

Guest Editorial

A Season of Thanks and Hope

Linda Bell, RN, MSN

The end of the year is always an opportunity to reflect on events of the year. Looking back at 2017, I think many things have affected our lives as well as our families and friends, patients, colleagues, communities, country, and the world. We have experienced, witnessed, or heard news about hurricanes, earthquakes, floods, fires, and mass casualties. We have witnessed incivility toward health care providers and may have experienced unhealthy work environments in our daily work. But many events also occurred in the past year for which to give thanks to our many colleagues across the continuum, from first responders to our peers in the hospital setting to authors of articles published in our journals.

We have seen the selfless work of the first responders in these large tragedies, as well as those who may not have become part of the national news. We are grateful to call them our colleagues. If not for them, our families, friends, and patients would have been alone, frightened, and without hope. The ability of these first responders to step forward into any situation is a source of pride and gratitude. In addition, the care provided by our colleagues in triage areas and emergency departments played a huge role in stabilizing patients to support transfer into our care environment. Our colleagues have borne the burden of patients who

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did not survive their initial trauma. Also, we are grateful to those who selflessly left their families and homes to provide disaster assistance and relief efforts. In the aftermath of the hurricanes in Texas, Florida, and Puerto Rico and the mass casualties in Las Vegas, health care resources have been stretched almost beyond reason, but never beyond hope.

Although the health care environment is in turmoil because of the uncertainty of the future of reimbursement, the opioid crisis, and the implementation of electronic medical records, we are not deterred from providing knowledgeable and competent care. In the midst of the turmoil, we are grateful for additions to the workforce, as many nursing students at all levels and multiple roles completed their education. It is to the benefit of all nurses to integrate these new graduates with compassion and a willingness to share not only our (horror) stories but also our knowledge and understanding of patients, nursing, and the acute and critical care environment. As these new professionals find their place within health care, we can help them through their development of competency and their commitment to patient safety by supporting their goal of certification in whatever specialty they select. Their energy, enthusiasm, and desire for meaningful work provide an opportunity for those of us who are part of the aging workforce to be hopeful for the future.

Younger and newer nurses owe gratitude to their older colleagues for the pioneering work to promote safe and healthy work environments. Support for skilled communication, authentic leadership, effective staffing, true collaboration, meaningful recognition, and effective decision-making is a result of the continued relentless

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efforts our predecessors have made to achieve these goals. A healthy work environment is important beyond the needs of nursing; it is essential for our interprofessional colleagues, our patients, and their families.

As nurses, our focus is patients and their families. We are gifted with the opportunity to witness the most vulnerable moments of their lives. Our role is to offer them our knowledge, support, and hope. Our obligation is to continue to grow professionally by participating in ongoing education and using evidence to support our practice. We owe our thanks to colleagues who support our professional growth by investigating and sharing evidence about solutions to patient care problems, such as integrating family members as care partners. Delirium-prevention strategies as well as family education and support are explored in this issue of the journal. These articles present innovative interventions that provide hope that these problems can be conquered.

In the cover article, “Family Support During Resuscitation,” the authors remind us that our nonnursing colleagues are willing to learn how to support patients and families. The trainees in this program were social workers and spiritual care advisors, who learned how to assess families during a resuscitation effort and gauge their readiness to be present during these events. This article also reflects the goals of the AACN Practice Alert: Family Presence During Resuscitation.¹

A second article on patient- and family-centered care, the OnlineNOW article “Identifying Information Resources for Patients in the Intensive Care Unit and Their Families” (available at www.ccnonline.org), addresses educational needs of patients and families through an interprofessional lens. The authors’ insights allow bedside nurses to provide answers to family members’ questions in the context of daily care, because families already have access to the foundational information they need.

Four articles focus on one of the big issues we currently face in acute and critical care: delirium. In “Feasibility of a Nurse-Managed Pain, Agitation, and Delirium Protocol in the Surgical Intensive Care Unit,” the authors conclude that nurse-driven protocols to handle pain, agitation, and delirium are highly effective. They also point out that in health care we may assume that lapses in protocol development and use require additional information or education, but it is just as important to identify areas for systems improvements.

“Implementing a Multicomponent Intervention to Prevent Delirium Among Critically Ill Patients” focuses on achieving a standardized set of interventions as identified in the literature. The authors concluded that their interventions were effective in preventing delirium without increasing patient harm from self-extubation and can be considered for other critical care protocols.

In “Perceptions of Family Members, Nurses, and Physicians on Involving Patients’ Families in Delirium Prevention,” investigators engaged family members in delirium-prevention activities. While we are struggling to incorporate longer periods of visitation, particularly in intensive care units, finding elements of care that can be provided by family members and that improve patient outcomes is a win-win for nurses and their patients. Patients’ family members can be a valuable resource to engage when implementing delirium-prevention activities, which does *not* mean all family members at all times.

A second OnlineNOW article, “Perceptions of Families of Intensive Care Unit Patients Regarding Involvement in Delirium Prevention Activities,” reinforces the concept that many times families want to be involved in the care of the patient but do not know what they can do or how they can help. Family members who participated in this study described not only how they provided assistance but also how communication with the nursing staff allowed their participation in care and potential delirium prevention.

Circling back to the title of this editorial, I think we can all be thankful to our colleagues who have taken the time to do the research, education, and dissemination of their findings that will help us provide exceptional care for patients and families and for each other. Each issue of this journal moves us closer to nursing excellence within our community of exceptional nurses. I am hopeful that we can all find new ways to stretch personally and professionally in the year to come. **CCN**

Reference

1. AACN Practice Alert. Family presence during resuscitation and invasive procedures. *Crit Care Nurse*. 2016;36(1):e11-e14.