

Nurturing Nursing Students During Intensive Care Unit Clinical Practicum

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Abstract:

Approximately one-third of new graduates will quit their jobs in the first year. When nurses leave, vacant positions result in increased overtime for the remaining staff, which eventually results in burnout. Burnout leads to even more turnover. This article describes how the staff transformed a neurosurgical intensive care unit and nurture students through the application of Jean Watson's 10 Caritas processes. When nursing students complete their clinical practicum in the unit, learning is enhanced, the students seek to continue to work in the intensive care unit, recruitment and retention are encouraged, and burnout may be prevented.

Keywords: Nursing education; Nursing students; Student clinical experience; Watson's Theory of Caring

Article:

According to the latest projections from the US Bureau of Labor Statistics, more than 1 million new and replacement nurses will be needed by 2018.¹ For new nurses entering the profession, turnover is a major issue. In fact, the median voluntary turnover rate for first-year nurses is 27.1%, according to a 2007 report from PricewaterhouseCoopers' Health Research Institute.² Vacant positions result in increased overtime, which eventually results in burnout of remaining staff. Burnout results in even more turnover. It is a vicious cycle. Hospitals spend from \$22 000 to more than \$67 000 recruiting and training 1 intensive care unit (ICU) nurse.³ Clearly, in today's economic environment, institutions cannot afford turnover.

TRANSFORMATION OF ICUs TO RETAIN NEW GRADUATES

Recent articles have described how ICUs 4-6 have transformed their work environments to increase job satisfaction and retain nurses. This article describes how neurosurgical ICU staff implementing Jean Watson's 7 10 Caritas processes have created a caring environment where nursing students are supported and nurtured. The transformation was led by the neurosurgical ICU nurse manager, whose achievements using caring theory have earned her the recognition of being appointed faculty associate of the Watson Caring Science Institute. Watson's caring theory serves as the framework for relationship based care in this ICU.

APPLYING WATSON'S CARING THEORY TO NURSING STUDENTS

Applying the caring theory and Caritas 7 processes to nursing students in the clinical setting serves 2 purposes. The Caritas 7 processes create a caring, nurturing environment that helps students build self-esteem, and this serves as a great recruiting tool. In the neurosurgical ICU at our hospital, students are treated as welcome visitors, as well as potential colleagues. Nurses who not long ago were new graduates themselves are now precepting senior nursing students from local college nursing programs. A year and a half ago, Teah was completing her senior clinical rotation in the neurosurgical ICU. After she graduated, she became a staff nurse in our ICU. Last spring, her role was reversed, and she precepted Kyle, a senior nursing student from her alma

mater. "Completing my senior clinical experience exposed me to the teamwork and atmosphere on the neurosurgical ICU, and I knew it was exactly what I was looking for in a work environment," says Teah. Kyle is now working beside her as her colleague in the neurosurgical ICU.

PRACTICE LOVING KINDNESS AND BEING AUTHENTICALLY PRESENT

From the students' first day of clinical in our department, the Caritas 7 processes play an important part in their experience. We practice loving kindness and equanimity (Caritas process 1)⁷ toward all students, whether they are from the local community college or a prestigious 4-year university. They are welcomed and introduced to everyone, including physicians who are making their rounds. The ICU staff members recognize that these students are the future of the nursing profession and become their role models. We try to assign students to preceptors who graduated from the same nursing program. Matching students to preceptors may result in immediate bonding between the two.

We constantly reassure students and encourage them to think critically and ask questions. We are focused and present when we precept. Asking questions and providing students with appropriate positive feedback builds their self-esteem. Building self-esteem reinforces hope and faith (Caritas process 2)⁷ and helps students realize that they are well on the road to becoming competent nurses. In addition to teaching clinical skills, the preceptors talk to students about how important it is to maintain a positive balance of work and home. They give tips on how to keep stress at bay by developing spiritual practices relevant to each individual (Caritas process 3).⁷ What better place to start thinking about one's own spiritual issues and practices than in the neurosurgical ICU? Observing death, permanent disability, and cognitive loss may help students realize the sacredness of human life and their place in the universe.

