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Added Value from Nursing Research

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Christina Jones discusses the ways in which nursing research, with its emphasis on holistic care of the patient, can enhance patient care in the intensive care unit (ICU).

Introduction

Nursing research has been criticised in the past for its poor quality and has been accused at times of adding little to existing knowledge (Gelling 2003). This is most probably a reflection of a lack of academic support for nursing research and an over-reliance on qualitative methodologies, when quantitative methods might have been more appropriate.

The real strength of nursing research, however, may be in its holistic approach to care of patients and their families. Nurses spend more time than other healthcare professionals with patients and their families by virtue of the type of care that they provide. Chance observations made during such routine contact can form the basis of astute research questions. Nurses need encouragement and support to carry the research process through to completion, using the most appropriate and robust methodology.

Nursing Research Changing Practice

Pick up any intensive care nursing journal and the emphasis of nursing research – improving the quality of patient and family care – is clear. For example, a recent nursing study completed in neonatal intensive care examined whether the goal of family-centred care was actually practiced by nurses at the bedside (Petersen 2004). This was a good, quality study using a validated questionnaire that elicited responses from 62 nurses. The study showed that there was a gap between the knowledge that family-centred care was necessary and the delivery of family-centred care in practice. This discrepancy between ideal and practice could have a significant impact on the care delivered to both the baby and the family unit.

Our own research group's work has revolved around improving physical and psychological recovery from critical illness and investigating the factors that impact on that recovery, both in the intensive care unit (ICU) and after discharge. While the research group is headed by a doctor, as a nurse the author is encouraged and supported to think of research questions, write proposals, gain funding, and co-ordinate and publish the research. To give an example, while following up on ICU patients discharged to the general wards, nurses observed that the patients were very distressed by delusional memories (e.g. hallucinations, nightmares and paranoid delusions) of their stay in the ICU. This chance observation turned into a research question: "Do delusional memories trigger symptoms related to post traumatic stress disorder (PTSD)?" The results of this research project suggested that the nurses' chance observation was right – delusional memories are a potent trigger for PTSD-related symptoms (Jones et al. 2001).

To facilitate the PTSD research, a tool was developed and validated by our research group that allowed us to recognise these delusional memories (Jones et al. 2000). This tool has been used extensively by our own research group and others to start examining what factors, such as depth of sedation, may precipitate patients' delusional memories and increase the risk of PTSD. Medical research in the area of sedation had previously concentrated on weaning patients quickly from the ventilator and reducing the costs by shortening the ICU stay (Kress et al. 2000). Until recently, such research failed to address the effects that this has on patients' longterm psychological health after ICU discharge. Nursing research has helped bring this patient care focus to the fore.

Conclusions

Each professional group brings their unique point of view to research, and patient care benefits accordingly from this cross-fertilisation of ideas. Critical care nurses, with their intense involvement in patient and family care, should think of research as something that can revolutionise the way that critical care is delivered and as something that nurses can do and do well.

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