DOI: http://dx.doi.org/10.48305/arya.2023.11888.2724

Pressure Ulcer Patients' Psychological Understanding of Nursing Care Received in Intensive Care Unit

Mohammad Akbari[(1)], **Farimah Shirani**[(2)]

Original Article

Abstract

INTRODUCTION: Awareness of the perceptions of patients regarding the nursing services provided during hospitalization can enhance the quality and safety of nursing care. The objective of this study was to elucidate the psychological perceptions of patients with bedsores regarding the nursing care they received in the intensive care unit.

METHOD: This descriptive qualitative study was conducted in 2021. The study population comprised patients admitted to the cardiac intensive care units of Chamran Hospital in Isfahan, Iran. The sample included 10 patients who fulfilled the inclusion criteria. These patients were selected using a purposive sampling technique. Semi-structured interviews were employed for data collection. Sampling continued until data saturation was reached. Data were analyzed using conventional qualitative content analysis.

RESULTS: In this study, the codes obtained were classified into 10 subcategories, which were subsequently merged into three main categories. The main categories included "neglected wound care", "empathetic care", and "patient hope and trust".

CONCLUSION: The findings of this study revealed that the psychological understanding of patients with bedsores was associated with numerous components and challenges that necessitate the attention and consideration of nurses during the provision of care to these patients.

Keywords: Pressure ulcer, Nursing Care, Intensive Care Unit, Qualitative Study, Iran

Date of submission: *2022-Feb-04,* ***Date of acceptance:*** *2023-May-24*

Introduction

Pressure ulcers are areas of necrosis that occur when the soft tissue of the body is compressed between a prominent bony part and an external surface for a prolonged period[1]. Pressure ulcers cause significant medical, economic, social, and psychological problems, as well as considerable suffering for patients[2]. The treatment of pressure ulcers may take months or even years in some cases, imposing high medical costs on sufferers[3]. Each year, a large number of hospitalized patients experience pressure ulcers, resulting in high costs for the healthcare systems of countries[4,5]. Patients admitted to the intensive care unit are at a higher risk of developing pressure ulcers[6]. Sedatives, mechanical ventilation, and immobility are among the predisposing factors that place patients in intensive care units at a higher risk of pressure ulcers[7-9] . Comprehensive patient care is a priority. However, the views and experiences of patients regarding the impact of pressure ulcers on health and quality of life are not yet well understood [10]. Patients with

1- Nursing & Midwifery Care Research Center, Mental Health Nursing Department, Faculty of Nursing & Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran
2- Cardiac Rehabilitation Research Center, Cardiovascular Research Institute, Isfahan University of Medical Sciences, Isfahan, Iran

Address for correspondence: Mohammad Akbari, Assistant Professor, Nursing & Midwifery Care Research Center, Mental Health Nursing Department, Faculty of Nursing & Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. E-mail address: akbari129@yahoo.com

pressure ulcers in intensive care units require quality nursing care. Some characteristics of quality nursing care in the intensive care unit include comprehensiveness and purposefulness of care. Other characteristics of quality nursing care include providing optimal care based on patient needs and the nursing process, having a caring attitude, providing goal-based and knowledge-based care, and caring for patient satisfaction. In their qualitative study, Burhans and Alligood described quality nursing care from the perspective of clinical nurses as meeting human needs through attention to patients' psychological issues, expressing empathy, having respectful interactions with the patient along with a sense of responsibility, and providing basic and integrated client support[11]. Similarly, Manjelovich pointed out that the communication and interaction of the treatment team was very important for nursing care planning. Findings of various studies showed that psychological issues and emotional support of patients with pressure ulcers should be attended to in addition to the provision of proper and standard planning of their physical care[12-15]. Despite the importance of emotional support for patients with pressure ulcers, they do not receive adequate emotional care and face many emotional problems during hospitalization [16]. It is not clear what emotional support is, how it is transmitted, and how it is perceived [17]. Cobb states that the need for emotional support and expression is broadly related to the cultural context[18]. In the Asian cultural context, due to higher interpersonal relationships, emotional support needs are different from those in the European American cultural contex[17,19,20]. Most studies on the psychiatric care of patients with pressure ulcers are quantitative research, so they cannot clearly describe how this care is provided and how it is perceived by individuals. Due to the complexity of emotional care in patients with pressure ulcers and insufficient study in this field, clarifying the nature of the psychological understanding of these patients requires considering field requirements, which can be achieved through a qualitative study. Therefore, in this phenomenological study, the authors aimed to achieve a deeper understanding of the psychological experiences of patients with pressure ulcers regarding the nursing care they received in the intensive care unit.

