## **Strap**

Review

#### **Substrap**

Patient care

# Standfirst [approx. 150 characters including spaces, for online only]

This review highlights the significant gap in empirical research regarding the holistic implications of intensive care patient diaries on patients and their families.

# **Keywords [5 maximum]**

Intensive Care Units; Diaries; Family; Nursing; Communication; Therapeutic relationship

## **Head [approx 70 characters including spaces]**

The impact of ICU patient diaries on the relationship between patients and their relatives: A narrative review.

## In this article... [3 points, 60-80 characters per line including spaces]

- A specific view of the impact on relationships when utilising diaries in ICU.
- The challenges and benefits of this low-cost intervention.
- Recommendations for further synthesis of research and practice.

#### **Key points [3-5 points, 100 characters including spaces]**

- Diaries in ICU are increasingly becoming a low-cost means of supporting patients and their families with post-ICU adjustment.
- The use of diaries in the ICU aid the construction of a shared story between its contributors and recipients by helping the understanding and interpretation of fragmented memories.
- Engagement with diaries from both the recipient and the contributors has a significant emotional impact that needs to be explored further.
- Diaries are a low cost effective tool for communication between all parties, allowing for information to be accessible and easily understood.

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# Abstract [50-100 words. No citations or abbreviations]

Patient diaries are a low-cost intervention designed to help reduce the impact of post-traumatic stress, anxiety and depression following an admission to the intensive care unit. There is an emerging evidence base regarding the benefits and challenges of patient diaries and practice which would benefit from its synthesis.

#### Citation

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#### [main article]

#### Introduction

Patient diaries are a low-cost intervention designed to help address the growing body of evidence showing patients can suffer from post-traumatic stress, anxiety and depression following an admission to the intensive care unit (Gazzato et al, 2022). Diaries were first introduced in the 1980's in Denmark, and their use spread quickly to Sweden and Norway (Jones et al, 2010). The UK first reported their use in the 1990's and they have emerged in other countries since Diaries have gained in popularity as a tool to help patients gain a sense of coherence about their time in ICU. Due to the common treatments received in ICU such as sedation, patients often have significant memory gaps or suffer from episodes of delirium (Aitken et al, 2013). Patient diaries are designed to be written in everyday language and often contain entries from the nurses, relatives, and other healthcare professionals. Daily diary entries that describe the condition of the patient, procedures they have undergone, everyday events, and descriptions of their environment may help patients orientate themselves to the experience that they may not fully remember post-discharge (Pattinson et al, 2019).

The evidence base for the use of patient diaries in ICU is increasing. Studies suggest these play a role in improved patient outcomes (Aitken et al, 2013; Ullman et al, 2015; Sun et al, 2021; Zisopoulos, Triliva & Roussi, 2022). Furthermore, studies have identified diaries may also have a positive impact on relatives and their mental wellbeing (Jones et al, 2012; Nydahl et al, 2014; Teece & Baker, 2017). However, to date there is limited evidence of this emerging evidence base focussing on the specific view to patients and relatives' usage of diaries within the intensive care environment. Given the increasing use of ICU diaries a review is therefore timely and of relevance to contemporary nursing practice. Therefore, the aim of this review is to explore the use of intensive care patient diaries on the patients and their relatives.

#### Methods

This narrative review was guided by the step-by-step approach described by Cronin et al (2008). Steps included a systematic search of the databases, selection of relevant papers, critical appraisal, data extraction and thematic analysis.

## Systematic search:

Five databases were searched for peer reviewed published literature. Specifically, these were; CINAHL; Embase; Pubmed, Medline, Psycinfo. Grey literature was also searched for using the National Institute for Health and Care Excellence (NICE) evidence search. Search terms aimed to bring together key concepts including: Diary; intensive care; patients; relatives; relationship. Terms were developed using a PIO framework to include all related synonyms.

		Key concepts	Synonyms
Р	Population, Patient,	Patients and Relatives	intensive care unit; ICU;
	Problem	in Intensive care	critical care; critical care unit;
			patient; family member;
			partner; loved one; next of
			kin; spouse; significant other
I	Intervention	Intensive care diaries	patient diaries; intensive
			care diaries; diary; diaries
0	Outcome	Impact on relationship	perceptions; attitudes; views;
			experience; reflection;
			beliefs
Tab	le 1: Systematic searc	h terms	,

## Selection of relevant papers:

Inclusion and exclusion were based on pragmatic principles such as time and resources and included English only publications, and publications from within the past 10 years. Ten papers were identified that were relevant to the review (see figure 1).

