

ASSESSMENT OF KNOWLEDGE AND SKILLS
OF STAFF NURSES IN CARDIAC SURGICAL
UNITS

THESIS

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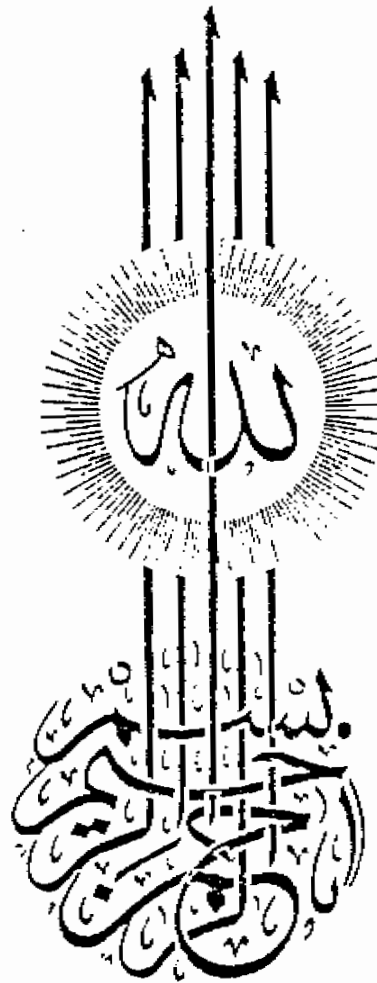
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INTRODUCTION
AND
AIM OF WORK

INTRODUCTION

Intensive care unit (ICU) is defined as an area where seriously ill patients can be treated by the most highly qualified staff, under the best possible conditions with the most modern equipment within easy reach (Clarke and Barnes,1975).The intensive care unit is an area in the hospital where the staff gives optimum care with a high degree of priorities to a critically ill patients.

During the last decade, there has been an increasing recognition of the advantages of management of cardiac surgical patients in the postoperative period in the intensive care units. ICUs vary among hospitals of different size with regard to its location and design. In smaller hospitals, the recovery room and intensive care unit may be combined so that the same facilities and personnel are used. In some of the larger hospitals, independent units have been established.

It has also been emphasized that many nursing decisions for critically ill patients are carried out prior to physician assistance. Therefore, critical care areas often require that nurses make rapid decisions under crisis situations resulting from a sudden change in patient status (Baumann and Frances,1982) . A thorough understanding of the physical and behavioral dynamics involved in cardiac surgery will enable her to provide comprehensive nursing care for the patient (Brogan, 1972).

In addition, several nursing publications have stated that the most effective way of organizing and delivering nursing care is by using the nursing process (Royal College of Nursing, 1980) . The nursing process has become such an important tool in critical care that the American Association of Critical Care Nurses (1981) (A A C N) has formally developed standards for use of the nursing process for nursing care of the critically ill.

Thus, the success of the intensive care system in terms of reduction of mortality and morbidity depends on the competence of the nurse as a member of the intensive care unit team and on her ability to utilize the nursing process effectively.

Implicit in the above, successful intensive therapy is only possible with the aid of experienced staff. Stoddart (1975) indicated that it is nothing short of disastrous to send inexperienced junior nurses to an intensive care unit to fill temporary shortages and expect them to be able to look after a typical patient. Todd (1971) and Rodman, et al., (1971) , added that the prime requirement for nurses chosen to work in intensive care unit is a high ability to learn, assimilate and use new material. Hence , it is unwise to select nurses with lesser academic backgrounds to work in the I C U .

As intensive care develops within a country it soon becomes obvious that basic nursing education is inadequate and more specialized education and training is necessary.

The nurse must be equipped to make accurate decisions regarding patient conditions and patient care and management. She must also be prepared to react independently in an emergency. It is mandatory, therefore, that all nurses continue their education after finishing the formal basic training program regardless what specialization she will choose (Ashworth, 1985).

In recognition of the need for special care in Egypt, cardiac surgical units were established in various hospitals, mainly at University Hospitals. It has been observed, however, that the majority of nurses working in these units are either graduates of technical nursing schools or newly graduated nurse-interns. In both cases, their basic nursing education has not prepared them adequately for the care of cardiosurgical patients. Nussbaum et al., (1979) emphasized that since basic nursing education can not fully prepare critical care nurses for the complexities of their work in today's era of sophisticated technology, continuous educational preparation is vitally important and essential in preparing nurses to assume their clinical and managerial responsibilities. Moreover, their knowledge base for working in special care units is insufficient and this creates a serious problem because the nurse will not be able to make decisions on her own when facing emergency situations. Hence, the most important factors influencing a rapid nursing decision are knowledge and experience.

Against these principles , it can be depicted therefore that, some of our hospitals, where special care units are established, fell short of their ideals in preparing their nurses for such a specialized role. The lack of systematic ongoing training at these hospitals makes the quality of nurse's performance highly questionable. This inadequacy can only reflect the nurse's failure to fulfill their professional nursing functions in service to critically ill patients.

This was reflected in the researcher's observation of nurses working in those settings. The observations tended to reveal that in many of these settings the new graduates; whether baccalaureate graduate, nurse-interns, or diploma graduates, receive little or no orientation to the required skills of the critical care units. Nurses are generally assigned immediately to a position which involves extended role functions. Moreover, the tasks these nurses are actually doing seem to be technical rather than professional in nature.

This area of inquiry has indicated a need for a study of knowledge and skills of staff nurses working in cardiac surgical units at University Hospitals in Cairo. It is thought that a study of knowledge and skills of staff nurses in cardiac surgical units might provide the material out of which hospital and nursing service administrators would be able to examine their policies to provide a work situation conducive to effective utilization of available nursing competencies. It is also hoped that findings of this study

might have some implications for the preparation of nurses working in critical care units.

AIMS OF THE STUDY:

1. To determine performance standards of nursing care for the cardiosurgical patient.
2. To assess the extent to which knowledge and skills of present staff nurses meet the required performance standards.

REVIEW OF LITERATURE

REVIEW OF LITERATURE

Intensive care has been defined as a health care plan designed for critically or seriously ill patient who are unable to communicate their needs or who require deliberate planned observation and highly skilled nursing care . The care is usually provided in a separate, self sufficient facility with all necessary diagnostic, monitoring, and special therapy equipment and supplies immediately at hand (Meltzer, et al.,1976) . Hence, the intensive care unit can be generally perceived as the place where laboratory and monitoring methods may be brought to the bedside for the physiologic evaluation of the life-threatening surgical problems (Shoemaker, 1985).

With respect to the nature of nursing care Burrell and Burrell (1973) have indicated that intensive nursing care differs from routine nursing care in that the former requires giving careful consideration to and making detailed observations of the processes necessary to life. Thus, the early detection of the changes that may accompany various illness allow for early treatment and serious complications may be avoided in many instances.

Tinker and Porter (1980) has also stated that the development of intensive care unit in the past decade has saved many lives and has greatly improved the level of efficiency of care offered to critically ill patients. It has also influenced the standards of nursing care and medical care generally. Meltzer , et al., (1976) on the other hand, provided good evidence that the