Materials and Methods

This study was a descriptive qualitative content analysis[21]. The objective of this study was to elucidate the psychological understanding of patients with pressure ulcers regarding the nursing care they received in the intensive care unit.

Participants and Setting

The research setting was the intensive care units of Shahid Chamran Cardiac Hospital in Isfahan, Iran. The hospital has four intensive care units. The participants were 10 patients with heart disease who were admitted to the intensive care units. All these patients met the inclusion criteria. The participants were selected using a purposive sampling technique. Sampling continued until data saturation was achieved[22] and no new data were obtained. Data saturation was reached after conducting 10 interviews.

Ethical considerations

All the participants provided written informed consent. The participants were assured of the confidentiality and anonymity of the data. The study was approved by the Medical Ethics Committee of Esfahan University of Medical Sciences (IR.MUI.REC.1396.1.208).

Data collection

Data were collected from August 2019 to March 2020. To collect data, semi-structured in-depth interviews were conducted using an interview guide[22]. The interviews began with the following questions: "What is your experience with the nursing care you received during hospitalization?", "How do you describe the nursing care received?", and "What do you expect nurses to do for your bedsores?". The interviews were continued with more

specific questions. The patients had bedsores at different stages. The interviews were conducted in a dedicated room inside the ward where only the interviewer and the interviewee were present. The duration of each interview ranged from 30 to 90 minutes. The recorded interviews were transcribed verbatim. After each interview, data analysis was performed before the next interview was conducted. Data collection continued until data saturation was achieved, and no new data were obtained[23]. Two additional interviews were conducted to ensure data saturation. At the end of each interview, the patients were given a gift for their participation in the study.

Interviewer characteristics

The interviewer (the last author) was a mental health nurse. As a research coordinator, the interviewer was supervised and trained by a mental health college member whose research expertise is in IDD (the third author). The interviewer had experience conducting interviews with adults.

Data Analysis

Interviews were transcribed verbatim and checked to ensure the accuracy of the transcription. The research team read all the transcripts to gain a fuller understanding of the participants' meanings and experiences. Qualitative data were analyzed based on a content analysis proposed by Graneheim and Lundman[24]. In this study, an inductive method was used to achieve a rich psychological understanding of the nursing care received in the intensive care unit among patients with bedsores. In general, the following sequential steps were taken to perform qualitative content analysis in this study: determining the content of the analysis, defining the unit of analysis and performing initial coding, classifying codes into subclasses, and forming subcategories from subclasses and main categories from subcategories. Coding was performed independently by the first author, then agreed upon and finalized by all authors. Data management and analysis were facilitated using MaxQDA 10 software (VERBI Software GmbH, Berlin, Germany).

Trustworthiness

To ensure trustworthiness, maximum diversity was observed in the selection of the participants. In other words, efforts were made to include patients of different ages, sexes, and stages of pressure ulcers. Member checking was used to ensure the credibility and validity of the findings. To confirm the transferability of the findings, the characteristics of the patients as well as the study procedure were fully and extensively described. In addition, by conducting open interviews and obtaining the participants' experiences, performing reflexivity, and having long-term engagement, preserving the documents, and performing accurate transcription, the authors attempted to improve the trustworthiness of the study. Denzin expressed these criteria as indicators of trustworthiness in a qualitative study[25].

