Changing family portraits: Sudden existential absence during delirium

A phenomenological study of the lived experience of family members during their older person’s delirium

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9th December 2013
STATEMENT OF ORIGINALITY

This thesis contains no material which has been accepted for the award of any other
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Jennifer Lynn Day

9th December 2013
ACKNOWLEDGEMENTS

Completing a doctoral thesis is an exciting path to take. It is rewarding as well as challenging and, when undertaken part time, somewhat lengthy. My success in travelling this path is not mine alone. It reflects the support others have graciously offered along the way, support I would like to acknowledge here in my thesis.

During the study I was privileged to meet and receive the generous support and commitment of fourteen family members. Without their trust and willingness to share their experiences of delirium this research would never have been possible. I am very grateful to each and every one of these women for their open and sincere conversations, their time and their commitment to the study. Without this generosity it would not have been possible to enrich our understanding of their everyday world and better comprehend what delirium means to them. To these family members I say a heartfelt thankyou and trust that those who read this work will recognise the humanness of their experience and take the insights they gain to inform their health care practice.

I was also very fortunate to have the enduring support of my family, friends and colleagues. It would have been impossible to sustain this project without their faith in my abilities and tolerance for the highs and lows which seemed to characterise my PhD candidature. To my husband Stuart, and our son Robert, I owe the deepest gratitude for seeing in me that which I could not, for providing unconditional love and respect, and showing extraordinary patience. I thank you for understanding my absences from family life, for supporting me through the tougher times and having faith that I would make it to the end. To Karin Calford, a true friend, I owe heartfelt thanks for years of listening, support and caring. Finally I would like to acknowledge and thank my study supervisors, Professor Isabel Higgins and Professor Dianna Keatinge, for their guidance and for keeping me focused, thoughtful and true to the experiences shared by the women in the study. In particular, I would like to thank Professor Higgins for her guidance to the phenomenological way.

This dissertation is not just mine, but ours. I could not have come to this end without you all.
For my mum, Yvonne Squires.
Though passed, your love, strength and wisdom inspires and guides all that I do.
DELIRIUM: A PROGRAM OF RESEARCH

This thesis constitutes a major part of a program of research which focuses on delirium in older people. This research program commenced in 2007 with my involvement in a pilot study designed to test a participatory action research (PAR) approach to a range of problems associated with assessing, preventing and managing delirium in acute care settings (Day, Higgins, & Koch, 2008, 2009a, 2009b). This was followed a year later with a study designed to evaluate the outcomes of the PAR pilot study (Li, Giles, Dumont, Day, & Higgins, 2009). In 2009 I commenced my PhD candidature and continued to publish from these earlier studies, as well as the research described in this thesis (Day, Higgins, & Keatinge, 2011).

Journal Publications


Book Chapters


Conference Posters


Day, J., Higgins, I., & Keatinge, D. (2010). The lived experience of family members who visit a hospitalised older person when the older person has delirium. Poster presentation at the 9th Emerging Researchers in Ageing Conference, October 2010, Newcastle. (Best Poster Presentation Award)
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ABSTRACT

The study presented in this thesis provides a description and interpretation of the experiences of family members during their older loved one’s delirium. Fourteen women, aged 51 to 74 years, participated in the study and, over an interview period of nineteen months, described their experiences. These twelve daughters and two wives supported and cared for their loved one at home, in residential aged care and/or while hospitalised.

The approach used to explore the women’s experiences was existential phenomenology, informed by the philosophies of Sartre and Merleau-Ponty. Changing family portraits: Sudden existential absence during delirium depicts the women’s experiences during their older loved one’s delirium. Existential absence for these women was experienced as the sudden absence of their familiar older loved one and the arrival of a stranger. The meaning of existential absence is further represented by the theme Living the fragility of a loved one’s presence and the sub-themes Facing a loved one’s existential absence and Living with a stranger, as well as the theme Living life holding on and the sub-themes Waiting for a loved one, In the dark, On the fringe but centre stage, On thin ice, and Keeping secrets. These themes describe the unexpected and distressing nature of their loved one’s absence during delirium, and how difficult it was for the women to cope and await their loved one’s return.

The description and interpretation presented in this thesis reveals the profound impact of family member experiences during their older loved one’s delirium. It establishes the importance of health care staff appreciating family member experiences and relates the insights gained to health care practice, suggesting how family member experiences can inform ways health care staff include family members in their older person’s care and provide compassionate, sensitive support during delirium.
KEY

The conventions described in the “Publication Manual of the American Psychological Association (6th ed.)” (American Psychological Association, 2010) have primarily been adopted in this thesis. However, two exceptions arise. The first through the use of italicised text where phenomenological terms are used more than once, so indicating the nature of the meaning intended. The second arises in relation to participant data, in which case the following conventions have been used.

Names

Pseudonyms have been used to refer to participants, as well as people and places referred to. Generic terms have been used to refer to health care staff.

Indented italic text

Long participant transcript excerpts.

“Italicised text”

Short participant transcript excerpts within text paragraphs.

[Plain type in square brackets]

Comments within participant transcript excerpts to provide clarification or explanation.

...

Material leading into the excerpt or the remainder of the participant’s sentence has been omitted for clarity and concision.

---

Short pause in the participant’s conversation.

[...]

Material has been omitted from within transcript excerpts for clarity and concision.

[pnumber]

Participant number.

(Name [pnumber] – Inumber – pnumber)

Ownership and location of participant transcript excerpts, with “p” referring to the participant number, “I” to the interview number and “p” to the paragraph number.

pnumber/number

Excerpts that continue across transcript paragraphs.