



Enhancing Patient Empowerment through Nursing Interventions in Intensive Care Unit Discharges: Review

¹ Sultan Sulaiman Alshammari , ¹ Naif Khalaf Saeid Alshammari, ² Fraih Mana Alshammari , ³ Mutariah Mishlah Lafi Alshammari , ³ Alhunuf Mashi Alhumaydan Alshamriu , ¹ Sheemah Mishleh Lafi Alshammari , ¹ Sheemah Mishleh Lafi Alshammari , ³ Ahlam Muqbil Didan Alshammry

¹ Ksa , Ministry Of Health , Hail

² Ksa , Ministry Of Health , Sharaf Health Center

³ Ksa , Ministry Of Health , Taba Health Care Center

Abstract

Background: The rise in critically ill patients requiring intensive care has highlighted the need for effective nursing strategies in intensive care units (ICUs). Each year, approximately 240,000 adults in Spain are admitted to ICUs, with over 90% surviving their stay. However, the transition from ICU to general ward is fraught with challenges that can affect patient outcomes.

Methods: This systematic review analyzed literature from databases including Embase, PubMed/MEDLINE, and CINAHL to assess nursing interventions aimed at enhancing patient empowerment during ICU discharge. The review focused on studies published from 2000 to 2022, examining the impact of various educational and informational strategies on patient outcomes.

Results: The review found that effective nursing interventions, such as providing tailored information and emotional support, significantly improved patient empowerment and satisfaction during the discharge process. Many studies indicated that when patients felt more informed and involved in their care, their anxiety and feelings of powerlessness decreased. However, gaps in the literature were identified, particularly concerning the long-term effects of these interventions.

Conclusion: Empowering patients during the ICU discharge process is essential for enhancing their recovery and quality of life. Nursing interventions that prioritize patient education and emotional support can lead to better outcomes and reduce the risk of post-intensive care syndrome. Future research should focus on refining these interventions and exploring their long-term impacts.

Keywords: Intensive Care Unit, Patient Empowerment, Nursing Interventions, ICU Discharge, Systematic Review.

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1. Introduction

There has been a rise in the number of critically ill patients over the past few decades. Each year in Spain, 240,000 adults are admitted to intensive care units (ICU) [1]. Patients experiencing potentially life-threatening conditions and vital organ dysfunction, necessitating specialized and continuous care, are admitted to the ICU [2]. More than 90% of these patients survive their ICU admission [3]. In recent times, ICUs have emerged as crucial in providing care for critically ill patients admitted due to the COVID-19 pandemic [4]. The ICU is crucial in the care process for numerous patients. When patients reach a stable condition and their care can be adjusted, they may be transferred to the general ward, ensuring a seamless continuation of care.

Discharging or transitioning a patient from the ICU to a general ward presents significant challenges, risks, and inefficiencies. This is particularly true as patients who are critically ill move from high-tech units to less acute settings, necessitating the involvement of numerous professionals in the transfer of information and responsibilities [5-7]. The process of discharging from the ICU is intricate, and it is essential to consider patients' emotions and viewpoints, such as feelings of displacement, anxiety, and a loss of autonomy. In this context, patients experience a sense of powerlessness, with the absence of medical knowledge and the loss of control over their bodies identified as primary contributors to these feelings [8].

Moreover, the emotions and perceptions of these patients during their discharge from the ICU may elevate the likelihood of developing post-ICU syndrome (PICS). PICS may arise from mental and cognitive impairments, physical disabilities, and psychological factors such as anxiety, depression, and post-traumatic stress disorder (PTSD) [9]. Interventions for ICU survivors are crucial to reducing adverse outcomes and enhancing quality of life. Harvey et al. [10] proposed that to enhance long-term outcomes for patients after ICU discharge, effective interventions should prioritize early psychological support, mobility programs, post-discharge follow-up, ICU diaries, healing care environments, functional reconciliation, which targets the risk factors associated with PICS, sedation, delirium, and immobility [11]. Consequently, the preparation of the ICU discharge process, executed with precision and care, may serve as a fundamental element in reducing the risk of PICS in the future.

