



'The Role of Critical Care Nurses in Managing Post-Traumatic Stress Disorder (PTSD) Among Intensive Care Unit (ICU) Patients'

Anmol Gautam¹

¹Associate Professor

Medical-Surgical Nursing

Micro Speciality - Critical Care Nursing

Saudamini Institute Of Nursing Science And Research

Presently working in SGMH Govt.Nursing College

Rewa (M P)

Abstract: This comprehensive review article delves into the crucial role played by critical care nurses in the management and mitigation of Post-Traumatic Stress Disorder (PTSD) among patients who have undergone intensive care treatment. The paper synthesizes existing literature, examines the impact of critical care experiences on PTSD development, and explores evidence-based strategies employed by critical care nurses to address and prevent PTSD symptoms in ICU patients.

Keywords: *Critical care nursing, Post-Traumatic Stress Disorder, Intensive Care Unit, Patient experiences, Nurse interventions, PTSD prevention, Psychological impact, Trauma-informed care, Resilience, Mental health support.*

1. Introduction: The intensive care unit (ICU) serves as a critical setting for patients grappling with life-threatening illnesses and complex medical interventions. While the primary focus of critical care nursing has traditionally been on physical recovery, an increasing body of evidence underscores the profound psychological impact of ICU experiences on patients. Among the various psychological consequences, Post-Traumatic Stress Disorder (PTSD) has emerged as a significant concern, necessitating a comprehensive exploration of the role of critical care nurses in its management.

Patients admitted to the ICU often face a myriad of stressors, including invasive procedures, mechanical ventilation, uncertainty about prognosis, and the inherent life-and-death nature of critical illnesses. These experiences, while essential for medical stabilization, can inflict lasting psychological trauma, contributing to the development of PTSD. Recognizing the multifaceted nature of patient care, critical care nurses are uniquely positioned to play a pivotal role in addressing and preventing PTSD among ICU patients.

As the prevalence of PTSD in ICU survivors becomes increasingly evident, the need for targeted interventions and specialized care provided by critical care nurses becomes paramount. This review aims to examine the

complex interplay between critical care experiences and the development of PTSD, shedding light on the unique challenges faced by patients in the ICU. Furthermore, it explores the proactive strategies employed by critical care nurses to identify, prevent, and manage PTSD symptoms, thereby enhancing the overall well-being of ICU patients.

In light of the growing importance of mental health considerations in critical care, this article not only underscores the significance of understanding the psychological impact of ICU experiences but also emphasizes the indispensable role that critical care nurses play in mitigating PTSD and fostering holistic recovery. By delving into the nuanced aspects of this dynamic, the subsequent sections of this review will elucidate the various dimensions of the critical care nurse's role in managing PTSD among ICU patients, providing valuable insights for both clinical practice and future research endeavors

2. Impact of Critical Care Experiences on PTSD: The experience of critical care, characterized by severe illness, invasive medical interventions, and potential life-threatening situations, can profoundly impact the mental health of patients, contributing to the development of Post-Traumatic Stress Disorder (PTSD). Understanding



the specific aspects of critical care experiences that lead to PTSD is essential for nurses to tailor interventions effectively. Several key factors contribute to the psychological impact on patients:

a. Invasive Procedures and Sensory Overload:

Patients in the Intensive Care Unit (ICU) often undergo invasive medical procedures, such as intubation, mechanical ventilation, and continuous monitoring. These procedures, coupled with the constant presence of alarms and the sensory overload of the ICU environment, can create a traumatic experience for patients. The lack of control over their surroundings and the overwhelming stimuli may contribute to the development of PTSD symptoms.

b. Life-Threatening Events and Uncertainty:

Many patients in critical care face life-threatening conditions, leading to a pervasive sense of uncertainty about their survival. The constant threat of mortality, coupled with the unpredictability of medical outcomes, can contribute to heightened stress levels and a persistent fear of death. Such existential concerns can be potent triggers for PTSD development.

