A service evaluation of Advanced Clinical Practitioners' experiences of emergency redeployment to intensive care during the Covid-19 health crisis.

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Background:

The novel corona virus (Covid-19), a severe acute respiratory syndrome, emerged in Wuhan, China in December 2019 and has since spread worldwide; with 1.08 million deaths globally. Healthcare staff, including Advanced Clinical Practitioners (ACPs), were redeployed to areas of critical need; predominantly intensive care units, (WHO, 2020).There was an acute shortage of trained professionals to treat the critically ill patients with reports suggesting 10-15% of the clinical workforce were off sick or self isolating which meant an added pressure for redeployed ACPs, (Foster, 2020).

Aim:

To explore the experiences of Advanced Clinical Practitioners who were redeployed from their current role to intensive care during the Covid-19 health crisis.

Methods:

This qualitative service evaluation included a purposive sample of ACPs (n15) that were redeployed to the intensive care unit. An online survey with open ended questions was circulated to ACPs within the trust and (n26) participants took part in total. (3 of these responses were removed as they did not meet the inclusion criteria). The results were analysed using a six-step model of thematic analysis (Braun & Clarke, 2013) and transition theory (Meleis, 2010) was used to make sense of the results.

Conclusions:

There were mixed experiences of redeployment and the range of emotions could be due to several key factors.

- Prior ICU experience could produce a positive experience for staff members as they felt more confident to return to the role.
- Concurrently, staff previously left this role for a reason, (for example they didn't enjoy working on ICU), therefore on return due to redeployment ACPs may already have negative connotations linked to this work environment so this may have influenced their answers.
- More experienced ACPs may have found the transition easier as they were better equipped to deal with change management and working in different teams.

Results:

Four key themes emerged :

- 1. Mixed emotions – *including subthemes of: anxiety, stress, apprehension, hopefulness, positivity & excitement.*
- 2. Organisational culture- *including subthemes of: sense of duty, obligation, perceived management strategies, communication & leadership issues.*
- 3. Experience level - *including subthemes of: lack of ITU experience, previous ITU experience, impact on confidence & ability.*
- 4. Social interaction – *including subthemes of: isolation, social support & coping strategies.*

1. "Initially, I felt frightened and I felt very sad about the whole situation…I felt stressed and anxious" (P3)
"Initially I felt stressed and anxious but soon gained my confidence…after a couple of shifts I felt more capable working on intensive care". (P7).

2. " I feel it is within my nature as a nurse and therefore it was not even a question when asked." (P20)
"I lead by example by doing the required work without complaint as everyone is in a difficult situation" (P14)

3. *"I didn't mind as I worked in ITU for a long time anyway…my previous experience helped the transition." (P4)*
"I had not previously worked in ITU, I was worried…I felt anxious due to a lack of experience in that area". (P6).

4. "I live alone so I do not have any home support…My horse is my personal therapy." (P2).
"I live alone and haven't seen my family…but they are very proud of me". (P10).
"My colleagues are very supportive, as are the ICU staff…I loved the experience." (P10).

Recommendations:

- Further large-scale research into the experiences of redeployed ACPs.
- Improved organisational pandemic planning.
- Compulsory rotation for healthcare staff to improve experience level.

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