Results

The participants of this study included 10 patients with cardiovascular diseases who were admitted to intensive care units. The characteristics of the participants, including age, sex, and stages of bedsores, are shown in Table 1. In this study, the extracted codes were classified into 10 subcategories, which were subsequently merged into three main categories. The main categories included "Missed or Delayed Nursing Care", "Empathetic Care", and "Patient Trust and Hope". These are shown in Table 2.

Missed or delayed nursing care

One of the rights of hospitalized patients is ensuring the fulfilment of their needs and providing safe and comprehensive care. In fact, the nurse's task is to respond to all potential and actual health conditions or needs health problems of the patient and his/her family. Providing effective care by the frontline health workers leads to improved patient satisfaction and outcome. Sometimes, some care activities are missed or forgotten.

Table 1. The characteristics of patients

Variables		Frequency
Gender	Male	6
	Female	4
Age (years)	51-60	1
	61-70	3
	>70	6
Disease	CABG(Coronary artery bypass graft)	3
	CHF(Congestive Heart Failure)	4
	MI(Myocardial Infarction)	1
	VSD(Ventricular septal defect)	2

Table 2. Overview of Categories and Subcategories

Categories	Subcategories
Missed or delayed nursing care	Neglected nursing care
	Non-prioritized nursing care
	automated and task-based nursing care
Empathetic care	Feeling Heard
	Feeling understood
	Feeling accompanied
Patient Trust and hope	Holistic and regularity of nursing care
	Effective communication in Nursing care
	Perceived motivational nursing care
	Specialty care that inspires hope

Neglected nursing care

The participants in this study believed that caregivers should provide care in such a way that patients feel they are receiving ongoing care and are not being neglected. One patient expressed, "…*While I was receiving care, I felt that they cared more for my surgical wound, and sometimes they forgot to dress my wound…"* (p5)..

The nurses' inattention to the patients' bedsores in any situation was a concern raised by most of the participants. They considered the lack of full attention to the wound, especially during patient transfer, as an important issue that was often overlooked. One patient shared, "…*there were times when they wanted to move me to bed. Some nurses did this so quickly that sometimes I felt that my skin wound was damaged again…*" (p3).

Non-prioritized Nursing Care

Wound healing will be successful when the causative agent is removed. At the same time, some measures, such as special attention to immobile patients, change of body position, use of pressure reducing equipment, use of special mattresses, and wound dressings are required. Meanwhile, Nurses' understanding of bedsore care importance had a major role in faster wound healing. Our findings indicated that, in different shifts, some nurses did not prioritize bedsore care. "*In the morning shifts, my wound was examined, even the person in charge examined it. They checked my mattress and adjusted the volume of air. They changed my position regularly. They asked me whether I have pain or not? But, in evening shifts, they paid less attention to my wound. In night shifts, this attention would be less than evening shifts* ... "(P6).

Automated and task-based nursing care

Some caregivers paid too much attention to the patient's wound pain but some did not. *"... There was a nurse who changed my wound dressing every day in the ICU. She used to inject pain reliever before dressing, and I did not feel any pain, but they did not inject pain reliever in the ward while or before doing dressing ". When they changed my wound, I felt a lot of pain ...* " (P1). The level of Pressure ulcer care varied among nurses and in different shifts. *One participants said: "... For example, the nurses spent a lot of time changing my dressing. They used sterile gloves and it was obvious that they used special dressings, but sometimes they dressed my wound very quickly in shifts other than morning . They just put gas on my wound ...* "(P3).

Patients with bedsores like to receive physical and mental care similar to other patients at the time of admission, regardless of nationality, gender, race, religion, or having or not having another physical or mental illness. They expected o receive a complete and timely manner care. In this regard, one of the patients mentioned: *"... One thing that occupied my mind was that some days, for example on holidays, I felt that not much attention was paid to my bedsores and I was usually worried* "(p2). Another patient stated: *"... During shift change, they were very sensitive to my bedsores and even they told me what time I should sleep on which side ...*" (p5).

Empathetic care

While providing care to patients with bedsores, an empathetic relationship between patient and nurse is needed because physical and psychosocial care should be tailored to the symptoms of the disease and patients' specific needs. Our participants believed that caregivers should be able to accept patients with bedsores while paying attention to their personality and culture. Without this empathy, nurses may convey a sense of insecurity and mistrust to these patients, exacerbating and increasing anxiety in these patients.

