

Review Article

Psychosocial Interventions in Approaching to the Individual with Sensory Deficiency

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Abstract

Recent advances in intensive care units have increased survival rates for critically ill patients. Patients hospitalized in the intensive care unit may show many psychological symptoms such as fatigue, hopelessness, anxiety, anger, depression, insomnia, sensory overload, sensory deprivation, agitation, delirium, and difficulty in adjustment. To prevent the consequences of these symptoms; patients can continue their psychological and sociological lives after discharge; It is important for health professionals to support patients and provide the necessary psychosocial intervention.

Keywords: Sensory deprivation; Psychosocial interventions; Psychiatric nursing

Introduction

Intensive Care Units (ICU); In health services, it is defined as care service areas where intervention to urgent and life-threatening health problems is a priority, basic and advanced life support for various organs and systems is provided to individuals, and the care of individuals is the most complex and expensive. In these units, the highest level of technological opportunities are used [5]. At the same time, they may encounter many stressors due to adverse environmental conditions such as excessive use of interventional procedures, high morbidity and mortality rates, unpleasant odors, constant noise and light, too hot/too cold room, lack of privacy [19]. The most important stress factors; The complex structure of intensive care units is seen as experiencing more sensory stimulation, deprivation of sensory stimulation or overloading of sensory stimulation [20] Sensory stimulation, including visual, auditory, tactile, taste and smell stimulation. It is defined as the activation of one or more senses, including [16]. Intensive care units are units that are required to provide care and treatment with an interdisciplinary team approach, where life-saving technological tools and equipment are used to provide the highest possible benefit to individuals under threat. In intensive care units; The reasons for sensory deprivation in patients are limited or no patient visits, difficulties in communicating with patients, lack of mobilization, isolation of patients or unsuitable physical conditions [22].

Sensory Problems Experienced by Individuals Receiving Care in the Intensive Care Unit

Visual Sense: Patients hospitalized in intensive care units; Patients may experience difficulties in observing and recognizing their environment due to their dependence on health personnel, sedative drugs given, pain, and inadequate lighting of the environment [10]. they can witness. In the study of Barrio

et al. (2003); The issues that the patients were uncomfortable with regarding the intensive care unit were examined and it was determined that one of these issues was seeing other patients. Witnessing the interventions applied to other patients not only disturbs the patients but also negatively affects them; It can also cause an increase in the fear and anxiety levels of patients [18]. The reason of this; Interventions applied to other patients or witnessing the death of another patient can be traumatic for individuals. This situation causes the patients to experience anxiety, fear of death, orientation problems that the same practices will be done to them, and prolongation of their stay in the intensive care unit.

Hearing Sense: Intensive care units are clinics where noise is not desired but there is a lot of noise. It negatively affects people bio-psychosocially and is defined as a potential stressor [23]. Monitors, infusion pumps, ventilators, aspirators, pumps, etc., which are used for the benefit of the patient, especially in intensive care units, for the recovery of patients. The speeches of health personnel and the sounds of patients with many tools and equipment can be a source of disturbing noise. Hearing these sounds can cause patients to be exposed to excessive sensory stimuli and cause negative effects [11]. Nurses experienced psychosocial problems related to noise levels of patients treated in the ICU; They can be prevented by arranging the environment, controlling the sound levels through regular measurement, regulating the alarm levels of the tools used, controlling the sound level in the conversations among themselves, minimizing the noise during care and treatment processes [24].

Sense of Smell: The unique odors of the ICU environment (medicine, odors from other patients) can cause patients to feel uncomfortable [18] Since there is no glass in the ICU, ambient

ventilation is done by using artificial ventilation systems. The environment is nice and relaxing, even in addition to the presence of scents that can be used under the name of aromatherapy in treatments, there are also unpleasant smells that negatively affect individuals. Pleasant smells that are described as beautiful can relax people, while bad smells can cause feelings such as restlessness, anxiety and discontent. Especially in intensive care units, patients may be exposed to these undesirable odors more frequently and may be adversely affected by these odors. Unpleasant odors that spread to the environment after drug preparation and individual care activities (perineum care, bathing, etc.) where many patients are in the same environment; may cause patients to be uncomfortable with these undesirable odors. As a result of intense exposure to undesirable odors, various problems such as decreased or complete loss of the sense of smell may occur. The inability to smell or inadequate intake can change a person's eating habits and cause weight loss in some people by eating much less than the body's requirement [12].

Taste Sense: Patients hospitalized in the ICU; They may be more exposed to problems related to the sense of taste because they are more frequently faced with situations where oral nutrition is not possible, such as trauma, enteral or parenteral nutrition, intubation or tracheostomy. Similarly, when these patients start orally feeding again, they may experience nutritional and adaptation problems due to this change in the sense of taste, and this may cause problems such as weight loss, anxiety, hospitalization and prolongation of recovery times [13,15,17].

