Incorporation of Healing Environment in the ICU

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ABSTRACT:

Illness, hospitalization and surgery are descriptive life experiences that are perceived by most people as threats to survival and well being. Among those, patients admitted in ICU experience strange environment and unfamiliar environment which creates anxiety and stress in patients. Incorporating elements that produce a healing environment in ICU settings is not only good for patients, but also stimulating boosting the bottom line for health care providers by decreasing length stays, increasing family and staff satisfaction. This review outlines the rationale behind Incorporation of healing environment in the ICU.

INTRODUCTION:

It has been said that hospitals are places cradled in anxiety, where there may be a cycle of anxiety, uncertainty and lack of communication which affects the well being of both patients and staff. Given that it has been suggested that many patients have found the ICU to be an especially 'alien' environment, it is not surprising to find that links have been made between admission to such an environment and exacerbations of existing anxieties that some patients suffer. For many such patients, the ICU environment can be a 'wildly unfamiliar' one, depriving them of normal interactions and sensations while constantly bombarding them with strange sensory stimuli. A fundamental and universal component of good nursing is caring for the client's bio-psycho-social and spiritual well being. Although various nurse scholars have referred to "caring as an attribute essential" to good nursing, only a few have described the phenomenon in a systematic way that can be applied in everyday practice and thus, aid in creating healing environment.

CONTENT:

One of the earliest proponents of the importance of the physical environment was Florence Nightingale. Her efforts on behalf of the British soldiers during the Crimean War focused on design engineering to improve lighting (especially with sunlight), ventilation, heating and cooling, sewerage facilities, and sufficient space for soldiers' personal belongings. The safety aspects of clean air and water were not inconsequential to Nightingale's patients or to her nurses; the effects of her improvements on patient outcomes were reflected in the mortality figures for 1855, which fell from 42.7 deaths per 1000 to 2 per 1000 within 3 months of Nightingale's changes.

More recently, environmental factors such as noise, air quality, light, toxic exposures, temperature humidity, and aesthetics have been scrutinized for their effects on both patients and workers.

Many a times that patients admitted in ICU experience strange environment and unfamiliar environment which creates anxiety and stress in patients. The notable stressors which affects to patient well-being are healing process and healing results, noise-level, interruption of privacy, unpleasant smells (sweat, faecal odours) of fellow sufferers, emergency measures on another patient and pain etc. other environmental stressors that have been reported in the literature as affecting ICU patients are physical or psychological comfort of the patient, staff interaction with the patient, the physical environment of the ICU, family, the illness itself, and fear of death, inability to communicate, the drugs used in the ICU to sedate and paralyze patients, the procedures performed and the equipment used.

Traditional medicine is only now recognizing the effect on the disease process of less measurable, nonphysical factors such as stress. For these reasons, it makes sense to view health care as a comprehensive approach to combat all factors contributing to the disease process. The integration of all therapies-peaceful and comforting surroundings, stress reducers, caring health care providers, together with evidence-based medicine-creates a healing environment. A part of holistic healing and blended medicine is the environment of care. The healing environment approach is a comprehensive
concept targeting the elimination of stress factors for patients as well as their visitors that will inhibit the healing process; for this, effects should be mobilised that will support the overall outcome.

The concept of healing environments is not new. The idea of creating an environment that would facilitate healing was popular over 2000 years ago, but it has been only recently that this concept has been applied to the design of hospitals and specifically to intensive care units. Although it is necessary to address the needs of the professional staff that are caring for seriously ill patients, it is also critical to include specific elements that will enhance the patients' healing process.

It has been demonstrated that views of nature, natural light, soothing colors, therapeutic sounds, and the interaction of one's family can enhance the healing process. These elements important to a patient's healing process must be considered and balanced with the needs of health care providers in the design of critical care environments. Even though research shows that patients experience positive outcomes when the environment incorporates: natural light, elements of nature, peaceful colors, pleasant views, and pleasing sounds.

A healing environment creates rituals and organisational help that encourages patients' healing supportive behavior, enables learning and dealing with disease and recovery, elevates compliance in the sense of positive attitude towards the healing and the rehabilitation process.

The visible effects of healing environment seen are:

- quicker subjectively experienced recovery and mobility
- shorter stays
- lower costs for hospitals and patients
- decreasing staff turn over
- higher patient and healthcare worker satisfaction
- Attracting new patient and competent staff.

The ICU settings have the potential afford patients the best possible opportunity to heal if key stress reducing elements are incorporated into its physical design. As well as considering the physical design a critical program that integrates the family and other healing measures is essential to the milieu of a healing environment.

The various strategies for promoting a healing environment in the ICU:

**PHYSICAL ENVIRONMENT:**

- Reduce environmental stress caused by noise, offensive light and odor
- Control noise level and formulate policy for it
- Use a mini-workstation to disperse staff
- Use sound - absorbent materials such as acoustical ceilings and carpeting in high - traffic areas
- Construct single rooms with televisions with headphones
- Use natural light.
- Provide periods of low light for sleep
- Position the patient to appreciate the view
- Utilize calming color schemes such as blues, greens and violet
- Incorporate nature and artwork

**SOCIAL ENVIRONMENT:**

- Create a family friendly program
- Include the family in the plan of care
- Establish a liberal visiting policy
- Offer options to give the patient control over temperature, lighting, music, visitors and privacy
- Design the area to accommodate families

**HEALING MEASURES:**

- Therapeutic music
- Psychoacoustic therapy
- Nature sounds
- Therapeutic artwork
- Aromatherapy

**OTHER CONCEPTS:**

- Pet therapy
- Performing arts
- Hypnosis
- Prayer and guided imagery
- Therapeutic touch
- Yoga and reki
- Unit and organizational culture
- Architectural design

The nurse in the ICU is referred to as an "environment activist" and "tamer of technology". to create a positive, healing environment for family-focused care, strategies that are directed toward titrating the environmental stimuli, ensuring the comfort of the patient and family members and fostering collaboration and communication must be pursued.
SUMMARY:

A mounting body of research suggests that humanizing the environment in which medical and nursing care is provided improves healing and the healing process for patients, families, and providers.

Research in this field is carried out in the following areas:
1. Connection of patients/family to nature
2. Social and emotional support
3. Elimination of stressors in the hospital environment
4. Positive distractions
5. Patient information and behavioural change (patient education)
6. Medical process, structures and outcome quality (e.g. Fast Track Surgery).

So, meeting the challenges of reducing environmental stressors in the ICU will potentially avert the adverse effects of being a patient in the ICU which can be accomplished by incorporating the healing environment in the health care setups.

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