Support to critical care nursing personnel

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One of the most important conclusions of a research study conducted by the Human Sciences Research Council in the late 1980s was that junior intensive care unit (ICU) nurses bear a heavy burden as a result of staff shortages in the ICU and do not receive sufficient support from nursing service managers. ICU nurses regularly present with work-related problems such as lack of motivation and frustration due to inadequate equipment, and staff turnover is high. Are ICU nurses unhappy because they do not receive enough support? The question arises, 'How do nurses experience the support they receive in the ICU?'

The purpose of this study was to describe and explore the support received by ICU nurses in private hospitals in Gauteng. To answer the research question, a qualitative, descriptive, explorative and contextual research design was followed. The target population was qualified ICU nurses working in private hospitals in Gauteng. A purposeful convenience sampling was done. The sample consisted of 6 nurses working in five different ICUs in different private hospitals in the Gauteng area. The research question put forward to the group was 'Tell me about support in the ICU'. Trustworthiness was ensured and the data obtained from the interview were divided into four categories, namely *stress and conflict, debriefing, interpersonal skills and communication, and demotivation*. From these categories, guidelines were developed to help support ICU nurses better.

Background and rationale

Dissatisfaction among intensive care unit (ICU) nurses is not a new phenomenon. As a result of widespread dissatisfaction among nurses, members of the Critical Care Society of Southern Africa requested the Human Sciences Research Council (HSRC) in the late 1980s to conduct a research project exploring this phenomenon. The possible causes of the situation, such as a critical shortage of nurses and problems with regard to conditions of service, nursing administration and general working conditions in the ICU, also had to be researched and recommendations that could solve the problems formulated.[1]

One of the most important conclusions derived from this research was that junior nurses, who shoulder a heavy burden as a result of staff shortages, do not get the support they need from nursing managers. Not receiving satisfactory support may lead to unhappiness and being unable to cope in daily tasks. Research has shown that nurses who are unhappy or who are not coping adequately may find it difficult to create a climate that maximises their patients' well-being,[2] while unhappiness and not being able to cope will also affect the ICU nurse personally and thus tend to increase staff turnover in the hospital.

It is not always only the ICU nurse who displays overtly that she/he cannot cope who may be experiencing difficulties. Frequently the nurse who appears able to cope in all situations is in the most need of support – she/he hides the stress from the outside world, but eventually succumbs to physical illness or emotional disturbances.[3]

When ICU nurses experience 'overstretch', they face obstacles in mental health as evidenced in their stress-coping mechanisms, conflict handling and ability to cope with change. In general, nurses experiencing overstretch are not able to facilitate their own personal and professional health and thus are not able to facilitate the health of patients and their families.[4]

Support to ICU nurses may be of a continuing nature, intermittent or short term, and may be utilised from time to time by the individual in the event of an acute need or crisis. Both long-term and short-term support are likely to consist of three elements: (*i*) significant other(s) help the individual to mobilise their psychological resources and (*ii*) master their emotional burdens; and (*iii*) significant other(s) also share their tasks and provide them with skills and cognitive guidance to improve coping with the situation.

If the nurse feels that she/he is obtaining no support, the following may result:

1. Less effective communication and interpersonal skills, manifesting as blame, criticism, distrust and lack of group cohesion. This leads to feelings of anger,

disempowerment personally and professionally, worthlessness and negativism, mostly among new and/or junior nurses.[5]

2. Conflict, stress and burnout.[6]

3. Lack of self-confidence and self-competence, feelings of hurt, demotivation, sadness and anger.[7]

4. Demotivation in doing daily tasks.[8]

These can lead to a decrease in the quality of nursing care which can be detrimental to any patient population.

Problem statement, research question and purpose

ICU nurses are unhappy, and conflict situations are increasing with no realistic and obtainable problem-solving methods. ICU nurses regularly present with work-related problems such as lack of motivation, maladaptive behaviour, and frustration due to inadequate equipment and/or shortage of personnel and dissatisfaction. Staff turnover is high. The question arises, 'How do the nurses experience the support they receive in the ICU?'

Purpose

The purpose of this research was to describe and explore the support received by nurses working in the ICUs in private hospitals in Gauteng.

Definition of terminology

Support is defined as to give strength; to encourage, especially in difficulties; to accompany; to help; and to serve as the source of material or immaterial aid to provide health to the ICU nurse.[3] Support is what the nurse depends on in time of stress.

