

# “Hear Me Out, Please...”: The Experience of the Novice Critical Care Nurse When Embarking in the Critical Care Areas

Rusila Ruslan<sup>1\*</sup>, Sanisah Saidi<sup>2</sup>, and Mohd. Said Nurumal<sup>1</sup>

<sup>1</sup>Department of Critical Care Nursing, Kulliyyah of Nursing, International Islamic University of Malaysia, Pahang, Malaysia

<sup>2</sup>Department of Medical Surgical Nursing, Kulliyyah of Nursing, International Islamic University of Malaysia, Pahang, Malaysia

## ABSTRACT

**Introduction:** The readiness of novice critical care nurses (NCCN) to perform efficiently has been doubted globally. Studies have reported that novice nurses have issues with their confidence and competence in handling critical patients in ICU. Their lack of confidence and competence may promote more harm to the patient’s condition study aim is to explore the experience of novice critical care nurses when embarking in critical care areas.

**Methods:** This study was carried out using a general qualitative design. Data were collected through an in-depth interview in exploring NCCN experiences, challenges, and needs while working in the critical care setting. They were recruited from a teaching hospital located in East Coast Malaysia. Data were organised and analysed manually using the thematic analysis approach.

**Finding:** A total of 20 participants was recruited for the study. The majority of the participants are Malay, female, and graduated with Diploma in Nursing from Malaysia. The study reported three main themes; (1) Handling complex patients (2) Familiarised with the equipment and environment, and (3) Mixed feelings during the transition. Themes revealed in the study have proposed that NCCN is eager for support when embarking in the areas.

**Conclusion:** Acknowledge the struggle faced by the NCCN may seem small to others. But it can free up some space in their mind to continue the growth expected and needed from them. Therefore, it could be beneficial to the health setting and patients’ care.

**Keywords:** Junior nurse, Needs, Support, Readiness, Critical care area

## \*Corresponding author

Dr. Rusila Ruslan  
Department of Critical Care Nursing,  
Kulliyyah of Nursing,  
International Islamic University Malaysia,  
Jalan Sultan Ahmad Shah, 25200 Kuantan,  
Pahang, Malaysia.  
E-mail: rusilaruslan@iium.edu.my

## Article History:

Submitted: 21 January 2022  
Accepted: 9 July 2022  
Published: 31 July 2022

DOI: 10.31436/ijcs.v5i2.116  
ISSN: 2600-898X

## INTRODUCTION

Critical care areas such as the Intensive Care Unit (ICU), Neonatal Care Unit (NICU), Cardiac Care Unit (CCU) are known as fragile environments, not only to the patients but also to the nursing staff. The transition of the nurses into the areas is always followed by challenges and struggles. Generally, the physiological and anatomical changes of the patients are unpredictable and complicated. Therefore, the nurses involved in their care need to be well prepared and organized. However, the preparedness of the Novice Critical Care Nurse (NCCN) to perform efficiently in the area has been doubted globally. The transition period is crucial for the NCCN. Professional confidence is an essential trait for nurses to possess to provide quality patient care in today's complex hospital setting (1).

The NCCN also needs help and support to perform effectively (2). Adaptation to the new and challenging environment has been taken lightly. The issue has always been taken for granted and it was anticipated that the NCCN to face the adaptation and transition period naturally. Their need for continuous support was neglected especially in self-esteem in work performance and competency in the area. Therefore, in-depth interviews among NCCN were conducted in exploring and understanding the experience of the NCCN when embarking in the critical care areas.

## METHODS

The main objective of the research is to explore the experience of the NCCN during their first year embarking in the critical care area. Therefore, the qualitative approach is more suitable to be applied. The use of in-depth interviews will allow the researcher to 'probe' for more detailed responses where the respondent is asked to clarify what they have said (3).

The criteria being considered as participants were Malaysian nurses that have less than one year of experience in the critical care areas, are currently active working staff and must be fluent in English or Malay language. The summary of the inclusion and exclusion criteria for the NCCN is shown in Table 1. Ethical clearance obtained from IIUM Research Committee (IREC) and Sultan Ahmad Shah

Medical Centre (SASMEC). The data were transcribed and analysed using Microsoft Word software. Thematic analysis was implemented to extract the data obtained from the interview.

