


RESEARCH ARTICLE

Intensive care as a specialty of choice for registered nurses: A descriptive phenomenological study

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Abstract

Background: Shortage and retention of experienced nurses are crucial matters and internationally acknowledged, particularly in specialty areas such as Critical Care.

Aim: To explore the experiences of registered nurses in their first and fourth years of practice in an adult intensive care unit.

Study Design: This descriptive phenomenological study was conducted over 4 years. Eligible participants were interviewed at two different points in their career. Ten registered nurses were interviewed after three to 6 months of employment in an adult intensive care unit (Phase One). Five of the same participants were interviewed in their fourth year of practice (Phase Two).

Findings: Findings related to factors influencing the participants' choice of specialty and their retention are reported in this paper. Two themes emerged from Phase One: a unique environment, positive and negative emotions, unclear expectations, and the journey of a registered nurse. Two themes generated from data collected in Phase Two included a unique environment and being a proficient nurse. In both phases, nurses considered the Intensive Care Unit a stimulating learning environment.

Conclusions: This paper highlights that the registered nurse's perception of the Intensive Care Unit and Intensive Care Nursing influenced their choice of specialty, and learning opportunities influenced their decision to remain in the Intensive Care Unit.

Relevance to Clinical Practice: The findings of this study inform action areas for healthcare organizations and nursing managers. Challenges, learning opportunities and the nature of critical care nursing should be considered target areas for organizations to promote and develop as part of critical care nurses' retention strategies. Education not only for new graduate nurses but also for all registered nurses should be ongoing.

KEYWORDS

intensive care unit, new graduate nurse, nurses, retention, specialty choice

1 | INTRODUCTION

Nursing leaders at the latest International Workforce Forum¹ highlighted that nursing shortage and retention are crucial matters at the global level. Furthermore, the shortage of nurses in the critical care specialty has been highlighted for the last two decades.^{2,3} This is especially significant as the growing aging population and, recently, the risk of pandemics will affect the demand for critical care specialty.^{4,5}

In many countries, new graduate nurses are employed in Intensive Care Units (ICUs) as soon as they join the workforce, and they are considered a major supply for this demand.^{6,7,8} Given this increase in employing new graduate nurses in ICU, it is essential to explore their experiences and perception of such a work environment, their motivation in choosing the ICU as a workplace and factors impacting their retention. New graduate nurses in ICU can be considered novices; as Benner⁹ described, skill acquisition in clinical nursing starts at the novice level when an individual does not have any (or minimum) previous experience in the clinical situation. In this paper, we will discuss how registered nurses experienced the development of proficiency over 4 years; that is to say, when they can respond appropriately and swiftly to ever-changing situations in the ICU and have adequate knowledge and skill to deliver holistic care,⁹ also, what motivated them to remain in ICU as they become proficient.

Although case exemplars of new graduate nurses' experience in various specialties are reported, the literature elucidating nurse' specialty preference is scarce.^{6,10,11,12} Furthermore, a limited number of studies have explored the experience of new graduate nurses beyond the first 2 years in the adult ICU practice setting.^{13,14,15} Therefore, this study aimed to explore the experiences of new graduate nurses as novices and 4 years later as registered nurses in an ICU.

2 | AIM

The aim was to explore the experiences of registered nurses in their first and fourth years of practice in an adult intensive care unit. This paper discusses the findings relevant to factors that influenced their specialty choice and their decision to remain working in ICU.

3 | DESIGN AND METHODS

In this study, a descriptive phenomenological design was employed. Descriptive phenomenology is one of the most common qualitative methodologies used to gain an understanding of human experience as it is experienced. This methodology is inductive and descriptive. It involves three steps: intuiting, analysing and describing.¹⁶ One of the principles of phenomenology is for the researcher to recognize their own assumptions and previous experience related to the phenomena of study and be aware of it so they can focus on the phenomena as experienced purely by the participants; this is also defined as bracketing.¹⁷ To minimize bias or presumptions, the lead researcher used

What is known about the topic

- Nurses' shortage and retention are crucial matters at the global level.
- There is a paucity of research focusing on the experience of registered nurses beyond the third year practice in the adult ICU practice setting.

What this paper adds

- The finding highlights the importance of stimulus work environment with opportunities for capability development and education in attracting new nurses and retaining experienced nurses in their workplace.
- The findings inform action areas for healthcare organizations to considering challenges, learning opportunities and the nature of critical care nursing as part of critical care nurses' retention strategies.
- The findings provide new insights into how challenging yet fulfilling work environment strongly influences nurses' career choice and retention in ICU.

memos and reflective journals to acknowledge her own perception (being an ICU nurse for over a decade) and values and beliefs.