c. Prolonged ICU Stay and Physical Debilitation:

Extended stays in the ICU can result in physical debilitation, muscle weakness, and a prolonged recovery process. Patients may experience a sense of helplessness and dependency on healthcare providers, contributing to feelings of vulnerability. The extended duration of critical care may exacerbate the psychological impact and increase the likelihood of developing PTSD.

d. Delirium and Altered Mental States:

ICU patients are susceptible to delirium, altered mental states, and cognitive dysfunction due to a combination of factors such as medications, sleep disruption, and underlying medical conditions. These altered mental states can contribute to the formation of distressing memories and nightmares, which are characteristic symptoms of PTSD.

e. Separation from Support Systems:

Patients undergoing critical care are often separated from their usual support systems, including family and friends. The isolation and inability to rely on familiar faces for comfort may intensify the emotional toll of the ICU experience. Lack of social support during a critical illness can be a significant contributor to the development of PTSD symptoms.

Understanding how these factors interplay and contribute to the psychological impact on patients in the ICU is crucial for critical care nurses. By recognizing the specific challenges patients face during their critical care journey, nurses can implement targeted interventions to mitigate the risk of PTSD and promote mental well-being. This knowledge underscores the importance of a holistic approach to patient care in the ICU, addressing not only the physical aspects but also the psychological consequences of the critical care experience.

3. Screening and Assessment by Critical Care Nurses:

Screening and assessment are pivotal components of the critical care nurse's role in identifying patients at risk for developing Post-Traumatic Stress Disorder (PTSD) following their intensive care unit (ICU) experience. In this section, we delve into the methodologies and considerations that critical care nurses employ to effectively screen and assess patients' psychological well-being.

- **Comprehensive Patient History:** Critical care nurses begin the screening process by obtaining a comprehensive patient history, with a focus on the circumstances leading to ICU admission and the nature of the critical illness. Information regarding pre-existing mental health conditions, prior trauma, or coping mechanisms is gathered to identify potential risk factors for PTSD.
- **Symptom Recognition:** Nurses are trained to recognize early signs and symptoms of distress, anxiety, or intrusive thoughts during patient interactions. Regular assessments include observing changes in behavior, sleep patterns, and emotional responses to medical procedures or discussions about the ICU experience.
- **Structured Screening Tools:** Utilizing validated screening tools specific to PTSD, critical care nurses administer assessments such as the Impact of Event Scale (IES) or the Post-Traumatic Stress Syndrome 10-Questions Inventory (PTSS-10). These tools help quantify and categorize patients' experiences, providing a standardized approach to identify those at higher risk.
- **Collaboration with Mental Health Professionals:** In complex cases or when



patients exhibit significant distress, critical care nurses collaborate with mental health professionals, such as psychologists or psychiatric nurses, to conduct more in-depth assessments. This collaboration ensures a holistic evaluation of the patient's mental health status and facilitates the development of tailored intervention plans.

- **Communication and Trust-Building:** Establishing open communication channels and building trust with patients are integral to the assessment process. Critical care nurses employ therapeutic communication techniques to create a safe environment where patients feel comfortable expressing their emotions and concerns related to their ICU experience.
- **Documentation and Information Sharing:** Detailed and accurate documentation of the screening and assessment findings is essential for continuity of care. Critical care nurses share this information with the healthcare team, including physicians, therapists, and social workers, to ensure a collaborative approach in addressing the patient's mental health needs.
- **Regular Follow-Up:** Screening and assessment are not one-time activities but are integrated into ongoing patient care. Critical care nurses conduct regular follow-ups, especially during the post-ICU recovery phase, to monitor changes in the patient's mental health status and adjust interventions as needed.

By incorporating these strategies into their practice, critical care nurses play a pivotal role in the early identification and management of PTSD risk factors among ICU patients. This proactive approach contributes to improved mental health outcomes and a more comprehensive model of patient-centered care within the critical care setting.

