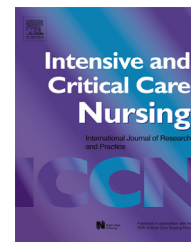




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CLINICAL RESEARCH ARTICLE

Intensive care nurses' practice related to experience and shift worked



Rafael Celestino da Silva^{a,*}, Márcia de Assunção Ferreira^{a,b,1},
Thémis Apostolidis^{c,2}

^a Anna Nery School of Nursing (EEAN)/Universidade Federal do Rio de Janeiro (UFRJ), Rua Afonso Cavalcanti, n°. 275, Cidade Nova, Rio de Janeiro, CEP-20211-110, Brazil

^b Brazilian Scientific and Technological Development Council – CNPq, Rua Afonso Cavalcanti, n°. 275, Cidade Nova, Rio de Janeiro, CEP-20211-110, Brazil

^c Aix-Marseille Université, Laboratoire de Psychologie sociale, 29, avenue Robert Schuman, 13621, Aix-en-Provence cedex, France.

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KEYWORDS

Intensive Care Unit;
Nursing;
Nursing care;
Social psychology

Summary

Objective: To analyse the social representations of nurses about intensive care practices comparing the variables 1) time since graduation and 2) shift worked.

Method: Qualitative field research using social representation theory. Individual interviews were conducted and lexical analysis was applied.

Study setting: Intensive Care Unit of a federal hospital with 21 clinical nurses.

Findings: Day shift nurses are more pragmatic and operationally oriented because they deal directly with the general functioning of the unit. Less experienced nurses face difficulties dealing with intensive care contexts, but have a critical view of their practices, while more experienced nurses apply practical knowledge in their decision-making and actions.

Conclusion: The relationship of proximity or distance from patients, mediated by technology, is related to the domains of knowledge that are required to manage technology and to the role technology plays in intensive care.

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* Corresponding author. Tel.: +55 21 22930528.

E-mail addresses: rafaenfer@yahoo.com.br (R.C. da Silva), marcia.eean@gmail.com (M.d.A. Ferreira), themistoklis.apostolidis@univ-amu.fr (T. Apostolidis).

¹ Tel.: +55 21 22930528.

² Tel.: +33 442953815/663023575.

Implications for Clinical Practice

- Nurses' practice in the Intensive Care Unit is influenced by their work hours and professional experience.
- Day shift nurses are more pragmatic, because of the daily reality of this shift; night shift nurses are less pragmatic, reflecting the difficulties during this shift.
- Inexperienced professionals work based on theory, attempting to apply technologies to care and management. Experienced professionals use technologies according to their practical knowledge, integrating it in their activities.
- Differences in the professional variables should lead to consideration of interventions to foster improvements in this clinical practice.

Introduction

Nursing care practices in the Intensive Care Unit (ICU) influence the care modes of nurses. Nursing care in the ICU requires the ability to cope with complex situations rapidly and precisely, requiring competence to integrate information, make judgements and set priorities; understanding of technological language and mastery and interpretation of machine codes to take care of patients; and humanisation and valuing of the patients' subjective experience (Backes et al., 2012; Mattox, 2012; Silva and Cruz, 2008).

These aspects characterise clinical care practice that is typical of the ICU and of the nursing care to critically ill patients. This care involves objective and subjective elements that are combined with technical skills, technology and humanisation (Silva and Ferreira, 2013).

The characteristic elements of this clinical nursing care influence professionals' actions and organisation of care practices in the ICU. One of these elements is the intensive care nurse who delivers the nursing care.

Various kinds of nurses work in the ICU and they understand, interpret and behave differently when confronted with the same situation (Jodelet, 2009) due to the different social conditions that define and distinguish them as social subjects.

Two social conditions that distinguish them are professional education and work shifts, which influence their experience and their knowledge development process (Jovchelovitch, 2008). There is evidence from the analysis of knowledge on this theme that points up the role of psychosocial and professional variables and their influence on professional practice, particularly in intensive care contexts.

Benner (1984) considers that knowledge is related to experience, which in turn leads to proficiency, a condition of authority based on the relationship between theoretical and practical knowledge, and distinguishes between novice and expert nurses. In an ethnographic study of how quality is incorporated into the ICU nursing culture, it was identified that one of the main themes affecting quality and safety that contributes to satisfaction with clinical practice was expert knowledge, gained through experience and formal learning (Storesund and McMurray, 2009).

Inexperience negatively influences patient safety. It was one of the factors related to 1472 incidents involving medications, airways, equipment and procedures that were identified in an ICU in a study based on monitoring (Morrison et al., 2001).

A study of the profile of nurses working in an ICU presented the education and qualification characteristics of these professionals. A large number of nurses had worked in the ICU for less than three years, which showed the low theoretical and practical experience in this high-complexity care. It was concluded that the nurses needed to develop competence to deliver safe and high-quality care (Camelo et al., 2013).

The introduction of novice nurses in work settings represents a period of transition from a known to an unknown social context. This causes concerns and changes, during which there are discrepancies between what they know and do and what they need to know and do (Silva et al., 2010; Valadares and Viana, 2009).

With regard to work shifts, the authors of various studies have sought to establish a relationship with occupational health and professional performance, mainly for professionals working night shifts.

In a study that assessed the effects of working during the night shift among 102 workers from the ICU and the coronary care unit, the effects found were stress, tachycardia and drowsiness after work (Veloz et al., 2009). Another study found that the correlation between the shift worked and stress and resistance levels among 72 nurses in a university hospital showed that night shift workers experienced higher levels of stress and less resistance and control, showing the impact of working during the night shift on the lives of workers (Batista and Bianchi, 2013).

Working at night entails challenges and peculiarities that affect professionals' behaviour. One study conducted with 18 Iranian nurses working the night shift highlighted the negative sociocultural image of the night shift, its effects on health and the opportunity to acquire greater clinical experience (Nasrabadi et al., 2009).

These findings provide evidence that people's social places and functions influence the way they cope with their daily experiences (Jodelet, 2009). The variables that characterize nurses are relevant to analysing clinical nursing care in the ICU, as they influence ways of thinking and acting on the other elements of that care.

A previous study by the same authors of social representations about ICU nursing care practices showed differences in the construction of these practices and in the function of these professional variables (Silva et al., 2014).

The findings of this analysis support the hypothesis that time since graduation and work shifts affected how nurses

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