Narratives of experience: Senior registered nurses working with new graduate nurses in the intensive care unit

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Glossary

**ACCESS RNs:** “on-the-floor” Assistance, Coordination, Contingency (for a late admission on the shift, or staff sick mid-shift), Education (of junior staff, relatives, and others), Supervision and Support’ (Chamberlain, D., Pollock, W., & Fullbrook, P., 2018, p. 297). ACCESS nurses are staffed in addition to rostered bedside nurses, Nurse Unit Managers (NUMs), shift leaders, educators, specialist clinical nurses and support staff (non-nursing). There are similar roles with varying names and descriptions used in Australian ICUs, for example, ‘resource nurse’ and ‘float nurse’ (The Workforce Advisory Panel, 2003).

**BiPAP:** BiLevel Positive Airway Pressure is a form of non-invasive ventilation using a fitted facemask (Sanchez, Smith, Piper, & Rolls, 2014). BiPAP is increasingly used as an adjunct to optimal medical therapy in the treatment of acute respiratory failure in critical care areas and specialised respiratory ward areas.

**Code Blue:** hospital-wide medical emergency. The Code Blue team consists of ICU nursing and medical staff rostered on shift. When a Code Blue alert is activated, two RNs [one SRN and an RN] and an ICU registrar] attend the patient. The ICU RNs, rapidly reallocate their ICU patient load to other RNs on shift, for attending to the Code Blue emergency. In patients who have a cardiopulmonary arrest up to 10 days following cardiac surgery, open-chest resuscitation may be performed. SRNs in this ICU have the ability to assist ICU doctors to perform the re-sternotomy and resuscitation algorithm.

**CNE:** The Clinical Nurse Educator delivers and evaluates clinical education programs within the ICU. The CNE supports clinical procedure skill development, delivers informal education to the individual, orientates and preceptors staff new to ICU, provides clinical education in the ICU and provides support for quality improvement initiatives and clinical policy development (Industrial Relations Commission of New South Wales, 2017).

**CNS:** Clinical Nurse Specialists are RNs who have undertaken additional study in their specialty area and/or have worked in the specialty area for a predetermined number of years. The CNS role holds additional responsibilities, such as leadership, education,
quality improvement activities and clinical resource support for other interdisciplinary health care staff.

**CRRT:** Continuous Renal Replacement Therapy is indicated when ICU patients experience acute renal failure refractory to medical intervention or disease process. Indications include fluid overload, electrolyte and metabolic imbalance and ‘dialyzable intoxications’ (Pannu & Gibney, 2005, p. 1). It is normally intended to be a 24-hour-per-day therapy.

**CVVHDF:** Continuous Veno-Venous Haemo-DialFiltration is a mode of CRRT. It is also known colloquially as, ‘the filter’ or ‘dialysis’.

**Data extract:** refers to an individual section of narrative data, which has been identified within, and extracted from, the NAs (Braun & Clarke, 2006). Data extracts exemplify a plotline.

**Dialysis:** see CVVHDF.

**ECMO:** ExtraCorporeal membrane oxygenation is a device, similar to cardiopulmonary bypass. ECMO can provide prolonged cardiac and respiratory support for patients with refractory cardiopulmonary impairment. In the adult population, it is often used for patients who cannot be weaned from cardiopulmonary bypass or as a therapy for patients with end-stage heart and/or lung failure (Gaffney, Wildhirt, Griffin, Annich, & Radomski, 2010). In speciality hospital centres (such as this inquiry’s site), ECMO can also be inserted during cardiopulmonary arrest. This is known as E-CPR. When predominantly providing cardiac support, by draining blood from a large vein and returning oxygenated blood to a large artery, the term VA-ECMO is used. VV-ECMO is used to support lung function with blood drained from a large vein and returned to a large vein.

**Field:** In NI, the ‘field’ refers to the ‘ongoing relational inquiry space’ (p. 45) that is negotiated between participant and inquirer (Clandinin, 2013).

**Field Texts:** In NI, the narrative inquirers’ term for data (Clandinin, 2013).

**IABP:** IntraAortic Balloon Pump is a widely used mechanical haemodynamic assist device for patients requiring cardiac support (Thiele et al., 2013). The IABP has a long cylindrical balloon, which is inserted into the descending aorta. It rapidly inflates during
diastole and deflates during systole. This action increases coronary blood flow and oxygenation and decreases the workload of the heart (Patel & Gruberg, 2010). It is often called a ‘balloon pump’.

