

AN EXPLORATION OF EXPERIENCES AND NEEDS
OF NOVICE CRITICAL CARE NURSES TO
EMBARK IN THE CRITICAL CARE AREAS

BY

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ABSTRACT

AN EXPLORATION OF EXPERIENCES AND NEEDS OF NOVICE CRITICAL CARE NURSES TO EMBARK IN THE CRITICAL CARE AREAS

Introduction: The readiness of novice critical care nurses (NCCN) to perform efficiently has been doubted globally. Studies have reported that novice nurses have issues with their confidence and competence in handling critical patients in ICU. Their lack of confidence and competence may promote more harm to the patient's condition study aims is to explore the experience of novice critical care nurses while working and to explore the needs that would help to support them to work in critical care areas.

Method: This study was carried out using a general qualitative design. Data were collected through an in-depth interview in exploring NCCN experiences, challenges and needs while working in the critical care setting. Additionally, managers of critical care areas and nursing educators were also interviewed to get information on how these nurses were prepared and expectation towards them when they were assigned to work in critical care areas. They were recruited from a teaching hospital and nursing schools located in East Coast Malaysia. Data were organised and analysed manually using the thematic analysis approach.

Finding: A total of 29 participants was recruited in the study. The majority of the participants are Malay, female, and graduated with Diploma in Nursing from Malaysia. The study reported three main themes; (1) Experiences of the NCCN (2) Expectation and perception of the administrator, and (3) Needs of the NCCN before embarking on the critical care area. Themes revealed in the study have proposed that NCCN have minimal exposure thus leading to a lack of confidence to embark in the critical care area.

Conclusion: The empowerment of the NCCN should be taken seriously. Improvement measures in the support programme may be considered to enhance the process. But, the preparations such as the entry requirements of the potential nursing student also need to be reflected. Certainly, that the current support program helps the NCCN to survive, however, improvisation and additional elements may be needed to minimise the negative situation faced by the NCCN. Simulation and improvisation towards the reference sources could be considered to enhance the support program prepared for the NCCN.

Keywords: *junior nurse, needs, support, readiness, critical care area*

خلاصة البحث

استكشاف تجارب واحتياجات ممرضات رعاية الحرجة المبتدئات للشروع في مجالات رعاية الحرجة

المقدمة: وقد شكك العالم في استعداد ممرضات رعاية الحرجة المبتدئات لأداء مهامهن بكفاءة. وأفادت الدراسات أن الممرضات المبتدئات لديهن قضايا بثقتهن وكفاءتهن في التعامل مع المرضى الحساسين في وحدة الرعاية المتكاملة. وقد يؤدي افتقارهم إلى الثقة والكفاءة إلى مزيد من الضرر الذي يلحق بأهداف دراسة حالة المريض إلى استكشاف تجربة ممرضات رعاية الحرجة المبتدئات أثناء عملهن واستكشاف الاحتياجات التي من شأنها أن تساعد على دعمهن للعمل في مجالات رعاية الحرجة.

المنهج: وقد أجريت هذه الدراسة باستخدام تصميم نوعي عام. وجمعت البيانات من خلال مقابلة متعمقة في استكشاف خبرات الممرضين المبتدئين في مجال رعاية الحرجة وتحدياتهم واحتياجاتهم أثناء عملهم في إطار رعاية الحرجة. وبالإضافة إلى ذلك، أجريت مقابلات مع مديري مجالات رعاية الحرجة ومعلمي التمريض للحصول على معلومات عن كيفية إعداد هؤلاء الممرضات وتوقعاتهن تجاههن عند تكليفهن بالعمل في مجالات رعاية الحرجة. وقد تم تعيينهم من مستشفى تدريسي ومدارس للتمريض تقع في الساحل الشرقي لماليزيا. وتم تنظيم البيانات وتحليلها يدويا باستخدام نهج التحليل المواضيعي.

