

Intensive Care Nurses under pressure during COVID-19: their fight and plight

Professor Bronagh Blackwood, RN, PhD

Professor of Critical Care, Queen's University Belfast, Northern Ireland

President, European federation of Critical Care Nursing associations





COVID-19 pandemic has posed challenges for health care systems globally, particularly ICU

- At the forefront of the ICU are nurses
- **Fight:** professionalism, bravery, ability to adapt and innovate
- **Plight:** vulnerabilities, inefficiencies within health care systems that have a responsibility to protect nurses

How nurses' fight the pandemic...

professional duty, commitment to patient care

- Strong sense of duty, dedication to patient care and personal sacrifice
 - Nurses care for patients at the sickest/most vulnerable moments in their lives, yet even while afraid for themselves, they carry on
 - Immersed themselves in patient care as a way of managing anxiety/pressures
- Professional collegiality
 - Great camaraderie amongst nurses
 - Sharing the load, pulling together, team spirit



Nurses' ability to adapt & innovate

- Practice: facilitating patient/family communication; staff identification
- Management: re-organisation of staffing/care/environment – ‘runner’ nurse, careful use of PPE resources
- Education: swift development & roll-out of training programmes to meet training needs; upskill non-critical care nurses



Plight of nursing effected by a pandemic¹

- Heightened anxiety for own personal protection and safety
 - Greatest risk due to proximity & exposure to the virus
 - 41 countries, HCWs accounted for 10% of COVID-19 cases with mortality rates up to 19%²
- Dilemmas – balance caring for patients versus family responsibilities
- Speed of knowledge – swift modifications policies/guidelines
- Staff shortages - inadequate skill mix for high acuity patients
- Overwhelming powerlessness - admissions, planning

1. Fernandez et al (2020) *International Journal of Nursing Studies* 111;103637

2. Arabi et al (2021) *Intensive Care Med* <https://doi.org/10.1007/s00134-021-06352-y>

Plight – nurses are physically and mentally exhausted

- Stress of the inexperienced
- Feelings of inability to ‘cope’
- Loneliness, sleep deprivation affects alertness, performance¹
- Burnout among ICU staff was already prevalent pre-COVID-19²
- Further studies have shown that, anxiety and depression is high in critical care