Feeling Heard

In this study, patients experienced bitter and painful moments during hospitalization. One of the most important issues regarding empathetic care is to be heard based on the patients' point of view. Listening to patients and paying attention on their gestures was the most important issue that our participants perceived as a sign of nurses' emotional care. *"... My nurse came to me and changed my dress, talked to me and ask me about my condition. I answered her by pointing, and she understood me. I felt calm…* "(p1)

Feeling understood

The participants stated that they would like to be understood. Nurses' understanding of the conditions and complexities of those moments was one of the participants' expectation. One of the patients stated: *"... my nurse asked me if he can do anything for me. He raised my hand and moved me. He massaged my body. He did a physio to relieve my back pain. He really understood me and this was the biggest help for me ...* "(p9) ". The other patient said *"… other patients told that I have been infected and my bedsore was too severe that the nurses cannot do anything about me anymore. I was very humiliated. I felt suffering ....* "(p7)

Feeling accompanied

The participants believed that even minor things were important for patients with bedsores. According to the participants' statements, proper communication with patients during care provision is one of the most important skills with which nurses should be equipped . One patient stated: *"... My nurse kept talking to me. She kept asking about my comfort and pain. She gave me a lot of encouragement ...*" (p4).

Patient trust and hope

Hope is the sole beacon that shines in the darkness and amidst all adversities, like a speck of light in the minds of bedridden patients, instilling in each of them a renewed will to survive. A majority of the participants pointed out that the nurses' and medical team's despair about the patient's recovery is one of the significant challenges during their hospitalization. According to the participants' perspectives, despair is an extremely painful emotion, and the patients' pain does not

subside after losing hope.

Holistic and regularity of nursing care

The majority of the study participants expressed that they felt hopeful when they received regular, coherent, and comprehensive nursing care from all healthcare workers. One of the patients stated: *"... There was a nurse who was taking care of me and examining all my body systems. Before doing any medical practice, she told me now it is the time to change your dressing, to do your physiotherapy, to sit down, to go. She also cared about my sleep and feelings* ... "(p9).

Effective communication in nursing care

The participants held the belief that illness and admission into intensive care units were highly stressful experiences, which were further exacerbated by the development of bedsores. One of the factors that alleviated this stress in patients was the proper communication established by the nurses with the patients.

A patient said: "*Sometimes, I needed someone to talk to me, clarify my medical condition, tell me about my family, and ask me what bothered me. Some nurses talked to me a lot. Whatever they wanted to do, they told me before. But, some staff paid less attention to me and just did their job* ... "(p5). Another patient said: "*Some of the nurses who talked to me were very hopeful. I often felt pain, and I always wanted him to change my dressing* ... "(p9).

Perceived motivational nursing care

Motivational nursing care was one of the issues that greatly contributed to the healing process of bedsores based on our participants' experiences. In other words, the participants in this study believed that nurses who do not hope for a hospitalized patient's wound healing certainly do not provide quality care. One of the patients said: "... *A nurse was taking care of me and telling her colleagues that I had seen a lot of these wounds and she would definitely get better a few more days later* "(p9). In this regard, one patient also stated: "... *The nurses were sensitive even to my appearance and told me not to worry. These dressings help to show even a scar on your body* ..." (p7).

Specialty care that inspires hope

Using the best facilities and dressings was an issue that gave most participants hope for wound healing. One of the patients said: "… *When I saw that everyone was sensitive to me and they used special dressings, I felt hopeful* ..." (p5). He also stated about his disease: "... *There was another patient in our room and I saw that the nurses Paid more attention to himand used more equipment and facilities. I felt very upset and disappointed* .... "(p6).