النتيجة: وتم تعيين ما مجموعه 29 مشاركا في الدراسة. ومعظم المشاركين هم من الملايو ومن الإناث وتخرجوا بالدبلوم في التمريض من ماليزيا. وأوردت الدراسة ثلاثة مواضيع رئيسية؛ (1) تجارب ممرضات رعاية الحرجة المبتدئات، (2) التوقع والتصوير للمدير، و (3) احتياجات ممرضات رعاية الحرجة المبتدئات قبل الشروع في مجال رعاية الحرجة. واقترحت المواضيع التي كشفت عنها الدراسة أن يكون لممرضات رعاية الحرجة المبتدئات حد أدنى من التعرض، مما يؤدي إلى انعدام الثقة في الشروع في مجال رعاية الحرجة.

الخلاصة: وينبغي أن يؤخذ على محمل الجد تمكين ممرضات رعاية الحرجة المبتدئات. ويمكن النظر في اتخاذ تدابير لتحسين برنامج الدعم لتعزيز العملية. غير أن الاستعدادات مثل متطلبات دخول طالب التمريض المحتمل تحتاج أيضا إلى أن تنعكس. ومن المؤكد أن برنامج الدعم الحالي يساعد ممرضات رعاية الحرجة المبتدئات على البقاء، ومع ذلك، قد تكون هناك حاجة إلى الارتجال وعناصر إضافية للتقليل إلى أدنى حد من الوضع السلبي الذي تواجهه ممرضات رعاية الحرجة المبتدئات. ويمكن النظر في المحاكاة والارتجال نحو المصادر المرجعية لتعزيز برنامج الدعم المعد لممرضات رعاية الحرجة المبتدئات.

الكلمات المفتاحية: الممرضات الجديديات، الاحتياجات، الدعم، الاستعداد، مجال رعاية الحرجة.

APPROVAL PAGE

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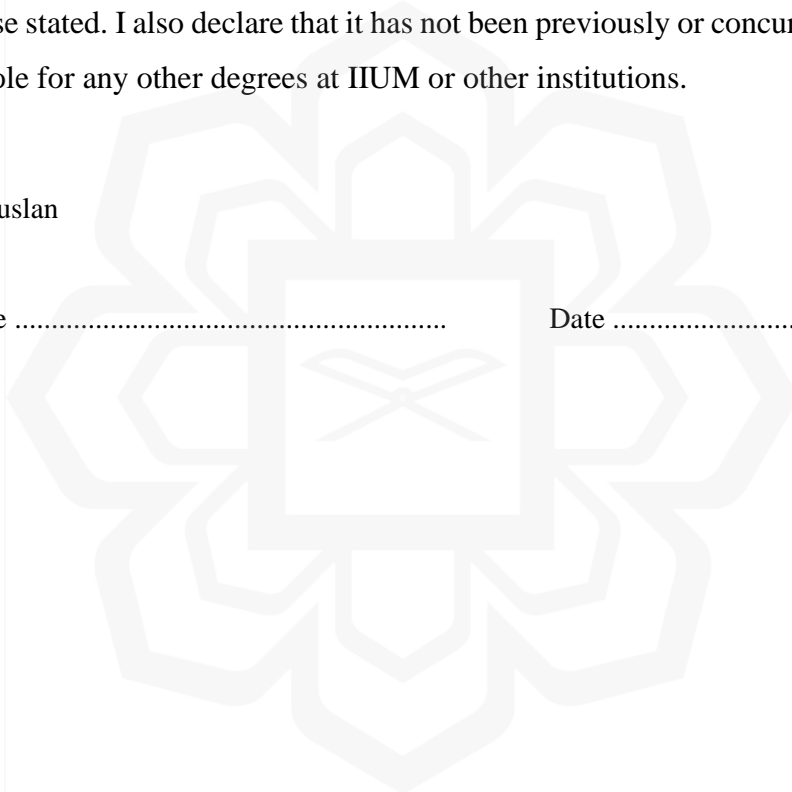
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I hereby declare that this thesis is the result of my investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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BACKGROUND TO THE AUTHOR