Research design and method

To answer the research question a qualitative, descriptive, explorative and contextual research design was utilised.[9] The focus was on obtaining information to improve support of ICU nurses in the units.

The target population was qualified ICU nurses working in ICUs in Gauteng. A convenience sample was taken from the accessible population of registered nurses. The following criteria were followed in selecting the participants:

- Registered and qualified as an ICU nurse
- Actively practising in an ICU in a private hospital in Gauteng
- Able to converse in English or Afrikaans
- Voluntary participation in the study.

During the interview the researcher utilised communication techniques to explain, explore and clarify.[10] Field notes were taken directly after the interview, including observational notes and personal notes.[11] The interview was recorded on audiocassette and transcribed verbatim and then analysed according to the open-coding, descriptive method.[12]

The results of the research were discussed in the light of relevant literature and information obtained from similar studies, to verify the research findings. The findings, revealed by data obtained from the experiences of qualified ICU nurses regarding support in the units, were used to formulate guidelines on how to support nurses working in private ICUs.

To ensure reliability and validity of the study, measures for *trustworthiness*[13] were employed to establish truth-value, applicability, consistency and neutrality.

General ethical principles were followed while conducting the research. The ethical standards adhered to are in accordance with those of the Democratic Nursing Organisation of South Africa (DENOSA).[14] All the subjects participated out of their own free will.

Results

The data were divided into the following categories and subcategories (see Table I). These categories will be described separately.

Table I.	Results of research
Category	**Sub-category**
Stress and conflict	• Personal attitude
	• Conflict
	• Workload
Debriefing	
Communication and interpersonal skills	
Demotivation	

Stress and conflict

… I don't find it stressful nursing the very sick patient, but I do find the workload and the shortage of staff stressful.

Working in ICU is not stressful, but it is all the other things around the ICU that makes it stressful …

The group felt that nursing critically ill patients *per se* is not stressful; they have chosen to do it, and in fact they enjoy the challenge it poses. It is the environment around this specific discipline of nursing that creates a stressful setting as a result of staff shortages, attitudes, and an insurmountable workload.

The recommended staffing in an ICU is a 1:1 ratio of nurses to critically ill patients. Unfortunately in many hospitals in South Africa this is not possible as a result of shortage of qualified nurses and the cost involved.

Personal attitudes

The group reported that some of the more senior personnel had aggressive personalities and tended to blame everyone but themselves for conflict. When such people were on duty, the critical care environment became extremely stressful and when there was an unexpected crisis or intense period in the ICU, blame

was laid on the junior staff members.

… Some of the senior staff are extremely rude and think they are God's gift to nursing and we as juniors are just there to please them …

Blame can be described as assigning the responsibility of an error to a person.[5] Owing to the stressful ICU environment, nurses utilise less effective communication skills by blaming their colleagues when mistakes occur. Blame can leave people feeling helpless, which in turn creates a desperate need for explanation and leaves people feeling distressed and vulnerable.[15]

Blame and criticism are similar. Criticism can be described as finding fault, disapproval, condemnation, and attack.[5] It is evident that ICU nurses, especially junior ones, are constantly exposed to criticism. Criticism becomes hurtful if it is given in an aggressive and/or destructive way.

Conflict

… We have a very young inexperienced unit manager and she does not handle conflict well, therefore most of the staff are very unhappy …

… Because we are just women working in the unit, there is conflict, but my unit manager takes no nonsense and conflict is usually quickly dealt with …

Conflict was seen as a normal daily life experience. However, it was felt that conflict between staff was often not handled correctly, especially if the unit manager was not a person with a dynamic personality. The group felt that the unit manager should deal with the daily conflict as it arises.

Conflict is not necessarily detrimental, as it can improve team effectiveness.[16] However, not all types of conflict have this outcome. Relationship conflicts are based on interpersonal incompatibilities, tension and animosity towards others and are always dysfunctional. On the other hand, conflict among members about task content can be beneficial. Task conflicts stimulate discussion, promote critical thinking, and improve team decision making. Unfortunately it appears that much of the conflict in ICUs is dysfunctional relationship conflict.

