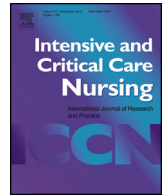




Contents lists available at [ScienceDirect](#)

## Intensive and Critical Care Nursing

journal homepage: [www.elsevier.com/icc](http://www.elsevier.com/icc)



Clinical research article

# Challenges and factors likely to promote coping as anticipated by nurses preparing for a merger of intensive and intermediate care units

Mari Salminen-Tuomaala<sup>a,\*</sup>, Liisa Ala-Hynnälä<sup>b</sup>, Kati Hämäläinen<sup>b</sup>, Heikki Ruohomäki<sup>b</sup>

<sup>a</sup> Seinäjoki University of Applied Sciences, School of Health Care and Social Work, Koskenalantie 17, 60220, Seinäjoki, Finland

<sup>b</sup> South Ostrobothnia Hospital District

### ARTICLE INFO

*Article history:*  
Accepted 15 July 2017

*Keywords:*  
Nurse  
Qualitative research  
Anticipated experiences  
Support  
Restructuring

### ABSTRACT

*Objective:* To describe challenges and factors that support coping as anticipated by nursing staff preparing for a merger of intensive and intermediate care units.

*Research methodology:* The method of empathy-based stories was employed to collect data from staff. The stories (n = 20) were analysed using inductive content analysis.

*Setting:* Nursing staff from the cardiac observation and evaluation, intensive care and surgical observation units in a central hospital in Finland.

*Findings:* Participants anticipated challenges related to personal factors that affect coping at work, challenges in co-operation among nursing staff and problems associated with the new work context. Participants expected to need informational, concrete and social support from colleagues in future clinical nursing situations.

*Conclusion:* Fostering peer support and team spirit is important to ensure staff co-operation and smooth care processes following restructuring.

© 2017 Elsevier Ltd. All rights reserved.

### Implications for clinical practice

- Healthcare managers should pay special attention to promoting staff co-operation and ensuring a good work atmosphere when preparing for restructuring.
- Staff's physical coping and mental resources should be supported and their professional competence strengthened by offering continuing education.
- It is important that managers are aware of their role as providers of informational, social and concrete support to staff.
- Listening to and taking into account staff's experiences is important in organisations undergoing change.

### Introduction

Organisational changes commonly bring on challenges and increase hospital staff's need for support. This article introduces a central hospital in Finland, which has sought to prepare for change by applying an anticipatory model and by arranging collaborative workshops for staff. In 2018, the hospital will open a new intensive and intermediate care unit, created with help of evidence-based design. The new unit will combine three existing units, currently responsible for cardiac observation and evaluation, intensive care

and surgical observation. The contemporary open-space care context divided by curtains will be replaced by single patient rooms, which is expected to improve patients' privacy and reduce their stress. Despite their obvious advantages, the restructuring of units and the introduction of the single patient room policy are changes that might also create problems for the smooth function of the nursing team.

Researchers have found evidence of how mergers of units and reorganisation of services can represent a source of stress for nursing staff (Aiken et al., 2001; Way et al., 2005; Nordang et al., 2010). In the early stages of the restructuring process, nurses have been reported to be especially concerned about patient safety and the quality of the care (Spence Laschinger et al., 2001; Wynne, 2004; Valentin and Ferdinande, 2011). A study reports that patient safety

\* Corresponding author.  
E-mail address: [mari.salminen-tuomaala@seamk.fi](mailto:mari.salminen-tuomaala@seamk.fi) (M. Salminen-Tuomaala).

and teamwork are considered to be among the most vulnerable dimensions of the safety culture during restructuring (Vifladt et al., 2016). Staff members often feel that they do not receive sufficient support from their colleagues or management (Aiken et al., 2001; Spence Laschinger et al., 2001; Tervo-Heikkinen et al., 2008; Harmoinen et al., 2014).

Despite changing care contexts, patient safety must remain a primary concern. It requires, according to *The Finnish Patient Safety Strategy (2009)*, quality and risk management and making the best of the resources available. The overall safety culture, here defined as an integrated pattern of individual and organisational behaviour based on shared values that promote patient safety (*European Union Network for Patient Safety, 2010*) should become a focus of attention when planning and accomplishing restructuring. Anticipation of safety risks and identification of critical points in the care pathway become crucial. Risks can be diminished if commonly agreed practices and policies are observed in the organisation; the importance of meaningful rules and practices is magnified during change. (Valentin, 2013.) Immediate managers have a key role to play in helping staff cope by fostering team work and team spirit (Corrigan et al., 2001; Salmela et al., 2013). It has been reported that well-functioning teamwork affects patient safety positively and that optimal working conditions combined with an encouraging atmosphere decrease errors in intensive care units (Hawryluck et al., 2002; Valentin et al., 2013; Basuni and Bayoumi, 2015). Open discussion of patient safety issues can also reduce stress in staff (Thomas et al., 2003; Lingard et al., 2004). Successful teamwork and communication, combined with clearly formulated common policies benefits both patients and nursing staff (Sexton et al., 2000; Pronovost et al., 2003). In addition to the research mentioned above, the effect of restructuring intensive care facilities has also been studied from the perspective of clinical care and outcomes (Aiken et al., 2001).