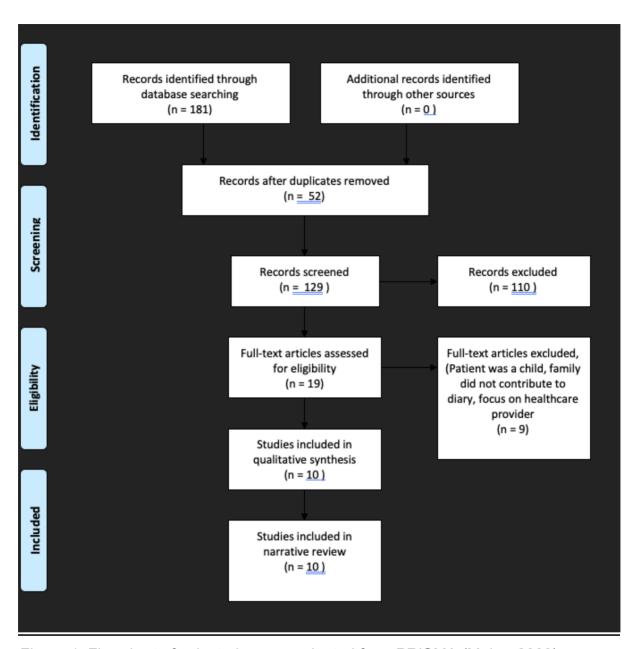


Figure 1: Flowchart of selected papers adapted from PRISMA (Moher 2009)

Critical appraisal:

This review used the Critical Appraisal Skills Programme (CASP, 2018) tool to appraise the strengths and limitations of each paper and not inform in-out decisions.

# Data extraction:

Once articles were reviewed, data were extracted using a matrix of evidence (see table 2)

Author	Questions	Methodolo	Data	Sample	Key	Limitati	Conclusions
date	Hypotheses	gy	collection	&	Findings	ons	Implications
country	Aim			Analysis	(Results)		for practice
of origin				strategy			
Johansso	To explore a	Hermeneut	Audio	Relative or	Form of	One of	Involving
n et al	family	ic interview	taped	close	connection	the	family
(2014)	members'	study	interviews	friend/partn	between	authors	members
	experiences		ranging	er; 18+;	them and	is also	may be
Sweden	with keeping		from 35-	speak	their loved	a nurse	therapeutic.
	a diary		70	Swedish.	one.	and	A need for
	during a		minutes,	Sample	Guidance	therefor	practice
	sick		conducted	size:11	needed for	e has a	guidelines
	relative's		as a		implementa	level of	for
	stay in the		participati	Geanellos	tion of	pre-	implementat
	ICU.		ve	(2005)	diaries	underst	ion
			conversati	model.		anding	
			on.			of the	
						subject.	
Engstrom	Describe	Qualitative	Qualitativ	9 people out	Aroused	Small	Diaries can
, Grip &	peoples'		e audio	of 22 who	strong	number	be used as
Hamren	experience		recorded	were	feelings	of	a tool to add
(2009)	of a		personal	discharged	amongst	particip	coherence
	personal		narrative	at least 18	participants	ants	to ICU stay.
Sweden	diary written		interviews	month	who could		

	when they			previously;	see the	Conduc	More
	were			18+. 4 men	long term	ted in	utilisation in
	critically ill			and 5	benefits.	Swedis	ICU follow-
	and			women		h and	ups.
	receiving			responded.		then	
	care in an					translat	
	ICU.			Qualitative		ed to	
				content		English	
				analysis		-the	
						proces	
						s could	
						affect	
						the	
						findings	
						-	
	To explore	Hermeneut	Dyadic	10 critically	Α	Dyadic	The need
Nielson	patients'	ic-	interviews	ill patients	strengthene	intervie	for nurses to
et al	and	phenomen	3-6	and 13	d	ws- 1	know when
(2018)	relatives'	ology	months	relatives. All	relationship	person	is
	perceptions		post	18+ and all	between	may	appropriate
Denmark	and use of a		discharge	patients had	patient and	domina	to use the
	diary written		& 8-16	undergone	relative.	te	diary and for
	by relatives		months	mechanical		another	support for
	for the		post	ventilation.			relatives on
	critically ill		discharge				when to
	patient.			Ricoeur's			share the
				theory of			diary.
				interpretatio			
				n			
Nielsen &	Exploring	Hermeneut	Interviews	7 relatives	Authoring	No	Further
Angel	relatives	ic		who wrote	the diary	input	research
(2016)	interaction	phenomen		in the diary	could be	regardi	required into
	with other	ology		of 6 patients	both a	ng	the impact

