THE EXPERIENCE OF REGISTERED NURSES NURSING IN THE GENERAL ADULT INTENSIVE CARE UNIT

A PHENOMENOLOGICAL QUALITATIVE RESEARCH STUDY

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ABSTRACT

In this article a phenomenological qualitative research study is discussed. More attention will be given to the methodology of the research. The objectives of the study are two-fold: firstly to explore and describe the experience of registered nurses nursing in the adult intensive care unit (this is the first phase of the research) and to describe guidelines based on the information obtained in the first phase to support the nurses in the form of a support programme in the second phase. The units of research are the registered nurses in the intensive care unit. The characteristics of the unit of research led to the emergence of a qualitative phenomenological research design of an explorative, descriptive and contextual nature. In the discussion of research methodology attention will be given to phase one: data gathering (ethical considerations and informed consent; purposive selection, phenomenological interviews and field notes); data analysis (Tesch's method of data analysis, methods to ensure trustworthiness, organisation of raw data and integration of findings supported by literature. Five themes were identified through the data analysis: impaired communication with management; discrimination: white on black racism; lack of fair, competitive remuneration and disregard for professional worth; non-conducive physical environment, and stressful working environment.

Phase two: Guidelines were described to support the registered nurses in the intensive care unit based on the information obtained in phase one of the research.

OPSOMMING:

In hierdie artikel word n fenomenologiese kwalitatiewe navorsingsontwerp bespreek. Die metodologie van die navorsing sal meer aandag geniet. Die doelwitte van die studie is om die verpleegervaring van die geregistreerde verpleegkundiges in die volwassse intensiewe sorgeenheid te ondersoek en te beskryf en die informasie in die eerste fase as basis vir die beskrywing van riglyne ter ondersteuning van die verpleegkundiges aan te wend. Die navorsingseenheid is die geregistreerde verpleegkundige. Die inherente eienskappe van die navorsingseenheid het gelei tot die gebruik van 'n fenomenologiese kwalitatiewe navorsingsontwerp wat verkennend, beskrywend en kontekstueel van aard is. Tydens die bespreking van die navorsingsmetodologie sal aandag geskenk word aan fase een: data versameling (etiese besluite en ingeligte toestemming, doelbewuste selektering, fenomenologiese onderhoude en veldnotas); data analise: (Tesch se analisemetode, metodes vir die versekering van vertrouenswaardigheid, organisering van die growwe data en die integrasie van die bevindinge deur die begronding daarvan met literatuurverwysing. Vyf temas is geïdentifiseer deur die data analise: versteurde kommunikasie met bestuur; diskriminasie van wit op swart rassisme; 'n tekort aan regverdige, kompetitatiewe vergoeding en nie-inagneming van professionele waarde; niebevorderende fisiese omgewing en stresvolle werksomgewing.

Fase twee: Riglyne is beskryf ter ondersteuning van die geregistreerde verpleegkundiges in die eenheid gebaseer op die informasie wat deur die eerste fase van die navorsing gegenereer is.

QUALITATIVE RESEARCH STUDY

INTRODUCTION

The purpose of this article is to describe the experience of registered nurses nursing in a general adult intensive care unit as well as guidelines to support these nurses.

Background and Rationale

The problem of intensive care nurses leaving the profession due to non-conducive working environments and non-competitive conditions of employment are becoming more alarming and are as relevant as ever. The researcher is concerned about the quality of nurse awareness nurses create in order to practice quality nurse care.

Management of health care services are at times insensitive to the needs of nurses, as nurses are not always recognised for their inherent professional worth. The registered nurses in the adult intensive care unit where the researcher practised as unit manager were observed to be experiencing some kind of work related discomfort (dis-ease). This required further investigation.

Problem Statement

If obstacles that influence the registered nurses' experience of nursing in the work place can be identified, ways to address these obstacles can be instituted. If these obstacles can be addressed it can help to promote, maintain and restore the registered nurses in the intensive care unit's work as integral part of their health.