1. Moss et al. (2016) *Am J Respir Crit Care Med* 194:106–113
2. Pappa et al. (2020) *Brain Behav Immun* 88:901–907

COVID-19 impacts quality of care

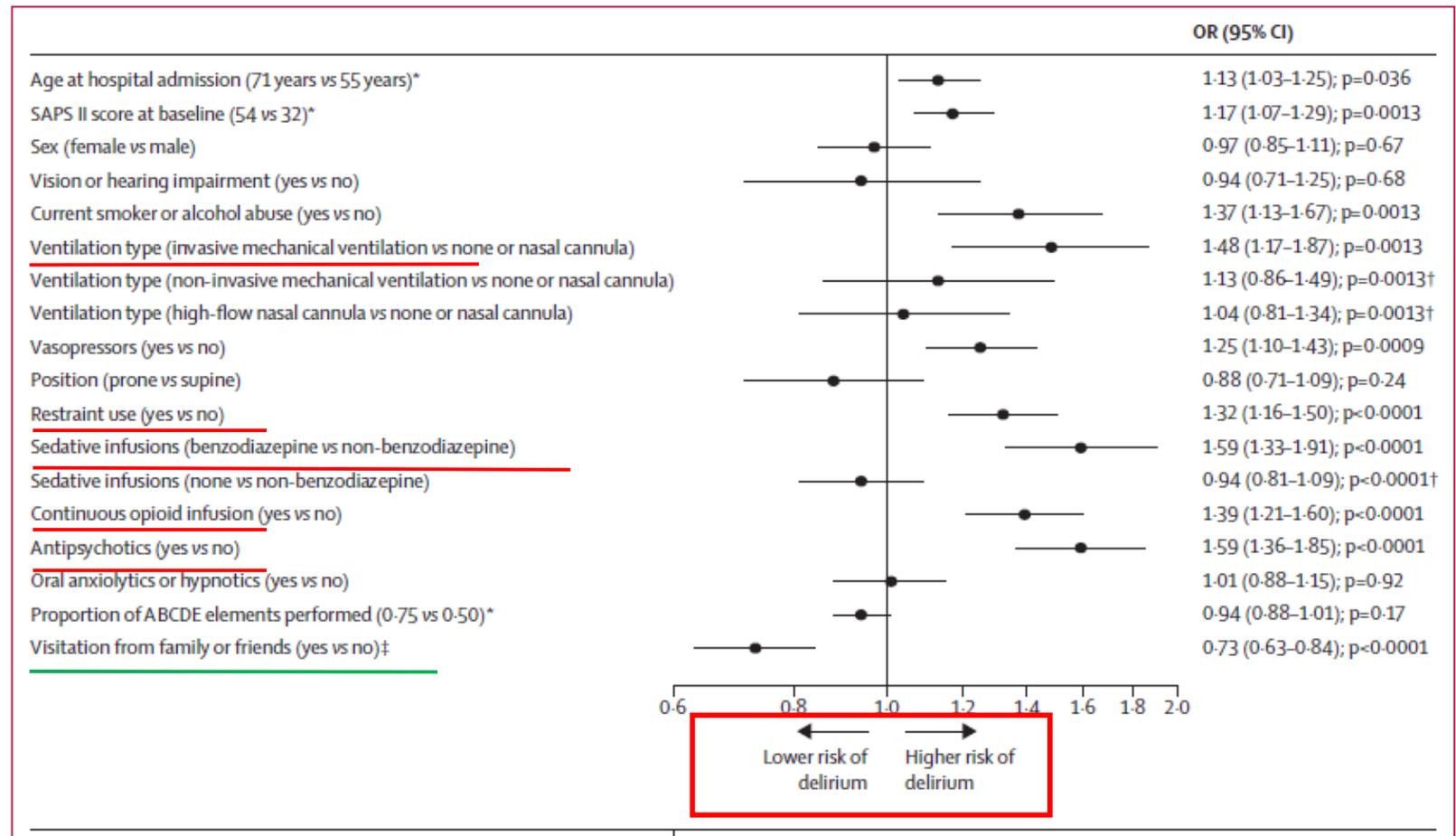
- Over many years, nurses forged ahead to deliver quality care
 - Mechanical ventilation weaning protocols
 - Less sedatives, daily sedation holds
 - More awake patient - early mobilisation
 - Open visiting, increased family engagement in care
- COVID-19 patients have higher acuity, these practices now set aside
 - Ventilation times doubled from 5-7 to 10-14 days
 - More sedatives – prone positioning, muscle relaxed, not mobilised
 - No family visitation
- Practice has stepped back 10 years!

Reversal of these quality of care practices has led to increased duration of delirium/coma

Cohort study
4500 patients, 69 countries

Prolonged periods of acute brain dysfunction are predictors of worse long-term outcomes

