Editorial

Paul Fulbrook - Editor

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EDITORIAL

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INTENSIVE CARE - NOT A GOOD PLACE TO BE!

In this issue of Connect there are two articles that raise the topic of confusion in intensive care. Helle Svenningsen's study focused on validation of the Confusion Assessment Method for Intensive Care Units (CAM-ICU), a well-established tool that enables intensive care delirium to be measured. Irene Harth's article, though not directly about confusion, discusses the importance of having family members present when a patient is critically ill, and how this can help to orientate the patient to their surroundings. Both articles refer to the anxiety that patients experience in intensive care, and Lorna Suen and colleagues' article provides an example of such.

Essentially, what these articles remind us, is that intensive care is a very strange and frightening environment. The alien situation, coupled with the effects of trauma and drugs means that it is a place that patients find very difficult to make sense of. There are now countless examples in the literature that tell the harrowing tale of being a patient in intensive care. It is not a place that I would like to be a patient!

Despite what we know about the experience of being a patient in intensive care, it still amazes me to hear stories from colleagues about nurses who fail to focus their nursing care on human aspects of caring. Instead, they shield themselves from the patient with a technical approach to their care. Yet, everything that we are learning from qualitative research is instructing us that one of our most important roles is to be with the patient; to assist them through the turmoil of their intensive care journey, to comfort them, and to help them understand where they are and why they are here. In a similar context, it saddens me to read evidence of nurses' views - such as that reported in Irene Harth's article - that relatives are a burden, and get in the way of their work. We have known for decades the important role that relatives play in the recovery of patients, and we should be using the evidence that we ourselves have generated to establish the rightful place of relatives in intensive care.

Contents

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Stories from colleagues and reports in the literature about intensive care nurses shying away from 'real' nursing care are disturbing, however they raise a challenge for us to set better examples of human caring. Intensive care nursing can be demanding, and some patients really challenge us when they are confused or uncooperative, and it sometimes feels as if relatives are in the way when we are trying to 'get the work done'. At times like this it is a good idea to put ourselves on the other 'side of the fence', and to stop what we are doing for a few moments to consider what it must be like to be the patient or their family member. In doing so, we should ask ourselves, "If I was the patient or family member, how would I like to be treated?" Our answer should dictate our caring response.

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