Sense of Touch: When nurses use this sense consciously, planned and purposefully according to patient needs; nurses can establish a therapeutic communication with patients through touch. However, the technological tools and equipment used in the ICU can cause changes in the individual's self-perception and reduce the nurse's tendency to touch the patient [8]. However, there are studies on the feeling of emotions such as fear, anxiety, loss of control and loneliness by providing a strong therapeutic effect in patients through effective touch, whose location, duration and frequency can be planned by the nurse according to the needs of the patient [7]. Therapeutic touch; The nurse not only touches the patient professionally, but also touches the patient purposefully. The combination of purposeful touch and professional touch will provide a more humane and stronger patient-nurse relationship. Because, through the use of the sense of touch, messages such as closeness, understanding, interest, trust, courage, sincerity, empathy, respect, support, understanding, acceptance, and willingness to help can be sent to patients [8]. These messages create the feeling of being valued in the patient, increase the patient-nurse communication, reduce the psychosocial problems of the patient and positively affect the physiological recovery by regulating the patient's vital variables.

Sensation of Pain: The absence of pain sensation can cause individuals to be injured and seriously damaged without realizing it. Negative effects of pain sensation in intensive care patients; High dependency levels are seen more due to care activities and medical interventions such as acute-chronic diseases, traumas, surgery, invasive/noninvasive procedures, aspiration, positioning, dressing change, catheter placement and removal, endotracheal tube placement and removal [9]. This situation has negative effects on the patients' stay and recovery time in the intensive care unit and their compliance with the treatment, and causes the patients to experience sensory problems.

The Nurse's Psychosocial Approach to the Sensory Problems of the Patient

The evaluation of patients with their physiological, psychological, sociological aspects and their environment as a whole is seen as one of the responsibilities of the health professional. It is important that psycho-social needs are not neglected in the care of patients with sensory deprivation in intensive care units, and that the treatment and care is continued with a team understanding (Çınar 2010). In the intensive care unit; unconscious, unresponsive, anesthetized patient groups, end-stage cancer patients and individuals who are extremely elderly; Decreased ability to wake up, unresponsiveness to audio-visual and tactile stimuli indicate that these patients have a lower level of consciousness [3]. Limited sensory stimuli in intensive care units increase the risk of sensory deprivation in patients [4].

Psychosocial interventions to be given to individuals experiencing sensory deprivation in ICU are important. Sensory stimulation programs can be beneficial to accelerate the healing process of patients and prevent sensory deprivation [4]. Increases the level of consciousness of patients. Intensive care units also reduce sensory stimuli as they are the units where communication difficulties are experienced the most. Providing useful and necessary information and moral support through verbal communication to encourage sensory input to patients; It can help reduce stress, protect the patient's self-identity and self-esteem [2]. It is observed that healthcare professionals frequently communicate verbally with patients about their diseases, treatment plans, discharge training and home care [1]. However, when communicating with an unconscious patient in intensive care units, healthcare personnel assume that they do not understand patients' words; Therefore, they have difficulty in communicating with the patient verbally. Communication problems cause great uneasiness in the patient and stress in the nurse who treats and cares. Meeting the needs of the patient, ensuring his participation in his care, explaining the procedures to the patient; it increases self-confidence and self-esteem, and reduces anxiety and fear (Kutlu 2010). At the same time, nurses' knowledge and use of therapeutic communication techniques have important effects such as reducing the patients' feelings of fear, anxiety, loss of control, feelings of pain, loneliness, hopelessness, and increasing the patient-nurse interaction by reducing the need for tranquilizers in the preoperative period [24].

Nurses use different sounds such as a familiar person's voice, nurse's voice, music, bird sounds, television and radio to stimulate the hearing sense of intensive care patients [3]. In this sense, treatment methods such as therapeutic touch, music therapy and aromatherapy can be effective in eliminating sensory deprivation in addition to medical treatment in order to support the patient's care and improve the quality of life [22]. The therapeutic touch method has effects such as reducing the patient's pain and anxiety, confirming the perceived facts through other emotions, having a positive effect on perception comprehension skills, reducing the feelings of pain, loneliness, hopelessness, and reducing the need for pharmacological agents in the preoperative period [14].

Conclusion

Transforming and applying the knowledge of intensive care nurses about psychosocial care to skills in providing holistic care to patients with physical illness, receiving treatment and care in the hospital and their families; It will also contribute to increasing the quality of nursing care by positively affecting the

patient's adaptation to sensory inputs, treatment and care process, well-being, course of the disease, response to treatment and morbidity.

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