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ORIGINAL ARTICLE

A critical ethnographic look at paediatric intensive care nurses and the determinants of nurses' job satisfaction

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Summary The aim of this study is to examine key features within the cultural context in a Canadian Paediatric Intensive Care Unit (PICU) environment as experienced by nurses and to identify what these influences are and how they shape nurses' intentions to remain at critically ill children's bedsides for the duration of their careers.

This is a qualitative study which follows a critical ethnographic approach. Over 20 hours of observation and face-to-face semi-structured interviews were conducted. Approximately one third of the nursing population at the research site PICU were interviewed ($N = 31$).

Participants describe a complex process of becoming an expert PICU nurse that involved several stages. By the time participants became experts in this PICU they believed they had significantly narrowed the power imbalance that exists between nursing and medicine. This study illuminates the role both formal and informal education plays in breaking the power barrier for nurses in the PICU. This level of expertise and mutual respect between professions aids in retaining nurses in the PICU. The lack of autonomy and/or respect shown to nurses by administrators appears to be one of the major stressors in nurses' working lives and can lead to attrition from the PICU.

Family Centred Care (FCC) is practiced in paediatrics and certainly accentuated in the PICU as there is usually only one patient assigned per nurse, who thus afforded the time to provide comprehensive care to both the child and the family. This is considered one of the satisfiers for nurses in the PICU and tends to encourage retention of nurses in the PICU. However, FCC was found to be an inadequate term to truly encompass the type of holistic care provided by nurses in the PICU.

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Implications for Clinical Practice

- Nurses attain a certain level of expertise (expert status) and knowledge that allows them to equalise their relationship with physicians.
- The impact of patient death on the PICU nurse, while distressing, does not appear to cause severe distress, in fact it may be one of the more satisfying components of the job. Due to the fact that the nurse has time to spend with the family and the dying child, he/she is encouraged to make the experience as tolerable as possible for both patient and family. This is an aspect of Family Centred Care.
- This study has shown that the term and philosophy surrounding Family Centred Care is too limiting really to encompass the practice/philosophy of health care workers in the PICU. Also, in all of the explanations and definitions of Family Centred Care there is no mention of the health care worker and the effect Family Centred Care may have on the carer.
- Often, many of the actions or demands of administration, such as 'floating' nurses to other units if the PICU is quiet and doubling of patients if there is not enough staff, undermined the sense of team and belonging that are fundamental to retention of the PICU nurse.

Introduction

Paediatric Intensive Care Units (PICU) are highly stressful, fast-paced environments, to which it is increasingly difficult to recruit qualified nursing staff (Bratt et al., 2000). Although difficulties in recruitment and retention are well documented, there is minimal research as to how the culture or environment of a PICU contributes to nurses' intentions to remain in or leave bed-side nursing in PICU's. The aim of this study is to examine the cultural context in a Canadian Paediatric Intensive Care Unit and its environment, as experienced by nurses; and to identify those key cultural features that shape nurses' intentions to remain at PICU bed-sides for the duration of their careers.

Background

It is predicted that in the next twenty years the world will be faced with a severe nursing shortage. The World Health Report in 2003 noted: ''The most critical issue facing health care systems is the shortage of people who make them work'' (WHO, 2003, p. 110).

To understand why nurses stay or leave PICU we must understand what it is that influences their work environment. Duquette et al. (1994) found that burnout is a complex phenomenon with multiple dimensions that contribute to nursing attrition. The authors identified that demographic factors such as age, nursing grade and experience appear to be linked to burnout in nursing. Burnout is a combination of several factors which are significantly influenced by workplace environment. In 1994 a literature review of the existing data regarding factors related to burnout in nurses was conducted (Duquette et al., 1994).

Intent to stay in a job is associated with job satisfaction (Mealer et al., 2009). Borda and Norman (1997) reviewed the nursing literature to identify the factors with the greatest influence on turnover and absence of qualified nurses. The proposed causes of the high turnover include poor remuneration, lack of autonomy, lack of respect in the workplace, death, over-work and burnout (Epps, 2012).

Children are approximately twenty percent of our population. Children in developed countries do not suffer mortality and morbidity of diseases to the same extent as that of the ageing adult population. However, while this smaller population cohort places less of an overall service demand on the health care system, the physiological and psychosocial challenges associated with caring for children, and particularly those who are critically ill, are often significant for health care providers.

In Canada critically ill children are usually cared for in a PICU. As in other highly specialised care units in hospitals, PICUs often develop a ''culture''. A culture (or subculture) of PICU is implied but rarely explored in the literature. A subculture encompasses a set of subconscious beliefs, attitudes and assumptions that are shared by staff (Ohlinger et al., 2003). The subculture of the PICU and its impact on a nurse's intention to stay at or leave the bedside has not been explicitly examined.

Power and knowledge

Culture within large organisations is neither universal nor consistent. Within each organisational culture are varying degrees of integration due to the existence of subcultures (Hagberg and Heifetz, 2000; LaBarre, 2001). Subcultures are groups of people that work as departments, units or teams, and may have unique values, norms, beliefs and assumptions (Kaufman, 1999). The way relationships are structured in health care organisations is informed by culture (Hagberg and Heifetz, 2000), with consequences affecting the overall satisfaction and quality of work life of health care workers (Canadian Council on Health Services Accreditation, 2004; Varcoe et al., 2003). In order to discuss human relationships within a cultural context, power and knowledge need to be considered. Power is central to the theory of truth in critical epistemology, which is based in common forms of communication (Carspecken, 1996). The relation between power and knowledge is of great importance.

The PICU nurse has another component that influences job satisfaction, i.e. families (Bratt et al., 2000). The relationships that nurses develop with families in this intense and often tragic period of a child's life are fundamental to the nurse's concept of being satisfied with his/her work. The nurse does not care for the child in isolation; rather, he/she cares for the family as a unit with the child at the centre (Epps, 2012). Foglia et al. (2010) conducted a study in PICU

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