آیا جنابی های هنری و ظریف مراقبت در بخش مراقبت ویژه به فراموشی می‌سرد؟

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هدف از این مطالعه، ایجاد توجه به دانشجویان و همکاران پیشین از پرستاری به هنر و جنبه‌های ظریف پرستاری در بخش مراقبت ویژه، (ICU) می‌باشد. این پژوهش (I) در دانشگاه علوم پزشکی گلستان، گرگان، ایران در تاریخ 19 آذر 1394 به تاریخ 13 آذر 1394 با ارزیابی از مراجعات علمی، مقالات، تحقیقات و تجربیات داشته و در طول 3 ماه مطابق با مراقبت ویژه برابر با 3 ماه سه هفته و پنجه‌گانه در جلسات ورودی و درسی برگزار شد.

نگرش دانشجویان و همکاران پیشین از پرستاری به هنر و جنبه‌های ظریف در بخش مراقبت ویژه دانشگاه علوم پزشکی گلستان به‌طور کلی مثبت و معنادار بود نهایتاً به این نتیجه می‌رسید که همچنین استقرار دارد.

در پایان نگرش و تخصص دانشجویان و همکاران پیشین از پرستاری در بخش مراقبت ویژه، به‌طور کلی گزارش‌های متعددی به دانشجویان و همکاران پیشین از پرستاری در بخش مراقبت ویژه باند که این پژوهش از این نتیجه می‌رسید که همچنین استقرار دارد.

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با شما سخن بگوید. نیازهای آسوده‌گر او را تامین کنید. فلورانس ناینتیگل اعتقاد داشت پرستاران مسئولیت خلق محیطی را دارند که شفا و سلامت در آن ارتقا یابد. نویسندگان بر اساس تجربیات جدید سالهایی که در امر آموزش پزشکی‌پزشکی به دانشجویان کارشناسی، کارشناسی ارشد، پرستاران بخش مراقبت‌های ویژه دارند برای درک جنبه‌های طرفی پرستاری استفاده از بازبینی فردی و گروهی، زورنالیگ و روایت نویسی را پیشنهاد می‌نمایند. از روایت‌های بالینی بیماران می‌توان در آموزش، مشاوره و ارائه اطلاعات مورد نیاز در پزشکی و مراقبت سلامتی نیز استفاده نمود.[5]

References:

Negligence of the subtle and artistic aspects of nursing in intensive care units

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Dear Editor

Whether nursing is a science, art or a combination of both has been an ongoing debate for years. Today, researchers are focused on providing patient centered care and explore the art of nursing and its effect on patient outcomes (1). The art of nursing has three main components: tool, process, and product. Art and science are concomitantly essential to nursing practice (2). The aim of this letter is to draw the attention of nursing students and staff to the subtle and artistic aspects of nursing in intensive care units (ICUs) through reflection on the feedback recently received from one of our patients. It is noteworthy that the first author of this paper is a critical care nurse, and the present narration is based on her nursing care experience. The patient was a young woman traveling from another part of the country who was admitted in the ICU due to an accident. She was potentially diagnosed with spinal paralysis and connected to mechanical ventilation with endotracheal and nasogastric tubes. After one month of hospitalization in the ICU and complete recovery, the patient was discharged. One year after the discharge, the patient referred to the hospital for medical insurance affairs.

The patient also visited the ICU, and described her unpleasant experience during her admission in this ward. The story narrated by the patient is presented in the following paragraph. “One night, the nurses on duty did not like the dinner, so they decided to order some food. They were talking loudly to each other to choose their preferred dinner: pizza or sandwiches. I had soup for dinner that night, and my evening shift nurse was in such a hurry to go home that she left the ward without gavaging my dinner. My night shift nurse was also busy and she did not gavage my dinner either. Although I was starving, I tried to overcome the hunger, but the sandwich, which was the dinner of the staff that night, is still in my mind. I had a craving for sandwich that night although it was not actually my ideal meal.” The patient described another experience in this regard, which is presented in the following paragraph. “One night my neck was in a very bad position, and I had excruciating pain for a long time. The nursing staff visited me several times to check my vital signs, but no one looked at my face. I was not able to move my neck because I had the tracheal tube, so I could...”
not call anyone to help me. I could not even shake my hands or legs, and my bed was near the restroom of the personnel. It was around two o’clock in the morning, and I suddenly saw one of the maintenance staff going to the restroom. He was the only one who could tell the nurses about my situation and get me out of the terrible pain. Fortunately, he caught a glimpse of me, and I tried to show him how my neck was hurt. It is difficult to express what you need when you cannot talk. At any rate, the man repositioned my neck, and that was the best moment in my entire life; I felt so good. Although I was in a hospital bed, it was the most peaceful event that I had experienced in my life.” The main point of this narrative relates to the subtle aspects of nursing care, which are commonly neglected despite their importance.

Caring is multifaceted concept that is difficult to find out the aspects that aid or impede caring in a medical and procedural unit such as ICU. The results of an ethnographical study of technology and care in ICU indicated that vigilance, attention and presence were main aspects for achieving best results for the patients. Cari in ICU need caring, compassion, competency, commitment, and communication (3).

In a conference in 2007, Juliet Corbin stated “I always assumed that caring was the standard part of nursing practice. It is emphasized in nursing curriculums. It is implied in nursing theories. There is even a nursing model specific to caring. But after being hospitalized 2 years ago, I began to wonder if caring had become a lost art in nursing.” (4). As a technical environment, challenges in ICUs may dehumanize the process of patient care, and the artistic and subtle aspects of nursing are frequently neglected. In this paper, the authors attempted to share their experience through a clinical narrative for the training of nursing students on the subtle aspects of nursing practice. In this regard, individual and group reflective journaling is recommended for the better comprehension of the subtle and artistic aspects of nursing care. Moreover, illness narratives could be used in the context of disease diagnosis and treatment, training and education, counseling, and providing the required information in the field of medicine and health care (4).

**Keywords:** Ethics, Intensive Care, Nurses, Reflective Thinking, Patient Narrative