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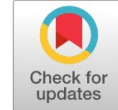
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### Surviving and Thriving in Intensive Care: Preparing New Nurses

SARAH BALCOM

University of New Brunswick, Canada

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## SURVIVING AND THRIVING IN INTENSIVE CARE: PREPARING NEW NURSES

SARAH BALCOM \*†

University of New Brunswick, Canada

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**Abstract.** Intensive care is a specialty area in nursing. Nurses are working in this specialty area care for highly vulnerable, unstable, and complex patients who require skilled and vigilant nursing care. This paper argues that hospitals must adequately prepare newer, less experienced nurses as they transition to careers in intensive care nursing. A background literature review was completed using the following electronic databases: CINAHL, Google Scholar, PubMed, and PsychInfo to identify how these nurses can be supported. Several themes emerged from this literature search, such as the need to retain skilled intensive care nurses. Well-educated nurses are more likely to survive and thrive in the intensive care setting. Consequently, hospitals can provide newer nurses with well-designed, formal education and mentorship programs as a retention strategy. Such programs can help these nurses continue their careers in the intensive care setting, overcome challenges associated with working in intensive care units (ICUs), and develop strong personality characteristics to survive and thrive as ICU nurses.

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**INTRODUCTION**

In Canada, current high nurse shortage and turnover rates mean that newer, less experienced nurses are applying for intensive care positions [1]. Previously nurses worked for several years before transitioning into intensive care, but today, hospitals hire new graduates for these positions [1]. Canadian Bachelor of Science in Nursing (BScN) programs give students minimal exposure to intensive care units (ICUs) - usually limited to preceptored, observational experiences [2]. This contrasts with other countries [2]. For example, in Australia, minimum standards require that 50% of all nursing staff employed in an ICU must have a post-baccalaureate level intensive care qualification [2]. Becoming an expert in ICU nursing takes more than just special training. [3] Five stages of clinical expertise emphasize the time it takes for a nurse to become an expert in a specialty. It costs approximately \$64,000 to replace specialty nurses [4]. This includes the costs to recruit, hire, and train these nurses [4]. Having strong skills and a sound knowledge base increases retention of intensive care nurses [1], [2]. Thus, it is worthwhile for hospitals to provide sufficient support and training in order to retain their ICU nurses. This paper argues that hospitals need to adequately prepare newer nurses transitioning to ICU nurses through formal education and mentorship programs so they can survive and thrive in an intensive care setting. Formal education and mentorship programs can increase retention of these nurses, help them develop their skills and expertise to prepare them meet challenges (such as burnout) associated with ICU work, and develop

personality characteristics, such as hardiness and self-confidence, associated with success in ICUs [5], [6], [7].

Hospitals should actively retain ICU nurses and adequately prepare newer nurses so they will continue their career in critical care. ICU nurses need an advanced knowledge base, the ability to accurately define and rapidly change priorities, good communication and teamwork skills, and the ability to work in a stressful environment in order to succeed and give their patients quality care [7, p. 2]. Consequently, expert ICU nurses are a valuable resource and the replacement of a skilled ICU nurse is costly [4]. It costs approximately \$64,000 to recruit, hire and train a specialty nurse [4]. Newer ICU nurses are not as skilled or productive as seasoned, expert nurses, which can negatively impact patient outcomes and threaten the quality of patient care [4]. [3] believes that expert nurses develop their skills and knowledge of patient care over time through both educational and clinical experiences. [3] describes five stages of nursing clinical expertise. Nurses start as beginners in stage 1 and they do not become experts - or experienced, independent critical thinkers - until stage 5 [3]. [3] described stages show how long it can take for a nurse to become an expert in a specialty area such as intensive care. Experts in specialty areas are valuable resources and can mentor beginners [7]. Experts also provide vigilant nursing care to highly vulnerable and complex ICU patients. It costs between \$1200 and \$1300 more per day to treat a patient in an ICU than on a general nursing unit [8]. Experienced nursing care in ICUs improves patient outcomes,

\*Corresponding author: Sarah Balcom

†Email: sarah.balcom@ucalgary.edu.qa



leads to quicker transfers to general nursing units, and decreases costs of patient care [9]. Thus, the long-term investment by hospitals in educational programs to adequately prepare new intensive care nurses promotes better patient outcomes and saves costs overall [1].