4. Trauma-Informed Nursing Care: Trauma-informed nursing care is an approach that recognizes the widespread impact of trauma on individuals and emphasizes creating a healthcare environment that is sensitive, supportive, and conducive to healing. In the context of critical care nursing, where patients often undergo physically and emotionally challenging

experiences, adopting a trauma-informed approach is crucial. This section explores the key components of trauma-informed nursing care in the intensive care unit (ICU) setting.

A. Understanding Trauma: Critical care nurses practicing trauma-informed care first seek to understand the various forms of trauma that patients may have experienced, both prior to their ICU admission and during their stay. This includes recognizing the psychological, emotional, and physical impacts of the illness or injury leading to ICU admission.

B. Creating a Safe Environment: One fundamental principle of trauma-informed care is the creation of a safe and supportive environment. In the ICU, this involves ensuring physical safety, maintaining patient privacy, and minimizing sources of distress, such as loud noises or bright lights. Critical care nurses actively work to establish an atmosphere that fosters trust and security.

C. Establishing Trust and Collaboration: Building trust is pivotal in trauma-informed care. Critical care nurses engage in open and transparent communication with patients, involving them in decision-making processes whenever possible. Collaborative discussions about treatments, procedures, and care plans empower patients and contribute to a sense of control over their environment.

D. Recognizing Triggers and Avoiding Re-traumatization: Trauma-informed nursing care entails identifying potential triggers for patients and taking steps to avoid re-traumatization. Critical care nurses are attentive to patient histories, acknowledging potential sensitivities, and adjusting their approach to minimize distress. This may involve adapting communication styles, respecting personal boundaries, and providing choices when appropriate.

E. Supporting Emotional Expression: Encouraging patients to express their emotions is a key aspect of trauma-informed care. Critical care nurses create an environment where patients feel comfortable sharing their feelings and concerns. This may involve active listening, validating emotions, and offering appropriate psychological support through therapeutic communication techniques.



F. Collaborating with Interdisciplinary Teams:

Trauma-informed care extends beyond individual nursing practice to interdisciplinary collaboration. Critical care nurses work closely with psychologists, social workers, and other healthcare professionals to address the holistic needs of patients. This collaborative approach ensures a comprehensive and coordinated response to trauma-related issues.

G. Ongoing Professional Development: Incorporating trauma-informed care into critical care nursing requires ongoing professional development. Nurses engage in continuous education to stay informed about the latest trauma research, therapeutic interventions, and best practices. This commitment ensures that they are equipped with the knowledge and skills needed to provide high-quality, trauma-informed care.

By integrating trauma-informed nursing care into the critical care setting, healthcare professionals contribute to a patient-centered approach that acknowledges and addresses the complex psychological aspects of recovery. This approach enhances the overall well-being of ICU patients and fosters a culture of compassion and understanding within the critical care nursing team.

5. Nurse-Led Interventions: Nurse-led interventions play a pivotal role in the prevention and management of Post-Traumatic Stress Disorder (PTSD) among Intensive Care Unit (ICU) patients. These interventions encompass a range of evidence-based strategies implemented by critical care nurses to address the psychological impact of intensive care experiences and promote the mental well-being of patients. The following elaborates on key nurse-led interventions:

a. Psychoeducation: Critical care nurses engage in providing psychoeducation to patients and their families, offering information about the potential psychological effects of ICU stays. This includes discussing common stressors, the impact of critical illness on mental health, and coping strategies. By enhancing patients' understanding of their experiences, critical care nurses empower them to navigate the emotional challenges more effectively.

b. Therapeutic Communication: Effective communication is a cornerstone of nurse-led interventions. Critical care nurses utilize therapeutic communication techniques to establish a supportive and

empathetic rapport with patients. They create an environment where patients feel safe expressing their emotions, concerns, and fears, fostering trust and facilitating emotional healing.

c. Collaborative Care Approaches: Nurse-led interventions often involve collaboration with other healthcare professionals to provide holistic care. Multidisciplinary teams, including psychologists, social workers, and pastoral care, work together to address the complex needs of ICU patients. This collaborative approach enhances the range and depth of interventions, addressing both the physical and psychological aspects of recovery.

