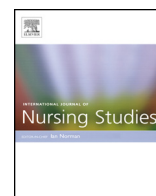




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Review

Factors promoting intensive care patients' perception of feeling safe: A systematic review

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ABSTRACT

Background: Feeling safe in the intensive care unit is of great importance while recovering from critical illness. Moreover, feeling unsafe can result in distress. In order to meet the safety needs of intensive care patients as well as to stimulate their recovery and prevent distress, nurses must be aware of factors promoting patients' perception of feeling safe during an intensive care admission. To our knowledge, there is no synthesis of these factors available as yet.

Objective: To systematically describe the factors that promote patients' perception of feeling safe in an intensive care unit.

Design: A systematic review of qualitative and quantitative studies.

Data sources: PubMed, Embase, CINAHL, and PsycINFO were searched up to March 2012.

Review methods: Methodological quality was assessed by two authors using the QualSyst tool. Data from the included studies were extracted into a customised data extraction form.

Results: The initial search resulted in 1326 records. Ultimately, eleven studies were relevant to the research question and included in the review. No studies needed to be excluded because of low quality scores. Analysis of the factors in these studies resulted in four overarching themes that promote intensive care patients' perception of feeling safe. These themes were: nursing care, patients' issues, relatives, and technological support. Nursing care was described most frequently as an important factor promoting patients' feeling of safety in an intensive care unit. Relatives were the link between intensive care patients and staff.

Conclusions: Nurses can increase the perception of feeling safe in critically ill patients by taking into account the promoting factors described in this review. By being aware of these factors nurses can improve quality of care in their intensive care unit.

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What is already known about this topic?

- Feeling safe in the intensive care unit is a very important need for intensive care patients and is vital during their recovery from critical illness.

- Positive experiences of patients during intensive care admission are directly associated with feeling safe.
- Intensive care nurses (rather than doctors or other health care professionals) have the largest impact on creating a safe environment for intensive care patients.

What this paper adds

- Nursing care, patients' issues, relatives, and technological support are the four overarching themes that promote patients' perception of feeling safe during an intensive care admission.

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- Nursing care, including communication, monitoring, personal approach and attitude, is described most frequently by intensive care patients in relation to their perception of feeling safe.
- Relatives are intensive care patients' interpreters in communicating with others and are able to provide consolation, resulting in a feeling of safety.

1. Introduction

Patient safety is a crucial aspect in improving quality of health care and has been defined as 'freedom from accidental injury' (Kohn et al., 2000). Unfortunately, adverse events occur frequently, negatively influencing patient outcome (Kohn et al., 2000). Although over the years many initiatives have been taken to improve quality of health care and prevent adverse events (WHO, 2012), the incidence of adverse events in hospitalised patients in the Netherlands has not decreased as yet (5.7% in 2004 and 8.0% in 2008) (Langelaan et al., 2010).

Risk for adverse events increases when health care becomes more complex (Garrouste Orgeas et al., 2008; Kohn et al., 2000; Wagner, 2007). Treatment in an intensive care unit (ICU) means complex care, due to the combination of its invasive nature and the extensive use of technical equipment. As a result, patients admitted to an ICU are more prone to experience adverse events compared to patients admitted to general units (Garrouste-Orgeas et al., 2012; Rothschild et al., 2005; Stockwell and Slonim, 2006). Therefore, focus on patient safety is vital during intensive care admission.

Intensive care patients are considered to be critically ill. Critical illness has been defined as 'impairment of one or more vital organ systems, such that there is a high probability of imminent or life-threatening deterioration in the patients' condition' (CMS, 2008). Regardless of the disease, intensive care patients are almost entirely dependent on intensive care nurses during their treatment, monitoring and care (Van den Brink et al., 2006). Due to the use of invasive techniques (such as endotracheal intubation, insertion of venous and arterial catheters, and tubes), intensive care patients are not able to move independently without risk of complications. Some of the above-mentioned techniques induce abnormal communication (Van den Brink et al., 2006), resulting in difficulties in interaction with intensive care nurses, loss of privacy and loss of self-control (Hupcey, 2000; Merilainen et al., 2010). As intensive care patients are frequently unable to actively influence these problems (Merilainen et al., 2010), it is essential that they can fully rely on their intensive care nurses to provide safe care (Hweidi, 2007; Van den Brink et al., 2006). This is all the more essential since intensive care nurses are at the bedside around the clock and continually oversee, coordinate and provide patient care (Sauls and Warise, 2010; Weingart et al., 2005).

Recent studies have shown that intensive care nurses have the largest impact on creating a safe environment for intensive care patients, by taking into account the patients' point of view (Merilainen et al., 2010; Sauls and Warise, 2010). McKinley et al. (2002) found that positive experiences of patients during intensive care admission were

directly associated with feeling safe. Based on patients' responses, Russell described feeling safe as a state in which a patient experiences an absence of risk of physical or emotional harm (Russell, 1999). Feeling safe in the ICU is a very important need for intensive care patients (Aro et al., 2012) and vital during the recovery from critical illness (Merilainen et al., 2010). Moreover, feeling unsafe can result in increased distress (Hupcey, 2000). Hence, it is of great importance for intensive care nurses to understand the factors that feature most often as promoting patients' perception of safety in the ICU (Hupcey, 2000; Lasiter, 2011; McKinley et al., 2002; Merilainen et al., 2010).

To our knowledge, no synthesis of factors promoting the perception of feeling safe of critically ill patients during an intensive care admission has been completed as yet. Therefore, the aim of the current review is to systematically describe the factors promoting patients' perception of feeling safe in the ICU.

2. Methods

2.1. Study design

To conduct this systematic review, the design was informed by relevant criteria from 'The Guidance for Undertaking Reviews in Health Care of the Centre for Reviews and Dissemination' (CRD, 2009). PRISMA guidelines have been used to guide reporting and the flow diagram selection as shown in Fig. 1 (Moher et al., 2009).

2.2. Search strategy

Eligible studies were identified by searching the following online databases: PubMed (1950 to March 2012), Embase (1980 to March 2012), CINAHL (1982 to March 2012), and PsycINFO (1806 to March 2012). The search included the following MeSH terms and keywords: (feeling OR experience OR perception) AND ("patient safety" OR safe) AND ("intensive care" OR "intensive care units" OR "critical illness" OR "critical care" OR "critical care unit" OR "intensive care patient"). No limits were used during the online search. A detailed description of the search strategy can be found in Table 1. After selection of the eligible studies, the reference lists of selected studies were manually searched to identify additional references. We also searched for related citations of the included studies from PubMed, to ensure that no relevant studies were missed.

2.3. Selection criteria

During the selection process studies were included based on the following criteria: the articles should be published in English or Dutch, refer to adult patients (older than eighteen years), refer to critically ill patients, and refer to the perception of feeling safe during an intensive care admission. Both qualitative and quantitative designs were included. Articles were excluded if they were (conference) abstracts, supplements, letters, editorials, reviews or meta-analyses. However, individual references from reviews and

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