Table 1: Inclusion and exclusion criteria for novice critical care nurse

| Novice critical care nurse                                                                                                                                                                                                                   |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion criteria                                                                                                                                                                                                                           | Exclusion criteria                                                                                                                                               |
| <ul style="list-style-type: none"> <li>Critical care nurse</li> <li>Working experience in critical care unit less than one year</li> <li>Active working nurse</li> <li>Malaysian</li> <li>Fluent in English and/or Malay language</li> </ul> | <ul style="list-style-type: none"> <li>Critical care nurse that is on leave including maternity, study, and medical leave during the period of study.</li> </ul> |

## RESULTS

### Characteristic of the NCCN

A total of 20 NCCN from SASMEC agreed to participate in the study. In detail, the NCCN that participated in the study graduated with a diploma in nursing (n=20) and the majority of them have less than 3 years of working experience (n=17). All of the NCCN is female (n=20). The participants of the study are currently working in the Intensive Care Unit (ICU), Coronary Care Unit (CCU), Accident and Emergency Unit (A&E), and Neonatal Intensive Care Unit (NICU).

All of the NCCN have previous working experience in other settings, such as the miracle ward (n=11) and nursing home (n=9). The participants that have worked in the general ward are from paediatric, medical, obstetrics, and gynaecology. The majority of the NCCN graduates from private institutions (n=16). In addition, based on the transcripts, most of the NCCN was placed in the critical care area by the hospital management after a work interview session with the management (n=15). The NCCN ages are between 22 years old to 25 years old. The majority of the participants are married (n=14). The summary of the characteristics of the NCCN is shown in Table 2.

**Table 2: Summary of the characteristics of the NCCN**

| Participants ID | Age | Highest education level | Marital status | Total experience in nursing | Previous working place | Current working place | Request to work in critical care area |
|-----------------|-----|-------------------------|----------------|-----------------------------|------------------------|-----------------------|---------------------------------------|
| Nora            | 22  | Diploma                 | Yes            | 2                           | General ward           | ICU                   | No                                    |
| Aira            | 24  | Diploma                 | No             | 3                           | General ward           | ICU                   | Yes                                   |
| Fira            | 22  | Diploma                 | Yes            | 2                           | Nursing home           | ICU                   | No                                    |
| Yan             | 25  | Diploma                 | No             | 4                           | General ward           | ICU                   | Yes                                   |
| Yaya            | 22  | Diploma                 | Yes            | 2                           | General ward           | ICU                   | No                                    |
| Fai             | 22  | Diploma                 | Yes            | 2                           | Nursing home           | ICU                   | No                                    |
| Ameena          | 24  | Diploma                 | Yes            | 3                           | General ward           | ICU                   | No                                    |
| Jane            | 25  | Diploma                 | Yes            | 4                           | General ward           | ICU                   | No                                    |
| Salma           | 22  | Diploma                 | Yes            | 2                           | Nursing home           | ICU                   | No                                    |
| Tina            | 25  | Diploma                 | No             | 4                           | General ward           | ICU                   | Yes                                   |
| Roselle         | 23  | Diploma                 | No             | 3                           | Nursing home           | NICU                  | No                                    |
| Lereo           | 22  | Diploma                 | Yes            | 1                           | Nursing home           | NICU                  | No                                    |
| Salina          | 22  | Diploma                 | Yes            | 2                           | Nursing home           | NICU                  | Yes                                   |
| Zana            | 24  | Diploma                 | No             | 3                           | General ward           | NICU                  | No                                    |
| Maryam          | 23  | Diploma                 | No             | 2                           | Nursing home           | NICU                  | No                                    |
| Sha             | 22  | Diploma                 | Yes            | 2                           | Nursing home           | NICU                  | Yes                                   |
| Maira           | 24  | Diploma                 | Yes            | 2                           | General ward           | A&E                   | No                                    |
| Aisya           | 23  | Diploma                 | Yes            | 2                           | General ward           | A&E                   | No                                    |
| Aimy            | 23  | Diploma                 | Yes            | 2                           | General ward           | CCU                   | No                                    |
| Amani           | 22  | Diploma                 | Yes            | 2                           | Nursing home           | CCU                   | No                                    |

### The experience of the NCCN

Each nurse will experience a novice phase in any place they practice. However, being a novice in the critical care area will lead to more stress and challenges. The study reported some of the participants expressed a positive feeling about being deployed in the critical care area. The expressed feelings include feeling comfortable, gratitude, relief, and trying to adapt to the new environment. According to

them, adapting to the critical care setting is challenging. Nurses working in the critical care area have to be vigilant, competent, and expert to provide quality care to the patients (4). Some of the participants expressed their relief to be assigned in the critical care area and being in the critical care area has encouraged them to learn new knowledge despite their readiness to handle critically ill patients. Nevertheless, they managed to survive the challenges when given enough time and guidance.

