Intensive Care Unit Patients in the Postanesthesia Care Unit: A Case Study Exploring Nurses' Experiences

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Purpose: *The purpose of this study was to understand the experiences of postanesthesia nurses caring for intensive care unit (ICU) patients in the postanesthesia care unit (PACU).*
Design: *Qualitative interpretive description.*
Methods: *Six PACU nurses participated in semi-structured interviews. Interviews were digitally recorded, transcribed verbatim, and analyzed using constant comparative analysis. Quality of the data collection and analysis process was maintained through constructing codes and themes jointly by several investigators and taking interpretive accounts back to participants.*
Finding: *Three main themes were constructed: expert mind-set, specialty practice, and identity and relationships. The expert mind-set described knowing but not doing and straddling concurrent foci and duties. Specialty practice entailed doing but not knowing and the unsupportive context that perpetuated this. Identity and relationships described the lost identity of postanesthesia nursing and tension in the relationships with ICU.*
Conclusions: *Findings illuminate the challenges expert nurses face when an unplanned practice change is implemented.*

Keywords: *perianesthesia nursing, ICU, PACU, qualitative studies, ICU Overflow.*
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THE COMPLEXITY OF CURRENT health care requires new efficiencies to support high-quality care. One efficiency is placing intensive care unit (ICU) patients in the postanesthesia care unit (PACU) as "overflow" patients when there are no beds in ICU. This practice seems logical: these are critically ill patients who require intensive care, postanesthesia nurses are critical care nurses, PACU is a critical care environment, and so this would seem a good solution to bed shortages. However, there has been little analysis of the impact of this practice on nurses, despite the fact that there might be risks in light of the increasing acuity and complexity of care. The site of this study, a 350-bed hospital, provided an opportunity to explore the experiences of PACU nurses as their work environment adopted the practice of caring for ICU patients in PACU. The purpose of this study was to understand the experiences of postanesthesia nurses caring for ICU patients in PACU.

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Conflict of interest: None to report.

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1089-9472/$36.00
http://dx.doi.org/10.1016/j.jopan.2013.05.014

Literature Review

The American Society of PeriAnesthesia Nurses (ASPAN) standards state that PACU is a critical care area and the nurses working in PACU should meet critical care competencies. ASPAN, in collaboration with the American Association of Critical Care Nurses and the American Society of Anesthesiologists, developed a position statement on ICU overflow patients in PACU[1] indicating support for this practice and emphasizing the importance of appropriate staffing levels and nursing competencies. This position reflects the idea that it is appropriate for critical care patients to be cared for by critical care nurses in a critical care area. Less is known, however, about how nurses should develop and maintain those competencies or about the impact of this transition on nurses' working lives. In an early account, Lindsay[2] described a practice change of recovering surgical ICU patients overnight in PACU. Challenges that arose during this transition included determination of physician coverage, maintenance of low-frequency skills for the nurses working in PACU, and communication between ICU and PACU regarding patient flow and appropriateness of patient selection. Guidelines were provided to assist in making a smooth transition[2]; however, Lindsay acknowledged that it was challenging to keep staff feeling competent with low-frequency skills. Johannes[3] distributed a questionnaire to postanesthesia nurses to explore the experiences of nurses caring for ICU overflow patients in PACU. Concerns included staffing levels, physician coverage, safety due to lack of central monitoring, documentation, and privacy for patients. Johannes concluded that guidelines for overflow patients and an educational component for PACU nurses would be beneficial. Appropriate staffing levels and education for nurses are important factors to consider in this transition.[4]

Callaghan et al[5] conducted a study in the United Kingdom to analyze outcomes for patients who were cared for in PACU overnight after elective open aortic surgery. This study showed no change in patient outcomes. Unfortunately, although this study mentioned the importance of nursing expertise, there was no discussion of what supplemental education the nurses received or their experiences with this change in practice. Kiekkas et al[6] conducted a study in Greece documenting the number of ICU overflow patients cared for in PACU over an 18-month period and used the Project Research in Nursing (PRN) workload measurement tool to estimate nursing workload. This study concluded that the increased PRN workload mean for ICU overflow translated into increased total care time of 6.1% during morning shift, 11.9% during evening shift, and 32.2% during night shift, which was not supported with increased personnel. In summary, although caring for ICU patients in PACU is seen to be a viable and safe practice, little has been written about the specifics of such a practice change from the nursing perspective.

Methods

The design for this study was qualitative interpretive description, a method that was designed for a practice-based discipline such as nursing.[7] Interpretive description is an inductive method that seeks to understand and interpret clinical phenomenon in such a way that the knowledge gained can be applied in practice. Convenience sampling was used to recruit nurses to participate in semi-structured interviews about their experiences caring for ICU overflow patients. Six nurses chose to take part in the study, and although this is a small number, there were only 20 nurses working in PACU at the time. To be eligible for inclusion in the study, nurses had to hold a permanent part-time or full-time position in PACU and to have cared for an ICU overflow patient in the study period. The PACU under study was a 15-bed unit, located in a mid-sized hospital, staffed with registered nurses (RNs) from 0700-0200 7 days a week; two RNs provided on-call coverage from 0200-0700. Nurses were excluded if they were concurrently working in ICU. Participants were recruited through letters distributed in the workplace.

Individual semi-structured interviews were completed by the principal investigator using an interview guide (Table 1) at a location of participant's choice. Questions sought to elicit the participant's experiences with the change, strategies they used to cope with the change, and thoughts on how the change might have been managed differently. Participants filled out a demographic form before the interview. Interviews lasted 20 to 35 minutes. Field notes were written after each interview and were used to inform the context of the findings but were not coded. Interviews were digitally recorded, transcribed, and checked for accuracy.

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