#### *The context of the study*

In the case under study, the development of the new care context and practices relies on expert recommendations, standards and criteria for intensive care, reached through international consensus (Brilli et al., 2011; Valentin and Ferdinande, 2011). In its effort to promote and maintain patient safety and ensure safe, continuous care throughout the critically ill patient's care pathway despite the restructuring process, the hospital has applied the Foresight Framework Model and the Pathfinders method (Carleton et al., 2013). The Foresight Framework Model can be used to anticipate and manage change by creating alternative visions for the future. In this case, the aim was to identify, anticipate and evaluate critical points in the creation of the new intensive-intermediate care context and to prevent human error by formulating a new action model. The purpose of the Pathfinders method is to use knowledge of how innovations have previously been established in the organisation. This can involve identifying events that help to accelerate development and events that hinder the progress of the innovation. The method is based on the idea of wayfinding, or the idea of navigating physical space with visual cues, maps and landmarks. (Carleton et al., 2013.)

Four rounds of workshops were arranged for the entire nursing staff of the units to be merged before the actual implementation of the change. Three rounds of workshops were held in 2015, with each round comprising 4–5 components and bringing together 5–10 participants at a time, while the fourth workshop was arranged for the whole staff of the future intensive-intermediate care unit in February 2016. The work, based on a combination of the Foresight Framework Model and the Pathfinders method, proceeded through five phases. The purpose of phase 1 (Perspective) was to develop a long clear view based on the organisation's his-

tory. Participants focussed on identifying contemporary factors that promoted patient safety and smooth teamwork and should thus be retained in the new context of single patient rooms. Phase 2 (Opportunity) involved exploring the promising opportunities provided by the new unit, and reflecting on how to accommodate them in relation to patient safety, command of work and development of nursing competence. In phase 3 (Solution), a practicable prototype was constructed. Participants defined the essential components of the new action model and created preliminary process models, whose purpose was to guide all nursing care and detect any critical points. The last phases 4 (Team) and 5 (Vision) were reached during the fourth workshop. Participants summarised and discussed the most important results so far and sought ideas for supporting the coping of nursing staff. (cf. Carleton et al., 2013.)

The current paper is based on material produced during phase 4. Participants were asked to write a short narrative or a visionary story on the challenges and peer support they anticipated or expected to have in the new unit. Studying the experiences of nursing staff during organisational change is a good point of departure for the development of actions that can promote staff coping.

#### **Methods**

##### *Research questions and objectives*

The purpose of the study was to describe nursing staff's anticipated experiences of working in the new unit. The research questions were:

1. What kind of challenges do members of the nursing staff anticipate when preparing for the introduction of the new unit?
2. Which factors do nurses see as likely to promote their coping in the early stages of running the new unit?

##### *Setting, participants and data collection*

The target group consisted of twenty nursing staff members in the current cardiac observation and evaluation, intensive care and surgical observation units. The method of empathy-based stories was used to acquire data. Voluntary participants were asked to write a narrative based on the investigator's frame story (Eskola, 1998; Saaranen-Kauppinen and Puusniekka, 2009). The idea was that, inspired by the situation in the frame story, participants would continue the story in their own words. Empathy-based stories, commonly utilized in social sciences, were selected as a tool, because the method allows participants to freely anticipate and reflect on future events. In nursing science, the method has been used, for example, to study managers' views of the effects of clinical supervision (Hyrkäs et al., 2005). In this case, the method produced information about future challenges, staff's needs for support and other factors that should be taken into consideration during the restructuring process. Narratives written using this method are not necessarily descriptions of reality (Eskola, 1998); they can also represent, possibilities, meanings and potential scenarios writers attach to the elements presented in the frame story. The method can also generate new perspectives and rich, meaningful data on both individual and shared social or cultural meanings that respondents attach to a phenomenon in a given context (Suoranta, 1995; Eskola, 1998; Posti-Ahokas, 2013; Wallin et al., 2015).

For this study, participants were met by the investigators, given instructions and asked to anonymously continue a frame story, which had been pre-tested with two nurses. Respondents had 30 minutes to respond to the following frame story:

*"The new intensive and intermediate care unit will be opened in three weeks. There are still some challenges related to the operation*

Download English Version:

<https://daneshyari.com/en/article/8570713>

Download Persian Version:

<https://daneshyari.com/article/8570713>

[Daneshyari.com](https://daneshyari.com)