*"I am so grateful when I get here because I am more comfortable to work here compared to a medical ward because I have forgotten most of the skills in the medical ward. So, I am okay to work here, and I can learn extra knowledge here."* (Fina)

Furthermore, the interview session revealed that most of the participants experienced anxiety and nervousness when being assigned to the setting. It is normal to have that feeling when we adapt to a new environment. However, suitable and appropriate time as well as the proper approach to support them would help the NCCNs to survive working in the critical care setting.

*"I always cry when I got home. Until there is one senior noticed my situation. I talked to her, and she advised me not to push myself so hard. Then, she talks to my mentor."* (Aira)

*"There is one valuable lesson that I gained from one of my seniors. She scolds me when I want to change the inotrope infusion because I didn't apply the double pumping method. She told me the rationale behind the method and I still remember it. It is simple but important."* (Salma)

The experience of the NCCN is focused on adapting to the working environment in the critical care area. The adaptation period is divided into three; (i) Handling complex patients, (ii) Familiarising with the equipment and environment, and (iii) Mixed feeling during the transition.

#### i. Handling complex patient

The most important aspect to be explored in understanding the experiences of the NCCNs is the transition into the critical care environment. The complexity of the patients' condition and environment has led to the situation. Most of the participants expressed that they are anxious about the patient's condition.

*"I feel nervous and scared as it involves doing new things and being in a new environment."* (Nora)

*"I am nervous because we know that NICU is a critical area and I have never experienced the care for the baby in an emergency."* (Fai)

*"I've been honest with the staff that I'm not familiar with the setting and environment. I can't manage the situation in a hurry."* (Aira)

*"When I entered here, I have experienced the real-life situation of asystole and patient desaturated till 70%. We need to manage the emergency patient here. It is a real challenge to me because I am a slow learner."* (Zana)

The examples above showed that the environment and setting required them to be more prepared mentally and physically before entering the critical care area. Being in the critical care area has directed them to be more responsible and caring for critically ill patients. This, however, has led the participants to express their cautiousness due to lack of confidence, stress, and anxiety. Almost half of the participants expressed their opinion relating to the work environment in the critical care setting.

However, the adaptation process of the NCCN in the setting is much more difficult compared to the nurse in the general ward. Since the nurse-to-patient ratio is less compared to the general ward, they are expected to adapt faster in the setting, but we need to consider that they are providing care to more fragile patients compared to the general ward (5,6). The learning process needs to be taken place better than the general ward, such as the NCCNs are expected to have the basic knowledge of emergency treatment, i.e., resuscitation and drug calculation. However, the current study reported that the NCCNs are feeling incompetent to be involved in the resuscitation situation and drug calculation scenario. This has induced more stress on the NCCNs.

#### ii. Familiarised with the equipment and environment

As mentioned before, the critical care environment does provide them with new experiences and challenges. In the setting, they need to learn, not only the patient's condition but also the new devices that can rarely be found in the general ward, such as Continuous Venous Hemofiltration (CVVH) machine. The NCCN would start to familiarise themselves with the devices by asking many questions related to the new device. Then, they will feel much more relaxed when they have been assured that they will get support from other staff.

Moreover, being familiar with the devices used in the critical setting would reduce work

anxiety among the NCCN. Based on the information collected, if the patient was equipped with multiple and complex machines, such as ventilator and CVVH, the NCCN seems to be immersed in their work and routine, which made them tend to ignore other patients and their surroundings. It is because they are trying to deal with the stress in handling the sophisticated devices and complex conditions of the patient at the same time. Other than being unfamiliar with the devices, the NCCN also appears to be stressed when they are assigned with more complex and fragile patients, especially if it was their first-time providing nursing care to such patients.

Furthermore, providing care to complex and fragile patient seems to be a burden and reduce the excitement to work among the NCCNs. The nurses would experience loneliness and feel like an outsider when they did not receive the support needed from their colleagues and the management, thus, will intensifying the stress and worsening the crisis. Furthermore, loneliness is another unhealthy emotional reaction, attributed to the lack of support from work colleagues and unfamiliarity with the new environment (7). Additionally, positive communication with a colleague is believed could reduce stress when adapting to the working environment (8). However, sometimes, the NCCN did not receive the proper support from the surroundings due to the high intensity and responsibility held by other critical care nurses.