**ICU**: The Intensive Care Unit is a separate and self-contained section of the hospital, overseen by Intensivists. It is staffed and equipped to manage patients with life-threatening health conditions. An ICU provides special expertise and capabilities for the support of vital health functions, utilising the skills of medical, nursing and interdisciplinary staff proficient in the management of these health conditions (Nickson, 2016). Intensive Care Units s normally have a higher ratio of nursing staff, one nurse to one patient.

Intensive Care Units are also known as intensive treatment units, critical care units or intensive therapy units. They may be divided into areas of specialty, such as cardiothoracic, neurological, trauma or general ICUs. The ICU in this research study is a cardiothoracic referral centre, supporting inter- and intra-state hospitals, within a larger ICU service. It has service capacity to care for patients requiring complex cardiothoracic procedures and interventions, such as heart and lung transplantation, ECMO and mechanical cardiac assist devices.

**Intubation**: is a procedure whereby a flexible tube, normally made of plastic, is inserted into the trachea to maintain an open airway. It is a procedure often used in the critical care setting to facilitate mechanical lung ventilation and prevent aspiration in the critically unwell and/or sedated patient (Schiffman, 2018). Patients who are intubated require constant one-to-one RN observation and interventions.

**NGN**: New Graduate Nurse is defined as a newly qualified RN, practising in their first year of nursing.

**NUM**: Nurse Unit Manager of ICU is an RN in charge of the ICU. Their responsibilities include but are not limited to: directing and supervising nursing activities; appraising and counselling nursing staff; allocating and rostering nurses; and assisting in the development and/or implementation of innovative nursing practice (Industrial Relations Commission of New South Wales, 2017).
Phenomenon: ‘An observable fact or event, an object or aspect known through the senses rather than by thought or intuition’ (Phenomenon, n.d.).

Plotline: the essence, or main point, of a story.

Pragmatism: a philosophical movement ‘marked by the doctrines that the meaning of conceptions is to be sought in their practical bearings, that the function of thought is to guide action, and that truth is pre-eminently to be tested by the practical consequences of belief’ (Pragmatism, n.d.).

RN: A Registered Nurse is a nurse who has completed a 3-year nursing degree from a higher education institution or equivalent, or from a recognised hospital-based program, and is registered as a nurse with the Australian Health Practitioner Regulation Agency.

SRN: A Senior Registered Nurse has undergone additional training and supervision, which enables them to assume the ICU nursing TL role, in the absence of the NUM. SRNs report directly to the NUM. For the purposes of this study, SRNs have a minimum of five years’ ICU experience and have worked with an NGN in the three months before enrolling in this NI.

Story: a person’s single account or description of past events and actions in their life. In this research, stories were conveyed via conversation and assumed to be accurate and not deliberately ‘made up’ (Emden, 1998). ‘Story’ is the phenomenon under inquiry (Connelly & Clandinin, 1990, p. 2).

TL: Team Leader is the RN in charge of ICU, when the NUM is off duty or engaged in other responsibilities.

Threads: an NI term for themes. ‘A theme captures something important about the (narrative) data in relation to the research question, and represents some level of patterned response or meaning within the data set’ (Braun & Clarke, 2006, p. 32). Threads are plotlines of the individual NAs that resonate across all NAs (Clandinin, 2013).

TPP: Transition to Professional Practice programs offer newly qualified registered nurses ‘consolidated clinical support (including preceptorship) and education study days, which goes beyond standard orientation and induction of new employees’ (Nursing and Midwifery Office, 2018, p. 3). The programs are often one year in length and offer clinical
placements of varying lengths in clinical areas in a hospital. NGNs in this study have six-month placements in two hospital areas. The TPP program was previously known as the New Graduate Program, Transitional Support Program or New Graduate Nurse Program.

**Tube:** see intubated.

**VAD:** Ventricular Assist Device is a miniaturised, continuous flow centrifugal pump, which is surgically inserted into the left ventricle to provide haemodynamic support. Patients with end-stage heart failure refractory to optimal medical treatment, who meet specific criteria, may be suitable for this type of support. The VAD pulls oxygenated blood through the pump, pushing it into the ascending aorta. When the blood reaches the ascending aorta, it flows to the body (HeartWare, 2018). The insertion of a VAD allows most people with end-stage heart failure to have improved quality of life and survival rates (Slaughter et al., 2013). When inserted in the left ventricle, it is called a left ventricular assist device, or LVAD.

‘Working with’: This phrase encompasses the variety of interactions that occur between the SRNs and NGNs within the ICU. For example: working on the same shift; providing education or clinical support; having preceptor or supernumerary supervisor responsibilities; providing appraisal feedback to nursing educators and managers; ensuring nurses are practising within their scope of practice; and assuming responsibility for the nursing care of other RNs’ patients during meal breaks, emergencies and education periods.