d. Cognitive-Behavioral Interventions: Critical care nurses may employ cognitive-behavioral interventions to assist patients in identifying and changing negative thought patterns contributing to distress. These interventions may include relaxation techniques, guided imagery, and cognitive restructuring exercises. By addressing maladaptive thoughts and behaviors, critical care nurses contribute to reducing anxiety and preventing the development of PTSD symptoms.

e. Follow-Up Support Programs: Nurse-led interventions extend beyond the ICU stay to include follow-up support programs. Critical care nurses play a crucial role in facilitating transitions from the ICU to other healthcare settings or home. They establish continuity of care by providing ongoing support, monitoring mental health progress, and connecting patients with community resources or mental health professionals as needed.

f. Family Involvement: Recognizing the impact of critical illness on both patients and their families, critical care nurses involve family members in interventions. This may include family education on PTSD, facilitating communication between patients and their families, and providing resources to support family members in understanding and coping with the psychological consequences of critical care.

Nurse-led interventions are integral to fostering a comprehensive and compassionate approach to patient care in the critical care setting. These strategies not only address the immediate psychological needs of ICU patients but also contribute to the long-term mental well-being and resilience of individuals recovering from



critical illness. The multifaceted nature of nurse-led interventions ensures a tailored and patient-centered approach, emphasizing the importance of recognizing and addressing the psychological impact of intensive care experiences

6. Resilience Building and Coping Strategies: Building resilience and fostering effective coping strategies among intensive care unit (ICU) patients is a crucial aspect of the role played by critical care nurses. This section discusses various interventions and approaches employed by these nurses to enhance the psychological well-being of patients who have undergone intense and often traumatic experiences in the ICU.

○ **Psychoeducation:**

Critical care nurses engage in psychoeducational initiatives to provide patients with a clear understanding of their critical care journey. This involves explaining medical procedures, potential challenges, and expected outcomes, empowering patients with knowledge to cope with their experiences.

○ **Therapeutic Communication:**

Utilizing therapeutic communication skills, critical care nurses create a supportive environment where patients feel heard and understood. Open and honest discussions about their ICU stay help patients process their emotions, reducing the risk of lingering psychological distress.

○ **Mindfulness and Relaxation Techniques:**

Introducing mindfulness and relaxation techniques is a common strategy to mitigate stress and anxiety. Critical care nurses may guide patients through practices such as deep breathing exercises, meditation, or guided imagery to help them manage their emotional responses.

○ **Encouraging Social Support:**

Recognizing the importance of social connections, critical care nurses facilitate opportunities for patients to connect with

family, friends, and support groups. Strengthening these social bonds contributes to emotional support and aids in the recovery process.

○ **Individualized Care Plans:**

Developing individualized care plans that consider the unique needs and preferences of each patient. Critical care nurses collaborate with patients to identify coping strategies that align with their values, beliefs, and personal strengths.

○ **Transition Planning and Follow-up Support:**

Transitioning from the ICU to other healthcare settings can be challenging. Critical care nurses play a pivotal role in facilitating a smooth transition and ensuring that patients receive ongoing mental health support, whether through counseling services, community resources, or outpatient care.

○ **Promoting Physical Activity and Rehabilitation:**

Recognizing the interconnectedness of physical and mental well-being, critical care nurses advocate for and support patients in engaging in appropriate physical activities and rehabilitation. Regular movement and exercise contribute to overall resilience and positive mental health.

○ **Trauma-Informed Care Practices:**

Implementing trauma-informed care practices involves understanding the potential impact of traumatic experiences on patients and adapting care approaches accordingly. This includes creating a safe and empowering environment, emphasizing patient autonomy, and avoiding triggers that may exacerbate distress.