Even though some of the NCCNs already have working experience such as in the general ward, they also expressed that being unfamiliar with the environment would lead to stress and nervousness. The emotional challenges experienced by the NCCNs could be related to cultural shock. Cultural shock may be related to the working culture and technology culture. This study found that cultural shock in this setting is one of the challenges needed to be faced by the NCCNs. Since the study setting is a new hospital, most of the devices and equipment are brand new and sophisticated. Maybe the NCCN does not have the experience and chances in handling the devices during their nursing training time. This issue has been highlighted by the NCCN as stated below:

*"I feel nervous and scared because it involves new things and environment."* (Nora)

*"I am shocked when I entered here because it is different from what I have imagined. I have visited the ICU in HTAA as a visitor. In HTAA, the machine is not as sophisticated as in IIUMMC. Then, I need to learn about CVP, arterial lines, and Pico Mask because I have never experienced handling the machines and have no knowledge of it before. IIUMMC has a high-tech ICU, spacious area, and nursing counter, and everything is computerised. I am facing a cultural shock earlier. Sometimes, due to being unfamiliar with the technology used, it has delayed our work."* (Zana)

In addition, due to unfamiliarity with the equipment and settings, the NCCNs would keep on asking where to find the equipment from their colleagues. This situation could cause delays in the treatment, thus, inducing more stress to the NCCNs. For example, in an emergency, the NCCNs might get scolded by other staff due to a delayed response to the order and instruction given to them. Based on the data, ensuring the NCCNs get familiar with the surroundings and setting is as important as providing them with adequate knowledge related to critical care. As we can see, once the NCCNs are familiar with the surroundings and setting, they would probably be able to provide quality and effective care for critically ill patients. Sometimes, we might overlook this small spot when we tend to focus on the big area, such as the knowledge in handling critically ill patients.

Therefore, the data showed that familiarisation with the working environment and equipment or devices is important because it would directly contribute to the smoothness of the treatment process. Familiarisation with the environment is critical when involving an emergency, such as resuscitation. Resuscitation can be defined as a life-threatening situation that may involve securing the airway or circulation system. Thus, familiarising oneself with the critical care environment would reduce the anxiety among the NCCNs and enhance their confidence to perform their role better during an emergency. Moreover, it will be easier for the NCCNs to gain critical care knowledge, for example, handling the equipment and performing the proper procedure if the NCCNs have familiarised themselves with the critical care area. This has

been highlighted in the interview with the participants as stated below:

*"So, it would be better if we let the staff become comfortable with the environment, setting and the equipment first, then, we polish their skills." (Yan)*

*"It is because you will be more confident and less nervous if you are familiar with the case. Even though a mentor did teach us learning through observation only is not enough." (Fai)*

*"First, we need to familiarise ourselves with the equipment, then, we can focus on the procedure." (Jane)*

*"Firstly, we need to recognise the equipment because during an emergency, if others want to ask for help to get the thing, then, we could help." (Fai)*

Once the NCCNs feel more comfortable with the working environment, specific critical training can be introduced. Additionally, the participants also have suggested that the right time to introduce the training is once the NCCNs are familiar with the clinical environment. Critical care training is essential to improve the confidence of the NCCNs to practice in the critical care area. Somehow, we need to focus on what is needed by the NCCNs to survive in the setting. For instance, for the NCCNs, Advance Life Support (ALS) might be too advanced at this stage. Therefore, it would be adequate if we can provide the training, such as simulation related to basic life support. The examples of the suggestion that have been mentioned by the participants are stated below:

*"...if ALS is too advanced, maybe we should include a certain small workshop for the new staff, such as they need to learn airway management..." (Ashraf)*

*"We can conduct the simulation training after the staff has reported for duty and familiarize themselves with the setting and equipment. Sometimes, the staff is scared to handle the new things when she never handled the situation and does not recognise the devices." (Fai)*

Therefore, based on the findings, we could say that ensuring the NCCNs are familiar with the critical care environment would enhance the quality of the care provided to the patient. In addition, once the NCCNs are familiar with the environment, it would be easy to introduce the appropriate training needed by them. The

training will be discussed further in the third theme; Support needed and provided.

To conclude, the transition of the NCCN into the critical care ward needs to be addressed as an important movement that would not only give a direct and indirect impact on the NCCNs but also the quality of care provided to the critically ill patients. In the next section, the researcher will discuss the readiness of the NCCNs when embarking in the critical care area.