STAFF NURSES LOVE HAVING STUDENTS

Jackie, BSN, RN, shared her thoughts after working with her student, Monica: "I love having students. I like sharing experiences and teaching. I like developing close relationships with students (Caritas process 4).⁷ I am affecting the future." Jackie knew that Monica's wedding was scheduled for the summer. On Monica's last clinical day, Jackie presented her with a wedding gift, and the rest of the department celebrated Monica's successful clinical completion with a chocolate cake.

"As a new nurse, it makes me feel good to be able to answer a student's questions," said Jennifer, RN. "I like taking something complex and breaking it down into understandable pieces for others, and it reassures me that I have a strong knowledge base." Jennifer has the ability to deconstruct something complex and make it understandable. Each nurse has individual talents, and we capitalize on those when teaching students (Caritas process 6).⁷

"Precepting students is a win-win situation," said Jackie, BSN, RN, who is the assistant director of the neurosurgical ICU. "It completes the circle. It not only allows nursing students to have a foundation based on how they were taught, but also enables bedside nurses to develop a foundation in teaching and nurturing." We are preparing and equipping them with what they need to be successful and to adapt to the role of nursing. When these nurses are finally on their own, they will already have a foundation of experiences to guide and support them in caring for their patients. (Caritas process 7).⁷ Pairing students with appropriate preceptors is a way to share knowledge and help students learn and build professional relationships. This is a win-win situation for both student and preceptor because it reinforces learning on both sides.

Students are introduced to the rest of the staff during each morning meeting. Staff nurses are encouraged to seek out students when interesting bedside procedures are performed, or when a learning experience presents itself on the unit. Students are included in all unit activities. If the preceptor is attending a committee meeting, the

student accompanies the preceptor. Students get to see all aspects of the nursing profession, not just bedside care. They attend and participate in staff meetings, and their suggestions are solicited and valued (Caritas process 8).⁷ It is amazing to see what a new set of eyes and a fresh outlook can contribute to a department. Strong relationships develop between students and preceptors.

RELATIONSHIP-BASED CARE

Our institution has recently introduced relationship-based care, so in addition to honing their clinical skills, we focus on respecting the human being as a whole and seeing the person behind the disease. We attempt to establish a human-to-human caring connection with all our patients and families. Often, student nurses are so focused on learning clinical tasks and medical technology that they forget the human caring aspects and sacredness of their profession. We try to instill that in them. We teach them that caring skills are as important as technological skills. One cannot heal the body without considering the spirit within that body (Caritas process 9).⁷

End-of-life decisions are made every day in a neurosurgical ICU. It is not unusual for families to choose to withdraw care for their loved ones with a poor prognosis. We also have many patients who become organ donors. Our students get to participate in the care of these patients and even accompany them into the operating room to observe organ and tissue retrieval (Caritas process 10).⁷ Miracles also occur every day. When a patient who was near death a few months before comes back to thank us, we make sure students hear his/her story. This helps the students realize the real reason they went into nursing.

Watson's 7 caring theory has put that old adage about nurses eating their young to rest in our neurosurgical ICU. Nurse-to-nurse relationship building begins by affirming shared values, goals, and talents. "Precepting students reinforces my desire to always do the right thing," said Jennifer, BSN, RN. "I know that I need to set the best example possible."

When students complete their clinical rotation in our unit, we celebrate with a luncheon or a dinner if it is a student who has been on the night shift. We provide the students with a reference if requested or encourage them to apply for a position at our institution. We are fortunate to always have a few of our former students apply for positions in our ICU. When we hire our former students, we find that their orientation is much shorter than for a traditional new graduate, so in addition to helping with recruitment, treating nursing students with a caring philosophy helps conserve our financial resources and is more cost-effective.

The caring relationship skills of preceptors and students are the same as those between nurses and patients: (1) being present, (2) honoring the uniqueness in each other, (3) valuing diversity, and (4) listening with intent. Caring travels in concentric circles. When we demonstrate caring behaviors and attitudes toward our nursing students, those caring behaviors ripple out to colleagues, patients, and to our community. One of the hallmarks of a true profession is how well new entrants to that profession are nurtured. In our department, we realize that nursing students are our future. They are valued members of the neurosurgical ICU family.

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