Critical Care Nursing

The New Zealand Nurses Organisation library is often asked by members for information on Critical Care Nursing. This list is a selection of resources that can be provided by the NZNO library, or located via the internet.

Critical Care Nurses Section (NZNO)

Aims
- To be the recognised professional organisation of all Critical Care Nurses in New Zealand.
- To promote Critical Care Nursing and increase the profile of Critical Care Nurses.
- To disseminate standards of practice and standards for education in Critical Care Nursing.

The official newsletter of the Critical Care Nurses Section.

Critical Care Associations – Overseas

**American Association of Critical Care Nurses**
AACN is dedicated to creating a healthcare system driven by the needs of patients and families where critical care nurses make their optimal contribution.
http://www.aacn.org/

**Australian College of Critical Care Nurses**
The Australian College of Critical Care Nurses represents over 2,500 critical care nurses nationally. Our members work across the critical care clinical spectrum - emergency, coronary care, high dependency, cardiothoracic and general intensive care units, and academic and educational settings. Our College activities focus on the care of both adult and paediatric critically ill patients, and includes many clinical sub-specialities and professional issues (Advisory Panels).

**British Association of Critical Care Nurses**
BACCN aims to provide opportunities and services for members which support personal and professional development, and promote the art and science of critical care nursing
http://www.baccn.org.uk/

**Canadian Association of Critical Care Nurses**
The CACCN is a non-profit, specialty organization dedicated to maintaining and enhancing the quality of care provided to critically ill clients and their families. CACCN aims to meet the professional and educational needs of critical care nurses.
http://www.caccn.ca/
European Federation of Critical Care Nursing Associations
EfCCNa is the only formal network for Critical Care Nursing organisations in Europe.
http://www.efccna.org/

PedsCCM: Pediatric Critical Care Nursing
A multidisciplinary and practical resource for Paediatric Critical Care on the internet. It contains original, peer reviewed content and many useful links to other material on the web.
http://pedsccm.org/

Journal articles – Kai Tiaki

Alliston, S & Atherton, S. (2011, November). Caring for carers in critical care: working in intensive care is stressful and demanding. One intensive care unit is helping address this through a system of peer support and a well structured new graduate programme. Kai Tiaki Nursing New Zealand. 17 (10), 12.

O’Connor, T. (2010, May). Providing intensive care: an air of mystery can surround intensive care units (ICU). But nurses working at Christchurch Hospital’s ICU maintain good communication— with patients, families and colleagues—is at the heart of their work. Kai Tiaki Nursing New Zealand. 16(4), 15.

Pirret, A. (2011, November). Building foundations for the future: over the last 20 years, critical care nursing practice has experienced both success and taken a few backward steps. Learning from mistakes provides a foundation for the future. Kai Tiaki Nursing New Zealand. 17(10), 16.

Pirret, A. (2011, November). Critical care nursing—looking back to learn about the present: critical care nursing has come a long way since it developed in New Zealand in the 1960s. Looking back on those early years provides a number of perspectives on current nursing practice. Kai Tiaki Nursing New Zealand. 17(10), 14.

Journal articles – International


Abstract: This paper is a report of a study to investigating the incidence types and causes of medication errors (MEs) and the consequences for patients.

Background: Medication errors are a common problem in hospitals around the world, including those in Brazil.

Method: An exploratory, quantitative survey design was used and 44 adult inpatients were studied over a 30-day period in 2006. Three different methods were employed: anonymous self-reports, staff interviews and review of patient prescriptions.

Findings: A total of 305 MEs was observed. The mean (sd) number was 6·9 (6·8) per patient. The numbers of MEs per day differed statistically significantly between the two groups with length of stay in the intensive care unit of <1 week and more than 1 week, respectively, with mean (sd) of 0·4 (0·38) vs. 0·73 (0·39) The most frequent types were: omission (71·1%), wrong time of administration (11·5%), and prescribing errors (4·6%). The main causes were: medication not available in the hospital (41%); pharmacy stocking and delivery problems
(16-3%); transcription errors (11%). No death was directly related to any ME.

