

Study Summary: Survey of Canadian Critical Care Nurses' Experiences of Conflict in the Intensive Care Unit



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Purpose: To increase our understanding of Canadian critical care nurses' experiences with and responses to conflict in the intensive care unit (ICU)

Methods: A descriptive, 35-item, web-based survey was developed through a review of the literature. The questionnaire was reviewed by 11 nurses (i.e., critical care nurses, advanced practice nurses, educators, and researchers) and revised from their feedback. The Canadian Association of Critical Care Nurses (CACCN) sent out to its members, on our behalf, an email invitation to participate in the study, with the survey link inserted in the message. Two reminder messages were sent out in the same way. The Statistical Package for the Social Sciences (SPSS) software was used for analysis of quantitative data and content analysis was used with responses to open-ended questions.

Sample: A total of 241 critical care nurses responded to the survey; 89.2% were female, 58.9% were 40 years of age or older, 50.2% had a bachelor's degree, and 58.3% had worked in critical care for 11 or more years. Almost 67% of the sample worked as general duty nurses in ICU, with the majority working in mixed medical/surgical ICUs (66.4%) in tertiary care hospitals (67.2%).

Results: Approximately 51% (122) of respondents indicated they had been involved in a situation of conflict in the last week worked prior to completing the survey. The most common types of conflict experienced were disagreements between the team and the family (46.5%) and disagreements within the team (35.3%). Nurses were asked to describe their feelings related to situations of conflict, and 108 (out of 209) indicated they experienced frustration. The most helpful nursing interventions in situations of conflict were identified as providing clear, consistent, and honest information to the patient/family and arranging for the physician to meet with the patient/family at the bedside to answer questions. Nurses identified that the most helpful resources for nurses in these situations were other staff nurses, attending physicians, and charge nurses. Approximately 54% of those who had access to an ethics committee ($n = 195$) and 86.5% of those who had access to an ethics consultant or ethicist ($n = 155$) in their facility had used these resources in a situation of conflict.

Implications: The importance of communication in situations of conflict was highlighted in this study, and this has implications for the education of nursing students and critical care nurses. More research is needed to understand nurses' feelings related to conflict and strategies to prevent or mitigate conflict in ICU.

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