

Take control by letting go? Sustainable employability of nurses in Intensive Care Units

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1 | INTRODUCTION

Globally, work-related stress experienced by nurses working in the Intensive Care Unit (ICU) is a topic of utmost importance.¹ The coronavirus disease 2019 (COVID-19) pandemic has placed an extra focus on the impact of work-related stress, and we must address its causes and consequences to prevent attrition from ICU practice. The purpose of this commentary is to reflect on this topic from our own practical experiences working as ICU nurses and a qualitative study that was conducted during the first COVID-19 wave in the Spring of 2020.² We believe that it is of international importance to prepare nurses for a more future-proof ICU environment that aims for sustainability in critical care nurse staffing. The lessons learned from the COVID-19 crisis can accelerate this transformation process.

2 | ICU NURSE IDENTITY

Providing person-centred care for the sickest, most vulnerable patients and their relatives is the core of daily practice in critical care nursing. Although ICU nurses work in interdisciplinary teams, they have their own professional responsibility in the nursing domain and work activities. ICU nurses derive their professional identity from aspects such as being able to personally provide high-quality care in a complex technical environment combined with sense making in compassionate relationships with the patient and their relatives.³ A high workload potentially threatens the provision of high quality of care, thus affecting nursing identity as well as patient outcomes. Social support and team spirit, which have been identified to counterbalance work-related stress, are positively associated with job satisfaction and sustainability for work.⁴ Therefore, social cohesion in ICU teams

appears to be a valuable aspect in maintaining a positive nursing work environment.

3 | IMPACT OF COVID-19 ON ICU NURSES

The COVID-19 pandemic showed that peaks in workflow lead to exhaustion, posttraumatic stress, depression and anxiety among ICU nurses.^{5,6} Although the prevalence of these mental health-related impairments is varied because of different measuring instruments and health policies across countries and work environments, it is clear that ICU nurses were thrust into a new experience, and some have suffered severe psychological challenges.^{7,8} This emotional strain was caused by a significant overload in nursing time spent per patient^{9,10} as well as increased exposure to moral distress.^{1,11} The risk of attrition from work, which might result in an unintentional brain and skills drain, could be prevented with suitable strategies such as collegial (peer) support and inspiring sessions to enhance the team spirit. A recent scoping review suggested practical approaches to build and maintain resilience among frontline health care professionals,¹² including monitoring health status and establishing a clear communication structure that is pitched on ensuring the well-being of ICU professionals.

4 | LESSONS LEARNED

From our practical experiences and interviews with 46 health care professionals (ie, ICU nurses, team managers and supportive care workers),² we learned that ICU nurses attach great importance to working in a safe environment within stable teams. Furthermore, ICU nurses valued opportunities to further develop their leadership skills

without losing sight of the core values of their work. This would make them more resilient and the nursing profession more future proof.

During the pandemic, many nursing staff were redeployed beyond their regular ICU walls. Most ICU teams worked with 'buddies', who were differently skilled nurses and support care workers, who supported trained ICU nurses and helped to reduce the suddenly increased workload. Although ICU nurses, buddies and team managers were aware that such new models of care were a necessity, these circumstances provided ambivalent, and often negative, experiences.² On the one hand, working with different levels of care professionals (1) provided opportunities for ICU nurses to develop and show their leadership skills, for example, by taking a more coordinating role and (2) allowed scaling up of critical care provision (positive experience). On the other hand, some ICU nurses had difficulty with (1) sharing their responsibilities and recognizing competencies of new and unfamiliar supportive care workers, which was experienced as an additional workload, and (2) letting go of 'usual care standards' of doing all the work themselves (ie, feeling responsible for the patient, doing everything and providing quality care) (negative experience).

Certainly, in the beginning of the pandemic, the work-related stress experienced among ICU nurses was increased despite this extra help. Nurses said that they found it difficult to be the coordinator of care for a few patients rather than looking after one patient directly. Furthermore, during the pandemic, many nurses were not able to provide high-quality person-centred care according to their professional and personal values. Some felt uncomfortable and unhappy with the fact that they had to reduce basic care to a minimum level. For example, one nurse reported she suffered most from the fact that basic oral care could not be provided. She considered this a professional failure. The blurring of tasks and responsibilities can affect ICU nurses' identity.

These positive and negative experiences have had a huge influence on ICU nurses.² Earlier research showed that having to let go of their usual standards negatively influenced their work satisfaction.¹³ In addition, delegating tasks and managing support staff unfamiliar with the ICU environment require skills that nurses are not yet familiar with. Therefore, appropriate new models of ICU nursing care in the future, beyond a next crisis, should be identified and explored.

5 | NEW MODELS OF NURSING CARE IN THE ICU

The COVID-19 pandemic showed that the ICU nursing profession is subject to change. Patient care is becoming more and more complex, and care for critically ill patients is increasingly provided outside the ICU walls. In addition, the shortage of specialized nurses is a massive problem that will not be solved in the near future.^{14,15} More health crises will probably follow. As a result, ICU nurses need to acknowledge these changes, face the consequences and take action to make their profession future proof. We believe it is essential that ICU nurses are able to care for more patients and learn to share responsibilities with supportive staff. To enable this transformation, several

steps need to be taken. Nurses may lack proficient leadership skills to meet these new demands.

Mastering skills, such as coordinating care of multiple patients, delegating care and responsibilities and sharing expertise beyond the ICU walls, is therefore a necessary first step in education. Furthermore, on a team level, Stalpers et al² showed that working in permanent teams in which members knew their colleagues personally and were familiar with each other's strengths and weaknesses was highly valued. However, it seems inevitable that nursing ICU teams have to adjust by using flexible 'harmonica' models, which means working with supportive care workers/buddies. Such flexible nursing work models might become the norm. Short team meetings (huddles) at the start of the shift, including clear agreements on professionals' capacities and responsibilities, can assist nurses working in these care models.¹⁶

This also applies to the nurse management support, especially in times of a crisis, which should be considered when new models of critical care delivery are utilized. We must also keep in mind that the future, as outlined here, may also provide opportunities for nurses. A higher level of autonomy, leadership and broadening of the ICU nursing profession offer career opportunities that may lead to reduced work-related stress and potentially retain more nurses in our profession.

6 | THE NEXT LEVEL OF ICU NURSING

We believe the future will demand a different approach to nursing care related to the worldwide shortage of ICU nurses and future pandemics. Therefore, as a profession, we should think now about how the work environment is changing. Developing new coordination skills in working with non-ICU nurse buddies is needed, as well as an increased recognition of each other's competencies. Further development of nursing leadership in daily ICU practice will provide fundamental changes in the ICU. We therefore state that ICU nurses must take control of their profession by letting go of historical ways of delivering nursing care.

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How to cite this article: Stalpers D, Tilburgs B, van Mol M.

Take control by letting go? Sustainable employability of nurses in Intensive Care Units. *Nurs Crit Care*. 2021;1-3. doi: 10.1111/nicc.12725