	relatives			who	powerful	patient	on
Denmark	when writing			survived.	position in	s	relationship
	a diary for				shaping the	perspe	s including
	the critically			Ricoeur's	story and a	ctive as	the patients
	ill.			theory of	burden.	to who	perspective.
				interpretatio		should	
				n		author	
						their	
						diary.	
						Majorit	
						у	
						female	
						particip	
						ants.	
Ewens et	To explore	Qualitative	Qualitativ	32	The diary	Small	Whilst
al	survivors		е	participants	helped	sample	participants
(2013)	and family		descriptiv	were eligible	them make	, low	read the
	members'		e study	- 18 took	sense of	respon	diary they
	perceptions		using	part. 7	their time	se rate	did not
Australia	and		surveys at	completed	and	and the	necessarily
	utilisation of		3,6 and	all 3	reinforced	use of	utilise the
	diaries		12 months	surveys; 6	the human	a single	diary and
	following		post	completed	connection.	site.	continue to
	discharge		discharge.	the first 2; 5			use it.
	from			completed		No	
	hospital.			the first		demogr	
				survey only.		aphic	
						data	
				Qualitative		collecte	
				descriptive.		d	

O' Gara	Exploration	Qualitative	Qualitativ	8 people in	Fill gaps for	Self	Guidance
&	of the		е	the UK who	the patients	selecte	and support
Pattison	impact of		interviews	had	memory.	d	is needed
(2016)	diaries on		using	previously	Patients	particip	for the
	critical care		principles	had critical	needed	ants	patient
UK	patients		of	care diaries	support	who	before
	around the		grounded	in the past	when first	replied	receiving
	UK in order		theory via	1-3 years.	receiving	to	the diary
	to describe		telephone		the diary to	adverts	and as a
	the long		and email.	Coding and	understand	on	follow up.
	term effects			grounded	the events	CCU	Guidance
	of patient			theory.	that took	sites.	on when to
	diaries.				place.	Small	use the
						number	diary and
						of	who for.
						particip	
						ants.	
Garroust	То	Qualitative	32 semi-	32	Diaries	Family	Diary can
e-Orgeas	investigate		structured	interviews of	area	dynami	play an
et al	the families'	?grounded	interviews	relatives of	holistic tool.	cs were	important
(2014)	experience	threory		26 patients	Diaries	not	role in
	with reading						1010
	with rodding				made	conside	improving
UK	and writing			Grounded	made family	conside red.	
UK	_			Grounded theory			improving
UK	and writing				family		improving the
UK	and writing in patient				family members		improving the wellbeing of
UK	and writing in patient diaries kept				family members aware of		improving the wellbeing of ICU patient
UK	and writing in patient diaries kept by both				family members aware of their		improving the wellbeing of ICU patient
UK Egerod &	and writing in patient diaries kept by both family and	Qualitative	Focus		family members aware of their valuable		improving the wellbeing of ICU patient
	and writing in patient diaries kept by both family and staff	Qualitative	Focus groups	theory	family members aware of their valuable role	red.	improving the wellbeing of ICU patient families.
Egerod &	and writing in patient diaries kept by both family and staff Explore	Qualitative		theory	family members aware of their valuable role Patients felt	red.	improving the wellbeing of ICU patient families. Diaries
Egerod & Bagger	and writing in patient diaries kept by both family and staff Explore patients'	Qualitative		theory  4 participants,	family members aware of their valuable role Patients felt that the	red. Small sample	improving the wellbeing of ICU patient families.  Diaries need to be

