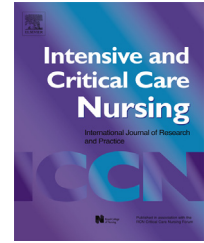




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ORIGINAL ARTICLE

Intensive care unit nurse managers' views regarding nurse staffing in their units in South Africa



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KEYWORDS

Intensive care unit;
Intensive care unit manager;
Nurse staffing numbers;
Qualitative research

Summary

Aim: To explore the views of the intensive care unit (ICU) nurse managers regarding nurse staffing in the large ICUs.

Design and methods: A qualitative design was used to explore the views of the ICU managers. Four individual interviews were conducted with ICU managers. The interviews were audio recorded; transcribed verbatim and content data analysis was undertaken. The settings were ICUs of four private hospitals in the Tshwane metropolitan area in Gauteng Province, South Africa.

Results: Two themes that emerged from the data were shortage of competent and trained nurses and problems with agency nurses. Shortage of competent and trained nurses was associated with the global shortage of nurses; and led to increased patient-to-nurse ratios and the use of other categories of nurses, other than professional nurses. The problems with agency nurses were lack of ICU experience and lack of commitment to their professional work. These brought about risks in the provision of quality nursing care.

Conclusions: Adequate numbers of competent and committed nurses is essential for efficient patient care and favourable outcomes in the ICUs.

Clinical implications: The findings demonstrate the importance of provision of ICU trained nurses for patient care, rather than nurse staffing simply to balance the numbers.

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Implications for Clinical Practice

- This article contributes to the literature about nurse staffing in intensive care units, as it explains the challenges with regard to the provision of nursing workforce and the type of nurses currently employed in the intensive care units. Little has been explored regarding these in the South African context.
- The use of agency staff and other categories of nurses other than professional nurses has long been a debate for intensive care nurses in South Africa.
- The study emphasises the importance of nurses' accountability and responsibility.

Introduction

An intensive care unit (ICU) is a specialist unit where critically ill patients are cared for, staffed by specialist personnel. They are equipped with a range of monitors and life-support equipment that can sustain life in previously fatal situations, including trauma. The environment in the ICU is highly technological, requiring nurses to have a broad skills and knowledge base and a high level of decision making skills (De Beer et al., 2011).

Intensive care units are staffed primarily by nurses who are ICU trained or non-ICU trained but experienced in working in ICU as well as other health care professionals. Nurse staffing in the ICU is not just to balance the numbers of nurses to the patients. The allocation of ICU nurses to patients is influenced by the patients' acuity levels in order to match the competence of the nurse with the severity of illness of the patient. Careful consideration is taken of the competency of ICU nurses to provide care to the patients. Ääri et al. (2008) and later Lakanmaa et al. (2012) indicate that competence in intensive care nursing is based on a specific knowledge base, skill base, attitudes and values. The World Federation of Critical Care Nurses' (WFCCN, 2005a,b) position statement on the provision of a critical care nursing workforce, states that "careful planning is required to ensure an appropriate balance of staff skills and attributes to allow for safe effective care and learning environment for novice critical care nurses when developing a nursing workforce" (Gillespie et al., 2006: 51; Williams, 2009).

Because of the specialist nature of their work, ICU nurses require skills and knowledge that are not typically included in the basic nursing programmes of most countries in order to fulfil their role (WFCCN, 2005a,b). When determining nurse staffing needs in the unit therefore, the professional and ethical competencies and responsibilities of the individual critical care nurse should be taken into account. The ratio of nurse to patient should also be determined that is acceptable for the acuity levels of the patients (Scribante and Bhagwanjee, 2007). However, nursing shortages are evident and related to both increased demand and decreased supply of ICU qualified nurses (Gillespie, 2006).

Nursing shortage refers to a situation where the demand for nursing professionals, such as Registered Nurses (RN), exceeds the supply, either locally, that is, within a given health care facility, nationally or globally. Nursing shortage can be measured when the nurse-to-patient ratio, the nurse-to-population ratio, or the number of job opportunities necessitates a higher number of nurses working in health care than currently available (Goulette, 2010). According

to World Health Organisation (WHO) Reports, shortage of nurses can result from underinvestment in training, wages, working environment and management (Kinfu et al., 2009).

In 2006 an international survey by the International Council of Nurses (ICN) reported a widespread shortage of critical care nurses (Gillespie et al., 2006; ICN, 2006). Critical care nurses account for an estimated 24% of the total number of nurses working in the hospital setting in the United States of America (US) (Hamilton and Yau, 2009). There were concerns about the general shortage of qualified nurses to provide patient care in the US (Stone et al., 2006); with shortfalls of many nurses routinely predicted. Williams (2013) indicates that these predictions have been good for nursing schools, as they have been able to use the promise of employment opportunities to a number of nursing students over the past years. However, an estimate of 43% of newly-licensed Registered Nurses (RNs) in California, US cannot find jobs within 18 months of training completion (Williams, 2013). Williams (2013) further indicates that what appears to be a nursing surplus rather than shortage, has not changed to the ICU environment; because older, experienced nurses leave the ICU for a variety of reasons with a lack of experienced nurses available to replace them. With regards to recruiting new nurses, the cost of training a new graduate in the ICU environment is often not economically practical.

In South Africa the general decline in the number of trained nurses, including critical care nurses was evidenced by the statistics of registered nurses from the South African Nursing Council (SANC) roll (Subedar, 2006). Only 25% of nurses in the ICUs in South Africa are qualified ICU nurses (De Beer et al., 2011). Consequently the ICUs rely on experienced but not ICU trained nurses and newly qualified nurses to provide nursing care in ICU (Matlakala, 2012). Furthermore, 21% of nurses working in ICU are enrolled nurses who have a restricted scope of practice with the responsibility beyond them (Scribante and Bhagwanjee, 2007). Enrolled nurses in South Africa are a category of nurses who have completed a two-year academic course and registered with the SANC as such (SANC, 2005). Enrolled nurses are guided by their scope of practice and duties are performed under supervision of the Registered Nurse. The scope of practice of enrolled nurses does not qualify them to work in ICU. Also according to Brush et al. (2004) accelerated recruitment by developed countries such as the US, United Kingdom and Australia has placed more pressure on the South African health care system.

Matlakala et al. (2014) indicate that in South Africa, the current trend of hospitals in Gauteng Province is to create large ICUs with 12 or more beds. The creation of large

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