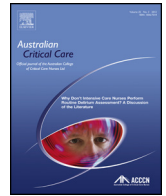




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An exploration of participants' experience of an intensive care nursing transition to specialty practice program

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ABSTRACT

Background: Transition to specialty practice programs were developed to support, educate and facilitate recruitment and retention of nurses in specialised areas of practice. The intensive care nursing transition to specialty practice program in this study was implemented in 2000. To date, in Australia there are no published studies which focus on intensive care nursing transition to specialty practice programs.

Objectives: The study aimed to explore the effects of an intensive care nursing transition to specialty practice program offered in two intensive care units in a single Australian health service.

Methods: A cross-sectional survey design was used. Quantitative data were collected from nurses who participated in the transition to specialty practice program from 2005 to 2015 using an anonymous online survey. Summary statistics and Chi-square tests were used to analyse the data.

Results: The response rate was 51.8% ($n=86$). Most of the transition to specialty practice program participants had medical nursing experience ($n=35$, 40.7%) or surgical nursing experience ($n=35$, 40.7%) prior to enrolling into the program. More than half ($n=46$, 53.5%) of the participants had worked in the intensive care units for more than two years post program. The majority of the participants ($n=60$, 69.8%) undertook post graduate education after the transition to specialty practice program.

Conclusion: Significant numbers of experienced nurses undertook transition to specialty practice program into intensive care and majority of the participants reported positive results of the program.

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1. Introduction

Intensive care nurses are integral to the safe delivery of care in intensive care units (ICU) as patients are highly vulnerable, often unstable with complex conditions and require intense and vigilant nursing care. Nurses working in an ICU should possess advanced skills in nursing care as well as knowledge of the complex conditions patients are likely to present with.¹ The severity of illness of ICU patients requires highly skilled nurses with sound assessment skills, who can make appropriate and timely clinical decisions in addition to all other fundamental nursing skills.² Comprehen-

sive assessment of ICU patients is crucial especially when they are sedated, ventilated and cannot verbally communicate.³ Therefore, nurses' high-level assessment and communication skills would be important.²

The Australian College of Critical Care Nurses (ACCCN) recommended that ICU nurses should hold an intensive care nursing qualification provided by a higher education institute as nurse's knowledge or qualifications are some of the factors which influence patient outcomes.^{4,5} The ACCCN⁴ further recommended that organisations that employ registered nurses without intensive care qualifications, have a responsibility to support the nurse to seek the required qualification which suggests that the emphasis is on patient safety.

Transition to specialty practice programs (TSPPs) were developed by health care organisations as an introduction (prior to post graduate study) to prepare nurses without ICU qualifications to

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work in the specialty area. The ACCCN⁴ emphasised that programs preparing critical care nurses to function at a specialty level of practice should be provided at a post graduate level and conducted by a higher education institute.

TSPPs facilitate recruitment into specialised areas and facilitate professional growth and development of nurses prior to enrolment in specialist post graduate studies.^{6–8} Further, intensive care nursing can be emotionally and intellectually challenging, thus appropriate preparation of nurses is paramount.⁹ TSPPs typically consist of study days, clinical support, online learning and assessments. TSPPs can be resource intensive, as participants require release for study days, and require staff to provide clinical support.¹⁰

TSPPs described in the literature varied from four weeks to sixty weeks duration. The characteristics of TSPPs included didactic content delivery, orientation, and preceptorship. Most authors described the TSPP as a foundational program into ICU nursing.^{2,7,9–15} Successful completion of TSPP was measured by four elements (i) completion of TSPP competencies^{7,10,13,14}; (ii) examination results^{7,10}; (iii) demonstration of knowledge in practice^{11,12}; and (iv) completion of written assignments.¹²