Discussion

The purpose of this study was to elucidate the psychological understanding of nursing care received in the intensive care unit by patients with pressure ulcers. Following data analysis, three main categories were extracted: "missed or delayed nursing care", "empathetic care", and "patient trust and hope". The first category, "missed or delayed nursing care", consisted of three subcategories: neglected nursing care, non-prioritized nursing care, and automated and task-based nursing care. The participants expected that the nurses would not overlook their wound while performing any nursing procedure. Attention to and focus on wound care is pleasing for the patient, and the patient feels that this care can positively influence their treatment process, providing them with a sense of satisfaction and healing.

In their study, Eugene et al. also characterized bedsores as a forgotten enemy that could be neglected at any time in the intensive care unit[27]. The omission of parts of patient care is more significant to the patient and transforms nursing care into a moral issue, leading to challenges in the moral and professional values of nurses. Another study analyzed patients' attitudes towards missed care, with the patients believing that they had lost most of their basic care[28]. In another study that investigated the relationship between missed care and job satisfaction, as well as its reasons from the perspective of nurses working in neonatal intensive care units, it was found that one of the most important missed care was empathetic care and skin-to-skin care. One of the most critical reasons for

neglected care from the nurses' perspective were the crowdedness of the ward, the difficulty in completing electronic care records, and the lack of access to necessary drugs. Despite their mediocre job satisfaction in the neonatal intensive care unit, nurses forgot or postponed some of their assigned tasks. Based on the findings of the aforementioned study, a high workload among nurses, the intensity of nursing work, a lack of manpower, and the difficulty of using electronic devices to record care were the most important reasons for forgetting or providing incomplete nursing care in the neonatal intensive care unit[29].

The second subcategory was non-prioritized nursing care. The patients stated that the importance of wound care was not the same across patients and it was not considered a priority in some shifts. In line with these findings, the results of a review study showed that prioritization in nursing care was one of the educational needs of nurses. It was concluded that weaknesses in this area could have negative consequences such as neglect of care, affecting the patient's recovery, professional performance of the nurse, and quality of care[30]. Based on Hendry and Walker (2004), prioritizing skills is important in nursing and lack of skills can have serious consequences for patients. Prioritization can be defined as grading nursing diagnosis using the concept of urgency or importance in order to create a preferential arrangement for nursing practices. A number of factors that may influence prioritization include nurse specialization, patient status, availability of resources, organization of the department, philosophies and models of care, nurse-patient relationship, and the cognitive strategy that the nurse uses to set priorities [31]. Johnson et al., (2019) also detected the simultaneous management of care needs of patients with acute and severe conditions in intensive care units as one of the themes extracted following nurses' experiences in the prevention and management of pressure sores[32].

Patients' perception of care provided as routine and task-oriented care was the third subcategory of missed or delayed nursing carefound in this study. Similarly, another study showed that patient-centered care and focusing on care holistic was effective in managing Pressure ulcer [33].

The subcategories of feeling heard by the nurse, feeling understood, and feeling accompanied by the nurse constituted the second theme, namely empathetic care, in this study. In line with the present study, half of the cancer patients in a study by Gramling et al., (2015) expressed feelings of being heard and understood while receiving palliative care[34]. Feelings of being heard and understood are significant indicators of quality care. Similarly, attending to the patient's emotional needs and patient companionship was one of the themes reported in a study conducted by Mulazem (2015), who investigated the emotional needs of patients and their families in Iran[35].

Patient hope and trust emerged as the final theme in this study. This theme encompassed the subcategories of Holistic and Regularity of Nursing Care, Effective Communication in Nursing Care, Perceived Motivational Nursing Care, and Specialty Care that Inspires Hope. In a study, "Identifying patient needs based on the type of patient problem", "Inquiring about patients' health status" and "Monitoring patient health status", "Communication behavior against patient needs" are entirely consistent with the experiences of patients in the present study who stated that holistic and regular care and effective communication in care have engendered trust and hope in them. "Pleasant greetings" and "regular appearance", "responsibility", "empathy" and "companionship" were identified as the most crucial factors in the relationship between patients and healthcare providers and, consequently, the quality of care. The role of the nurse in relation to patients is designed according to the needs of the patients. Therefore, if patients' needs are properly defined and clarified in clinical

settings, the nurse-patient relationship will be enhanced, and thus the quality of care will improve[36]. A phenomenological study of patients' experiences of patient-nurse communication in Ireland identified "lack of communication", "presence", "empathy", and "friendly nursing". Patient-centered communication is a primary component of nursing and facilitates the establishment of a positive relationship between the nurse and the patient, which, in conjunction with other organizational factors, can lead to the provision of beneficial care outcomes.

