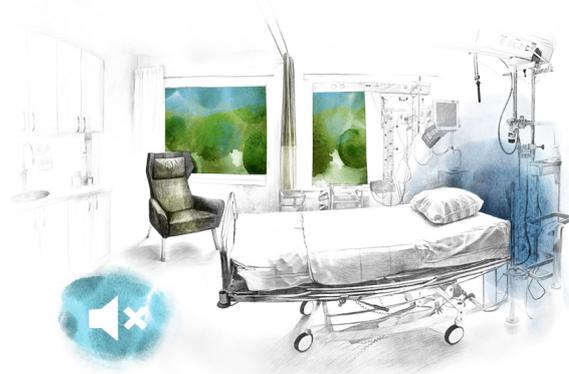


DEVELOPING COMPLEX INTERVENTIONS

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PROBLEM

People “make” places and places make and affect people, either positively or negatively. What makes a good ICU patient room, conducive to treatment, care and recovery? Can an ICU patient room represent a healing environment? What knowledge about how to perform research in settings that is technologically dense and complicated to gain access to do we need?

DESIGNING THE COMPLEX INTERVENTION

- Literature review
- Sound measurements – a pilot study
- Course in project leading of refurbishing healthcare environments
- Keeping an audit trail
- Research team – multi-professional team
- Legal agreements with contributing parties
- A creative seminar with people from design, healthcare and research

FINDINGS

Patient in the ICU, despite critical illness as well as next of kin were aware of the environment. Sound levels were too high, little difference between night and day, sound experiences were very subjective and staff’s knowledge about sound could be improved. Cycled light was seen as mainly positive and experience of the ICU room goes beyond the physical place.

AIM

To examine whether an ICU patient room refurbished according to evidence-based design could promote and accelerate patient health, recovery and wellbeing compared to an ordinary ICU patient room.

To study possible effects on patients’ health and recovery in an evidence-based designed and refurbished two-bed patient room compared to an ordinary two-bed patient room.



CORE COMPONENTS

Sound, light, interior design and view to nature

THEORETICAL FOUNDATION

Caring Science, Health Geography, Healing environments and Evidence-based Design

OUTCOME MEASURES

- Daily scoring for ICU delirium/syndrome with the CAM-ICU instrument and an observation guide
- Qualitative research interviews with patients, staff and next of kin
- Photo-voice methodology
- A web-based questionnaire addressed to staff about knowledge of the sound environment
- Baseline measurements and validated instruments for light experiences
- Patients were provided with an Actiwatch®
- Basic data were received via the ICU's ordinary digital record system

CONCLUSIONS

A complex intervention in an ICU demands a combination of experience of ICU practice, adjusted research methodologies and competence within the research team. The researcher becomes the voice of the vulnerable and responsible for illuminating this existential situation in a reflective way. Sensitive research methods need to be developed.

REFERENCES

Lindahl, B., & Bergbom, I. (2015). Bringing research into a closed and protected place - development and implementation of a complex clinical intervention project in an ICU. *Critical Care Nursing Quarterly*, 38(4), 393-404.



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