Editorial


Sek Ying Chair


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EDITORIAL

Elizabeth Papathanassoglou, Sek Ying Chair

Emphasis on the critical care trajectory and new conceptualizations of old problems: a year of advancements in practice and research

Reflecting on the advancements in critical care over the past year, one can discern two major tendencies: on the one hand, an increasing emphasis on the sequlae of critical care, including focus on patients, families and health professionals; and on the other hand, a trend to revisit former guidelines and definitions. For example, a PubMed search of critical care literature with the key word 'family' in the title yields 81 papers in 2016, compared to 39 two years ago, and to only 8 articles in 2000. Moreover, more than half of the studies on the post intensive care syndrome have been published in 2016; which denotes an increasing interest in what comes after survival of critical illness.

In line with patient engagement initiatives, a policy statement on shared decision making has been put forward by the American College of Critical Care Medicine and the American Thoracic Society (Kon et al., 2016). Additionally, the first ever set of guidelines for family centered care in critical care have just been published (Davidson et al., 2017). Furthermore, we are witnessing an increased involvement of survivors and family representatives in both practice and research initiatives (Gill et al., 2016); whereas many funding agencies require involvement of patients in the research process as a form of knowledge translation (Johnson et al., 2016). These advancements denote a new era in critical care, where patient- centered care and patient and family engagement more than desirable are strongly recommended.

Another first, during the past few months, is a widely-publicized collaborative statement and call for action of the societies of critical care medicine regarding the burn-out syndrome in critical care professionals (Moss et al., 2016). Although recognized, the psychological impact of critical care in health care professionals has remained unaddressed for many years. This initiative discusses interventions and urges multiple stakeholders to help mitigate the onset and consequences of burn-out in critical care. On the same note, another very recent collaborative initiative focuses on recommendations for addressing moral distress and building moral resilience in nursing (Rushton et al., 2017). Altogether, these developments show an increasing realization that the environment of critical care and relational factors may have a significant impact on critical care outcomes.

This past year we also moved away from long-standing definitions of the most severe sequlae of critical illness, sepsis and multiple organ dysfunction syndrome. The 3rd International Consensus Definitions for Sepsis and Septic Shock provide definitions of sepsis based on clinical criteria and novel screening approaches (Singer et al., 2016). The presence of systemic inflammatory response syndrome is no longer required for the diagnosis. Moreover, new guidelines for the weaning from mechanical ventilation have been issued, including an increased emphasis on post-weaning care and use of preventive non-invasive ventilation (Quellette et al., 2017), taking into account minimization of post-ICU consequences.

Overall, we are increasingly witnessing a heightened emphasis on person-centred issues and on the recovery trajectory of the critically ill; rather than on disease processes alone, which has been the traditional focus of critical care research. These are exciting developments for nursing, not only because in their majority they have been either led or involved nurse investigators, but also for the reason that they create unprecedented opportunity to transform the paradigm of care towards more inclusive and holistic modes. This is the time to actively expand research and dissemination of evidence. Nurses have a decisive role to play not only in primary research, but also in the knowledge translation process, which is simply unattainable without nursing initiatives and vision.

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