	of receiving			the	information,	immedi	information
	intensive			intervention	but was aid	ately	such as
	care diaries.			and control	to helping	transfer	hospital
				group in a	them	able	charts,
				previous	complete	but	relative
				study.	their story.	provide	accounts
						more	etc.
				Thematic		underst	
				analysis		anding.	
Strandbe	Describe	Qualitative	8	18+; been	Patients felt	Most	Nurses
rg,	the contents		telephone	treated in	confirmed	intervie	allocating
Vesterlun	of a patients		interviews	ICU for at	and valued	ws	time to write
d &	diary and its		and 1	least 72	as a	carried	in the diary
Engstrom	significance		face-to-	hours; had	person.	out	will reduce
(2017)	for persons		face	read their	Guidelines	over	gaps and
	cared for in		interview.	diaries.	need to be	the	prevent
Sweden	an ICU.				developed	phone.	patients
				Qualitative	to	Some	having
				content	encourage	people	missing
				analysis	relatives	actively	elements.
					and nurses	choose	
					to write in	to not	
					the diary.	remem	
						ber	
						trauma.	
Nielsen,	To explore	Hermeneut	Interviews	10	Diaries	All	Memory
Egerod &	patients	ic –	that took	participants	helped	diaries	recollection.
Angel	perceptions	phenomen	place in	from 2	them to	written	Creates a
(2019)	of an ICU	ological	the	regional ICU	understand	by	shared
	diary written		participant	in Denmark.	their time in	female	sense of
	by relatives		s home		the ICU.	relative	understandi
Denmark	including			Ricoeur's	There was	S.	ng of the
				theory of	a risk of	Inconsi	trauma

pictures by		interpretatio	overwhelmi	stent	experience
staff		n	ng the	diary	by all
			patients	styles.	parties.
				Dyadic	
				intervie	
				wing	
				may	
				limit or	
				oppres	
				s	
				particip	
				ants.	

Table 2: Matrix of Evidence

#### Thematic analysis:

Using the six-stage process of thematic analysis described by Braun and Clarke (2006) the findings of each papers were coded and categorised. From these three interpretive themes were identified from the papers. Rigour was increased through regular supervisor meetings and oversight of the methodological process.

#### **Findings**

Three themes were identified from the evidence base; An aid to constructing a shared story; An emotionally demanding task; A communication tool.

Theme One: An Aid to Constructing a Shared Story:

An Aid to Constructing a Shared Story consisted of two sub-themes: Understanding and confirming memories, and, conflict and negative emotions about gaps in the diary. Through these subthemes the role of diaries in the creation of a shared story is examined.

<u>Understanding and Confirming Memories:</u> This sub-theme focused on the way in which diaries are used to help patients piece together fragmented memories. Studies

showed how diaries were a useful tool to confirm memories and in the subsequent understanding of these (Egerod & Bagger, 2010 & Strandberg et al, 2017).

In a study by Engstrom et al (2009) participants described the dairy as useful but also describe the entries as fictional stories about someone else and therefore still struggled to connect the content with their own experience.

'it is a rather horrible to read that I have reacted and showed feelings even though I don't remember it.... You start to wonder if it is all true and I've asked again and again if it was that way and, well, it seems to agree..' (P.63).

This disconnection from reality provided an opportunity to discuss events with family members and provided a bridge between the memories they lost. However, memory gaps were also present for family members themselves who said the diaries helped them to recall a more accurate representation of the ICU period (Johansson et al (2014). Nielsen et al (2018) reported that by the patient and relative reading the diary together they could develop a shared interpretation of the experience of being in ICU. Co-creating these memories was considered a way to strengthen relationships following ICU recovery.

Conflict and negative emotions about gaps in the diary: This sub-theme considered the impact of inconsistencies in dairy entries, such as missing entries, and a lack of in-depth information. Egerod & Bagger (2010) and Strandberg et al (2017) found a lack of continuity in the entries or entries lacked an expected level of detail and patients found this to be frustrating. Johansson et al (2014) and Garrouste-Orgeas et al (2014) also found that relatives tended to favour positive entries, avoiding those which may contain fear or anxiety about prognosis.

"...sometimes he's not doing very well and then it's not easy to write that he's not doing well because then we're not feeling well either – so we just write 'you're not doing well today, as we hope you'll be better'..." (P.7)

This conscious muting of diary entries exacerbated the inconsistencies and caused relatives to feel guilt at failing to keep a detailed record and how this may be interpreted by the patient when they read it.

"A disadvantage might be that you feel [like], "I was not there [stresses] on Monday, Tuesday, Wednesday, Thursday'. What does my love mean then? Where was I on these four days?" (P.246)

These gaps have been attributed to relatives feeling burdened by the responsibility of having to complete these (Egerod & Bagger, 2010 & Strandberg et al, 2017).

Theme Two: An Emotionally Demanding Task

The theme; was generated through two the sub-themes; The emotional impact on their loved ones; An emotional toll taken on participants when engaging with the diary. These sub-themes describe the negative and positive consequences of keeping a diary in ICU.

The Emotional Impact on patients and relatives: This sub-theme focusses on how diaries were used to aid all relatives to understand the emotional impact of the ICU experience. Engstrom et al (2009) highlighted how diary entries enabled patients to not only understand their own experience but also to understand the impact of their illness on their loved ones.