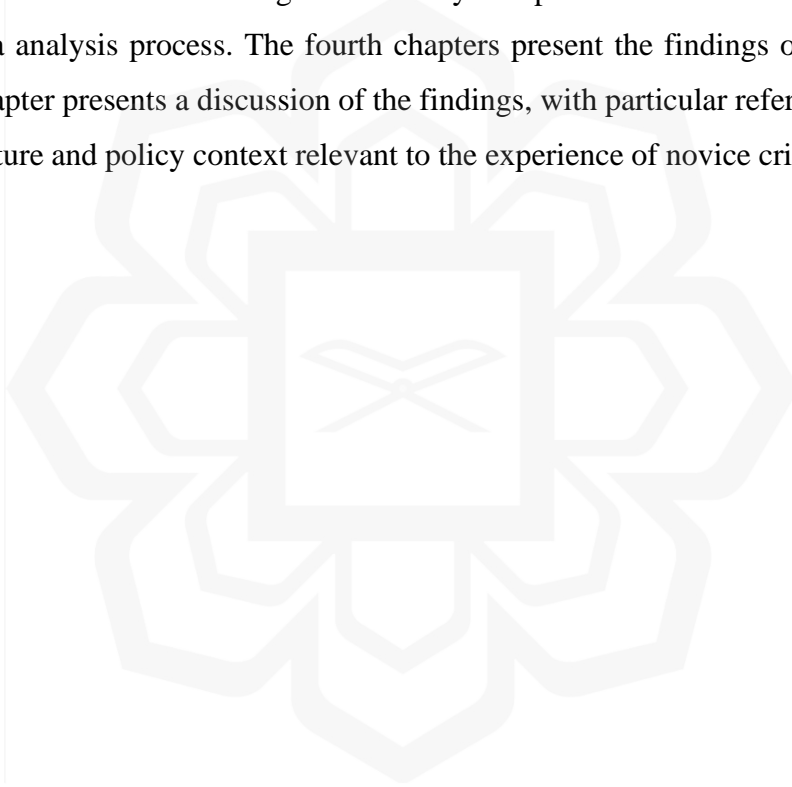
I am currently an Academic Trainee in the Department of Critical Care Nursing at the Faculty of Nursing, International Islamic University Malaysia since 2014. I obtained my Diploma in Nursing in 2008 from KPJ International University College of Nursing and Health Sciences and Bachelor in Nursing from the School of Nursing, Faculty of Medicine, University Putra Malaysia in 2013. I obtained my Master in Nursing Science in 2017 from the International Islamic University Malaysia. My clinical background is in adult nursing where I worked in Cardiac Care Unit for two years and Adult General Medicine for three years before subsequently taking up an academic position.

My research experience was started with small survey research at the Diploma level, looking at the back pain among nurses. During my Bachelor Degree, I've conducted a cross-sectional study, focused on the critical thinking level of the nurses in one of the tertiary hospitals located in Kuala Lumpur. During my Master study, I conducted a mixed-method study on nurses and junior doctors' knowledge and perception in assessing the deteriorating patient. The research experience that I gained from the studies had developed my knowledge and confidence in conducting this study.

My interest to study the preparedness of nccn was derived from my personal experience during the early year of embarking in the critical care setting. I was deployed to the critical care setting in one of the main tertiary government hospitals in Malaysia after completing three years of basic nursing training from a private institution in 2008. I have experienced a life-threatening situation with the patient during the first week of placement in the critical care setting. However, I was reluctant to involve in the situation; only startled and standstill at the corner of the ward due to a lack of self-esteem, feeling incompetent and lack of confidence to help. Therefore, this incidence has triggered me to understand further the readiness of the nccn to embark on the critical care setting.

