



Fig. 3 (abstract 0377). MRC-Progression

### 0378

#### Worldwide qualitative investigation of nursing after death rituals

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**INTRODUCTION.** Worldwide, both religious and non-religious groups have developed rituals to help provide structure and support to those who mourn and to mark the death of the deceased. Care of the dying is a significant component of nursing practice particularly in hospitals. Nurses who work in certain areas like oncology, intensive care unit (ICU) face the care of the dying, more so than other units. No literature was found regarding country multi culture review of nursing care in the after death practices.

**OBJECTIVES.** Worldwide investigation of ICU nursing care during after death rituals

**METHODS.** Multi country nurse investigators researched by using Prospective qualitative interviews of ICU nurses describing the after death care of their patients and delivery of bereavement care to family as well as the reasoning behind the ritual.

**RESULTS.** 15 nurses from 18 countries from Scandinavia through Mediterranean to African regions were interviewed. Themes found included much about the physical care of the bodies, emphasis on dignity; Family presence and composure of nurse regulating the ritual; Follow up care was described in Northern European ICUs; Spiritual care was provided in diverse fashions including bible reading, insuring a religious leader was present and others. Protocols directing specific care policies were discussed; Introspective feelings and beliefs were exposed.

**CONCLUSIONS.** This is the first examination of after death rituals investigated in Europe. Nurses can learn from other cultures in order to be empathetic and sensitive to others at this challenging time. This work can demonstrate several models of after death care

#### REFERENCE(S)

none

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none

### 0379

#### Freedom from physical restraints in ICU: result from a scoping review

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**INTRODUCTION.** Physical restraint (PR) has been defined as “any action or procedure that prevents a person’s free body movement to a position of choice and/or normal access to his/her body by the use of any method that is attached or adjacent to a person’s body and that he/she cannot control or remove easily”. To date several studies have been performed in acute and chronic settings but little data is available on ICUs.

**OBJECTIVES.** To map all the relevant literature focusing on the use, prevention and avoidability of PR inside ICU setting.

**METHODS.** A systematic scoping review was performed.

- 1) The following databases were examined: PubMed, Scopus, the Cochrane Library, CINAHL and TripDatabase.
- 2) Different key words were matched to find any other relevant literature.
- 3) All references were considered to find other studies of interest.
- 4) Two independent reviewers screened all eligible articles to meet inclusion criteria.
- 5) All studies were individually analysed and all data extracted by using a semi-structured form. 6) Literature selected was summarised with both qualitative and quantitative method to find out categories and themes.

**RESULTS.** On a total of 44 studies identified the main areas explored by literature were:

- a) *prevalence* of PR in ICU;
- b) *policies and guidelines* focusing on actual strategies aiming at preventing the use of PR in ICU;
- c) the *determinants* and the *consequences* of PR use;
- d) *patients, caregivers and healthcare professionals’ perceptions*.

The prevalence ranges from 0% to 100% depending on the definition of PR considered and on organizational aspects of ICU (i.e. nurse/patient ratio). There were few policies across countries guiding the use of PR in ICUs. The main determinants of the PR use aimed at assuring patients safety: the risk of device removal, the cognitive state of patients and the risk of fall. The consequences of PR were: direct damages (i.e. skin sores) and indirect damages (i.e. patient’s agitation and device removal). Most of patients admitted in ICU reported that PR determined anxiety and frustration; some others did not remember or understood its use. Personnel’s perception varied on their knowledge and skills about PR use.

**CONCLUSIONS.** As a novel approach for mapping relevant literature on a topic, we focused in performing a broad study of literature concerning the use, prevention and avoidability of PR in ICUs. The results confirmed that there should be a continuous updating of knowledge about PR in ICU, both to ensure patients’ outcomes and to improve knowledge and skills of health care personnel.

#### REFERENCE(S)

Arksey, H, O’Malley, L (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8:19-32.