"Even though, deep down, I know I'd experienced all of what I read...I wasn't upset about that part, about it happening to me. What made me feel so sad was that all these words had been written by the two people I loved most in the world. The utter realisation of what they had been through whilst I was so ill hit me hard" (P.4).

Similarly, Nielsen et al (2019) also found diaries gave patients insight into their relative's suffering during their illness. However, Strandberg et al (2017) also reported that participants felt an emotional toll from engaging in these accounts:

"....So I see their suffering in the text...it's still hard to read. It's not unmanageable but it's....so there were quite a few tears" (P.34).

The impact of patient diaries on the relationship between relatives was also explored in Nielsen & Angek (2016). This phenomenon has not been widely investigated and highlights how family dynamics have a significant impact on the narrative of the diary when co-authored. The study highlighted instances in which the family members were not aware of the emotional impact of the experience on others:

"I actually think he [the son] expressed some feelings where you thought...oh my God, do you think like that too?" (P.5)

Despite these advantages Nielsen & Angel (2016) also found that authorship and responsibility for diary entries could create conflict amongst family members as in some way they represented hierarchical relationships within the family system and the quality of the relationship with the patient.

An Emotional toll taken on participants when engaging with the diary: This subtheme was generated through descriptions of how emotionally difficult it was to engage with the contents of the diary. Many studies reported that participants felt a continued emotional impact from the diaries several months after their ICU experience (Engstrom et al, 2009; Strandberg et al, 2017 & Neilsen et al, 2019).

Engstrom et al (2009) explored the patient's experience of the reading the diary at least 2 months post-ICU discharge, and found that the process to be an emotionally demanding experience. The emotions felt by the participants ranged from joy to sorrow, with participants describing a sense of fear when reading the diary for the first time. While many required regular breaks to deal with the emotional toll participants reported the process as beneficial.

"I cried and cried but it was very beneficial. It was good to see what had happened, but it was a hard to read how I had been, what they had done to me and who had been there..." (p.63).

Similarly, participants in Engstrom et al (2009) study felt diaries aided recovery and wellbeing.

"...I'd definitely recommend it [a diary] to anyone. I think it's, I'm not saying it's easy, I probably sat there sometimes sobbing my heart out but I think sometimes that's what you need to do" (p.5)

However, O' Gara and Pattison (2016) caution that diaries may actually prevent patients being unable to move on in their emotional recovery if diaries are used to continually revisit events. In a similar way Nielsen et al (2018) found that diaries may be too intense and overwhelming for patients to read. Conversely, Ewens et al (2013) found that although the participants felt that reading the diary was an emotional experience, it did not negatively impact them, instead it reinforced their experience, and helped them move on.

Theme Three: A Useful Communication Tool

Two sub-themes; A connection to loved ones; and clear and coherent described how dairies were being used to provide patients and relatives a means of communication within themselves as a family and themselves with healthcare staff.

#### A connection to loved ones.

The sub-theme; 'A connection to loved ones' was generated through findings which emphasised feelings of isolation and loneliness from within the ICU environment and how diaries provided a connection to the relative when they were unable to communicate with them in reality (Johansson et al, 2014 & Neilsen & Angel, 2016). Furthermore, Engstrom et al's (2009) findings showed how participants felt that the diary was a useful tool in opening up conversations about their time in ICU, and enabled them to revisit it with their loved ones. They felt that the diary functioned as a support immediately following their discharge and also for a considerable time after, many stating that they read the diary often.

"It gave me information about what had happened and that is essential to understand and work through the event" (P. 64)

Johansson et al (2014) highlighted that the diaries became a link between the patients and relatives that strengthened and deepened their bond. As the patients were unable to communicate for most of their stay in ICU due to varying levels of consciousness and lucidity, the diary was utilised by the participants as way of confirming and evidencing their experience and the dedication that they showed to their loved ones at the bedside.

#### Clear and coherent

This sub-theme examined how diaries were being utilised as a way for the relatives to gain a sense of coherence about their relative's, and their own, time in ICU, in addition to being able to understand complex information in a jargon-free and more accessible format. The diaries were also utilised by the relatives as a way to share information with one another (Johansson et al. 2014; Nielsen & Angel, 2016) or a means to 'catch-up' when they had been away from the ICU (Ewens et al. 2013).

