

Abstract

People whose lives have been threatened by critical health events have recounted situations in which feeling safe was central to their recovery. However, feeling safe during critical health events for adults age 65 and older has not been explored. The purpose of this study was to increase understanding of feeling safe by developing a substantive grounded theory of feeling safe for older adults who unexpectedly suffered a critical health event and were admitted to an intensive care unit (ICU). Ten older adults who received care in an ICU were interviewed to explore their experiences of feeling safe in an ICU.

Data analysis was carried out as interviews were conducted until all identified categories were developed. A substantive grounded theory of feeling safe was constructed using categories that emerged from the study data. Four main categories, (a) proximity, (b) oversight, (c) predictability, and (d) initiative, were identified as requisite to interaction with nurses. Participants' interaction and expectation of interaction with ICU nurses was essential to their perception of feeling safe in ICUs. Findings of this study are relevant to nursing care of patients in ICUs and structural design of ICUs. Practicing nurses can utilize the knowledge gained through this research to examine their own practice and make changes, if necessary, to promote the perception of feeling safe for older adults during an unexpected ICU admission. Further study is needed to explore other populations who are likely to experience an unexpected critical health event and receive care in an intensive care unit.