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What's In This Issue

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The intensive care unit (ICU) is a highly dynamic and unpredictable environment, and although the outcomes for surviving critical illness have improved dramatically, the impact of this environment and its therapies on both patients and families, and the staff working within it, can be profound. The psychosocial impact of an intensive care unit admission is highly significant for patients, with evidence of persistent symptoms of stress. Similarly, this environment can also impact negatively on healthcare professionals. This edition of the journal includes several papers relating to this important topic.

We are pleased to open this issue with a guest editorial by Dr Gillian Coleville and Susan Affleck [1], a consultant clinical psychologist and a senior nurse respectively. Besides providing a critical commentary of the terminology and research on occupational stress in critical care settings, this editorial proposes practical strategies for nurses to mitigate work-related stress, with an emphasis on reflection and searching for meaning in one's work. The fact that the authors come from different health professions underscores the interprofessional nature of the topics examined in the collection of papers in this issue.

Jarden and colleagues [2] present a conceptual model for well-being characteristics and facilitators in intensive care nursing, based on a qualitative secondary analysis of two studies the same authors had published in *Nursing in Critical Care*: a prototype analysis of nurses' conceptions of well-being [3] and an exploratory study about factors enhancing ICU nurses' well-being [4]. Through their analysis, five aspects of ICU nurse well-being emerged, namely *healthy, authentic, meaningful, connected* and *innovative*. The resultant model contributes to the growing body of literature about intensive care nurses' well-being and should help to guide initiatives geared at improving critical care nurses' mental health at individual, team and organisational level. It also paves the way for further research work, such as an assessment of the model's construct validity and further theory development.

Various primary research studies have reported a high level of occupational stress among nurses working in an ICU [5,6], which, in turn, is associated with various physical, psychological and behavioural ailments [7]. Yet, attempts at systematically reviewing the available evidence are scarce. The paper by Alkhwalddeh et al. in this issue [8] addresses this gap through a systematic review of published studies about the effectiveness of various interventions aimed at mitigating occupational stress among ICU nurses. Twelve studies met the inclusion criteria and their quality was assessed on the basis of their reporting, external validity, power, internal validity bias and confounding. The presence of substantial heterogeneity across studies precluded the authors from conducting a meta-analysis, which

underscores the importance adopting more consistent interventions and outcome measures in future research work in this area. Nonetheless, it was evident that the most effective interventions were those based on cognitive-behavioural skills training, which suggests that such skills should be given more attention in undergraduate and post-graduate nurse training. The review was limited by its relatively small number of studies published in one language, and by the methodological quality of the original studies; nonetheless, it constitutes an important step forward in synthesising the evidence about stress management interventions in intensive and critical care nursing.

The study by Pattison et al. [9] explores the incidence of burnout among critical care, oncology, palliative care and critical care outreach personnel in a tertiary specialist centre in the United Kingdom (UK). Data were collected through the Maslach Burnout Inventory, a 22-item questionnaire which has been extensively tested and validated, and through additional open-ended questions. Although the participants worked in clinical settings known to be associated with high levels of burnout, the quantitative results revealed a lower incidence of emotional exhaustion and depersonalisation and a higher sense of personal accomplishment than normative scores. This may partly be explained by the debriefing, staff support and interprofessional collaboration and education practised at this centre, which supports previous research indicating the value of organisational support and collaboration. Nonetheless, ICU nurses exhibited higher burnout levels in terms of depersonalisation, and doctors had higher level of personal accomplishment than other health professions. Limitations of the study include a relatively low response rate and a convenience sample which may have been inadequately powered to detect differences between professional groups. Nonetheless, the study is valuable in addressing the dearth of data about the incidence of moral distress in UK hospitals, and in including suggestions by the participants themselves about the strategies necessary to avoid and mitigate burnout.

Admission to a critical care unit may have prolonged consequences on the patient's family functioning [10]. Consequently, ICU follow up services should cater for both patients and their family members. The paper by Ahlberg and colleagues [11] focusses on family functioning during and after critical illness through a secondary analysis of several follow-up interviews with seven families attending Family Health Conversations (FamHC), a nurse-led intervention aimed at supporting the whole family after critical illness. The narrative analysis revealed an improved awareness of family functioning, enhanced cooperation within the family and greater well-being. This paper highlights the value of a relatively simple but evidence-based intervention, led by nurses, in minimising the adverse effects of an ICU admission on patients and their families. Yet, as acknowledged by the authors, more research is needed about the nature and timing of family involvement in ICU follow-up and which family members would benefit most from such services.

Understanding stressors experienced by critical care patients is also crucial. Zegnin and colleagues [12], in a cross-sectional survey, examined the relationship between ICU-experienced stressors in adults in an ICU in Turkey. Using the Intensive Care Experiences Scale and another scale they collected data on 116 adults who stayed more than 24 hours. They found that the most frequent stressors were thirst, separation from their family, endotracheal suctioning, pain and the inability to speak. This has potentially profound effects on the patients' satisfaction with care and their recovery. These findings are important for nurses. One of the key roles of the ICU nurse is to humanise this hostile environment for the patient and their family and knowing the most important stressors allows us to focus on minimising them as much as possible. Simple processes, include more relaxed visiting times for close family members, improving communication strategies for intubated patients, better pain management and really considering the impact of routine interventions we perform, such as suctioning, on patients, especially those who are less sedated.

A similar cross-sectional survey by Valsø and colleagues [13] explored the occurrence of post-traumatic stress (PTS) symptoms in general ICU adults early after discharge in Norwegian ICUs. They wanted to determine if a sense of coherence (SOC) was associated with lower PTS symptoms. In 523 adults they found the prevalence of PTS symptoms was 32% (within a week after ICU discharge). Patients with a lower SOC, more ICU delusional memories, more pain and those who were younger had significantly more PTS symptoms. This study highlights the importance of following up patients after critical illness, both to screen for, and if appropriate, institute early interventions to reduce the impact of these common symptoms. This work is commonly picked up by critical care outreach teams, primarily expert critical care nurses, across the UK and many other countries. As more patients survive critical illness it is vital that we seek out and test interventions to reduce the morbidity associated with critical illness, such as PTS.

Ensuring psychological safety, both for ourselves and for our patients, is vitally important in intensive care. Stress and burnout in ICU staff have an impact not only on the individual nurse, but also on unit morale, recruitment and retention and consequently unit staffing and potentially safety. Psychologically well staff are the best asset to provide the optimal care of critically ill patients and their families and achieve the best outcomes. Nurses, by nature of their 24-hour presence at the bedside, are also the primary healthcare professionals that impact on the patients' and their families' experience in the ICU, acting as the patient's advocate and considering the stressors experienced with an active focus to make their experience and the environment as good as possible. The papers in this issue have all contributed to improving our knowledge and understanding of this topic through various research methods and a systematic review.

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