Two research questions can be generated: How do registered nurses experience nursing in the general intensive care unit? How can this information be utilised to describe guidelines to support these nurses?

Objectives

The objective of this study is twofold: Firstly to explore and describe the registered nurses' experience of nursing in the adult general intensive care unit and then to use the information obtained to describe guidelines for the compilation of a support programme for the nurses nursing in the adult intensive care unit.

PARADIGMATIC PERSPECTIVE

This includes metatheoretical, theoretical- and methodological assumptions:

METATHEORETICAL ASSUMPTIONS

The researcher will support and incorporate the Nursing for the Whole Patient Theory (Rand Afrikaans University Department of Nursing, 1992) as a paradigmatic perspective for this research. It is a world-view based on Judeo-Christian philosophy. The following parameters of nursing are also identified: the intensive care nurse, health (wholeness), illness (dis-ease) and nursing (intensive care nursing). The intensive care nurse is defined.

THEORETICAL STATEMENTS

When conducting the fieldwork the researcher will approach the field with no preconceived framework of reference. The theoretical model used is NWPT (1990). Facilitation and support are theoretically defined.

METHODOLOGICAL ASSUMPTIONS

No preference to the type of research is stated. Due to the exploratory and descriptive essence of the research the qualitative method of research is employed. The central methodological assumption is based on the functional reasoning approach of Botes (1990:19-22). This implies that research must be applicable to practice and must be useful.

The major objective is to solve problems as they occur in practice and by doing so improve the service character of nursing. The utility of research in itself is a criteria for validity and trustworthiness.

RESEARCH DESIGN AND METHOD

Research Design

The design of this study is both explorative (Mouton & Marais,1990:43; Talbot, 1994:90) and descriptive (Mouton & Marais,1990:44; Talbot, 1994:90) as determined by the characteristics of the unit of research. The intensive care nurse is a unique, subjective individual.

A qualitative (Burns & Grove,1993:28), phenomenological (Kvale, 1983:171-196) and contextual (Talbot,1994:93) study is selected for attributes like experiences of human resources.

Two major phases will structure the research: Phase I: to explore and describe the experience of intensive care nurses. Phase II: to use the results obtained in phase I as the framework for guidelines for the support of intensive care nurses nursing in the adult intensive care unit.

PHASE ONE: DATA GATHERING, DATA ANALYSIS, RESULTS AND LITERATURE CONTROL.

The Exploration and Description of the registered nurses' experience in the adult intensive care unit.

Objective

The objective of phase one was the exploration and description of the experiences of the registered nurses in the general adult intensive care unit.

Data Gathering

Population and sampling: The interviewees of the study were five black registered nurses who had been nursing in the unit for at least two months; this was to ensure that all the nurses had been exposed to the same environmental variable. The five nurses were the total registered nurse staff contingent of the unit. Participation was voluntary. The sample was purposive to enhance contextuality.

Ethical Consideration: In conducting the study the following ethical considerations were followed:

The competence of the researcher was nurtured by the two nurse specialist study supervisors as to being morally just and valid (Minichiello et al.,1990,236-244). The research interviewer - interviewee relationship was non-threatening and emotionally safe and the human rights of the interviewees were respected. Informed consent was obtained from the interviewees in an informational letter communicating the essential information pertaining to the research.

Access was gained by formally approaching the hospital management for written consent. The essential information communicated in the information letter were the following aspects: Voluntary participation and anonymity, the objectives of the study, investment, risks and benefits, duration of participation, and the possibility of future publishing based on the research (Burns & Grove, 1993:104-106; SANA,1991).

Phenomenological interviews: The phenomenological interview (Kvale, 1983:171-196) was used as semi-structured interview method. The research interviewer asked one central question: How do you experience nursing in the adult ICU? Validity threats in semi-structured interviews were taken into consideration (Hutchinson & Wilson, 1992:117-119).

The phenomenological interviews were taped via audiotapes and transcribed verbatim.

Field notes: Throughout the interviews and the whole research project, field notes were taken regarding non-verbal cues and practical problems and positive aspects (Guba & Lincoln,1985:327). The field notes assisted the researcher with interpreting data during the consensus discussion with the research-interviewer.