The nurses in the multidisciplinary team of the ICU play a crucial role in the transition planning process, as they are actively involved in organizing and executing the direct interventions for patient care during this transition [12]. Therefore, it falls upon the nurses to evaluate the needs of patients throughout the transition and to offer sufficient information and education to both the patient and their families [13]. Some hospitals have introduced a new nursing role called "liaison nurse" to enhance the efficiency of ICU nurses during the transition of ICU patients. The essential role of ICU nurses in planning and directing the implementation of a multidisciplinary program during ICU transition, which has the potential to reduce ICU readmission and hospital mortality, has also been emphasized [14,15].

Nurses can also regain power for their patients by recognizing signs and symptoms that suggest feelings of powerlessness [16-20]. Empowerment is a nuanced and multifaceted idea that was introduced to enable patients to move beyond a passive role and engage actively in the decision-making processes regarding their health and quality of life [21,22]. Empowerment is truly successful when patients reconcile their feelings of insecurity and identity, gaining a sense of control over their lives [8,23]. Enhancing empowerment offers numerous advantages, such as reduced distress and strain, a heightened sense of coherence and control over circumstances, as well as opportunities for personal development and growth, along greater comfort and inner satisfaction [24].

Empowering patients may serve as an effective strategy to alleviate the stress linked to ICU discharge. In recent years, there has been a notable increase in empowerment strategies, particularly in the realm of self-care for chronic illnesses like diabetes, cancer, and various other clinical situations [25-29]. However, their role in ICU discharge is not as widely recognized. While the multidisciplinary healthcare team holds this responsibility, nurses typically take the lead in facilitating this transition, which includes empowering patients [30-35].

A systematic review was conducted to present evidence on patient empowerment interventions, pinpoint existing gaps, and propose directions for future research and clinical practice during ICU discharge. The primary objective was to assess the impact of nursing interventions on enhancing patient empowerment during the discharge process from the ICU for adult patients.

2. Methods

We examined four databases: Embase, PubMed/MEDLINE, CINAHL, Cochrane Central Register of Controlled Trials (CENTRAL), CUIDEN Plus, and LILACS, with the search carried out in 2022.

3. The Effects of Information and Education on Patients Throughout Their ICU Experience

Limited research has examined the effects of information and education on patients throughout their ICU experience and upon discharge, with many studies facing challenges related to design, sample size, and the absence of randomization [36-43]. Research in various domains indicates that nursing interventions can enhance patient outcomes related to stress, anxiety, and depression [44,45]. It is essential to assess patients' emotional states to identify the appropriate timing, methods, and locations for intervention, ensuring that they are emotionally ready for the transition from the ICU to the general ward. One of the primary objectives of patient empowerment at this stage is situational control [21,23,46].

Patients admitted to the ICU often experience a profound sense of losing control over their lives, particularly those facing severe conditions that necessitate sedation and mechanical ventilation, rendering them completely dependent and unable to make decisions. In this situation, patients must adjust to relying on others and come to terms with how procedures are performed, leading to a diminished sense of control and feelings of helplessness. Moreover, complications and a prolonged recovery contribute to delays in transferring to the general ward, which daily heightens the sense of losing control over the situation. Meleis et al. (2000) discovered that having preparation and knowledge facilitates the empowerment of individuals during their transition, whereas insufficient preparation serves as a barrier [47]. It is essential to establish an environment that prioritizes returning control of the situation to the patient, while ensuring that nurses are accountable for providing patients with knowledge that aligns with their expectations [48,49].

In half of the eight studies, the primary intervention involved providing information and education to patients and their relatives [37,38,40,50]. Numerous studies have highlighted the significance of these issues [7,43] and have indicated that, in their absence, patients find it more challenging to engage actively during the transition [51].