7. Staff Training and Support: Critical care nurses play a pivotal role in the holistic care of ICU patients, and addressing the psychological well-being of patients involves not only patient-focused interventions but also



ensuring the mental health and resilience of the healthcare professionals providing care. Staff training and support are crucial components in creating a work environment that acknowledges the emotional challenges faced by critical care nurses and equips them with the necessary skills to cope effectively. This section explores the importance of ongoing training and support for critical care nurses to manage their own emotional well-being while delivering care to patients who may be at risk of developing PTSD.

a. Training Programs: Effective staff training programs should be designed to enhance critical care nurses' understanding of the psychological impact of ICU experiences on patients and themselves. Educational sessions can cover topics such as recognizing signs of distress in patients, understanding the risk factors for PTSD, and developing empathetic communication skills.

b. Psychological First Aid: Critical care nurses should be trained in providing psychological first aid, which involves offering immediate, compassionate support to patients and their families during and after traumatic events. This training can equip nurses with the skills to respond empathetically, assess emotional needs, and connect patients with appropriate mental health resources.

c. Debriefing Sessions: Regular debriefing sessions are essential to provide critical care nurses with a structured platform to discuss emotionally challenging cases, share experiences, and express their feelings. These sessions can be facilitated by mental health professionals or experienced nurse educators to foster a supportive environment and help nurses process their emotions.

d. Mental Health Resources: Ensuring access to mental health resources is integral to staff support. This includes counseling services, peer support programs, and employee assistance programs. Critical care nurses should be aware of available resources and encouraged to seek support when needed, fostering a culture that destigmatizes mental health concerns.

e. Resilience Building Programs: In addition to addressing challenges, staff training programs should incorporate elements aimed at building resilience among critical care nurses. Resilience training can include strategies for stress management, mindfulness

techniques, and self-care practices to enhance emotional well-being and prevent burnout.

f. Leadership Support: Hospital leadership plays a crucial role in fostering a supportive environment. Leadership should advocate for mental health awareness, allocate resources for staff support programs, and actively participate in initiatives that prioritize the well-being of critical care nurses. This top-down approach contributes to a culture that values the mental health of healthcare professionals.

8. Future Directions and Recommendations: The field of critical care nursing constantly evolves, and addressing PTSD among ICU patients remains a complex challenge. To guide future research and practice, several key areas warrant attention:

a. Longitudinal Studies on PTSD Development: Future research should focus on conducting longitudinal studies to better understand the trajectory of PTSD development in ICU patients. This would involve tracking patients' psychological well-being over extended periods, allowing for the identification of potential risk factors and protective factors influencing PTSD outcomes.

b. Tailoring Interventions to Patient Profiles: Customizing interventions based on individual patient characteristics can enhance their effectiveness. Investigating the impact of tailored interventions, considering factors such as age, pre-existing mental health conditions, and severity of illness, will contribute to more targeted and patient-centered care.

c. Integrating Technology for Remote Monitoring and Support: Exploring the integration of technology, such as telehealth platforms and mobile applications, can provide ongoing support and monitoring for ICU patients post-discharge. Virtual interventions, including virtual support groups or counseling sessions, may help bridge the gap in follow-up care and contribute to sustained mental health improvement.

d. Enhancing Training Programs for Critical Care Nurses: Continuous education and training programs for critical care nurses should be expanded to include modules on trauma-informed care and psychological support. Developing standardized training that emphasizes empathetic communication and resilience-



building strategies can better prepare nurses to address the mental health needs of ICU patients.

e. Implementing Multidisciplinary Collaborative Models: Encouraging collaboration between critical care nurses, psychologists, psychiatrists, and other mental health professionals is crucial. Future initiatives should explore integrated care models that promote seamless collaboration among various healthcare disciplines, ensuring a comprehensive approach to addressing PTSD in ICU patients.

f. Assessing the Impact of Organizational Support: Investigating the influence of organizational support systems on both critical care nurses and patients is essential. Evaluating the effectiveness of initiatives such as debriefing sessions, mental health resources, and employee assistance programs can provide valuable insights into the role of organizational culture in mitigating PTSD-related challenges.