**Conclusion.** There is a need to develop a culture of safety and quality in patient care. An understanding of the profile of ME types and frequencies in an institution is fundamental to raise awareness and implement measures to avoid them. Structural and procedural changes in hospital organization, with a focus on the efficacy, efficiency, and effectiveness of the medication system are needed to reduce MEs. [ABSTRACT FROM AUTHOR]


**Abstract:** To examine the feelings, support and feedback available to health care assistants (HCA) when caring for acutely ill ward patients. Background The role of the HCA continues to evolve with increased responsibility for patient care. Contextual issues that affect their contribution to acute care management of the ward patient have been given limited attention.

**Methods.** A survey of HCAs (n = 131) was conducted within two district general hospitals. Results There were a number of emotions and stressors associated with the care of acutely ill patients. While normal hierarchical systems were in place in order to obtain help HCAs additionally bypassed these normal channels. Support mechanisms included registered nurses, ward doctors, peers and family. Feedback regarding performance was limited.

**Conclusion.** HCAs play a significant role in the care of the acutely ill patient. Feedback mechanisms need to be developed and associated emotions recognized. Implications for nursing management HCAs support needs to be more evident and clinical feedback mechanisms need to be reviewed in order to improve care delivery. [ABSTRACT FROM AUTHOR]


**Abstract:** Technical know-how and understanding patients’ experiences during treatment are the basis of modern critical care nursing, says Sue Cottle. Critical care nurses at Ashford and St Peter’s Hospitals NHS Trust are changing the face of critical care nursing. Six years after the Department of Health (DH) published its report on comprehensive critical care (DH 2000), nurses are pioneering a more patient-focused service. One consequence has been more and better career development opportunities. Not only are nurses working in the critical care unit (CCU), but they are also gaining experience of caring for critically ill patients from admission to discharge.


Access the fulltext of this article

**Abstract:** Many hospitals have well-planned nursing competency assessment programs, but these are meant to measure competency in traditional bedside roles, not in tele-intensive care unit (tele-ICU) nurses practicing remotely.

**Objective:** To determine whether current tele-ICU programs have a formal competency assessment program and to determine when and how competency of tele-ICU nurses is assessed.

**Method:** A 20-question survey was provided to a convenience sample of the 44 known tele-ICU programs nationally. **RESULTS:** Of the surveys distributed, 75% were completed and returned. A formal competency assessment policy for assessing nurses' competency at the time of hire, during orientation, and ongoing was in place at the workplaces of 85% of respondents. The most common methods for competency validation were performance appraisal and observation, although peer review and self-assessment also were used. Respondents identified the following competencies as the highest priorities for defining tele-ICU nurse practice: effective listening, prioritization, collaboration, and effective use of tele-ICU application tools.

**Conclusion:** Although awaiting development of professional practice standards, many tele-ICU programs currently measure the competence of tele-ICU nurses through competency programs. [ABSTRACT FROM AUTHOR]


**Abstract:** This paper is a report of a study exploring intensive care nurses’ experiences of conflicts related to practical situations when they encounter culturally diverse families of critically ill patients.

**Background.** Conflicts can arise in critical care settings as a result of differing cultural and professional values. Nurses and families with diverse cultural backgrounds bring beliefs and understandings to the care situation that can have an impact on the care process. Such families are challenged in their efforts to maintain traditions, while some nurses are not sufficiently culturally aware. A limited number of studies have focused on such conflicts.

**Method.** Sixteen critical care nurses took part in multistage focus group interviews conducted from October 2005 to June 2006. The data were analysed using qualitative content analysis.

**Findings.** The main theme, ‘conflict between professional nursing practice and family cultural traditions’, was based on three pairs of conflicting themes: ‘culturally based need to participate actively in the care vs. nurses’ professional perceptions of themselves as total care providers’; ‘nurses’ professional obligation to provide comprehensible information vs. culturally based communication difficulties and responses to illness’; and ‘families’ needs for cultural norms and self-determination vs. nurses’ professional responsibility for the clinical environment’. In addition, each pair of themes contained several sub-themes.

**Conclusion.** Nurses need to negotiate with culturally diverse family members to address conflicts. In their encounters with such families, they should establish a balance between ethnocentricity and cultural sensitivity. An implication for practice is to increase nurses’ competence in assessment of diversity. [ABSTRACT FROM AUTHOR]

Abstract: This article examines the provision of patient centred care in an intensive care unit where patients’ autonomy may be compromised. It discusses the Synergy Model as a framework for encouraging nurses to transform a technical and potentially dehumanising environment into a humane and healing place.