These findings suggest that nurses can communicate effectively with patients by employing a patient-centered approach. Due to staff shortages and professional challenges in nursing, healthcare organizations are currently more focused on a task-oriented approach. To provide quality nursing care, healthcare managers should prioritize patient-centered communication in nurse training [37].

According to our findings, patient satisfaction increased when they were cared for by a nurse who conversed with them and paid attention to their various needs. An investigation of patients' experiences in Larson's study showed that empathy and avoidance of guardianship behaviors increased patient participation and satisfaction[38]. In fact, care combined with hope and trust is associated with compassion in the nurse. A nurse who follows the pattern of compassionate care in their profession can provide care based on effective and holistic communication[39].

Limitation

The underlying factors affecting patients' experience and perception of nursing care are so vast that their coverage requires collecting information from many people, which due to administrative limitations and lack of access to them, was not possible in the current study. Another point is that these psychological concepts may be misinterpreted or their full implementation may not be possible across different cultures.

Implication of the study

Awareness of the dimensions of Pressure ulcer patients' psychological understanding of nursing care can reduce patients' stress and anxiety and increase confidence. It can lead to effective and efficient communication of nurses with these patients, prevent patients' psychological problems, provide complete and effective care, and finally help patients' healing.

Conclusion

As it was found in the present study, accompanying these patients, empathy, being seen, trusting and receiving a sense of hope in caregivers were concepts perceived as important psychological issues of patients with bedsores in ICUs. Another important point is that nurses are responsible for the psychological problems of these patients. Indifference and improper communication with these patients not only prolongs the discharge time but also increases their psychologicDeclarationafter discharge. Therefore, comprehensive emotional support of patients with bedsores seems necessary. Further studies are suggested to investigate the psychology of these patients in different cultures.

Declaration

The present study was part of a research project approved by Isfahan University of Medical Sciences (code number: 196208 and the ethics code : IR.MUI.REC.1396.1.208). The authors are thankful of Research Vice Chancellor of this university and all the patients who cooperated with us in conducting this study.

Conflict of interest

none.

References

1. Mervis JS, Phillips TJ. Pressure ulcers: Pathophysiology,

epidemiology, risk factors, and presentation. J Am Acad Dermatol 2019; 81(4): 881-90. https://doi.org/10.1016/j.jaad.2018.12.069