THE ORGANISATION OF THE THESIS

The thesis is divided into six chapters. First chapter address the background of the problem from the global and Malaysian context which become the impetus of this study. In addition, an explanation of the term ‘novice critical care nurse that is relevant to the study was also provided. Chapter two provides the process and findings of the literature review that illuminated the gap in knowledge and practice that justified the relevance of this study. The third chapters describe the research paradigm, methodological underpin and the research design of this study. Chapter four details the working methods and data analysis process. The fourth chapters present the findings of the study. The final chapter presents a discussion of the findings, with particular reference to the body of literature and policy context relevant to the experience of novice critical care nurses.



CHAPTER ONE

STUDY BACKGROUND

1.1 INTRODUCTION

This chapter sets out the background of the problem related to the experiences and needs of novice critical care nurse (NCCN) when embarking in the critical care area. Besides, the research questions and objectives also being explained in this chapter.

1.2 BACKGROUND OF THE RESEARCH PROBLEM

The global nursing shortage was a well-recognised issue since early 2000. In 2020, the first State of the World's Nursing (SOWN) report, revealed the global nursing workforce was at 27.9 million and estimated there was a global shortfall of 5.9 million nurses (World Health Organisation, 2020). Evidence showed that 89% of these nurse shortages were concentrated in low-and lower middle countries, with huge gaps in countries in the African, South-East Asia and Eastern Mediterranean WHO regions. With the ageing of the nursing workforce, 17% of nurses globally are expected to retire within in the next ten years, and 4.7 million additional nurses will need to be educated and employed just to maintain current workforce numbers, let alone address the shortages. In total, 10.6 million additional nurses will be needed by 2030 (Buchan et al., 2020).

For many countries including Malaysia, staffing shortages have led to increasing workloads and working hours. Heavy workload creates challenges for both novice nurses and their mentors, as there are struggles between the time allocation for direct patient care, teaching and providing patients' feedback (Henderson & Eaton, 2013; Miller, 2006). The work of a mentor might be at risk if they are poorly prepared and

underperformed (Henderson & Eaton, 2013). Role stress and burnout often result due to immense time pressures, job tension, emotional exhaustion, and a lack of support (Miller, 2006; Morrow, 2009; Nur & Anuar, 2020). The nursing shortage cause increased working hours, job tension, emotional exhaustion and lack of support among mentors which impact their job performance.

Additional resources are often not available for the managers to dedicate staff as a mentor or they do not want to overburden staff with additional mentoring responsibilities, thereby leaving novices to fend for themselves (Olaolorunpo, 2019). According to Komaratat & Oumtanee (2009) and Olaolorunpo (2019), novice nurses require four competencies: nursing care, human relationship and communication, decision-making and problem solving, and quality development and assurance. Novices usually enter the work environment with extensive textbook knowledge, yet they may lack strong practice skills.

In addition, in the early stage of service, novice nurses usually feel overwhelmed in terms of learning a new work environment, skills, policies and procedures, interacting with management and other healthcare professionals. It has also been observed that despite having an intense clinical practicum and extensive orientation program, novice nurses still felt a lack of confidence while working independently in the hospital environment during the transition phase. If this is a case for novice nurses working in the wards, then critical care areas are even more complex and high technology skilled speciality to accommodate amateurs.

Hospitalized patients have been taken care of and monitored by the nursing team continuously for 24 hours until discharged from the hospital. The nursing team consists of a combination of novice nurses to expert nurses (Benner, 1984). The theory of novice to expert by Benner (1984) explained that novice nurses are classified as those who have a few months of nursing experience such as nursing students and newly graduated nurses. After novice, those who have nursing experiences of 1-2 years are known as advanced. For nurses with 2-3 years of expert, they expert now as convenience nurses and those with experiences of 3-5 years are known as proficient. The last stage of nursing proficiency is an expert, which represents those nurses with experience of 5 years and above. Novice nurses are often classified as inexperienced nurses and are usually unable to discern individual patients' needs. These nurses are usually newly graduated, or those nurses who returned to the workplace after a long absence, which

need a refresher program for training (Adiong, 2014; Benner, 1984; Edward et al., 2017).

