



Ten Areas to Help Retain Critical Care Nurses



The shortage of nurses in the ICU has been a problem for several years. However, the issue has become an even bigger problem because of the COVID-19 pandemic. Some of the most common reasons driving critical care nurses to leave include excessive workload, distress, and burnout. A shortage of nurses will likely impact the quality of patient care and quality-of-work life for all ICU staff. Hospital managers, nurse leaders, and ICU clinicians need to understand and address the primary reasons that are causing nurses to leave.

Here are ten key areas that ICU clinicians should be aware of that could help improve the quality of work-life and critical care nurse retention:

- **Recognition, respect, and value:** It is important to understand the worth and importance of critical care nurses. ICU nurses are highly trained professionals with specialised knowledge and skills. Not everyone can perform the role that these professionals do, and their qualities are not easily replaceable. Non-critical care nurses and other healthcare providers could potentially help critical care nurses by performing tasks that are not ICU skill specific (e.g., patient hygiene, turning, suctioning). However, the recruiting of such personnel must be done carefully. The extra assistance provided to critical care nurses could help them focus on what they trained for: critical thinking, crisis management, and situational awareness in caring for patients with life-threatening illnesses. Over the years, significant attention has been paid to humanising the ICU for patients and families. The same attention should be given to healthcare providers, especially those working in critical care, as it is crucial for maintaining morale, decreasing stress and promoting a healthy, safe, and high-performance workplace.
- **Role and responsibility:** Within the ICU, every staff member should have some responsibility that matches their qualifications, interests, and experience. Critical care nurses should take the lead in aspects of ICU patient care as they are trained for it. However, these responsibilities vary internationally. For example, in most countries, nurses can initiate fluid challenges, perform electrolyte replacement, or titrate vasopressor agents while monitoring and assessing the patient's response. They also check sedation and analgesia levels, adjust feeding, and other essential aspects of patient management. The boundaries may differ in different units and different countries, but with adequate support, nursing staff should always be encouraged to use their clinical judgement and act on their own while discussing important aspects within the ICU team to determine which tasks nurses can perform and which skills nurses could be taught to achieve in the future to promote engagement, career development, and patient care.

- **Intellectual stimulation and professional development:** Intellectual stimulation and self-accomplishment are essential for job satisfaction. Nurses should feel intellectually stimulated and encouraged to develop expertise in one or several specific aspects of patient management. If done properly, this could enable nurses to become the recommended contact for any question related to issues including but not limited to wound care, optimal feeding, renal replacement therapy, continuous positive airway pressure (CPAP), sedation, family liaison, and person-centred care. They could also participate in research trials if a research nurse is not readily available. Autonomy, leadership and broadening of the critical care nursing profession offer career-enhancing possibilities that may reduce work-related stress and help retain more nurses in critical care.
- **Teaching opportunities:** Nurses should be given the opportunity to teach in their areas of expertise. They should be encouraged and supported to present at unit/team seminars, participate in simulation, case-based teaching, gamification, lead teaching on new policies, new equipment and new practices, and present results of emerging research in ICU- or hospital-wide journal clubs or at (inter)national congresses. This would make nurses feel they are integral, valued, and respected in an ICU team.
- **Good leadership and management:** Dynamic, motivated leaders and managers can help increase levels of job satisfaction among nurses. Head nurses should be offered leadership and mentorship training and encouraged to listen to the concerns of their team members and provide positive, constructive feedback rather than negative criticism. They should understand the career goals of their nursing staff and help them fulfill them. These measures can make the ICU a supportive, encouraging environment and facilitate recruitment and retention of nurses.
- **Teamwork/collaborative practice:** Nurses are fundamental members of the ICU team and should be encouraged to contribute during clinical rounds and other discussions regarding patient management. ICUs should try and foster an inclusive, non-intimidating, collaborative work environment to ensure the contributions and opinions of all team members are valued.
- **Clinical discussion and exchange:** Formal discussions of clinical cases that engage key educational principles are valuable. However, impromptu, informal discussions of individual patients or relevant topics are equally important. Nurses should be encouraged to initiate such discussions with other members of staff and should be allowed to speak openly as equals. Ideas from critical care nurses can help improve patient care, patient safety, and the overall functioning of the ICU. In addition, these informal discussions can help ease the burden of care, ensure broad understanding, and reduce conflict within a team.
- **Good work-life balance/wellness/rehumanising the workplace:** The environment in an ICU is typically very fast-paced and challenging, and efforts to meet patient needs can often be overwhelming. Nurses have first-hand knowledge of the current workload and can provide important input into decisions regarding admission triage of referrals or transfers from outside facilities. In addition, when new policies or procedures are implemented, or new equipment is required, critical care professionals should ensure that the responsibilities are shared and that one group, e.g., nurses or respiratory therapists, is not disproportionately burdened. Similarly, the same approach should be used when initiating new research projects. Nurses should be given sufficient rest periods between shifts and should have their work schedules well ahead of time. It is also important to realise that nurses can say no to staying late/working overtime.
- **Psychological support:** The ICU is an environment of life-death situations. Critical care professionals are constantly engaged in caring for high-burden, critically ill patients. This can result in emotional and mental stress. Team debriefings after particularly difficult or distressing cases are important, but individual support from colleagues can be very important for nurses. This type of support can have positive effects on nurse morale and workflow. Resilience training or similar programmes to help manage stress can also be beneficial.
- **Humane care:** Nursing tasks are not limited to monitoring, feeding, and medication administration. They also provide psychological support to patients and families. A perception that patients are not being cared for humanely or that care given is inappropriate can result in disillusion and frustration. In particular, conflict in end-of-life decision-making can cause significant moral distress for critical care nurses. Nurses should be encouraged to raise the need for an end-of-life decision with other staff members if they feel it is needed. Listening to their ideas for improvement and discussing and developing inclusive quality improvement initiatives can help.

Source: [Critical Care](#)

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