### iii. The mixed feeling during the transition

The NCCN also experienced mixed feelings of optimism and destructive feelings during their transition role in the critical care environment. The mixed feelings are often experienced by the NCCNs with previous working experience from other settings. Some of the NCCNs verbalised that they feel grateful and comfortable being placed in the critical care area compared to the general ward. But, at the same time, they were feeling worried and nervous in handling the sophisticated devices and in critical care, such as the ventilator machine. Additionally, the management of the patients had also triggered their concerns. The examples below showed the mixed feelings that they experienced:

*"I am so grateful when I get here because I am more comfortable to work here compared to the medical ward because I have forgotten most of the skills in the medical ward. But somehow, I am nervous to handle the devices in the critical care ward" (Fina)*

*"In the first place I feel a bit relieved to be assigned here but at the same time, I feel nervous and scared because it involves handling new things and being in a new environment. Previously, I just worked with toddler patients. But now, I have to care for babies and handle NICU cases, so it is a bit difficult for me to learn and adapt." (Nora)*

Moreover, some of the NCCN has verbalised that the adaptation period is challenging and may take a longer period compared to adapting in other settings. They not only experienced physical stress but also mental stress, whereby, sometimes, it kept them wondering why they could not handle the stress and the adaptation like they used to do before embarking in the

critical care area. The example below showed the mixed feelings that they experienced:

*"Until now, I feel that I still can't adapt to the environment (laugh). When I go to work, I feel like crying and wondering when this feeling will last. Before this, I can adapt after 2-3 months, but I feel so stressed here. But I can learn many things here. So, I need time to adapt here. Even I have worked here for 4 months; I'm still in the adaptation process. But in terms of procedure, I can adapt, such as how to react or predict the doctors' action when an emergency occurs. But I still learn to accept that now I am working in ICU. I still have thoughts of transferring from here." (Sha)*

The expression expressed by the above participant reveals that they experienced some emotional pressure that needs some attention from the management. However, the NCCNs need to try their best in facing the challenges. The challenges, especially mental stress is also notified by the management. But the culture of self-survivor or adult learning sometimes has affected the empathy of the superior. The management might intent to encourage the NCCNs to be more independent and learn survival skills in the critical care area. However, each threshold in adapting to some sort of changes that occur in their life is different.

### Limitation

Individual interviews were identified as the most suitable data collection approach to explore the experiences and perspectives of the participants. However, limitations can be identified in the utilisation of individual interviews, as this method of data collection is highly exposed to bias from participants. It was anticipated that the participants may have provided answers considered 'desirable' by the researcher, due to the short-term relationship and the position of the researcher as an outsider in the study settings. Several efforts were made to minimise this situation, such as wearing ordinary clothes rather than a clinical uniform and allowing for ample time to build a relationship before the interviews were conducted. However, this aspect can still be considered a limitation of the study. Nevertheless, an audit trail among research team was conducted to enhance the rigour of the study.

### CONCLUSION

Providing supports to the NCCN is essential, not only through physical value, but also their emotional value. By acknowledge their struggle when embarking in the areas could less the burden carried by them. Perhaps, with the encouragement and acknowledgement received by them could encourage their positive vibe when adapting the critical care areas.

### CONFLICT OF INTEREST

The Author(s) declare(s) that there is no conflict of interest.

### FUNDING

This research did not use any funds from the public, commercial, or not-for-profit organisations in its conduct.

### REFERENCES

1. Ortiz J. Nurse Education in Practice New graduate nurses' experiences about lack of professional confidence. Nurse Educ Pract [Internet]. 2016;19:19-24. Available from: <http://dx.doi.org/10.1016/j.nepr.2016.04.001>
2. Vince J. Transition from ward to critical care nursing: nurses perceptions on the knowledge, skills, and competencies required to succeed. A Delphi Study. The University of Western Australia. The university of Western Australia; 2018.
3. Gray DE. Doing research in the real world. 3rd ed. London: SAGE Publication; 2014. 382 p.
4. Meghani SR, Sajwani S. Are we pushing the graduate nurses too fast in critical care area? i-manager's J Nurs. 2013;3(1):6-13.
5. Halcomb EJ, Salamonson Y, Raymond D, Knox N. Graduating nursing students' perceived preparedness for working in critical care areas. J Adv Nurs. 2012;68(10):2229-36.
6. Jarrar M, Rahman HA, Shamsudin AS. The Impact of Patient to Nurse Ratio on Quality of Care and Patient Safety in the Medical and Surgical Wards in Malaysian Private .... The Impact of Patient to Nurse Ratio on Quality of Care and Patient Safety in the Medical and Surgical Wards in

- Malaysian. Asian Soc Sci. 2015;11(9):326–32.
7. Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, Taleghani F. Lack of preparation: Iranian nurses' experiences during transition from college to clinical practice. J Prof Nurs [Internet]. 2015;31(4):365–73. Available from: <http://dx.doi.org/10.1016/j.profnurs.2015.01.005>
  8. Saghafi F, Hardy J, Hillege S. New graduate nurses' experiences of interactions in the critical care unit. Contemp Nurse. 2012;42(1):20–7.