

Ward nurses' perspectives of the ICU Liaison Nurse: A qualitative descriptive study.

Jane Lynch



Introduction

Various studies have appraised the value of the Intensive Care Liaison Nurse (ICULN) role in relation to clinical outcomes for patients and financial benefits for healthcare providers from reduced length of hospital stay or a reduction in unplanned ICU readmissions. However, there is little academic exploration of the ward nurses' perspectives of the role and whether it can affect ward nurses' confidence in identifying and managing the deteriorating patient. This study addresses this gap by examining both those perspectives.

Aims

The study had four objectives:

- To identify if ward nurses are aware of the ICULN role three months after implementation
- To identify ward nurses understanding of the ICULN role
- To identify if those ward nurses who have interacted with the ICULN had experienced an improvement in their confidence in identifying and managing the deteriorating patient
- To identify if any improvements could be made to how the role interfaces with the ward nurses to improve the impact.

The overarching aim of this study is to describe the ward nurses' perspectives of the ICULN and explore whether the introduction of the role has had any effect on ward nurses' confidence in identifying and responding to clinical deterioration.

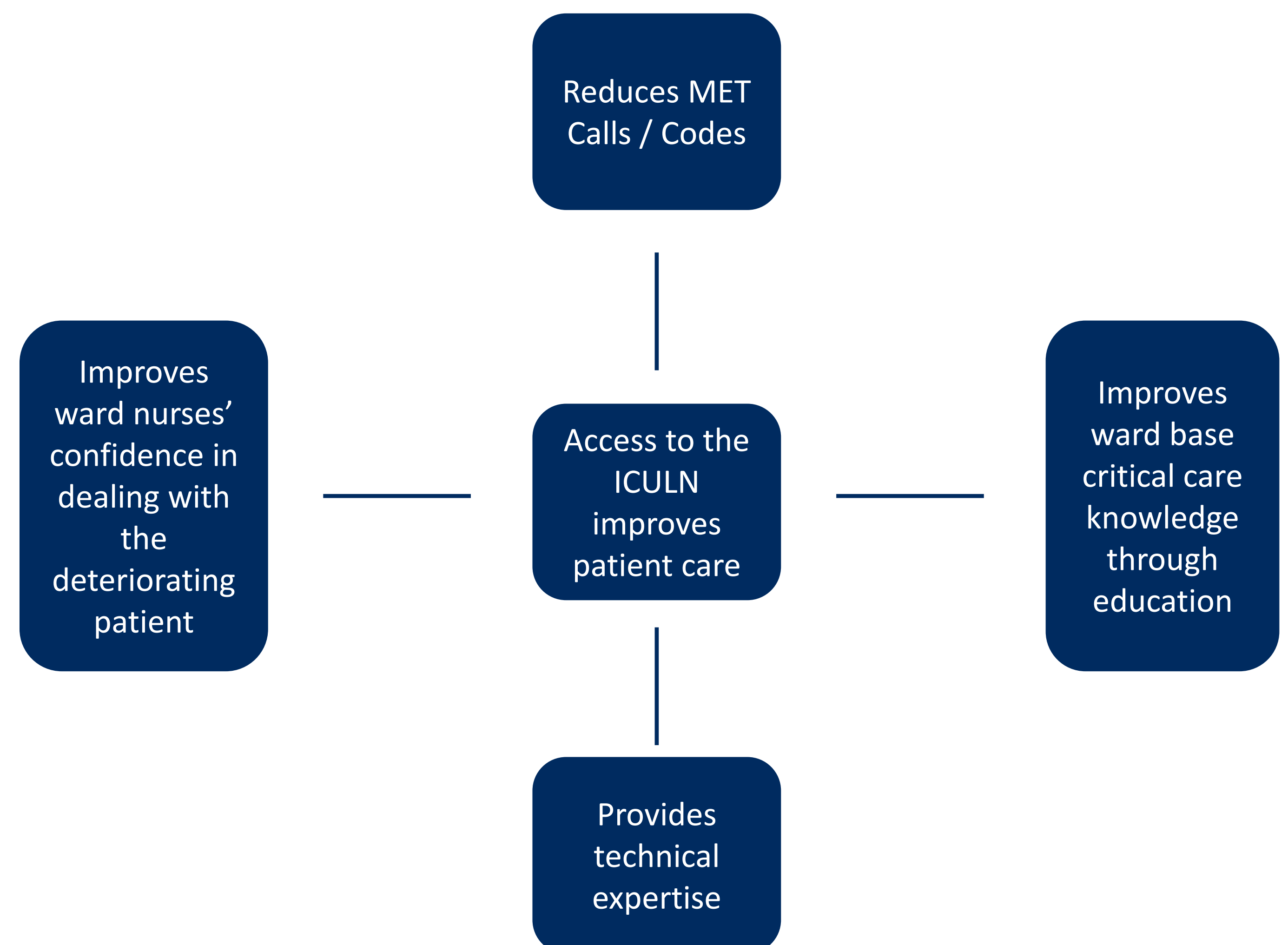
Methodology

Qualitative descriptive methods were used to examine the impact of the ICULN role on ward nurses. A select group of ward nurses were interviewed about their observations of, and perspectives on an event, that is, the introduction of the ICULN. This inductive approach allowed the researcher to better explore the meaning of the experience from the perspective of the ward nurse via semi-structured interviews focused on the phenomenon of interest. Guiding questions exploring the experiences of the ward nurses were used to encourage the participants to express their views in their own terms.

Semi-structured interviews were conducted with ward nurses who had been involved in a MET/Code Blue call; sought technical or clinical support; or had been at the bedside during a post ICU discharge review.

Results

The ward nurses perceived the function and value of the ICULN to have one main outcome, that of improving patient care. This general theme was categorised into four sub-themes repeated across all participants: reduces MET/Code calls; improves ward based critical care knowledge through education; improves ward nurses' confidence in dealing with the deteriorating patient, and provides technical support.



Conclusions

Overall, participants believe that the ICULN contributed to improved patient care by reducing MET/Code calls, improved ward based critical care knowledge through education, improved ward nurses' confidence in dealing with the deteriorating patient, and the provision of technical support.

This study has been able to show that the ICULN offers value beyond reduced LOS and avoiding ICU readmissions. The clinical expertise being shared at the bedside works to foster an environment of learning; building capability in the ward nurses. Ward nurses reported increased confidence in dealing with deteriorating patients, likely because of this knowledge exchange and positive approach of the ICULN but also due to the reassurance that assistance is easily accessible when needed.