DATA ANALYSIS

Tesch's (1990) method of data analysis: Tesch 1990 in Creswell (1994:155) was used as method of choice for data analysis. After all the interviews had been transcribed, a sense of the whole was obtained by reading through all the transcripts. Ideas were jotted in the margin as they came to mind. The most interest-

ing interview was selected, and the following questions were asked: What is it about? What is the underlying meaning? Thoughts were written in the margin. This task was completed for all the interviews and a list was made of all the topics. Similar topics were clustered together.

These topics were formed into 3 major columns such as: major topics, unique topics and leftovers. This list was taken and returned to the data and topics were abbreviated as codes. The codes were written next to the appropriate segments of text. This preliminary organising scheme was tried to see if any new categories and codes emerged.

The most descriptive wording for the topics were found and turned into categories. The total lists of categories were reduced by grouping topics that relate together. Lines were drawn to indicate interrelationships. A final decision was made on the abbreviation of each category.

These codes were alphabetised. The data material belonging to one category was assembled in one place and a preliminary analysis was performed. If necessary the existing data was re-coded.

The researcher was always on the lookout for unusual or useful quotes that could later be incorporated into the qualitative story. Major and minor themes could also have been categorised and another list could then show contrasting themes.

Triangulation of the data was made by consulting a nurse researcher (independent coder) who analysed the interviews independently of the researcher. The independent coder was a nurse researcher who is familiar with conducting qualitative data analysis. A protocol describing the method of data analysis was also provided to the independent coder. This protocol contained no pre-ordained themes or categories and was, therefore, known as open coding. After the interviews had been analysed, the researcher and the independent coder met for a consensus discussion.

The themes, as they emerged in the interviews and as interpreted by the researcher, were discussed with the interviewees in the follow-up interviews. This was to ensure that information obtained was representative of what the interviewees had meant.

Literature control: The results of the research were discussed in the light of relevant literature and information obtained from similar studies. Referential checks enhanced the scientific trustworthiness of the study. This was a strategy used to ensure trustworthiness by means of triangulation.

Strategies for trustworthiness (Krefting, 1991:215-222). The strategy for establishing truth-value is credibility, transferability is used to attain applicability, dependability to establish consistency and confirmability to achieve neutrality.

(See the application of this in table 1.)

RESULTS

The results and literature control of the five major themes that were saturated are

TABLE 1. - STRATEGIES TO ENSURE TRUSTWORTHINESS

STRATEGY	CRITERIA	APPLICABILITY
CREDIBILITY		
	Prolonged Engagement	The D. Cur. Candidate (interviewer) has a prolonged engagement with issues related to the qualitative nursing research literature as well as the field of research. The interviewer will allow enough time to establish rapport and for interviewee to respond & verbalize experiences during the interview.
	Reflexivity	Field notes will be taken by both the researcher and the interviewer.
	Member checking	Follow up interviews will be held with interviewees. Literature control on themes and its impact on guidelines will be discussed.
	Triangulation	2 researchers, interviews and observation to ascertain if truth is reflected.
	Peer examination	Services of a colleague will be required.
	Authority of researcher	The researcher's two research supervisors both have Doctorates in the nursing field of research. They will nurture and supervise the researcher's capabilities and ethics.
	Structural coherence	The focus will be on ICU nurses' experiences. The results will be reflected within nursing for the whole person theory.
TRANSFERABILITY	Nominated sample	Purposive sampling will be used.
	Dense description	Complete description of design and methodology and accompanying literature control to maintain clarity will be used.
DEPENDABILITY	Dependability audit	Personal logs and reflexivity notes will be kept.
	Dense description	Research methodology will be fully described.
	Peer examination	Independent checking by a colleague and supervision by experts will be done.
	Code/recode procedure	A consensus discussion between the researcher and the independent coder will be held.
CONFIRMABILITY	Audit trail	(As discussed).
	Reflexivity	(As discussed).

