

Working in Iceland ICUs compared with UK ICUs



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INTRODUCTION

In the year 2000, as part of our postgraduate programme in critical care nursing, we spent four months in England working in four different intensive care units (ICUs). These were an adult ICU, a coronary care unit, a paediatric ICU and a neonatal ICU.

When working in a new country, we expected things to be done differently to the way we were used to. There are many factors that can influence the way things are done, including education, health care system, culture, and size of the country and population. In this article, we have written about our experiences of the differences in critical care nursing between England and Iceland.

INTENSIVE CARE IN ICELAND

Iceland is an island in the north Atlantic Ocean. It has a small population of about 300,000 people. In spite of our small population size, we have a high standard of living and a high-quality health care system.

Critical care training

In Iceland, there are two universities which produce graduate nurses. A nursing graduate education takes four years to complete and results in a bachelor's degree. A course in critical care nursing is available, but is not held on a regular basis; it results in a diploma in critical care nursing. It is necessary to go abroad to obtain a masters' degree in critical care nursing. This situation is likely to change in the next few years. However, at present, from a hospital's point of view, it is not necessary in Iceland for a nurse to have a diploma or degree in critical care nursing to work as an ICU nurse.

Provision of critical care

We worked on the mixed adult/paediatric ICU at the university hospital in Reykjavík; the unit was a mixed medical, surgical, trauma and neurosurgical unit. In the whole of Iceland, there are only three other ICUs, one of which is for neonates. The other two ICUs are mixed adult/paediatric units, one of which is also in the capital city of Reykjavík, while the other is in Akureyri, the biggest town in northern Iceland.

COMPARISON OF INTENSIVE CARE BETWEEN UK AND ICELAND

The units we visited in the UK were smaller than the ICU in Reykjavík. In the UK, ICUs have between 6 and 8 beds per unit, while our unit in Reykjavík had 11 beds. The units in the UK had more general specialities, such as for vascular surgery, neurological surgery, cardiac and thoracic surgery. In the UK, patients were sent to hospitals according to the type of help needed.

In Iceland, ICUs are more general. However, the two ICUs in Reykjavík do have their own specialities, although both still remain general medical/surgical ICUs looking after patients of all ages.

Nurse:patient ratio and workload

The patient to nurse ratio was better at the ICUs we visited in the UK than at our ICU in Iceland. The UK ICUs had one nurse per patient, except in the neonatal ICU where the nurses often had more than one neonate to care for. Furthermore, UK ICUs had one sister or senior staff nurse in charge of every shift without responsibility for patient care.

In our unit in Iceland, we usually tried to have a ratio of one nurse per patient, but often, especially on nights and weekends, this was not possible. The nurse in charge of the shift nearly always had a patient to care for as well.

In addition, the post-anaesthesia unit was linked to our ICU. The ICU nurses were responsible for the care of these patients at nights and weekends, which sometimes took time from the ICU patient, and often increased the workload.

Admitting patients to an ICU

In the UK ICUs, we noticed that they did not admit a new patient to the unit unless enough nurses were available. Patients were sent to other hospitals if no beds or nurses were available.

In Iceland, our unit in Reykjavík had to take every patient who needed care in an ICU, independent of the nurses available, because there are not the resources to be able to send a patient to another ICU. However, if no bed was available and there was no patient who could be discharged, it was sometimes possible to send a patient to the other ICU in Reykjavík, provided of course that they had an available bed.

Other staff in ICU

In Iceland, there is a long tradition of help from 'nurses assistants'. These assistants help with patient care and will have received three-years of related training in college. There are also specialised staff who take care of the equipment and cleaning and washing the unit, both daily and between patients.

In the UK, we observed that many jobs done by our assistants were in fact part of an ICU nurse's job in the UK. However, in the UK but not in Iceland, there were porters, who were always available to help with transporting patients between wards. Furthermore, in the paediatric ICUs in the UK, there were special technicians who help set up all equipment, such as the ventilators and machines for continuous renal replacement therapies; the technicians also helped with transporting patients.

Patient group

In general, the patient group was more specialised in UK ICUs than in Iceland. This is because of the size of the population, so that in Iceland's ICUs, there is more variety in the patient group, both regarding age and the patient's illness and condition.

Standard of nursing care

In our opinion, in Iceland's ICUs, the standards of care were higher in many aspects of nursing care, such as patient hygiene, dressing changes and cleanliness of the nursing environment.



Death of a patient

When a patient dies, the care is a little bit different in Iceland. The nurses wash the patient and put him or her in special clothes. If needed by the relatives, there are priests who we can always call for support and guidance and often they have a moment with prayer beside the patient's bed. After the family and relatives have said goodbye, we put one sheet around the patient's body, with another sheet over, before transferring them to the mortuary bed. In the UK, however, we found it rather cold that the dead body should be placed in a plastic bag before being taken to the mortuary.

Equipment

The ICUs in the UK were well-equipped, with equipment very similar to ours. The most different aspect in equipment was the beds, especially those used on general wards. We found the UK beds rather primitive and not as patient- and staff-friendly as those we are used to.

Drug administration

There were differences in drug administration. In the UK, all medicines must be double-checked by another nurse before being administered. Nurses are also required to attend special courses before they can give medicines intravenously. In Iceland, nurses are allowed to give all medicines, following a course in drug administration given during training as nurse students.

Medical staff

Icelandic doctors go abroad to different places in Europe and USA to obtain further education in their speciality. They come back with different experiences and various opinions and views, all of which influence training and treatments in our hospitals and have an effect on best practice.

In the UK, doctors take decisions earlier to reduce treatment and seem to accept more easily than doctors in Iceland if a patient is not responding to the treatment given.

CONCLUSION

In general, there are no major differences in critical care nursing between Iceland and the UK. There are always some differences between countries that can be related to culture and tradition. However, the basics of ICU nursing care appear to be similar in Iceland and the UK. ■

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