Based on the theory of novice to expert by Benner (1984), the researcher has adopted the classification of the nurses to characterize the nurses for this study. They are categorized as a novice nurse, and they need guidance at the beginning of their participation in this workforce (Rameli, 2017). Therefore, the researcher focused on the nurses that have one year and below of critical care nursing experience to participate in this study.

Transition into the critical care area is a challenging period, not only for the freshly graduated nurses but also for nurses from different areas of working experience. The environment, skills and knowledge in care and technology required to work in the critical care area have always been debated. It is essential to provide support to ensure better work performance among the NCCN. However, the theory-practice gap in the critical care area is still bizarre (Gohery & Meaney, 2013; Häggström et al., 2009). During the undergraduate training phase, the exposure to the critical care area is limited due to patients' conditions and the policy of the training centre. Therefore, certainly most nurses are frightened to embark in the critical care areas. This situation is experienced by the doctors too. Moreover, the complex condition of the patient has added more challenges to the NCCN.

1.3 PROBLEM STATEMENT

The transition period is crucial for the NCCN. Professional confidence is an essential trait for the nurses to possess in order to provide quality patient care in today's complex hospital setting (Ortiz, 2016). Providing high-quality patient care, with a focus on improving patient safety, is an important healthcare agenda and therefore creating supportive programs for novice nurses is a must-do rather than a should-do (Jewell, 2013). The importance of the specific knowledge-practice gap and its impact in the initial phase of working in wards or critical care areas always has been a major challenge for the graduate nurses, senior nurses who provide mentorship and the healthcare organization as a whole (Meghani & Sajwani, 2013).

The current support programme for the novice nurses was established by the medical-based programme which was later adopted in the nursing syllabus especially in medical, surgical, and paediatric. This programme means to train the generic nurses. There are several programmes established to support novice nurses including mentoring, preceptorship, Continuous Nursing Education (CNE) session, and simulation. A model called MyMIP (Malaysian Model Internship Programme) for the fresh graduate nurses was established by Hamidah et al. (2012) in encountering this issue. According to Hamidah et al. (2012), teaching in the clinical area is one of the six themes established to ensure the success of the transition period. But Hamidah et al. (2012) did not report any formal clinical teaching program such as a specific simulation program to enhance the learning outcome of the novice nurses.

Scholars believed that simulation could be used as one of the appropriate ways to support novice nurses in developing skills and confidence without risking the patient's life (Cooper et al., 2017; Jung et al., 2017; Liaw et al., 2016; Shin et al., 2015). Simulation allows the medical staff such as novice nurses to ask "what-if" questions and review the implications and consequences of alternatives without altering the present situation (Lee & Asllani, 2003). Positively, current existing simulation package for nurses could improve novice nurse self-confidence and knowledge retention but the transferability issue to local setting needs to be considered and so do the need of local novice critical care nurse. Nowadays, a simulation package that is tailored made for the novice nurse working in critical care area specifically for Malaysia's setting still seems to be fragmented and not well established.

The NCCN also needs help and support to perform effectively (Vince, 2018). Moreover, based on the Experiential Learning Theory (Lavoie et al., 2015), adult learns better through experiences. However, a tailor-made support programme for the needs of the NCCN is still scattered. Adaptation to the new and challenging environment has been taken lightly. The issue has always been taken for granted and it was anticipated that the NCCN to face the adaptation and transition period naturally. Their need for continuous support was neglected especially in self-esteem in work performance and competency in the area.

Moreover, a specific critical care support program for NCCN especially for the east coast region in Malaysia is still unknown. Having said that, the program established require input and understanding of its users (the NCCN) to ensure it is relevant and

applicable to them. Furthermore, the skill and experience that the nurses acquired from the program are important to synchronize with the expectation of their current supervisors and the higher authorities' mission and vision.