Garrouste-Orgeas (2014) found that participants valued the information written in the diaries by the healthcare staff and felt that it was more reliable and powerful than

when they received verbal updates. The study also highlighted that the utilisation of the diaries to provide clear and coherent information meant that the relatives did not feel the need to ask further questions and to have the information repeated to them.

"There's no need to ask staff members the same thing over and over again...we don't ask about information in the diary, because it's written down" (Pg. 3) By having this access to medical information through the diaries in a way that was easily accessible to them, participants felt that the information was easier to assimilate as they could re-read the entries as often as they needed to (Garrouste-Orgeas, 2014).

"Since it's written down, we can read it as often as we want..." (Pg. 4).

This finding was supported by Johansson et al (2014) in which participants noted that the nurses tended to repeat information that had been conveyed by the doctors in everyday language

"...instead of them asking all the time, well, what then, what then and what then, right?" (P. 4).

Although the patient was sedated, relatives also felt that the diary was a means of communication with them in which they could narrate about their everyday lives in the same they would in person (Johansson et al. 2014). They also found that the diary opened up discussions with the nursing staff and enabled a closer therapeutic relationship to be built, which in turn allowed for better communication between them.

#### Discussion

The findings of this review show patient diaries can have a negative and positive impact on both the patient and their relatives. Whilst studies have explored and examined how patient diaries can be an effective tool for filling in their memory gaps (Roulin, et al, 2007; Jones, 2009; Pattison et al, 2019), diaries also have potential to exacerbate post-ICU reactions rather than diminish the impact of their ICU admission (Aitken et al, 2013).

This review has illuminated the potential risk of diaries and the emotional toll this exerts on family members. Much thought should be given to the individual family

contexts and dynamics and if diaries may contribute to their distress or relieve it. Similarly, attention should be paid to the potential of diaries to cause distress to the patient and space should be created to support them to read and make sense of its content with input from a healthcare professional at follow-up appointments.

Despite the increasing use of patient diaries there is limited research on the impact of this intervention on the relatives themselves (Hale et al, 2010; Thomas & Bell, 2011). Research by McIlroy et al (2019) has shown that there is some evidence to suggest that patient diaries can reduce post-ICU trauma among relatives, and Garrouste-Orgeas et al, (2014) highlighted how the contributing to dairies can lessen feelings of helplessness. However, more studies are required to examine the impact on family members.

This review found that dairies are an important tool and co-authoring between family members and healthcare professionals enhance relationships and communication. However, clearer guidance as to content, language and literacy are required if the benefits of this communication tool are to be maximised.

As a result of the findings of this review a number of practice recommendations have been made (see Table 2)

- Healthcare professionals should consider the overall impact of implementing patient diaries on both the patient and the family.
- Consideration should be given to the suitability of the patient for receiving the diary and attention paid to family dynamics and unique family contexts.
- Guidance and support should be given to relatives about how to contribute to a diary that may be used to support the recovery of their family member.
- Positive and negative impacts from the diary should be clearly outlined to all parties.
- Practitioners should be responsive to situations where relatives feel the diary may cause additional psychological harm to themselves or others.
- Patient diaries should be included in post-discharge follow ups with patients to create a space in which patients can discuss their thoughts and feelings

regarding the diaries content and allow practitioners the opportunity to further support the patient if necessary.

## Table 3: Practice recommendations

#### Limitations

Narrative reviews are often difficult to replicate and subject to bias (Grant & Booth, 2009). This review was limited by the restriction of publication date to the last 10 years, the reliance on the lead author to locate and appraise studies and the pragmatic decision to exclude grey literature. However, these limitations were mitigated by a comprehensive methodology and close supervision by the second author.

#### Conclusion

This review has explored the implications that patient diaries have on relationships, both between the main contributor and the recipient, and also between co-authors of the diary. However, it is not yet fully understood how diaries impact on these relationships. Therefore, further research is necessary to provide a more holistic approach to implementing diaries, and to ensure that by encouraging the use of patient diaries, healthcare professionals are not potentially causing additional harm.

Conflict of interest statement: The authors have no conflict of interest to declare Ethical approval: No ethical review was required for this study because no human subjects were involved.