Hospitals need to be aware of the many challenges newer nurses face during their transition to intensive care. [1] found that newer ICU nurses go through certain initiation rituals before their units accept them. These newer nurses need to prove they are knowledgeable and show their decision-making skills before their colleagues accept them [10]. Such rituals make it difficult for new ICU nurses to develop confidence and feel accepted [10]. Consequently, there is a need for formal education and mentorship programs to support these nurses while they develop their confidence and learn to fit in and thrive in their new work environment. Well-educated nurses are more capable, skilled, and confident [2]. Such nurses are happier and more satisfied with their work [2]. Hospitals benefit from newer nurses who have higher job satisfaction and better job retention because such nurses will continue to work in ICU nursing and will be more productive employees [2].

Other challenges newer nurses encounter include staff conflicts, absenteeism, lowered morale, decreased productivity, and ultimately burnout [6, p. 409]. In particular, hospitals must consider these nurses risk for burnout. Newer nurses may not have adequate coping skills and may be more at risk for burnout [11]. Burnout is an emotional condition marked by mental or physical exhaustion due to unrelieved job-related stress [11]. Symptoms associated with burnout include: emotional exhaustion, depersonalization and reduced feelings of personal accomplishment [12, p. 276]. Both personality characteristics and job-related stressors contribute to burnout [11]. Personality variables that have been associated with burnout include lack of hardiness, assertiveness, and lack of confidence [11]. Hospitals can provide these nurses with formal education and mentorship programs that develop personality variables that can protect against burnout.

Formal education and mentorship programs can improve personality characteristics such as hardiness and self-confidence in newer nurses [5]. Hardiness (or toughness) is a quality that helps newer intensive care nurses successfully adjust critical care work [5]. An individual's perception of stress and ability to cope with or handle stress determines their hardiness [5]. [5] argues that "if hardiness can decrease the effects of stress and subsequent burnout, on ICU nurses, then it is worth exploring" (p. 18). Hardy nurses cope better with stress and the uncertain environment of the ICU [5]. [5] suggests newer ICU nurses work with hardy mentors to build hardiness and promote effective coping in intensive care environments. Mentorship program

use the experience of expert nurses to develop newer nurses skills.

[5] also recommends managers provide new nurses with positive feedback to improve self-esteem and self-confidence. Formal education and mentorship programs can improve self-confidence as well as hardiness [10]. [10] describe confidence as a phenomenon of concern for critical care nurses who play a key role within the multidisciplinary team in the technologically sophisticated treatment of critically ill individuals (p. 334). Confident ICU nurses believe in their own decision-making abilities and are more assertive [10]. ICU nurses manage their patients symptoms, provide psychosocial support to patients and families and use advanced, technologically sophisticated equipment [10]. [13] found that, compared with experienced nurses, new graduate nurses scored high on a critical thinking survey, but were hesitant in decision-making and needed professional development to promote self-efficacy in practice. Confidence helps ICU nurses develop their autonomous clinical decision-making skills [10]. Development of autonomous decision-making is valued in ICUs and improves acceptance of newer nurses by colleagues [10].

Hospitals should promote critical thinking (related to both hardiness and self-confidence) in newer nurses as they transition to work in intensive care [7], [14]. [7] defines critical thinking as "education or knowledge combined with clinical expertise" (p. 3). Critical thinking skills combine with clinical experience to help nurses feel "competent, confident, and able to provide safe nursing care in the stressful ICU environment" [7, p. 3]. [14] uses four strategies to assess/develop critical thinking: clinical scenarios, questioning, conferences, and context dependent test items. Clinical scenarios based on actual ICU cases are helpful learning exercises because newer ICU nurses can discuss such scenarios with their mentors [7]. Clinical scenarios enable newer nurses to work through life-threatening situations, like defibrillation or rapid intubation, without the stress of an actual emergency and with the experience of their mentor available. It is critical for hospitals to develop programs such as these to aid the development of newer nurses.

Replacing specialty nurses is costly and hospitals should make the retention of their intensive care nurses a priority. Hospitals need to develop educational and mentorship programs to support these nurses as they prepare for their transition to the critical care environment. Hardiness, confidence and critical thinking should all be included in the development of a training program for newer ICU nurses. If newer nurses are not adequately prepared for the challenges of critical care nursing, they might burn out before they reach expert level. Further research into the relationship between education and mentorship pro-

grams and the retention of ICU nurses may be beneficial. This could be critical for hospitals to maintain efficient, patient-safe critical care service.

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