Adapted (with permission) from a table used by Poggenpoel, Nolte, Dorfling *et al.*

reflected in table 2. Firstly the major theme and a relevant quote is presented. Every theme's relevant categories and sub-categories are supported/verified by literature control. The internal environment explains the emotional and spiritual distress that the registered nurses had experienced. Lastly the themes are reflected within the NWPT (1990).
(position for table 2)

PHASE TWO: GUIDELINES FOR THE SUPPORT OF THE REGISTERED NURSES IN THE ADULT INTENSIVE CARE UNIT

The results of this study show that the registered nurses working in the general adult intensive care unit require support from the formal health-care delivery system. For the purpose of the study the employer is seen as representative of the formal health-care delivery system regarding issues related to the working environment of nurses.

The registered nurses in the intensive care unit also have nursing rights that have been elaborated on by Nel (1993:181). These rights also afford an inherent responsibility: e.g. if it is the nurse's right that she must negotiate with her employer for progressive education programmes in her field of speciality so it is the employer's responsibility to provide scope for staff developmen programmes.

It is also the employer's right to expect that the nurses employed are professionally competent and licensed. In this regard it is then the nurses' responsibility to ensure that they adhere to the required standards and communicate their educational/training needs.

The findings discussed in the data analysis indicated that work-related spiritual and emotional distress was experienced by the registered nurses nursing in the intensive care unit. The major themes that emerged were: impaired communication between management and the nurses, racial discrimination in the work place, lack of professional recognition of nurses via lack of equitable and competitive remuneration and insensitivity to their professional needs, a depersonalised physical environment and an emotionally and spiritually stressful working environment.

The guidelines drawn up are based on Copi's (1962:381-386) criteria for ensuring logic which are: relevance, testability, compatibility with previously well-established theoretical statements, simplicity and explanatory power.

Thus if the data analysis revealed that there was a lack of communication between the nurses and management, it is only logic to infer that strategies to improve communication between management and the nurses would be a relevant guideline. Furthermore, there are relevant scientific literature on the aforementioned strategy which contain references to similar studies, testable strategies and a theoretic framework of communication. The relevant literature enhances the trustworthiness and explanatory power of the guidelines.

These guidelines were discussed with registered nurses nursing in the general intensive care unit to confirm their applicabilities.

See Table 3 for the overview of strategies based on the themes that emerged in the data analysis and that were supported by the literature control. In the working environment of the nurse there is a reciprocal interdependency between management and the intensive care nurses. They are co-responsible for the corporate climate of the organisation.

The following strategies were incorporated as guidelines: Improving communication with management, restoring the human dignity and professional worth of the registered nurses by eliminating racial discrimination in the work place as well as employing strategies to increase the professional worth of nurses, establishing collaborative interpersonal relationships with all the members of the health team, and creating a personalised work environment.

GUIDELINES AND STRATEGIES

Improving Communication with Management

Promote a supportive communication climate (Booyens,1995:262-263).

Nurses should communicate their needs and concerns to management. Management should in return provide feedback, guidance, support and empathy to the adult intensive care nurses. This will enable management to build trust, constructive communication patterns, employ an open-door policy, initiate a participatory management style and manage by objectives.

Employ methods of formal communication in the work place (Booyens, 1995:263).

Timely feedback by both parties are essential. Nurses can make use of the grievance procedure to ensure feedback from within 5 working days. Management can make use of the disciplinary procedure where applicable. Formal communication can also be enhanced by using incident reports for work-related matters.

Promote leadership in nursing (Booyens, 1995: 403); as well as problem solving and decision making (Booyens, 1995:507)

Nurse leaders should practice nurse advocacy and ensure strategies for delivering nurse-care. These leaders can build trust, engineer support, effectively communicate their staff'ds needs and concern to management and other health team members. Effective leaders can use the skills of problem solving and decision making in nursing to create more nurse-autonomy and thereby take in relevant and significant positions in the corporate ladder. Formulating nursing policies can then be done for nurses by nurses.

