicine*, 30(4), 382-391.

Colaizzi, P. (1978). Psychological research as the phenomenological views it. In R.Valle, & M. King (Eds.), *Existential Phenomenological alternatives for psychology: theories and methods* (pp. 183-210). London: Sage.

Guilley, B., Bourigault, C., Guille, A., Birgand, G., & Lepelletier, D. (2017). Adverse effects of isolation: a prospective matched cohort study including 90 direct interviews of hospitalized patients in a French University Hospital. *European Journal of Clinical Microbiology & Infectious Diseases*, 36 (1),75-80.

Mendoza, C., Dominguez, M., Fernandez, C., Brioso, C., & Bano, J. (2015). Effects of isolation on patients and staff. *American Journal of Infection Control*, 43, 397-399.

Mutsonziwa, G., & Green, J. (2011). Colonised and isolated: a qualitative meta-synthesis of patients' experiences of being infected with multiple drug resistant organisms and subsequent isolation. *Healthcare Infection Journal*, 16, 147-155.

Ray, A. (2013). The lived experience of inpatients on contact precautions (Unpublished master thesis). University of Yale, New Haven, USA.

Skyman, E., Lindahl, B., Bergbom, I., Sjöström, T., & Örn, C. (2016). Being Met as marked patients' experiences of being infected with community-acquired methicillin-resistant *Staphylococcus aureus* (MRSA). *Scandinavian journal of caring sciences*, 30(4), 813-820.

Skyman, E., Sjöström, H., & Hellström, L. (2010). Patients' experiences of being infected with MRSA at a hospital and subsequently source isolated. *Scandinavian Journal of Caring Science*, 24 (1),101-107.

Streubert, H. & Carpenter, D. (2011). Ethical Considerations in Qualitative Research. In H. Surrena (Ed), *Qualitative Research in Nursing: advancing the humanistic imperative* (pp.34-87). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.

### **Abstract Summary:**

Critically ill patients with infectious diseases have dramatically increased in prevalence over the last few years. Patients suffer physically, psychologically and socially during staying in isolation settings. This

session focusing on the meaning of critically ill patients' isolation experiences, their concerns and needs, psychological conditions, and relationships with healthcare providers

## **Content Outline:**

### **I. Introduction**

- Critically ill patients represent a vulnerable group who suffer acute or chronic illnesses with long term physical and psychological consequences.
- Critically ill patients with infectious diseases that require isolation, have increased dramatically in prevalence over the last few years.
- Isolation policies and protocols are still considered a standard practice, that provide efficient and effective patient care, to prevent the transmission of infections to healthcare providers, other patients, or visitors during medical management.
- Staying in isolation rooms is considered one of the most challenging experiences for patients. Several studies demonstrate a negative psychological impact on patients' behavior during their stay in isolation rooms under isolation precautions, including higher degrees of depression and anxiety, mood disturbances, perceptions of stigma, and reduced contact with clinical staff.
- This study is significant because it addresses what appears to be a "blind spot" in knowledge and understanding about isolation experience of critically ill patients in the Arab context.
- The purpose of this paper was to explore critically ill patients' experiences and perceptions related to staying in isolation rooms under isolation precautions, and to understand their feelings of concern, fears, and needs.

### **II. Body**

#### *A. Methodology*

- The researchers selected a descriptive phenomenological inquiry as an approach of qualitative research, as developed and described by Edmund Husserl.
- This study was conducted in one hospital in Amman city. A purposive sample of 10 critically ill patients who had spent at least 72 hours in the isolation settings in critical units, because of suspected/ confirmed infectious disease.
- The researcher followed ethical guidelines to protect human participants' rights by respecting participants' rights to privacy, confidentiality, and voluntary participation by signing an informed consent.
- Face-to-face in-depth semi-structured individual interviews were conducted with the participants in Arabic language, by using an interview guide, with open-ended questions, was designed by the researchers based on the literature. This guide used Patton's six foci: experience/ behavior, opinions/ values, feelings, knowledge, sensory impressions and demographic data.

- The process of data analysis was processed simultaneously with data collection; interviews will be analyzed using Colaizzi's method (1978) for descriptive phenomenological data analysis.

#### *B. Findings*

- The overall experiences of isolation were viewed as a negative one, and the essence of these experiences was *surviving isolation*. The major themes were identified and explicated from patients' transcribed interviews. The five main themes were, "the alienation of isolation", "deprived of patient's rights", "distressed by the healthcare providers' attitudes and behaviors", "accepting isolation with its adversity", and "learning lessons from isolation experience".
- Patients' perceptions, feelings, needs and concerns of isolation experiences were pointed out into four major domains, that are (1) lived relation, (2) lived body, (3) lived space, and (4) lived time.

#### **III. Conclusion**

- This study uncovered the silenced voice of critically ill patients about their isolation experiences, and healthcare providers' practices regarding care management for those patients, that need to be modified.
- Awareness of these findings could reform understanding of critically ill patients' experiences in isolation settings, and raise the consciousness of healthcare providers for understanding the physical, emotional, spiritual, and social aspects of suffering
- Based on the outcomes of this study, considering change would enhance provision of holistic care that addresses patients' needs and concerns, and protect their rights of safety and self-identity, and thus better healthcare provider- patient relationship.
- Hospitals and schools of nursing administrations have a responsibility to give more emphasis for increasing the awareness of healthcare providers, and nursing students regarding care management of patients in isolation settings toward their needs and rights.
- Ultimately, it is essential to develop policies that enhance provision of holistic care that addresses patients' needs and concerns, and protect patients in isolation settings from stigmatization, avoidance, and rejection, which will enhance a positive experience of isolation for critically ill patients.

#### **Topic Selection:**

Rising Stars of Research and Scholarship Invited Student Posters (25201)

#### **Abstract Text:**

**Background:** Critically ill patients with infectious diseases have dramatically increased in prevalence over the last few years. Patients are allocated to stay in isolation settings under strict protocols and policies to prevent the transmission of infections to others, and thus suffered physically, psychologically and socially. Studies focusing on the meaning of critically ill patients' experiences in isolation settings, their concerns and needs, reactions, interactions and relationships with healthcare providers, psychological conditions, and satisfaction with care while in isolation are lacking in the Arab world.

**Aim:** The purposes of this study were to explore critically ill patients' perceptions of experiences related to staying in isolation rooms under isolation precautions, and to understand their feelings of concern, fears, and needs.

**Design:** A descriptive phenomenological inquiry.

**Settings and Participants:** This study was conducted in one hospital in Amman. A purposive sample of 10 critically ill patients who had spent at least 72 hours in the isolation setting in critical care unit because of suspected/ confirmed infectious disease was selected.

**Results:** The overall experiences of isolation were viewed as a negative one, and the essence of these experiences was *surviving isolation*. Patients' perceptions, feelings, needs and concerns of isolation experiences were pointed out into four major domains, that are: lived relation, lived body, lived space, and lived time. The major themes were identified and explicated from patients' transcribed interviews. The five main themes were, "the alienation of isolation", "deprived of patient's rights", "distressed by the healthcare providers' attitudes and behaviors", "accepting isolation with its adversity", and "learning lessons from isolation experience".

**Conclusion:** Awareness of these findings could reform understanding of critically ill patients' experiences in isolation settings, and raise the consciousness of healthcare providers for understanding the physical, emotional, spiritual, and social aspects of suffering, and develop policies that can inform healthcare providers' practice, education, and research initiatives in Jordan and internationally.