Relationship conflict increases personality clashes and decreases mutual understanding, thereby impeding completion of tasks. Intense arguments create uncertainty about task roles, increase the time to complete tasks, and lead to members working at cross purposes.[16]

Workload

… We can't cope, the workload is just too much. We really need more hands on a shift …

The workload in the ICUs had been experienced as one of the main reasons for the stressful environment. As medicine becomes more advanced, nursing critically ill patients becomes increasingly technically difficult. Unfortunately, the shortage of qualified ICU nurses means that help is seldom available, and even that a nurse is often forced to nurse two critically ill patients at the same time. Less experienced nurses in particular felt overwhelmed by this workload.

When the ICU is short staffed, the already overstretched ICU nurse carries an extra load of stress. Staff shortages must be dealt with, as they increase pressure on the nursing staff as well as having implications for the ever-developing role of nurse practitioners and the expanding scope of professional practice.[17]

Even in the best of times the responsibilities of the nurse seem unending.[17] The nurse who is unable to control work pressures will certainly experience every day as a crisis. Furthermore, it is obvious that when nurses' tensions about their roles are increased, they experience powerlessness or lack of control and mastery.

Debriefing

… We need to talk about a bad experience, especially if a young person dies …

The group felt that debriefing is absolutely necessary after a traumatic experience, as well as from time to time just to clear the 'emotions' of the ICU. Differences revolved around the timing and when to hold a debriefing session.

Some of the nurses were of the opinion that a debriefing session should be held within 12 hours of every resuscitation and traumatic incident. They felt that the more and the sooner they could talk about the incident, the sooner and the better they would be able to cope with it. They saw it as essential that the doctor who was involved in the situation should also attend. The unit manager should lead the session, but the doctor should be there because the nurses were of the opinion that doctors tended to see them as incompetent and to blame them when things went wrong because of their junior status.

Other nurses felt differently about the timing of the debriefing session. They needed time (about a week) for reflective thinking. Most of these nurses had found their own support groups or person, and did not need a debriefing session after every traumatic incident. It was also felt by some nurses that the unit manager should only organise the session, which should actually be led by an independent person with a nursing background. They concluded that in every hospital there should be a qualified person who could be called upon to assist when a stressful situation occurred, even at night. This person should be familiar with the stressors associated within the ICU environment and

should be trusted by the nurses in the unit.

Debriefing should give nurses the opportunity to verbalise their story about experiences in the unit, especially in a crisis situation.[3] Debriefing is most effective when scheduled within 48 - 72 hours after a crisis and if the group consists of a maximum of 10 members. During such a debriefing session the group members should be introduced to one another, rules should be set and confidentiality should be ensured.

Communication and interpersonal skills

… Senior ICU staff and doctors have bad interpersonal skills.

I feel the doctors have no respect for the nurses …

… I don't agree, our doctors really treat us with respect and will always say thank you if one helped them …

Some of the nurses felt that they were abused, felt incompetent and showed a lack of self-confidence. To them there was no team spirit and everyone was for themselves. According to them, communication was non-existent in the units. The doctors never spoke to them in a civilised manner, but only from a higher position giving orders and demanding that they do things. They even felt that their peers also disrespected them as they did not have enough knowledge. The ICU nurse's opinions were seldom asked or considered. Even in the units where meetings were held, they felt that they were not taken seriously. The nurses felt that they were exploited as they had to do the work that the senior personnel did not want to do and then were blamed if things went wrong.

Other nurses experienced the situation differently. They felt respected by their colleagues as well as from the rest of the multi-disciplinary team. Their opinions were regarded as valuable and they felt that there was a good team spirit in most of the units.

Gossiping in the units is a great barrier to team spirit. It creates an environment of distrust and suspicion. One of the ICU nurses mentioned that this was the reason why they all created a support system outside the workplace – because they felt safer.

The nurses came to the conclusion that the team spirit is unfortunately largely in the hands of the unit manager. The unit manager should be equipped and able to create an atmosphere where proper trust, interpersonal skills and communication skills are created. Unfortunately the nurses felt that because of the shortage of qualified ICU nurses, as well as the lack of role models, this is very difficult to achieve. Maintaining communication, even if it is difficult, is the key to resolving most conflicts,[18] but it appears that communication in ICU units is lacking.

Communication plays an important role in all

managerial functions since it provides the information necessary for work performance.[19] The way communication takes place determines the relationships among employees, their attitude, the working climate, morale, motivation and performance. Communication can be thought of as a process of flow. Problems occur when there are blockages in the communication flow.

