Editorial

Lynne Harrison, joint editor

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The provision and delivery of intensive care is both complex and challenging, and a large proportion of the budget of an intensive care unit (ICU) is caused by nursing staff costs. In a climate that encourages cost review and consciousness, nursing staff will come under close scrutiny. In addition, more attention is being paid to the role of untrained staff who are less expensive to employ than nurses and who, in some cases, are assuming functions that were previously the domain of trained staff. As a result, it becomes increasingly important to identify the value and worth of intensive care nurses in influencing patient outcome.

When trying to assess the role of a nurse working in ICU, it is easy to identify a list of activities that are undertaken. It is also possible to quantify the amount of time spent undertaking each activity in an attempt to paint a picture of ICU nursing practice. However, this type of study and analysis can never capture the true essence of nursing in intensive care.

There are various factors which make the nature of ICU nursing difficult to describe. They include the continual advancement of knowledge and the development of increasingly sophisticated technology. These continue to have an important influence on the roles and responsibilities of nurses. Nurses are required to manage and monitor both the patient and equipment, very often responding independently to the information obtained. For example, the use of assisted modes of ventilation and early weaning requires nurses to make assessments of the patient's physiological and psychological status and to respond appropriately, while in drug titration, nurses make minute-to-minute clinical decisions based on their monitoring of the patient's physiological responses. In addition, during interactions with patients' families, nurses need to draw on a range of communication and interpersonal skills to convey information and provide support. Since pre-registration training does not prepare nurses to work in the ICU environment, nurses new to the speciality require close supervision and teaching at the bedside by experienced clinical nurses.

Common sense tells us that ICU nursing practice must vary throughout the world, but we do not know which aspects are different or how they differ. There will be some commonalties, but again we do not know what these are. The only way we can provide answers to questions about the value and worth of ICU nurses is to engage in debate, dialogue and discussion about what ICU nursing is and what ICU nurses do. This fits with the philosophy of this journal in that *CONNECT* aims to provide a forum for nurses to present their ideas and to discuss issues affecting their practice. In doing this, we hope *CONNECT* will be able to develop a picture of ICU nursing and the impact of ICU nurses on patient outcome. I encourage you to think about your practice, discuss it with your colleagues and then to share your thoughts more widely by writing an article for this journal. The scene is set. The challenge is now yours.

Lynne Harrison and Paul Fulbrook

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