Eliminate Racism and Discrimination in the Work Place

Improve the self-awareness skills of nurses (Kavanagh & Kennedy,1992:82)

The nurses should clarify their personal and professional values and practice self-acceptance. As far as possible they should strive for both professional and personal self-actualisation. They should acquire insight into their cultural context and practice the acceptance of others and act as change agents to establish a culturally tolerant and diverse working environment.

Promote sensitivity and awareness by management of incidences of social injustice (Booyens,1995:644-676).

Management should adhere to the affirmative action policies that are being generated by the government. Nurses should bargain in work-place forums. Management should use the disciplinary procedure to rectify unacceptable behaviours of racism and discrimination by intentional transgressors. Nurses should partake in formulating policies on these issues. Basic conflict management skills courses should be made available to the nurses.

Promote sensitivity and awareness of social injustice by all the health team members (Kavanagh & Kennedy, 1992:36-48)

The nurses should informally support each other on a daily basis. Support groups can be formed. Nurses should educate members of the health team that discrimination is not necessary and use effective communication skills to ensure accurate and non-threatening communication.

Improve the Professional Status of the Adult Intensive Care Nurses

Revise existing systems of remuneration (Booyens,1995:671)

Transparency of remuneration without sacrificing competitive salaries is required. To a certain degree categories should be standardised. Personal attributes, qualifications, degree of responsibility and experience should be taken into consideration for incentive bonuses.

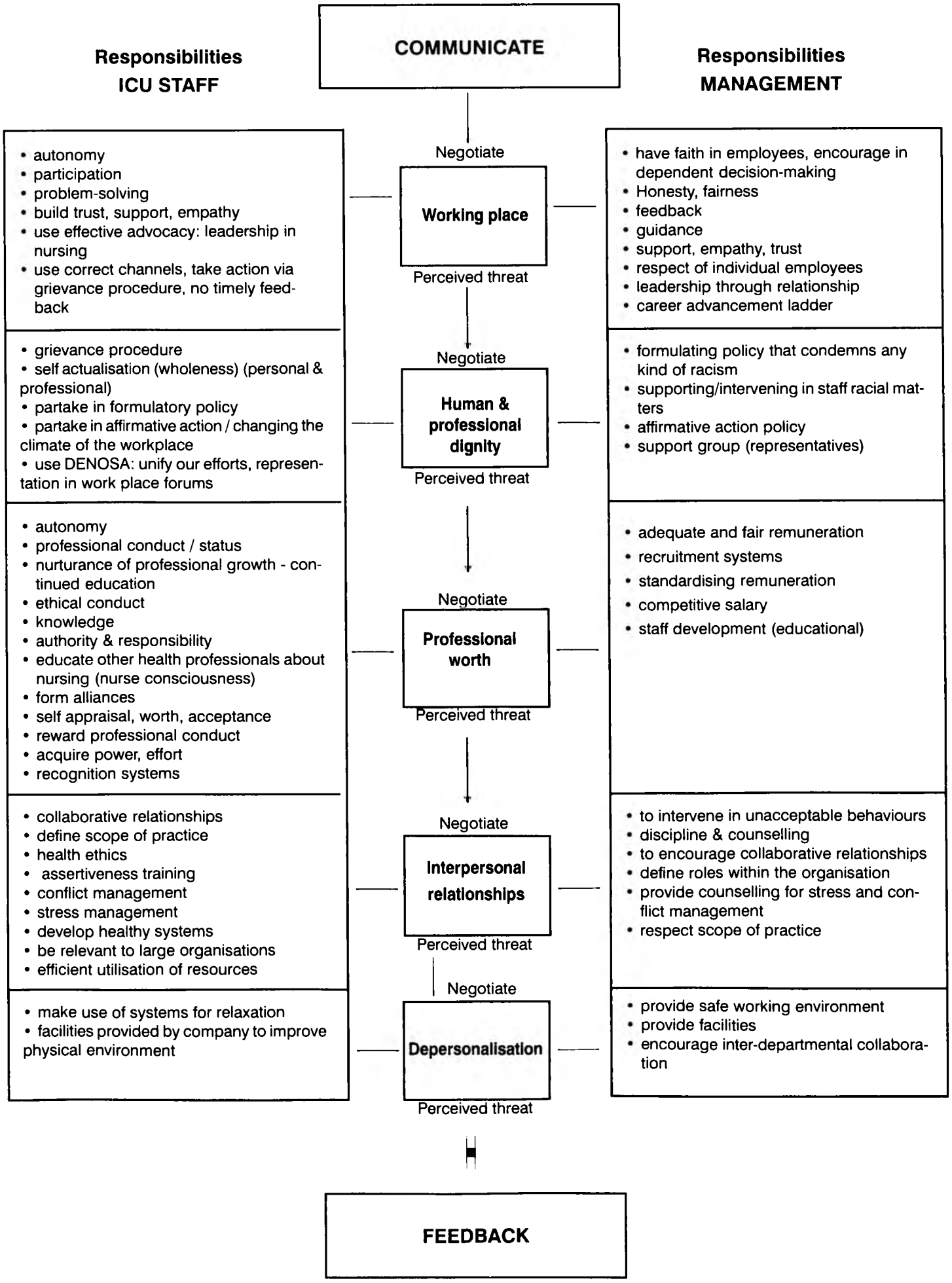
Develop systems of staff development. (Booyens,1995:672)