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# Matrix of Evidence

	Author date country of origin	Questions Hypotheses Aim	Methodology	Data collection	Population & Sample	Analysis strategy	Key Findings (Results)	Limitations	Conclusions Implications for practice
	Johansson et	To explore a	Hermeneutic	Audio	Inclusion;a	The model	Diary was a	Main	Involving family
1	al (2014)	family	interview	taped	blood	of	form of	concern for	members may
		members'	study	interviews	relative or	Geanellos	connection	this paper is	be therapeutic.
	Sweden	experiences		ranging	close	(2005) was	between	one of the	A need for
	Sweden	with keeping a		from 35-70	friend/partn	used to	them and	authors is	practice
		diary during a		minutes,	er who had	analyse the	their loved	also a nurse	guidelines about
		sick relative's		conducted	an ICU	data.	one in a	and	how to best
		stay in the		as a	diary; being	Several	time when	therefore as	promote
		ICU.		participativ	willing to	step	the usual	level of pre-	appropriate use
				е	share	process –	methods of	understandi	of diaries.
				conversatio	experiences	reading and	communicat	ng of the	Aaaful aauraa
				n between	; 18+; have	re-reading	ion weren't	subject	A useful source
				the	the ability to	the	possible.	matter that	of information
				interviewer	-	uic		may have	for both patient

				and the	speak	transcript;	Highlights	influenced	and family
				interviewee	Swedish.	first level of	the need for	the	member.
					Exclusion; Family members with dementia; who are grieving; and those who the author had treated. Sample size:11	interpretatio  n –  reduction;  integrations;  subthemes  and themes;  and meta- theme.	guidance for professional s in the implementat ion of diaries on an individualise d level.		Individualised approach is key.
	Engstrom,	Describe	Qualitative	Qualitative	9 people out	Qualitative	Participants	Small	Diaries can be
	Grip &	peoples'	Quantativo	audio	of 22 who	content	were	number of	used as a tool
$  ^2$	Hamren	experience of		recorded	were	analysis	'deeply	participants	to add
		a personal		personal	formerly	<b>,</b>	touched'		coherence to
	(2009)	diary written		'	critically ill		when		ICU stay.

	when they	nari	rative	who were	reading it	Conducted	
Sweden	were critically	inte	rviews	discharged	for the first	in Swedish	Patients may
	ill and			at least 18	time. Felt	and then	benefit from
	receiving care			month	like they	translated to	being able to
	in an ICU.			previously;	were	English –	discuss and asl
				18+. 4 men	reading	possibility	questions abou
				and 5	about	that the	what they read
				women	someone	process	in their diary.
				responded.	else and	could affect	,
					although it	the findings.	
					aroused		
					strong		
					feelings		
					they felt it		
					would serve		
					as a support		
					in the long-		
					term.		

		To explore	Hermeneutic	Dyadic	10 critically	Ricoeur's	Α	Doesn't	The need for
3	Nielson et al	patients' and	-	interviews	ill patients	theory of	strengthene	explore the	nurses to know
	(2018)	relatives'	phenomenol		and 13	interpretatio	d	patients use	when is
	Denmark	perceptions and use of a diary written by relatives for the critically ill patient.	ogical	3-6 months post discharge & 8-16 months post discharge	relatives. All 18+ and all patients had undergone mechanical ventilation.	n; 3 step process – naïve reading; structural analysis; critical interpretatio n.	relationship between patient and relative. Relatives need guidance on when to share the diary with	of diary in early stages of recovery.  Dyadic interviews- 1 person may dominate another.	appropriate to use the diary and for support for relatives on when to share the diary.
	Al' I O		DI I		7 10	D: 1	the patient.	NI '	- u
	Nielsen &	Exploring	Phenomenol	Interviews	7 relatives	Ricoeur's	Writing in	No input	Further
4	Angel	relatives	ogical -		who wrote	theory of	the diaries	regarding	research
	(2016)	interaction	Hermeneutic		in the diary	interpretatio	gave a	patients	required into the
		with other			of 6 patients	n; 3 step	sense of	perspective	impact on
		relatives when			who	process -	creating a	as to who	relationships
		writing a diary			survived.	naïve	shared	should	including the
						reading;	story.	author their	

	Denmark	for the				structural	Authoring	diary.	patients
		critically ill.				analysis;	the diary	Majority	perspective.
						critical	could be	female	
						interpretatio	both a	participants.	
						n.	powerful		
							position in		
							shaping the		
							story and a		
							burden.		
	Ewens et al	To explore	Qualitative	Qualitative	32	Qualitative	Patients felt	Small	Whilst
5	(2013)	survivors and		descriptive	participants	descriptive	that they	sample, low	participants
Ĭ	(2010)	family		study using	were		were a	response	read the diary
		members'		surveys at	eligible – 18		positive	rate and the	they did not
		perceptions		3,6 and 12	took part. 7		intiative in	use of a	necessarily
	Australia	and utilisation		months	completed		their	single site.	utilise the diary
		of diaries		post	all 3		recovery.		and continue to
		following		discharge.	surveys; 6		Felt that the	NI-	use it through
		discharge			completed		diary helped	No	their ongoing
		from hospital.			the first 2; 5		them make	demographi	treatment.
					completed		sense of	c data	
					the first		their time	collected	

