

Symposium

Introduction

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Symposium Editor

Supporting Nurses in the Critical Care Environment

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Working in a critical care setting is challenging even on the best of days—critical care providers routinely encounter situations that can create moral distress and provoke instances of incivility among colleagues. This type of constant stress ultimately can lead to nurse burnout and compassion fatigue. Creating and sustaining healthy work environments is imperative to prevent disrespectful interactions, to decrease instances of moral distress, and to increase staff members' abilities to cope within this stressful environment. The symposium in this issue of *AACN Advanced Critical Care* is composed of articles exploring the evidence surrounding nurses' responses to stressful situations and the opportunities to provide and foster support for these critical care providers. Promoting resiliency, civility, and compassion satisfaction can establish the foundational environment required for care providers to function optimally and therefore provide daily care for critically ill patients.

Oja's study of nurses in 14 intensive care units (ICUs) explores relationships between nurses' perceptions of incivility and professional comportment and behaviors that may decrease nurse-to-nurse incivility. He further reports on the potential for education on professional comportment to reduce incivility.

Kelly reports on a study of critical care nurses from 3 ICUs that explores relationships among nurses' perceived work environments and compassion fatigue. Her findings support associations between healthy work environment indicators, burnout, and compassion satisfaction, and she proposes areas for future research. Use of authentic leadership, meaningful recognition, skilled communication, and appropriate staffing may be key to promoting compassion satisfaction.

Mealer and colleagues report results from a study of focus groups to determine staff nurse perspectives on a proposed Mindfulness-Based Cognitive Therapy program to promote resiliency. Programs that focus on increasing staff resiliency must be developed in ways that make the resources feasible for staff to use. This study is a first step in assessing staff nurse perceptions on what types of formats are likely to be most effective in meeting staff needs.

Finally, Tamburri addresses a phenomenon not always acknowledged in the ICU: trauma experienced by care providers involved in adverse patient events. These care providers can incur severe emotional responses such as

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guilt, shame, and grief and are considered second victims. Tamburri describes the symptoms that second victims experience and proposes ways that peers and leaders can support colleagues who are experiencing this trauma.

Creating and sustaining healthy work environments is challenging because of the many

components that affect the critical care setting and care providers. We constantly and vigilantly need to evaluate our daily work setting and we must continue to strive to improve our work environments. The articles in this symposium provide additional thoughts on ways to support our valuable critical care nurses so they can provide optimal patient care.