Nursing autonomy and excellence should be the goal of all staff development. Plan-

TABLE 2: AN OVERVIEW OF THEMES AND CATEGORIES OF THE EXPERIENCE OF REGISTERED NURSES IN THE GENERAL ADULT I.C.U.

THEME	CATEGORIES & SUB-CATEGORIES	EMOTIONAL CONTENT (INTERNAL ENVIRONMENT)	NWPT (1990)
1. IMPAIRED COMMUNICATION WITH MANAGEMENT *Quote: ...nurses talk, nothing gets done...*	**INSECURE / UNPREDICATBLE WORKING PLACE** 1.1 No career advancement opportunities (Cilliers,991:4 1.2 Poor Remuneration (Cilliers,1991:5). 1.3 Absence of support (Muff,1983:387). 1.4 Absence of feedback (Hingley & Cooper,1986:37). 1.5 No timely feedback.	Unfairness, negiect, betrayal (1.1) (1.2), mistrust, helplessness, confusion, bitterness, resentment (1.3) (1.4), neglect, no professional worth, lack of acknowledgement, insensitive (1.5)	**SUPPORT SYSTEM** Financial Material Conflict resolution
2. DISCRIMINATION : WHITE ON BLACK RACISM *Quote: ...really makes you feel like everybody is attacking you.*	**LACK OF HUMAN AND PROFESSIONAL DIGNITY** White on black racism by: 2.1 Management (Madi,1993:33). 2.2 Colleagues outside A.I.C.U. 2.3 Doctors. } 2.4 Relatives. } (Kavanagh & Kennedy,1992). 2.5 Patients. }	Helpless, neglect, not accepted, defensive mistrust (2.1), aggression, alienation (2.2), humiliation, low self worth, low self esteem, unappreciated, insensitivity, patronised, hurt, frustrated, anger (2.4), disgust, attacked, victimised, prejudice, not confident (2.5)	**EMOTIONAL / SPIRITUAL DISTRESS** Values Bitterness/blame Anxiety/worry Anger/annoyance Sadness/hurt Defeat/helplessness Alienation/humiliation
3. LACK OF FAIR, COMPETITIVE REMUNERATION AND DISREGARD FOR PROFESSIONAL WORTH. *Quote:...coming to money, they don't pay us well compared to all the difficulty around.*	**LACK OF PROFESSIONAL WORTH** 3.1 Poor Remuneration (Cilliers,1991:30) 3.2 Insufficient Recognition (Cilliers,1991:30; 3.3 Hingley & Cooper,1986:52-53). 3.4 Inadequate Staff development (Cilliers,1991:3,90)	Neglected, unobserved, taken advantage of (3.1), disapproved, inequality (3.2), no professional acknowledgement, no professional advancement, distrust (3.3)	**MEANING & PURPOSE** Fulfilment Professionalism Motivation **LIFESTYLE CHANGES** Job reorganisation Accepting less ideal standards of life
4. NON-CONDUCIVE PHYSICAL ENVIRONMENT *Quote: ...we haven't got a tearoom- nothing... you cannot say anything to your friend privately.*	**DEPERSONALISATION** 4.1 Lack of privacy(Cilliers,1991:5; Hingley & Cooper,1986:48) 4.2 Inter-departmental (Marrelli,1993:215) 4.3 Lack of equipment(Booyens,1995:289) 4.4 Lack of infection control (Booyens,1995:348) 4.5 Other.	Neglected, depersonaiised, not looked after (4.1) frustrated, low self esteem (4.2), frustration, incompetence (4.3), insecurity, personal discomfort (4.4), cognitive dissonance, intrapersonal conflict (4.5)	
5. STRESSFUL WORKING ENVIRONMENT *Quote: ... agency staff cause a majority of the problems.*	**INTERPERSONAL RELATIONSHIPS** Conflict with: 5.1 With colleagues 5.2 With domestic staff 5.3 With doctors (Cilliers,1991:30; Cochlesy *et al*, 1993:103; Hingley & Cooper,1986:68-69) 5.4 Staff shortage (Chiriboga&Beigel,1989:295-318)	Positive, warmth, helpless/same boat principle(5.1), powerless (5.2), conflict, disrespect, patronised, ethical, dissonance, despair, professionally unsafe environment (5.3), fear of unpredictable working environment (5.4)	**INTERPERSONAL RELATIONSHIPS** Relationships with others