Some of the barriers to effective communication that mainly occur in ICUs are the following:

1. **Filtering** refers to the manipulation of information to the sender so that it seems favourable. Filtering mostly occurs where there is an emphasis on status differences and among employees with strong mobility aspirations.

2. **Selective perception** is what the receivers selectively see and hear based on their needs, experience, background and personal characteristics.

3. **Defensiveness.** This communication barrier usually reveals itself when a person feels threatened and reacts in ways that reduce ability to achieve mutual understanding. Defensive behaviour includes verbally attacking others, making sarcastic remarks, being overly judgemental (blaming and criticism), and questioning others' motives.

4. **Language** can be a major problem, especially in South Africa. Age, education, and cultural background are three variables that influence the meaning of words.[16]

All ICU personnel belong to a work unit. Performance depends on ability to interact effectively with co-workers and the unit manager. Some ICU nurses have excellent interpersonal skills, but others require training to improve theirs. This includes learning how to be a better listener, how to communicate ideas more clearly, and how to be a more effective team player.[16]

Demotivation

… We are demotivated, not to be respected and to work your butt off is very demotivating …

This was the third category of problems that the ICU nurses felt strongly about. They were of the opinion that most nurses are demotivated as a result of numerous factors, the first being the shortage of permanent, qualified ICU nurses. This caused a heavy workload, leaving nurses very little time to do their job to perfection and with pride. They felt that they were just doing the most necessary and basic things for their patients, and not being as good a nurse as they could be made them feel guilty.

Nurses employed by a private hospital group with an appraisal system in place felt that this was a major stumbling block for group cohesiveness as well as for motivation. The system requires that the unit manager score the nurses daily, and if they reach certain points they get an extra bonus at the end of the month.

Instead of motivating the nurses and encouraging better nursing, this created mistrust, unhappiness and demotivation, especially if the nurse felt she/he deserved the bonus at the end of the month and did not receive it.

Motivation is the process that accounts for an individual's intensity, direction and persistence of effort towards attaining a goal. Motivation is the result of interaction of the individual and the situation. Companies in South Africa tend not to focus on motivating their personnel. This statement is justified by the following:[16]

- Most companies work on a broad estimate of their employees' needs.
- Few companies periodically assess their employees' needs and levels of need satisfaction.
- Most companies have a 'one size fits all' approach.
- Some companies still think there is a 'single best motivational theory' approach.

Hospitals in the private sector make use of these strategies, and this may be the reason for the unhappiness among the ICU nurses.

Guidelines

Conflict and stress

Job-related stress is inherent in neonatal intensive care units (ICUs).[20] In a study to determine the stress associated with caring for patients in the NICU, the following stress-related symptoms were reported: chronic fatigue, headaches, irritability, increased susceptibility to illness, frequent somatic complaints, physical exhaustion, and emotional exhaustion.

The mission of the ICU is to create a positive environment, and this must be the mission of each ICU nurse and not only the responsibility of the unit manager. To enable people to handle stress and conflict in the workplace, stress and conflict management should be taught. Workshops that include self-knowledge, self-awareness and discovering one's strengths and weaknesses should be attended.

Problem-solving skills should also be taught to every professional nurse.

Debriefing

Registered nurses with an ICU and psychiatry background should be employed to support ICU personnel. This service should be available 24 hours a day, not just when there is a crisis. When a crisis does occur, they should assess the situation, and decide along with the unit manager when to have the debriefing session, and with whom. Staff members finding it difficult to cope with the situation may also need individual sessions.

Communication and interpersonal skills

The unit manager is one of the key persons responsible for creating a positive working environment and group cohesion. Cohesion is created by trusting each other (not blaming each other), and by giving constructive feedback. Mistakes should not be covered up, but the team should remember the slogan: 'one for all and all for one'. Judging a person and denying them support creates conflict in the team.

When conflict does arise within the team, a facilitative session should be held as soon as possible in order to resolve the situation. A person trusted by both parties can be the facilitator. Group cohesion is extremely important in creating a positive work environment along with a good support system. A heavy workload and the associated stress make ICU nurses more patient orientated and less colleague orientated, leaving very little time for their actual support group – namely their colleagues.

Demotivation

A person surrounded by a trusting and secure environment and who feels that they belong will be able to create positive motivation and therefore be likely to want to stay in the unit. A large turnover of personnel is a red warning light in terms of demotivation! A strong support system, with the responsibility of creating a positive working environment for every nurse, should ultimately result in motivated personnel.

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