g. Examining Socioeconomic Factors and PTSD: Research should delve into the influence of socioeconomic factors on the development and management of PTSD among ICU patients. Understanding how financial, social, and cultural aspects impact mental health outcomes can inform interventions that are sensitive to the diverse needs of the patient population.

h. Collaboration with Patient Advocacy Groups: Engaging with patient advocacy groups and incorporating patient perspectives in research and practice initiatives is vital. Collaboration with individuals who have experienced ICU care and their advocates can offer valuable insights, shaping interventions that resonate with the lived experiences of those affected by PTSD.

Conclusion

In conclusion, this review underscores the pivotal role of critical care nurses in managing Post-Traumatic Stress Disorder (PTSD) among patients who have undergone intensive care treatment. The critical care environment, with its inherent challenges and traumatic stressors, necessitates a nuanced approach to patient care, focusing not only on the physical recovery but also on the psychological well-being of individuals. By understanding the impact of critical care experiences on

PTSD development and implementing evidence-based interventions, critical care nurses can significantly contribute to the prevention, early detection, and effective management of PTSD in the Intensive Care Unit (ICU).

Moreover, the review emphasizes the importance of trauma-informed nursing care, highlighting the need for creating an empathetic and supportive environment. Nurse-led interventions, such as psychoeducation and therapeutic communication, play a crucial role in mitigating the psychological effects of ICU experiences. Building resilience and coping strategies, both for patients and nurses, further enhances the overall mental health outcomes in the critical care setting.

As we move forward, it is imperative to recognize the ongoing need for staff training and support, acknowledging the emotional toll that caring for patients with potential PTSD can have on critical care nurses. By addressing the mental health needs of both patients and healthcare professionals, we pave the way for a more holistic and compassionate approach to critical care nursing.

In shaping the future of critical care nursing, ongoing research, continuous education, and the integration of innovative strategies will contribute to refining and expanding our understanding of the intersection between critical care experiences and mental health outcomes. Ultimately, the commitment to providing comprehensive and compassionate care in the ICU extends beyond physical healing to encompass the psychological well-being of both patients and those dedicated to their care.

References

1. Brewer, B. B., & Alcantara, L. (2019). Screening for PTSD in the ICU: A systematic review. *Dimensions of Critical Care Nursing*, 38(3), 149-158.
2. Jones, A. B., et al. (2019). Psychological outcomes in family members of ICU patients: A systematic review. *Journal of Critical Care*, 52, 104-111.
3. Michaels, K., et al. (2018). Preventing post-intensive care syndrome: Nursing interventions and the evidence. *Critical Care Nurse*, 38(3), e8-e17.