TSPPs have been shown to increase nurses' period of employment in the ICU, and decrease turnover.^{7,11–13,15} Studies internationally^{11,13,15} have suggested that TSPPs have positive associations with short term (one year) retention outcomes. Nurse retention has been measured over a period of one or two years.^{11,12,15} One study reported successful retention post TSPPs, with a short term retention rate increase of 4.9%, and a 20% increase in retention rates two years post TSPP though the methodology and statistical significance were not reported.¹³ Some of the studies did not report on the method used.^{6,7,10} Some studies used quantitative methods with small sample sizes and their timeframe was limited to two years.^{11,13,15} The participants who left ICU after the TSPP, were reported to have left due to personal reasons rather than job dissatisfaction.¹¹

TSPPs are offered by ICUs in various organisations around Australia including a state-wide program in Queensland, however there has been little evaluation of the programs. There is a need for rigorous research which focuses on outcomes from intensive care nursing TSPPs including the nursing participants' period of employment post TSPP, participants' professional development, uptake of post graduate studies and self-reported effects of the program.

2. Aim

The aim of this study was to explore the effects of an intensive care nursing TSPP offered in two ICUs in a single Australian health service.

2.1. Objectives

- i) to examine the length of participants' period of employment in ICU post TSPP.
- ii) to identify the number of nurses who sought further studies post TSPP, in particular, the completion of post graduate studies in ICU.
- iii) to analyse the self-reported impact of the TSPP on individual knowledge, job satisfaction and confidence in practice.

3. Methods

A cross-sectional online survey design was used in this study.

3.1. Setting

The setting was one of the largest health service in Victoria, Australia with two ICUs at different locations (Hospital A and Hospital B).¹⁶ In 2014–2015 the organisation provided services to more than 3.1 million people.¹⁷ Hospital A ICU has 14 beds and Hospital B ICU has 24 beds. Hospital A ICU reported an average of 1444 medical and surgical patient admissions per annum over four years (2011–2015). Admissions to Hospital B ICU were reported to be greater than 2500 patients per annum over four years (2011–2015), and in this unit specialised services were provided to cardiothoracic, renal, neurology, obstetrics, surgical and general medical patients.¹⁷ In this study, the TSPP was offered in two ICUs as a combined program. The TSPP offered seven study days and attendance at all study days was a requirement for successful completion. The TSPP was delivered through lectures, self-directed learning, online modules, case studies, clinical practice, clinical competencies and a written examination. The study days included didactic content delivery, workshops and simulation.

3.2. Participants

Registered nurses who had participated in the intensive care nursing TSPP at Hospital A or Hospital B from 2000–2015 were invited to participate (including part-completion).

There had been 166 participants in the TSPP from 2005 to 2015. Availability of current contact details was expected to be an obstacle to recruitment, as many participants had left the organisation. Therefore, existing participants were encouraged to recruit other possible participants (snowball sampling). Convenience sampling was used for those still employed in Hospitals A and B, and snowball sampling was encouraged to recruit those who had left to work elsewhere.

3.3. Data collection tools and data gathering

The survey was adapted with permission from the developer who is a co-author of this study.¹⁸ The survey had three sections. The first section had seven questions which included demographic data and previous experience. The second section had seventeen Likert scale questions which focused on participants' experience, development and further study. The third section had three questions which focused on participant current nursing practice. Clinical Nurse Educators (CNEs) in Hospital A and Hospital B were invited to review the research topic, study aim and survey and suggest any changes needed for the survey to achieve the aim (face validity). No changes were suggested. Data were collected using an anonymous online survey (survey monkey). The survey link and explanation statement was emailed to all previous TSPP participants working in Hospital A and B by the Nurse Unit Manager delegate. The explanation statement explained that the survey was anonymous and there were no implications to their job if they chose not to participate.

3.4. Data analysis

Data were analysed using SPSS V23 software¹⁹ and some individual short answers to the questions in first and third section of the survey were quantified. Descriptive statistics were used to summarise patterns which emerged from the survey. Data were presented in graphs and tables (descriptive statistics).²⁰ Demographic data were analysed using frequencies and percentages. Data which required comparison were analysed using Chi-square test. To enable comparisons, responses to some questions were re-coded.²⁰

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