Nurses feel conflicted



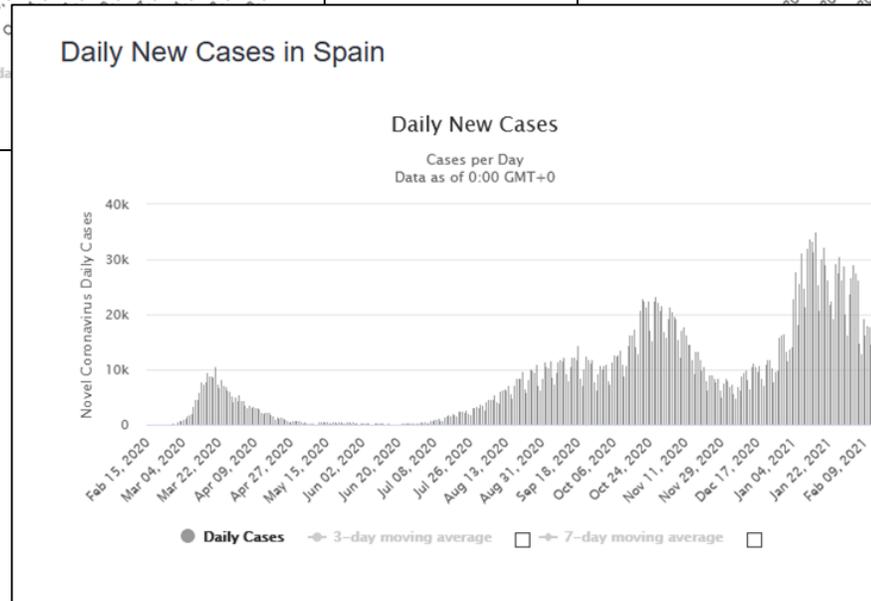
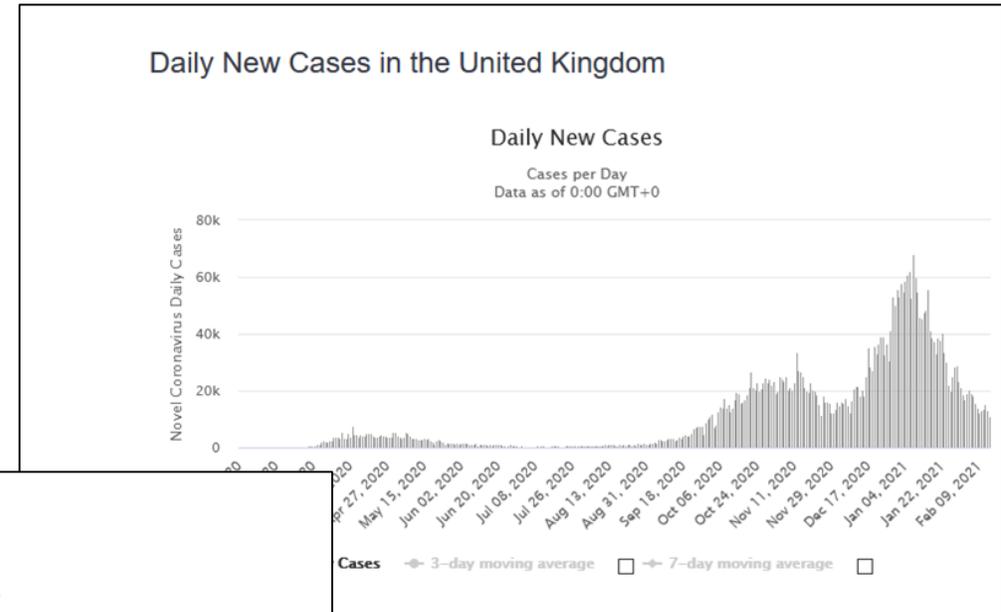
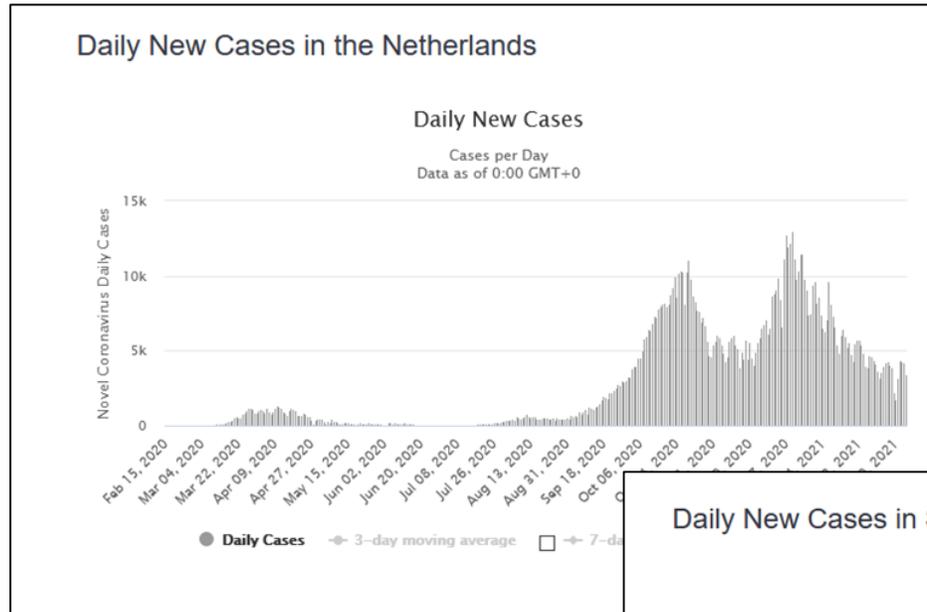
Greatest impact on distress: death, dying, and relatives' distress





