Editorial

Sek Ying Chair

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Contents

WFCCN/ACCCN World Congress, Brisbane Australia, April 2016: abstracts
World Federation of Critical Care Nurses, Australian College of Critical Care Nurses....................................18

Validation of the Greek version of the Revised Moral Distress Scale in critical care nurses
Stella Haikali, Maria NK Karanikola, Giannakopoulou Margarita, Mpouzika DA Meropi, Chrysoula Lemonidou, Elisabeth Patiraki, Elizabeth DE Papathanassoglou.........72

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EDITORIAL

Elizabeth Papathanassoglou, Sek Ying Chair

Expanding the paradigm of critical illness outcomes through patient-centredness

Critical illness is an infinitely complex condition. Treatment approaches have evolved over the last two decades along with our understanding of disease processes and our conceptualization of pathophysiology. Traditionally, critical illness outcomes have included crude indices of disease progression, such as fatality, length of ICU stay, rates of sepsis and of organ-specific complications and measures of organ dysfunction such as severity scoring systems. Recently, a different set of outcomes is emerging, which is more patient- than disease-centered (Jakimowicz & Perry, 2015). These include pain, delirium, patient satisfaction, quality of end-of-life care and longer term outcomes such as the ICU syndrome, post-traumatic stress symptomatology, functional outcomes and quality of life. These expanded outcomes now begin to drive treatment options, especially since the realization that not all outcomes, such as pain, agitation and delirium, are adequately responsive to pharmacological and technological means alone (Barr et al., 2013).

Patient-centeredness emerges as the new imperative in critical care (Cabrini et al., 2015). Patients' needs and perspectives are central to this paradigm, shaping a new set priorities of care which include: respect, patient and family involvement, exploring patient's needs, and communication (Jennings et al., 2005). However, elucidating critically ill patients' needs is challenging, mainly due to communication limitations and the dearth of relevant research. Studies consistently report high levels of stress, fear and related adverse emotions; whereas qualitative studies, clearly depict experiences of struggle, fear and chaos (Palesjo et al., 2015; Granberg et al., 1998; Papathanassoglou & Patiraki, 2003). High levels of stress appear to be a constant in the critical illness trajectory; however, stress-specific research in critical care is lagging. Few studies have addressed associations between critically ill patients' stress and physiological and psychological outcomes (Mpouzika et al., 2013). It is clear that if stress responses are to be addressed as relevant critical illness outcomes, new approaches to measurement need to be investigated. What also needs to be taken into account is that stress responses are prominent among critical care health professionals, as well. These typically associate with the intense work conditions and suffering (Moss et al., 2016) but also with health care professionals' ability to make meaningful and ethical decisions regarding patient care (Henrich et al., 2016). As summarized in this issue by Haikali and colleagues, critical care nurses' moral distress may impact the quality of care; however, the association between nurses' distress and patients' outcomes has not been adequately studied. Moreover, measurement and cultural variation issues persist.

Realization of families' role on critical illness outcomes has been steadily increasing, as well (Page, 2015); and research on family-related critical illness outcomes has been slowly expanding. Furthermore, evidence that patients' outcomes are sensitive not only to health care professionals' stress responses, but also to interdisciplinary collaboration, calls for an even greater expansion of our current paradigm to include health care professionals' collaboration, satisfaction and clinical decision making outcomes as well (Irwin et al., 2012).

In conclusion, the goals and processes of critical care continue to evolve as our views of what really matters with regard to critical illness outcomes expands to include a more holistic perspective which encompasses patients', families' and clinicians' views. These are clearly reflected in the nursing topics presented at the 12th Congress of the World Federation of Critical Care Nurses in Brisbane, Australia, included in this issue. Recently, this has been mirrored in research efforts that engage patients and families at all stages of research from the inception of research priorities to study conduct and analysis (Gill et al., 2016). These mark an exciting but challenging transition from disease- to person-centered critical care. Rigorous and innovative approaches to study design, measurement and analysis are called for. Critical care nursing research has to play an integral role in this transition.

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