Abstract: Healthcare associated infections (HCAI) are a significant problem in healthcare settings worldwide. The risk of HCAI is higher in patients undergoing multiple invasive procedures such as those requiring intensive care. A pilot study was undertaken to determine the incidence of intensive care unit (ICU) acquired infection in Scotland and to test the feasibility of the implementation of a surveillance system to measure ICU acquired infection in Scottish hospitals.


Abstract: Many novice managers feel unprepared to handle some of the situations that occur as a daily part of their job. It is important to provide an environment through which novice managers can receive training and develop skills in effective communication in complex nursing environments. Simulation-based training can provide a safe, interactive way for new managers to develop their communication and leadership skills. This type of training allows novice managers to increase their confidence and improve their job satisfaction and their management skills. [ABSTRACT FROM AUTHOR]


Abstract: This paper is a report a study of critical care nurses’ experiences of grief and their coping mechanisms when a patient dies.

Background. The goal of patients entering critical care is survival and recovery. However, despite application of advanced technologies and intensive nursing care, many patients do not survive their critical illness. Nurses experience death in their everyday work, exposing them to the emotional and physical repercussions of grief.

Method. This study adopted a Heideggerian phenomenological approach, interviewing eight critical care nurses. Data collection occurred in 2007/8. Interviews were transcribed verbatim and themes generated through Colaizzi’s framework.

Findings. Participants reported feelings of grief for patients they had cared for. The death of a patient was reported as being less traumatic if the participant had perceived the death to be a ‘good death’, incorporating expectedness and good nursing care. They described how a patient’s death was more significant if it ‘struck a chord’, or if they had developed ‘meaningful engagement’ with the patient and relatives. They denied accessing formal support: however, informal conversations with colleagues were described as a means of coping. Participants exhibited signs of normalizing death and described how they disassociated themselves emotionally from dying patients.

Conclusion. There are many predisposing factors and circumstantial occurrences that shape both the nature of care of the dying and subsequent grief. Repeated exposure to death and grief may lead to occupational stress, and ultimately burn out. Emotional disengagement
from caring for the dying may have an impact on the quality of care for both the dying patient and their family. [ABSTRACT FROM AUTHOR]

Stacy, Kathleen M. (2011, June). Progressive Care Units: Different but the Same. Critical Care Nurse, 31 (3), p77-83
Abstract: The article highlights that progressive care units (PCUs) are all designed to provide patients with the same level of nursing care, and any differences between them are only superficial. It explores different names for a PCU in varied hospitals with same functioning, and describes a synergy model reflecting on patients' characteristics and PCU nurses' core competencies. Also highlighted is the need for intensity nursing care, surveillance, and admission/discharge criteria for patients.

Abstract: The article discusses a checklist used by hospitals in Michigan for the elimination of central-line-associated bloodstream infections (CLABSIs) from intensive care units (ICUs). The checklist was developed by Peter Pronovost, director of the Quality and Safety Research Group at the John Hopkins University School of Medicine in Baltimore, Maryland, and is based on an infection-control guideline from the Centers for Disease Control and Prevention (CDC).

Abstract: This paper puts forward the case for applying a systems approach to the analysis of hospital-based infection outbreaks. A major advantage of the systems approach is that it affords insights into how actions or occurrences at one system level (e.g. individual error) collectively interact with team (e.g. leadership style) and organisational (e.g. safety culture) levels of analysis. Most of the research concerned with behavioural aspects of infection control has focused on a single level of analysis (e.g. interventions to improve hand washing). The infection outbreaks at the Maidstone and Tunbridge Wells NHS Trust are used as a case study in order to demonstrate the usefulness of the systems approach.

Copies of the above items are available on request

If you wish to visit the NZNO library please make an appointment to ensure staff are available to assist you.

The NZNO Library is open Monday to Friday 8.30-4.30 pm.
You can find us at L3, 57 Willis St, Wellington.
Phone: 04-494-6398
Fax: 04-382-9993
Mail: PO Box 2128, Wellington 6140
Email: library@nzno.org.nz

The NZNO library seeks to satisfy your information needs in the professional and industrial aspects of nursing.

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