Key Messages

Nurses will not cope with a 4th surge



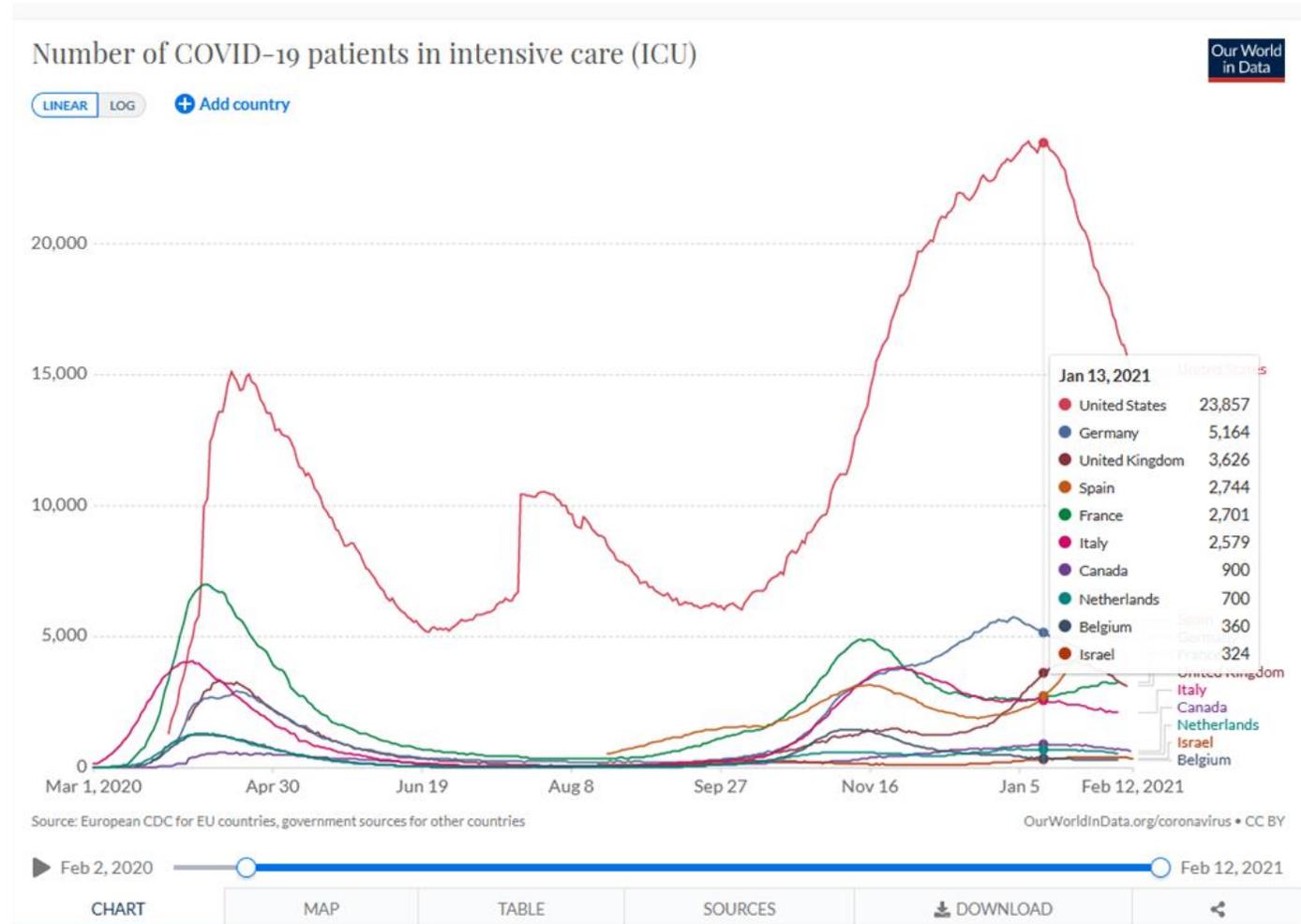
<https://www.worldometers.info/coronavirus/>

