Registered nurses' perceptions of cognitive function in survivors after cardiac arrest - a phenomenographic study

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Purpose

The survival rate after cardiac arrest (CA) has increased worldwide the last decade and is now approximately 10% for out-of-hospital and 30% for in-hospital in Sweden. CA survivors can have a good neurological status, but suffer from cognitive disabilities that can affect their life in a negative way. Exploring various perspectives of the CA survivors cognitive function could build knowledge to further development of the post CA care of survivors. The aim of this study was to explore registered nurses' perceptions of cognitive function in cardiac arrest survivors.

Materials and method

The study had a qualitative design with a phenomenographic approach. Registered nurses (RNs) (n=19) with experience in cardiovascular care and follow-up of CA survivors were selected using strategical sampling. Data were collected by semi-structured individual interviews during 2016/2017 at 11 different hospitals in Sweden. The RNs (16 female, 3 male) were interviewed regarding their perceptions of the survivors' cognitive function focusing on memory-, concentration- and planning ability.

Results

Preliminary analysis showed that RNs perceived that CA survivors initially had severe problems with short-term memory in the acute phase with a fast recovery (days or weeks) in most cases. However some survivors were perceived to have persistent short-term memory loss during long-term follow-up care. The memory loss in the acute phase was perceived as easy to detect, however it was more difficult to assess during long term follow-up.

The concentration and planning ability in CA survivors were perceived as more difficult to detect. Questions regarding those areas were not frequently asked and some RNs assumed there were no disabilities in these areas. The RNs also perceived a great variation between the survivors, some were described to have well-functioning concentration and planning abilities, while others had severe problems, for example to handle multiple tasks simultaneously. Brain fatigue was perceived as negatively affecting concentration.

The RNs perceived difficulties to assess cognitive functions, especially in the long-term follow-up, as the problems often were perceived as subtle and not always recognized by the survivors themselves. The RNs also described difficulties to identify and use valid tools to make valid assessments.

Conclusion

The RNs perceived that loss of short-term memory frequently occurred in the acute phase and sometimes during long-term follow-up as well. Memory ability was perceived as easier to detect than concentration and planning abilities. Therefore, health care professionals need to pay more attention on these problems. One way to do this is to screen for cognitive problems using valid instruments, easy to use in a clinical context, in post cardiac arrest care.