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Reconsidering Bathing Practices as Fundamental Care in Intensive Care Units

Yoğun Bakım Ünitelerinde Banyo Uygulamalarının Temel Bakım Perspektifinden Yeniden Değerlendirilmesi

Gül Hatice TARAKÇIOĞLU ÇELİK [1]
[1]Department of Fundamentals of Nursing, Hacettepe University, Faculty of Nursing, Ankara, Türkiye

Sorumlu Yazar/Corresponding Author: Gül Hatice TARAKÇIOĞLU ÇELİK, E-mail: gultarakcioglu@hacettepe.edu.tr

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Dear Editor

In their recent study published in the *Journal of Intensive Care Nursing*, Tekinalp and Demiray compared the effects of washing and wiping baths on skin hygiene and moisture–oil balance in intensive care unit (ICU) patients.[1] Their findings provide an opportunity to reconsider bathing practices not only as hygiene interventions but also as an important component of fundamental nursing care. Bathing is often perceived as a routine nursing activity; however, from a fundamental care perspective, it represents a complex intervention that addresses patients' physical comfort, personal hygiene, and overall well-being.[2,3]

Despite the technological complexity of contemporary ICUs, critically ill patients continue to depend on nurses to meet their fundamental care needs. The Fundamentals of Care Framework emphasizes that personal hygiene should not be considered an isolated task but rather an integrated aspect of care that addresses physical, psychosocial, and relational needs.[3] Activities such as bathing are frequently viewed as routine components of nursing care; however, they require clinical judgment and may substantially influence patients' experiences of care.[2]

The authors' findings regarding skin hygiene and moisture balance are clinically relevant because preservation of skin integrity remains a fundamental aspect of care for critically ill patients, particularly those exposed to prolonged immobility and intensive treatment regimens. Research conducted in critical care settings suggests that technological and physiological priorities may unintentionally overshadow fundamental care activities, despite their importance for patient comfort and recovery.[4] Patients with prolonged ICU stays may be particularly vulnerable because their need for fundamental care persists even when physiological instability dominates clinical priorities. Similarly, a recent qualitative systematic review identified fundamental care as an essential component of intensive care nursing practice while highlighting patient-, nurse-, and system-related factors that may hinder its delivery.[5]

Viewed from this perspective, the findings reported by Tekinalp and Demiray[1] extend beyond skin hygiene alone. Bathing provides an opportunity to maintain skin integrity, promote comfort, support nurse–patient interaction, and facilitate the delivery of individualized care. As critical care nursing continues to advance, attention to fundamental care should remain central to intensive care nursing practice. These findings serve as a valuable reminder that fundamental aspects of care deserve continued attention, even in highly technological care environments.[1]

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Authors' Reply

Re: Reconsidering Bathing Practices as Fundamental Care in Intensive Care Units

Dear Editor,

The review titled "Reassessment of Bathing Practices as Basic Care in Intensive Care Units" makes a significant contribution to the research by Tekinalp and Demiray.[1] Throughout the history of nursing, hygiene has always been an important topic, from the past to the present.[2] Intensive care nurses plan, implement, and document hygiene practices that are part of patients' self-care.[3] It is vitally important for nurses to be able to use advanced medical devices, think quickly, accurately, and critically, and possess strong communication skills within a team.[4]

Intensive care nurses are highly skilled professionals who can identify and meet patients' needs, keep up with innovations in health science and technology, and coordinate care for patients and their families.[5] Self-care practices are among the fundamental practices of nursing. Although advanced tools are now used thanks to technological advancements, personalized care remains crucial, particularly for intensive care patients.[1]

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Nurcan TEKİNALP[1], Ayşe DEMİRAY[2]
[1]Bolu Abant İzzet Baysal University, Graduate School of Health Sciences, Bolu, Türkiye
[2]Düzce University, Faculty of Health Sciences, Department of Nursing, Fundamentals of Nursing, Düzce, Türkiye