2. Gorecki C, Brown JM, Nelson EA, Briggs M, Schoonhoven L, Dealey C, et al. Impact of pressure ulcers on quality of life in older patients: a systematic review. J Am Geriatr Soc 2009; 57(7): 1175-83. https://doi.org/10.1111/j.1532-5415.2009.02307.x
3. Bielecki M, Bielecki P, Żebrowski P, Misiak B, Lewko J. Operative treatment of pressure ulcers using pedicled flaps. Prog Health Sci 2018; 8(2): 105-11. https://doi.org/10.5604/01.3001.0012.8329
4. Young ZF, Evans A, Davis J. Nosocomial pressure ulcer prevention: a successful project. JONA 2003; 33(7-8): 380-3. https://doi.org/10.1097/00005110-200307000-00004
5. Zarei E, Madarshahian E, Nikkhah A, Khodakarim S. Incidence of pressure ulcers in intensive care units and direct costs of treatment: Evidence from Iran. J Tissue Viability 2019; 28(2): 70-4. https://doi.org/10.1016/j.jtv.2019.02.001
6. Akhkand SS, Seidi J, Ebadi A, Gheshlagh RG. Prevalence of pressure ulcer in Iran's intensive care units: A systematic review and a meta-analysis. Nurs Pract Today 2020; 7(1): 21-9.
7. Koo M, Sim Y, Kang I. Risk Factors of Medical Device-Related Pressure Ulcer in Intensive Care Units. J Korean Acad Nurs 2019; 49(1): 36-45. https://doi.org/10.4040/jkan.2019.49.1.36
8. Liao X, Ju Y, Liu G, Zhao X, Wang Y, Wang Y. Risk factors for pressure sores in hospitalized acute ischemic stroke patients. J Stroke Cerebrovasc Dis 2019; 28(7): 2026-30. https://doi.org/10.1016/j.jstrokecerebrovasdis.2019.02.033
9. Serrano ML, Mendez MG, Cebollero FC, Rodriguez JL. Risk factors for pressure ulcer development in Intensive Care Units: A systematic review. Med Intensiva 2017; 41(6): 339-46. https://doi.org/10.1016/j.medine.2017.04.006
10. Spilsbury K, Nelson A, Cullum N, Iglesias C, Nixon J, Mason S. Pressure ulcers and their treatment and effects on quality of life: hospital inpatient perspectives. J Adv Nurs 2007; 57(5): 494-504. https://doi.org/10.1111/j.1365-2648.2006.04140.x
11. Burhans LM, Alligood MR. Quality nursing care in the words of nurses. J Adv Nurs 2010; 66(8): 1689-97. https://doi.org/10.1111/j.1365-2648.2010.05344.x
12. Manojlovich M, Antonakos CL, Ronis DL. Intensive care units, communication between nurses and physicians, and patients' outcomes. Am J Crit Care 2009; 18(1): 21-30. https://doi.org/10.4037/ajcc2009353
13. Elliott R, McKinley S, Fox V. Quality improvement program to reduce the prevalence of pressure ulcers in an intensive care unit. Am J Crit Care 2008; 17(4): 328-34. https://doi.org/10.4037/ajcc2008.17.4.328
14. Okhovati S, Esmaeili M, Shariat E. Effect of Intensive Care Unit Nurses' Empowerment Program on Ability in Visual Differential Diagnosis of Pressure Ulcer Classification. Crit Care Nurs Q 2019; 42(1): 89-95. https://doi.org/10.1097/CNQ.0000000000000242
15. Sardari M, Esmaeili R, Ravesh NN, Nasiri M. The impact of pressure ulcer training program on nurses' performance. J Adv Pharm Educ Res 2019; 9(3):145-149
16. Davydow DS, Gifford JM, Desai SV, Needham DM, Bienvenu OJ. Posttraumatic stress disorder in general intensive care unit survivors: a systematic review. Gen Hosp Psychiatry 2008; 30(5): 421-34. https://doi.org/10.1016/j.genhosppsych.2008.05.006
17. Uchida Y, Kitayama S, Mesquita B, Reyes JAS, Morling B. Is perceived emotional support beneficial? Well-being and health in independent and interdependent cultures. Pers Soc Psychol Bull 2008; 34(6): 741-54. https://doi.org/10.1177/0146167208315157
18. Cobb S. Social support as a moderator of life stress. Psychosom Med 1976; 38(5): 300-14. https://doi.org/10.1097/00006842-197609000-00003
19. Kim HS, Sherman DK, Ko D, Taylor SE. Pursuit of comfort and pursuit of harmony: Culture, relationships, and social support seeking. Pers Soc Psychol Bull 2006; 32(12): 1595-607. https://doi.org/10.1177/0146167206291991
20. Mojaverian T, Kim HS. Interpreting a helping hand: Cultural variation in the effectiveness of solicited and unsolicited social support. Personality and Social Psychology Bulletin. 2013 ;39(1):88-99.
21. Schreier M. Qualitative content analysis. The SAGE handbook of qualitative data analysis 2014: 170-83. https://doi.org/10.4135/9781446282243.n12
22. Holloway I, Galvin K. Qualitative research in nursing and healthcare: John Wiley & Sons; 2016.
23. Malterud K, Siersma VD, Guassora AD. Sample size in qualitative interview studies: guided by information power. Qual Health Res 2016; 26(13): 1753-60. https://doi.org/10.1177/1049732315617444
24. Graneheim UH, Lindgren B-M, Lundman B. Methodological challenges in qualitative content