But, before the preferable support can be channel to NCCN, the understanding of the actual experiences and needs is crucial to be explore. Additionally, most of previous studies was done among generic novice nurse. Even though understanding the experiences and need of the NCCN is important, but lack of studies was done in exploring the NCCN point of view when they first embark in the critical care areas. Therefore, this study aimed to explore the nurses' experience, challenges and needs while working in critical areas. Additionally, this study also aimed to explore the experience of the managers and higher authorities working with NCCN and their expectations towards them.

1.4 RESEARCH AIMS AND OBJECTIVES

Proper support is essential and crucial since the area they work in is more complex. But unfortunately, studies related to the NCCN experience when embarking in the area in the Malaysian context are still limited. This has led to a minimal understanding regarding their needs to survive during the transition process. Thus, it has encouraged the researcher to get a better understanding related to the issue. Therefore, the aims, questions, and objectives of the research are stated below.

1.4.1 Research questions

The research aims led to the formulation of 'what' and 'how' research questions to facilitate understanding of the preparation of the NCCN issues within the Malaysian context.

The research questions are:

- How does the NCCN experience their first year working in the critical care area?

- What is the expectation and perception of the nursing educators toward the readiness of the NCCN?
- What does the NCCN need to help them prepare themselves to work in the critical care area?

1.4.2 Research objectives

The main study objective is to explore the experience of the NCCN when they embark in the critical care area. Three specific research objectives are also included. These objectives were developed to guide the process of data collection, including how and from whom data would be collected. This ensured that issues related to the experience and needs of the NCCN were comprehensively explored. The specific objectives of the study are as below:

1. To explore the experience of the NCCN when embarking in the critical care area
2. To explore the educators and management perception and expectations on NCCN's skills readiness to work in the critical care area
3. To understand the needs of the NCCN when embarking in the critical care area

1.5 RATIONALE OF STUDY

Therefore, the exploration of the needs of the NCCN may help provide support for the NCCN to improve their confidence and knowledge in delivering nursing care to critically ill patients. Novice critical care nurses' confidence and knowledge improvement are important as their team members have high expectations; accelerated progress and adaptation in the new working environment as their patients' life may be in danger if they are lack confidence and knowledge in theory and skills. However, the working readiness issue encountered by the NCCN has affected their progress in the working area.

The lack of a study exploring the experiences of NCCN needs in preparing them to work in a critical care setting formed the basis of the study. Moreover, no local

literature on NCCN needs in preparing them to work in the setting found which makes this study valuable to improve the readiness of the NCCN to work in Malaysia's setting. The Covid-19 pandemic has been an eye-opener to us in ensuring that our novice critical care nurses are ready to perform well in the setting. There is no doubt that our healthcare system especially the front lines have worked very hard to provide the best care to the patients.

However, we still need to consider the burnout factors of more front liner in managing the pandemic. If the healthcare personnel especially the nurses have been trained effectively, we can succeed better in the "war zone". Therefore, an appropriate framework is needed to train NCCN who could provide better services for the patients in the future.

1.6 OPERATIONAL DEFINITION

An operational definition, when applied to data collection, is a clear, concise detailed definition of a measure. The need for operational definitions is fundamental when collecting all types of data. It is particularly important when a decision is being made about whether something is correct or incorrect, or when a visual check is being made where there is room for confusion. So, below are the operational term that being identified in this study.

- Novice Critical Care Nurse (NCCN): The nurse that have less than 1 year experience in the critical care areas
- Critical care area: the setting in the hospital where the critical care treatment being provided. For instant, only ICU, CCU, and PICU has been defined as critical care area specifically for this study
- Embark: the period when the nurse start working in the critical care setting

- Administrator: the group of health care personnel that consist of Nurse Manager, Nurse Educator, and Specialist Doctor

1.7 SUMMARY

The transition period into a critical care area is crucial not only to the newly graduated nurse but also to the nurse that is new to the critical care area. The provision of appropriate support is ultimately important to support them in the adaptation process to the new environment which benefits the nurses and nursing care. The quality of the care received by the patients will depend on the preparation received by the NCCN.