Four of the assessed studies examined the effect on patients' emotional well-being [35,37,38,40]. Knowles et al. [36] discovered that maintaining a diary with daily updates on patient health proved to be advantageous. Nevertheless, Bench and Day [34] found that providing written and verbal information during discharge did not enhance patients' emotional state, particularly regarding anxiety and depression. The late intervention may have contributed to this outcome; earlier administration could have led to better results and provided patients with a more informed perspective.

The review highlighted various interventions that involved assessing patient needs via questionnaires, which were then used to create a tailored recovery and discharge plan of care, incorporating nursing interventions specifically designed to address these needs. Ongoing assessment of the needs of patients in the ICU throughout their stay and transition to the general ward is essential for creating an updated and organized care plan that supports continuity of care, despite the time required to develop these plans. Kleinpell et al. [35] showed that this intervention helped patients become better prepared for discharge from both the ICU and the hospital.

Complex interventions aimed at patient recovery have shown increased patient satisfaction and lower rates of ICU readmission and mortality [41,42]. Wade et al. [38] discovered that nurse-led interventions did not correlate with a reduction in PTSD following ICU discharge. Consequently, enhancing the evaluation and measurement of the effectiveness of these nursing interventions is essential to ascertain their true benefits and how they may contribute to favorable outcomes during ICU discharge.

The assessment and subsequent care of patients upon ICU discharge by an advanced practice nurse within a multidisciplinary team was another intervention examined. This role was identified in three studies, referred to by two different terms: nurse-led [39] and case management [41,42]. Advanced practice nurses were introduced over two decades ago as part of multidisciplinary teams to care for patients with complex needs; however, their involvement in ICU discharge has only occurred in recent years. These new roles offer a chance to assist patients and families in reclaiming their sense of control and managing the new circumstances beyond the ICU setting.

In the studies included in this review, the term patient empowerment was not explicitly mentioned; however, related concepts of empowerment were examined. This finding was similarly observed in another

systematic review concerning empowerment in online communities, where 30% of the studies did not utilize the term empowerment for the intervention [50]. This could be attributed to the fact that, although there are numerous definitions of empowerment, the components that influence the concept of power and empowerment—such as control, psychological coping, legitimacy, support, knowledge, and participation—underscore the necessity for researchers in patient empowerment to expand their focus from individual to structural dimensions of power and empowerment [51]. In a separate examination of the empowerment concept, the authors suggested that enhancing the patient's empowerment would be essential {Formatting Citation}. In this regard, it is essential to shift our understanding of patient empowerment beyond merely individual and interpersonal factors. Patients require a significant degree of self-efficacy and control over their health circumstances. Therefore, we must incorporate the notions of autonomy and the patient's perceived capabilities.

The primary contribution of this systematic review is the suggestion of nursing interventions aimed at empowering patients during their transition from the ICU. Future studies employing robust methodologies will enhance the quality and credibility of these interventions. Consequently, enhancing the evaluation and measurement of the effectiveness of these nursing interventions is essential to ascertain their true benefits and how they may contribute to favorable outcomes during ICU discharge.

4. The relevance of the findings to the review question

The majority of interventions discussed in this review were implemented by nurses to support ICU survivors. Nurses, when properly informed and educated, can implement empowerment interventions to enhance the transition from the ICU to the general ward. The findings highlight the influence of patient empowerment at the time of ICU discharge, carrying significant clinical implications. Detecting psychological adverse effects in ICU discharge patients is crucial. We recommend that a routine evaluation of anxiety and depression in ICU patients at discharge be made mandatory, as it will allow for specific interventions for those who would benefit and enable assessment of the potential benefits.

Nonetheless, ICU nurses must assimilate and comprehend the concept of empowerment in health to effectively utilize it and intervene with patients. Furthermore, the reliance of patients on care and their needs are not circumstances that nurses must universally and uniformly take on for every patient moving from the ICU to the general ward. Every situation must be assessed, and the responses and expectations of each patient should be regarded on an individual basis to guarantee that their needs are met, while also considering decision-making and preferences. Similarly, the care delivered by nurses in the general ward would be significantly improved if patients had greater control over their circumstances and were kept informed about the transitions from the ICU to the general ward [48].