analysis: A discussion paper. Nurse Educ Today 2017;56:29-34.https://doi.org/10.1016/j.nedt.2017.06.002
25. Denzin NK, Lincoln YS. The Sage handbook of qualitative research: Sage; 2011.
26. Kiani FZ, Ahmadi A. Barriers and Facilitating Factors of Communication in Iranian Educational Health Care Centers: A Systematic Review. Strides Dev Med Educ 2019; 16(1):e80871.
27. Reilly EF, Karakousis GC, Schrag SP, Stawicki SP. Pressure ulcers in the intensive care unit: the "forgotten" enemy. Opus 2007; 12: 17-30.
28. Gustafsson N, Leino-Kilpi H, Prga I, Suhonen R, Stolt M. Missed Care from the Patient's Perspective-A Scoping Review. Patient Prefer Adherence 2020; 14: 383-400. https://doi.org/10.2147/PPA.S238024
29. Emami N, Arshadi M, Hoseini M. CorrelationBetween job satisfaction and Missed care frequency andit's Reasons from the perspective of neonatal intensive care units nurses in Tabriz University of Medical Sciences Hospitals-2016. Tabriz, Iran: Tabriz University of Medical SciencesFaculty of Nursing and Midwifery; 2016.
30. Suhonen R, Stolt M, Habermann M, Hjaltadottir I, Vryonides S, Tonnessen S, et al. Ethical elements in priority setting in nursing care: A scoping review. Int J Nurs Stud 2018; 88: 25-42. https://doi.org/10.1016/j.ijnurstu.2018.08.006
31. Hendry C, Walker A. Priority setting in clinical nursing practice: literature review. J Adv Nurs 2004; 47(4): 427-36. https://doi.org/10.1111/j.1365-2648.2004.03120.x
32. Barakat-Johnson M, Lai M, Wand T, White K. A qualitative study of the thoughts and experiences of hospital nurses providing pressure injury prevention and management. Collegian 2019; 26(1): 95-102. https://doi.org/10.1016/j.colegn.2018.04.005
33. Roberts S, McInnes E, Wallis M, Bucknall T, Banks M, Chaboyer W. Nurses' perceptions of a pressure ulcer prevention care bundle: a qualitative descriptive study. BMC Nurs 2016; 15(1): 1-10. https://doi.org/10.1186/s12912-016-0188-9
34. Gramling R, Stanek S, Ladwig S, Gajary-Coots E, Cimino J, Anderson W, et al. Feeling heard and understood: a patient-reported quality measure for the inpatient palliative care setting. J Pain Symptom Manage 2016; 51(2): 150-4. https://doi.org/10.1016/j.jpainsymman.2015.10.018
35. Molazem Z, Ghadakpour S. What are the most important emotional needs of patients in Iran? .Arch Des Sci 2013; 66(3): 271-8.
36. Fakhr-Movahedi A, Rahnavard Z, Salsali M, Negarandeh R. Exploring nurse's communicative role in nurse-patient relations: A qualitative study. J Caring Sci 2016; 5(4): 267-276. https://doi.org/10.15171/jcs.2016.028
37. McCabe C. Nurse-patient communication: an exploration of patients' experiences. J Clin Nurs 2004; 13(1): 41-9. https://doi.org/10.1111/j.1365-2702.2004.00817.x
38. Larsson IE, Sahlsten MJ, Segesten K, Plos KA. Patients' perceptions of barriers for participation in nursing care. Scand J Caring Sci 2011; 25(3): 575-82. https://doi.org/10.1111/j.1471-6712.2010.00866.x
39. Bramley L, Matiti M. How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. J Clin Nurs 2014; 23(19-20): 2790-9. https://doi.org/10.1111/jocn.12537

How to cite this article: Akbari M, Shirani F. **Pressure Ulcer Patients' Psychological Understanding of Nursing Care Received in Intensive Care Unit.** ARYA Atheroscler 2023; 19(5): 25-34.