TABLE 3: OVERVIEW OF STRATEGIES TO SUPPORT THE ICU STAFF



ning and execution of projects through managing by objectives should be encouraged. Nurses should be encouraged to further their formal education and to initiate strategic and relevant in-service programmes.

Nursing staff should empower each other (Dean in Muff,1982:323-327)

Nurses should facilitate opportunities for continued education, ethical and professional conduct, as well as, participation and management of professional organisations. Nurses should become politically active (constructively), acquire power through valuable liaisons and influence policy and legislation to improve the character of nursing.

Provide A Personalised Working Environment

Provide a humane and personalised working environment (Hingley & Cooper,1986:48)

Management should respect the needs for privacy of the nurses and should provide a tearoom where the nurses can have some time-out. The nurses should make use of the relaxation systems provided by the work place. Nurses should work in comfortable theatre-like overalls to reduce the possibility of contaminating both patients at work and families at home. Staff lockers should be provided and the infection control policies should be revised, updated and communicated.

Improve Collaboration Amongst the Health Team Members

Establish collaborative relationships in the work place (Booyens,1995:54)

Strategies to use here are the following courses for all staff members to attend: interpersonal skills training, effective communication skills (formal and informal), assertiveness training, conflict management, stress management and industrial relations skills.

Define the roles within the organisation.

Nurses need to communicate and define their rights and responsibilities in the adult intensive care unit (Nel,1993:181). Nurses should communicate their scope of practice to all the members of the health team and it should be respected by all persons involved in the health services.

Employ adequately trained ratios of permanent staff (Booyens,1995:202)

The adult intensive care unit needs more permanently employed registered nurses to reduce stress and provide a more predictable work environment. This will also ensure the fair distribution of work-load and responsibilities.

To establish teamwork a team has to exist. More permanent staff is needed to discourage an unmanageable working environment.

CONCLUSION

In conclusion it can be said that the study has shown that registered nurses nursing in the intensive care unit are at risk of developing work-related illness. Due to the reciprocal interdependence between management and the registered nurses; nurses need to communicate their needs and nursing rights to management and other health team members.

Management in return needs to be sensitive enough to support registered nurses in achieving their work-health ideal. It is of utmost importance that intensive care nurses should be adamant about their responsibility in supporting each other so that in making intensive care nurses nurse-aware that they can promote, maintain and restore nurse-care.

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