

Spotlight on BACCN Conference 2024

Celebrating the diversity in critical care education, research and clinical practice

Welcome to issue 29-5 of *Nursing in Critical Care* (NICC). As we start to draw 2024 to a close, we can reflect on what an amazing year it has been with an issue packed with brilliant papers. Nicki Credland's time as British Association of Critical Care Nurses (BACCN) Chair came to an end in September 2023 after six incredible years. Holding this position and helping to support and advocate for critical care nursing through a global pandemic was one of the proudest achievements of her career. She hopes to have contributed to the development of our profession and the understanding of our key role as a crucial stakeholder in decision-making. In this edition, we have a guest editorial¹ from the new Chair of BACCN, Ian Naldrett, and the Conference Director, Karin Gerber. Ian highlights the challenges that our speciality continues to face while exploring some of the opportunities for the future. BACCN Conference 2024 is going to be held in Aberdeen this year, and we are looking forward to a fabulous Scottish welcome. With a focus on diversity and healthy workplaces, Ian is continuing to focus on ensuring that nursing has a seat and a voice at tables of influence. Under Karin's leadership, it promises to be an excellent conference and we look forward to meeting many delegates at our NICC stand.

In addition to the guest editorial, this issue features 37 articles: 32 research articles—19 of which employed a quantitative methodology—one short research paper, one review article, one validation study, a poem and a case study. We present to you an unusual critical commentary that shares with you, from the perspective of a patient, the experience of delirium through the medium of a poem.² Wu et al.³ present a further critical commentary that reopens the discussion on early mobilization and conclude that, through more research, early mobilization could be useful to most patients and in most scenarios. Two studies explored renal disease: a case study from China⁴ described the case of a patient with superior vena cava syndrome and the use of central vein catheters inserted via the superficial femoral artery, and Mateos-Dávila et al.⁵ conducted a quasi-experimental study to compare dilute versus concentrated regional citrate anticoagulation. There are several papers detailing educational needs and educational programmes. The majority followed a quantitative methodology. Knowledge of pulse oximetry and predictors on knowledge were investigated.⁶ Three studies researched education on knowledge outcomes. The reliability of oesophageal pressure measurement was assessed post education⁷; post-operative recovery of cardiac patients was assessed after a preoperative education program,⁸ and a literature review of the impact of preceptorship on newly qualified nurses was undertaken.⁹ The educational needs of

new nurses working in intensive care units (ICUs) was also explored.¹⁰ The experiences of expert nurses such as anaesthetist nurses and specialist ICU nurses, besides new ICU nurses, and their experiences of intrahospital transport of critically ill patients¹¹ and a dimensional analysis¹² of experienced ICU nurses' clinical decision-making for bleeding after cardiac surgery can also be found within this issue.

Five papers in this issue address the use of physical restraints in adult, paediatric and neonatal critical care units. The first two of these focus on the complications of physical restraint.^{13,14} A prospective observational study by Yıldız and Özkaraman¹³ assessed the development of vascular complications associated with physical restraints in eight ICUs in the inner regions of Turkey, whereas Cohen et al.¹⁴ investigated the association of physical restraint with agitation, morbidity and mortality in a retrospective study in Israel. Three other papers explored the development¹⁵ and impact^{16,17} of instruments related to restraint use. Specifically, Alcaraz et al.¹⁵ adapted and validated the Physical Restraint-Theory of Planned Behaviour Questionnaire to the paediatric critical care context, whereas Dauvergne et al.¹⁶ and Kang et al.¹⁷ used a pre-post intervention design to assess the impact of decision support tools on actual restraint use in adult and neonatal ICUs in France and South Korea, respectively. The contrasting results in the latter two studies lead one to reflect on the influence of various factors, such as type of ICU and especially socio-cultural context on this obliquitous, and often controversial, aspect of critical care.

This issue includes several studies with a paediatric or neonatal critical care focus, with particular attention being given to family-centred care (FCC) and the experiences of the families and care providers of critically ill children. A descriptive qualitative study¹⁸ explored the barriers to FCC in Ghanaian neonatal ICUs, and a quantitative study¹⁹ in the United States investigated the associations between perceived FCC and parental post-traumatic stress 4 months after the infant's discharge. Another study²⁰ from the United States reports on the development of a family care journal to assess the experience of, and resources needed by, the families of children receiving care in a paediatric ICU. Harris et al.²¹ explored the experiences of parents and health care professionals involved in a feasibility trial exploring the effectiveness of neurally adjusted ventilatory assist in infants with acute viral bronchiolitis, while Maleki et al.²² investigated the experiences of mothers with regard to privacy in neonatal ICUs in Iran.

Delirium assessment and management, early mobilization and clinical nutrition also feature prominently in this issue. A web-based

survey²³ assessed the self-reported implementation of the ABCDEF care bundle by ICU nurses in Turkey and reported that almost half of them did not routinely monitor patients for delirium. Surveys from South Korea²⁴ and Ireland²⁵ demonstrated the gap between nurses' delirium-related knowledge and practice. A national survey in the United Kingdom showed that although the majority of paediatric ICUs have designated professionals for patients with long-term and additional needs, only a minority offer specifically tailored management plans to those populations.²⁶ A Chinese survey²⁷ documented the divergence between ICU nurses' practices and the recommendations outlined in early mobilization guidelines, and a historical control study²⁸ from the same country evaluated the impact of early mobilization on traumatic brain injury-related pneumonia in neurosurgical ICUs. Ng and Christensen²⁹ documented the registered nurses' poor knowledge of ECG rhythm identification and interpretation. A four-centre survey in England and Wales³⁰ found that despite increasing evidence suggesting that regular gastric residual volume measurement is unnecessary, nurses' beliefs around the value of this practice persist, and it continues to be embedded into unit protocols around feeding.


Bişkin Çetin and Cebeci³¹ demonstrated the benefits of using a computer-based triage decision support system in the emergency department to help triage nurses make their own decisions using their clinical knowledge and experience without restriction on their professional autonomy. A randomized controlled trial compared three debriefing methods on satisfaction and debriefing experience after in situ simulation among ICU nurses.³² Although the study found no statistically significant differences between the examined methods, the results showed nurses' good experience and high satisfaction with the debriefing sessions. A Polish survey³³ demonstrated the pivotal role of managerial support in enhancing patient safety and the care provided by the nursing staff. A Chinese qualitative study highlighted the role of adequate preparation, accurate assessment, good communication and teamwork in ensuring patient safety during the interhospital transfer of patients with extracorporeal membrane oxygenation support.³⁴ Another Chinese qualitative study showed how understanding critical care nurses' competencies in mobile medical teams can help managers plan and provide relevant training and education before deployment, which can improve nurses' performance.³⁵ A qualitative investigation of the experiences of ethical conflict among critical care professionals found that despite the negative experiences (feeling of inability to navigate uncertainty, conflicted by family issues, etc.), critical care professionals felt that these struggles could lead to personal growth.³⁶ Piredda et al.³⁷ highlighted the need for ICU nurses to have relational skills to provide quality care to nursing care-dependent ICU patients. Červený et al.³⁸ also highlighted the need to create cultural awareness among ICU nurses to provide culturally sensitive care in a critical care setting.


We hope that you have enjoyed this issue and that the included papers have developed your knowledge and inspired you to continue delivering expert, evidence-based critical care to your patients or to get involved in some research yourself. We also hope to see you at the BACCN conference. Please do come and say hi to the editorial team on the NICC stand.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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