4. Morse, R. S., & Coyer, F. (2019). Resilience in critical care nurses: A systematic review. *Nursing in Critical Care*, 24(2), 61-71.
5. Smith, R. H., & Wang, D. (2020). Trauma-informed care in the ICU: A literature review. *Critical Care Nurse*, 40(6), e8-e14.
6. Admon, A. J., et al. (2017). Posttraumatic stress disorder in relatives of intensive care unit patients. *American Journal of Respiratory and Critical Care Medicine*, 196(2), 145-152.
7. Davydow, D. S., Gifford, J. M., Desai, S. V., Needham, D. M., & Bienvenu, O. J. (2008). Posttraumatic stress disorder in general intensive care unit survivors: a systematic review. *General Hospital Psychiatry*, 30(5), 421-434.
8. Wunsch, H., Christiansen, C. F., Johansen, M. B., Olsen, M., Ali, N., Angus, D. C., ... & Iwashyna, T. J. (2014). Psychiatric diagnoses and psychoactive medication use among nonsurgical critically ill patients receiving mechanical ventilation. *JAMA*, 311(11), 1133-1142.
9. Desai, S. V., Law, T. J., Needham, D. M. (2011). Long-term complications of critical care. *Critical Care Medicine*, 39(2), 371-379.
10. Schelling, G., Stoll, C., Haller, M., Briegel, J., Manert, W., Hummel, T., ... & Peter, K. (1998). Health-related quality of life and posttraumatic stress disorder in survivors of the acute respiratory distress syndrome. *Critical Care Medicine*, 26(4), 651-659.
11. Davydow, D. S., Zatzick, D. F., Rivara, F. P., Jurkovich, G. J., Wang, J., Roy-Byrne, P. P., & Katon, W. J. (2009). Predictors of posttraumatic stress disorder and return to usual major activity in traumatically injured intensive care unit survivors. *General Hospital Psychiatry*, 31(5), 428-435.
12. Vincent, J. L., Shehabi, Y., Walsh, T. S., Pandharipande, P. P., Ball, J. A., Spronk, P., ... & Mehta, S. (2016). Comfort and patient-centred care without excessive sedation: the eCASH concept. *Intensive Care Medicine*, 42(6), 962-971.
13. Lamas, D. J., Owens, R. L., Nace, R. N., Massaro, A. F., Pertsch, N. J., Gass, J., ... & Berry, S. (2017). Opening the door: the experience of chronic critical illness in a long-term acute care hospital. *Critical Care Medicine*, 45(4), 570-578.
14. Mealer, M., Conrad, D., Evans, J., Jooste, K., Solyntjes, J., Rothbaum, B., & Moss, M. (2014). Feasibility and acceptability of a resilience training program for intensive care unit nurses. *American Journal of Critical Care*, 23(6), e97-e105.
15. National Institute for Health and Care Excellence (NICE). (2019). Post-traumatic stress disorder (NICE guideline NG116). Retrieved from <https://www.nice.org.uk/guidance/ng116>
16. Sessler, C. N., Gosnell, M. S., Grap, M. J., Brophy, G. M., O'Neal, P. V., Keane, K. A., ... & Elswick Jr, R. K. (2002). The Richmond Agitation-Sedation Scale: validity and reliability in adult intensive care unit patients. *American Journal of Respiratory and Critical Care Medicine*, 166(10), 1338-1344.
17. Brooks, D., & Bryant, R. A. (2007). Post-traumatic stress disorder and traumatic brain injury: Can they co-exist? *Clinical Psychology Review*, 27(6), 736-744.
18. Bloomfield, E. L., & Kendall, S. (2012). Caring for the patient and family in critical care: Communication, compassion, and empathy. *Intensive and Critical Care Nursing*, 28(3), 141-143.
19. Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. *New York: Springer Publishing Company*.
20. McAdams, D. P., & Pals, J. L. (2006). A new Big Five: Fundamental principles for an integrative science of personality. *American Psychologist*, 61(3), 204-217.
21. Kleinpell, R., Moss, M., Good, V., Gozal, D., Sessler, C., Chlan, L., & Lapietra, L. (2013). The critical nature of family-friendly visitation in the intensive care unit: Results from a national survey. *Critical Care Medicine*, 41(5), 1150-1158.
22. Mitchell, M. L., Courtney, M., & Lawler, J. (2011). Quality and safety in intensive care units: The missing links. *Intensive and Critical Care Nursing*, 27(2), 59-65.
23. Mealer, M., Jones, J., & Moss, M. (2012). A qualitative study of resilience and posttraumatic



stress disorder in United States ICU nurses.
Intensive Care Medicine, 38(9), 1445-1451.

How to cite this:

APA Citation:

Gautam, A. (2024). The Role of Critical Care Nurses in Managing Post-Traumatic Stress Disorder (PTSD) Among Intensive Care Unit (ICU) Patients. *Brio International Journal of Nursing Research (BIJNR)*, 5(1), 134-142.

Vancouver Citation:

Gautam A. The Role of Critical Care Nurses in Managing Post-Traumatic Stress Disorder (PTSD) Among Intensive Care Unit (ICU) Patients. *Brio Int J Nurs Res (BIJNR)*. 2024;5(1):134-142.