5. Conclusion

The studies selected implemented various nursing interventions during ICU discharge that emphasized empowerment. This encompassed providing information, identifying discharge needs and outcomes for critically ill patients, developing nursing care plans and assessments, as well as follow-up by advanced practice nurses. In nearly all the studies reviewed, the primary intervention involved providing information and education to patients and their families. The majority were linked to advantages in terms of managing the circumstances and enhancing adverse emotional impacts.

6. Implications for Practice

Nursing interventions that focus on patient empowerment can lead to beneficial outcomes during the discharge process from the ICU. This review could assist other projects in a similar context in implementing new nursing interventions aimed at empowering patients during their ICU discharge. It is essential to identify nursing interventions that enhance patient empowerment in critical care and to evaluate their effects on various patient dimensions and outcomes.

Future research should concentrate on the most effective approaches to information dissemination, education, and patient empowerment at the time of ICU discharge. Conducting additional research on

interventions designed to mitigate negative effects after transfer, including structured teaching and information programs, would be beneficial. Additional investigation into the significance of the transfer experience for critical care patients and its impact during the immediate post-transfer period is necessary. To assess the impact of nursing interventions on patient outcomes, it may be necessary to utilize both qualitative and quantitative measures.

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تعزيز تمكين المرضى من خلال التدخلات التمريضية أثناء خروجهم من وحدات العناية المركزة: مراجعة

الملخص

الخلفية: يسلط ارتفاع عدد المرضى الذين يحتاجون إلى العناية المركزة الضوء على أهمية الاستراتيجيات التمريضية الفعالة في وحدات العناية المركزة (ICUs). في إسبانيا، يتم إدخال حوالي 240,000 بالغ إلى وحدات العناية المركزة سنوياً، مع بقاء أكثر من 90% منهم على قيد الحياة بعد إقامتهم. ومع ذلك، تواجه عملية الانتقال من العناية المركزة إلى الأقسام العامة العديد من التحديات التي يمكن أن تؤثر على نتائج المرضى.

المنهجية: تم إجراء مراجعة منهجية لتحليل الأدبيات من قواعد البيانات بما في ذلك Embase، PubMed/MEDLINE، و CINAHL لتقييم التدخلات التمريضية التي تهدف إلى تعزيز تمكين المرضى أثناء عملية الخروج من وحدات العناية المركزة. ركزت المراجعة على الدراسات المنشورة بين عامي 2000 و 2022، مع تقييم تأثير الاستراتيجيات التعليمية والمعلوماتية المختلفة على نتائج المرضى.

النتائج: كشفت المراجعة أن التدخلات التمريضية الفعالة، مثل توفير المعلومات المخصصة والدعم العاطفي، حسنت بشكل كبير تمكين المرضى ورضاهم أثناء عملية الخروج. أشارت العديد من الدراسات إلى أن المرضى الذين شعروا بمزيد من التوعية والمشاركة في رعايتهم، انخفضت لديهم مشاعر القلق والعجز. ومع ذلك، تم تحديد فجوات في الأدبيات، خاصة فيما يتعلق بالتأثيرات طويلة المدى لهذه التدخلات.

الاستنتاج: يعد تمكين المرضى أثناء عملية الخروج من العناية المركزة أمراً ضرورياً لتعزيز تعافيهم وتحسين جودة حياتهم. يمكن أن تؤدي التدخلات التمريضية التي تعطي الأولوية لتثقيف المرضى ودعمهم العاطفي إلى تحسين النتائج وتقليل مخاطر متلازمة ما بعد العناية المركزة. ينبغي أن تركز الأبحاث المستقبلية على تحسين هذه التدخلات واستكشاف تأثيراتها طويلة الأجل.

الكلمات المفتاحية: وحدة العناية المركزة، تمكين المرضى، التدخلات التمريضية، خروج من العناية المركزة، مراجعة منهجية.