					survey		and		
					only.18+		reinforced		
					ventilated		the human		
					for at least		connection		
					24 hours		when they		
					receiving		were		
					on-going		immersed in		
					treatment,		а		
					no new or		technologic		
					pre-existing		al		
					cognitive		environment		
					impairment;				
					English				
					speaking				
	O' Gara &	Exploration of	Qualitative	Qualitative	8 people in	Coding of	Fil gaps for	Self	Guidance and
6	Pattison	the impact of		interviews	the UK who	the date	the patients	selected	support is
	(2016)	diaries on		using	had	was used in	memory.	participants	needed for the
		critical care		principles	previously	the first	Patients	who replied	patient before
		patients		of	had critical	instance	needed	to adverts	receiving the
	UK	around the UK		grounded	care diaries	progressing	support	on CCU	diary and as a
		in order to		theory via		to constant	when first	sites.	follow up.

		describe the		telephone	in the past	comparative	receiving	Small	Guidance on
		long term		and email.	1-3 years.	technique	the diary to	number of	when to use the
		effects of				as outlined	understand	participants.	diary and who
		patient diaries.				by	the events		for.
						grounded	that took		
						theory.	place.		
	Garrouste-	To investigate	Qualitative	32 semi-	32	Grounded	Diaries	Educational	Diary can play
7	Orgeas et al	the families'		structured	interviews	theory using	served as a	level of the	an important
	(2014)	experience		interviews	of relatives	a 3 step	powerful	sample may	role in
	( - /	with reading			of 26	coding	tool to	limit the	improving the
		and writing in			patients	process	deliver	general	wellbeing of ICU
	UK	patient diaries			(34% of all		holistic	applicability	patient families.
		kept by both			family		patient care.	of results.	
		family and			members		Diaries	Family	
		staff			who visited		made family	dynamics	
					patients)		members	were not	
					Patients		aware of	considered.	
					ventilated		their		
					for more		valuable		
					than		role		
					48hours.				

	Strandberg,	Describe the	Qualitative	8 telephone	18+; been	Qualitative	Patients felt	Most	Nurses
9	Vesterlund &	contents of a		interviews	treated in	content	confirmed	interviews	allocating time
	Engstrom	patients diary		and 1 face-	ICU for at	analysis.	and valued	carried out	to write in the
	(2017)	and its		to-face	least 72		as a person.	over the	diary will reduce
	(== )	significance		interview.	hours; had			phone.	gaps and
		for persons			read their		0		prevent patients
	Sweden	cared for in an			diaries.		Guidelines		having missing
		ICU.					need to be	Some	elements.
							developed	people	
							to	actively	
							encourage	choose to	
							relatives	not	
							and nurses	remember	
							to write in	certain	
							the diary.	aspects of	
								their ICU	
								stay.	
	Nielsen,	To explore	Hermeneutic	Interviews	10	Ricoeur's	Patients	All diaries	A dairy can help
1	Egerod &	patients	_	that took	participants	theory of	found that	written by	patients piece
0	Angel	perceptions of	phenomenol	place in the	from 2	interpretatio	the diaries	female	together a story
	(2019)	an ICU diary	ogical		regional	n; 3 step	helped them	relatives.	and fragmented

	written by	participants	ICU in	process -	to	The	memories. The
	relatives	home	Denmark.	naïve	understand	different	diaries authore
Denmark	including		Mechanicall	reading;	their time in	styles fo	by relatives
	pictures by		y ventilated	structural	the ICU.	diaries may	evolved from a
	staff		patients	analysis;	Felt	pose a	nursing
			during their	critical	'touched	limitation	intervention ar
			stay. To	interpretatio	and loved	and dyadic	facilitates
			include a	n.	by the care	interviewing	patients
			variation of		conveyed in	may limit or	understanding
			gender, age		the diary'	oppress	of relatives
			and		There was a	participants	feelings,
			relationship		risk of	expressing	distress and
			with the		overwhelmi	their views	love for them.
			relatives.		ng the	in fear of	
					patients	offending	
					when	their	
					confronted	relatives.	
					by the		
					grief/agony		
					that their		

			relatives	
			endured.	