EfCCNa wants authorities to take responsible action to protect health/lives

750 000 ICU admissions world-wide

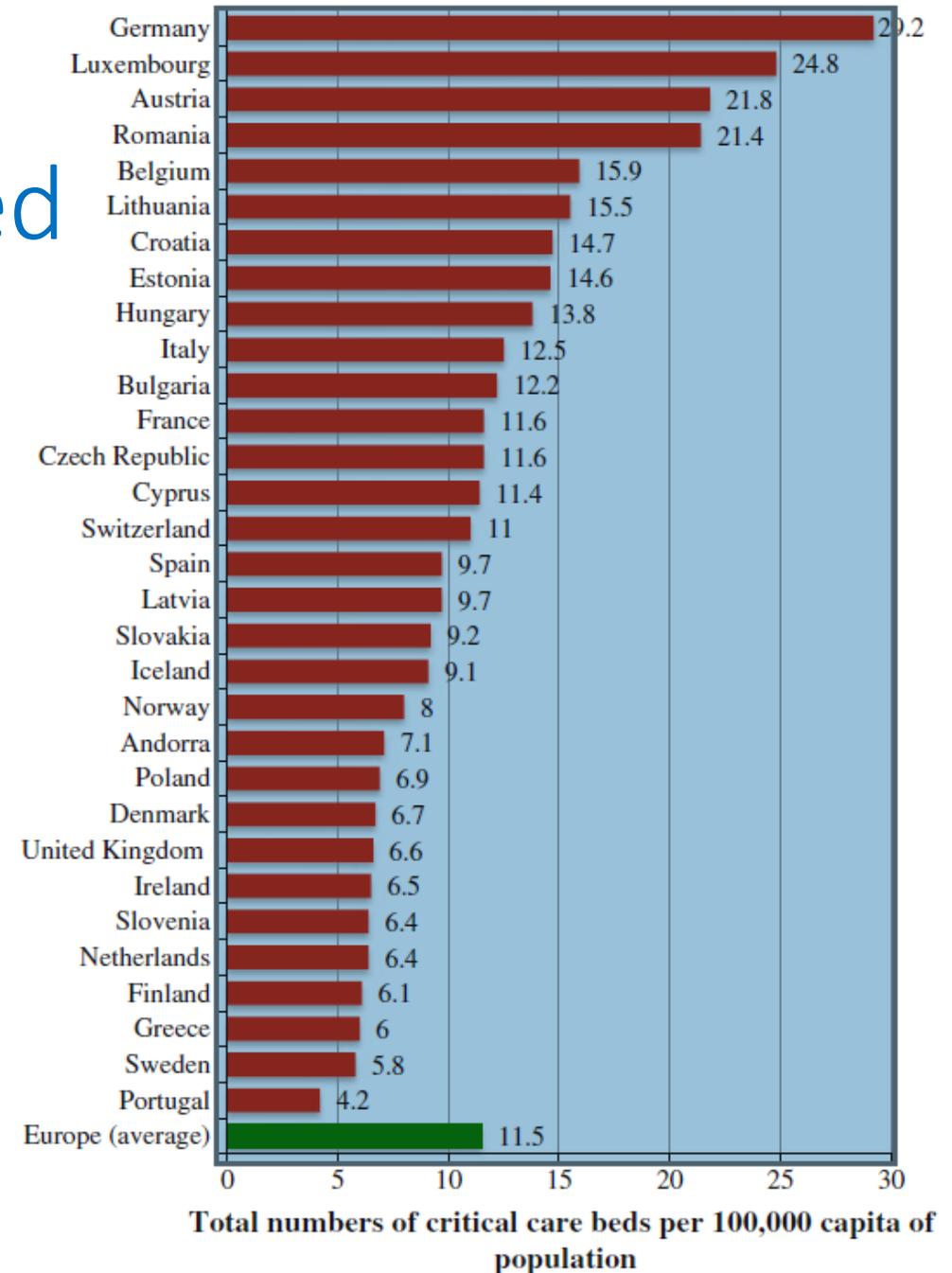
Best way to handle a surge in ICU patients – is to avoid it

Prevent overwhelming hospital admissions by controlling community spread



Need a European standard definition of a critical care bed

- Reportedly, average 11.5 critical care beds per 100 000 population in Europe
 - Differences - organ dysfunction; level of care
- Need nurses with the skills and knowledge to deliver and/or supervise that level of care
- Ventilated patients require 1 nurse:1 patient
 - positive association between the nos. nurses and patients' chances of surviving ICU



Rhodes et al. *Intensive Care Med* (2012) 38:1647–1653

West et al. *International Journal of Nursing Studies*. 2014;51(5):781-794.

So, critical care is not just about beds– it depends upon having a highly skilled, supported workforce



Support for nurses must go beyond praise

- Urgent need for hospital administrators to take seriously the burden shouldered by nurses, sacrifices made, & ***invest in solutions***
 - reassurance regarding PPE availability
 - limitation of shift hours to minimise exhaustion
 - provision of adequate and long-term counselling and support for stress
 - follow-up on how clinicians are coping
 - involving staff in strategies to promote family-centred care

Substantive discussions* about attracting/retaining critical care nurses

- COVID-19 has exposed the vulnerabilities in nursing supply
 - The global shortage estimated at 5.9 million nurses.
 - UK ~36% nurses want to leave after pandemic
- Fair pay & conditions, effective skill mix & working patterns
 - Additional measures needed to minimise the impact on the quality of care when care is provided by non-ICU nurses
- Recognition of critical care specialism - education and training
- More focus on staff well being: reduce burnout