Furthermore, all co-researchers within the team closely observed the data analysis. The final findings were returned to participants to ensure the essence of the phenomenon had been obtained and bracketing was achieved.¹⁸ This was completed by asking individuals to review the statements of the findings and confirm that they agree with the originality of the statement representing their experiences.

3.1 | Data collection

All new graduate nurses employed in a midsize high acuity hospital ICU in Sydney, Australia, were invited to participate in this study via a flyer. Data saturation determined the sample size in this qualitative study which was achieved with 10 new graduate nurses. It was recognized that further data collection did not necessarily add useful information relative to the study aim.¹⁹ Inclusion criteria for participants consisted of being a registered nurse with less than 12 months of experience in practice and at least 3 months in ICU as a New Graduate/Transition to Practice Program Nurse. The Transition to Practice program offers 12-month employment for new graduate nurses in Australia when the employer provides support and education for graduates in the first year of practice. In some organizations, a new graduate has the opportunity to rotate in about 2 to 3 clinical areas. The study was conducted before the COVID-19 pandemic, and qualitative data were collected in two phases. In Phase One, the participants had been registered nurses for 6 months and were employed in the ICU for three to 6 months. Sex distribution in this group was nine

TABLE 1 Overview of Colaizzi's analysis used in descriptive phenomenology (adapted from²¹ p. 645).

Step	Description
1. Familiarization	The researcher familiarizes themselves with the data by reading through all the participant accounts several times.
2. Identifying significant statements	The researcher identifies all statements in the accounts that are of direct relevance to the phenomenon under investigation.
3. Formulating meanings	The researcher identifies meanings relevant to the phenomenon that arise from a careful consideration of the significant statements.
4. Clustering themes	The researcher clusters the identified meanings into common themes across all accounts.
5. Developing an exhaustive description	The researcher writes a full and inclusive description of the phenomenon, incorporating all the themes produced in step 4.
6. Producing the fundamental structure	The researcher condenses the exhaustive description down to a short, dense statement that captures just those aspects deemed essential to the phenomenon's structure.
7. Seeking verification of the fundamental structure	The researcher returns the fundamental structure statement to participants to ask whether it captures their experience. They may go back and modify earlier steps in the analysis in light of this feedback.

females and one male. Their age ranged from 21 to 50. The participants were graduates with a Bachelor of Nursing degree from different universities in Australia.

Data were collected using one to one, semi-structured open-ended interviews. An interview guide was used to facilitate the focus of interviews, that is, to explore the participants' experience and perception of ICU at the beginning of their career and 4 years later. In Phase One, they were asked why they chose ICU as a workplace, what the meaning of being a new graduate nurse and a typical day in the ICU was for them.

The participants were then followed up 4 years later (Phase Two). This interval was sufficient to explore any changes in their experience over time. Two participants were not contactable in Phase Two; one had left nursing and started a new career. One left ICU nursing and began to work in the paediatrics specialty. Another one joined the paramedics. Five participants who were still working in ICU were re-interviewed. The participants in Phase Two all had completed a postgraduate course in critical care. They were asked what influenced them to remain in the ICU after 4 years, what a typical day in ICU was like, and how their typical day had changed

compared with when they were a new graduate nurse. Furthermore, repeating some of the interview questions was for comparison – comparing participants' responses over 4 years. The researcher conducted interviews in both phases and they were audio-recorded. All interviews were transcribed professionally and then re-checked by the researcher.

3.2 | Data analysis

Data analysis was undertaken using Colaizzi's²⁰ seven-step procedure (Table 1). Each audio-recorded interview (digital) was listened to several times, and each transcript was read three times or more to gain a sense of each participant's description of their lived experience. After data were categorized and grouped in a table of codes and contents in a Word document, statements were highlighted in one column using individual colours for each statement. Early themes then emerged and were entered into Excel sheets.²² Significant statements were relevant to the new graduate nurses' experience in their first 6 months after graduation and the changes in their experience 4 years later were extracted. Themes were formulated and clustered to develop a full and inclusive description of the change in experience occasioned by years of clinical practice. Then it was condensed to a statement that captured essential aspects of the journey of new graduate in ICU. In the final stage for further validation of the data, the lead researcher returned to the participants and asked them to read the final statements in both phases and verify whether the findings truly represented their experience.

3.3 | Ethical and research approval

Ethical approval for this study was obtained from the Australian Catholic University and the hospital's Human Research Ethics Committees. The participants were given an information sheet and asked to sign and return the consent form if they agreed to participate. The participants were informed that they could withdraw at any time.

All the participants were informed that interviews were recorded. The interviews were conducted in a private space away from work, so no one else at the workplace could identify the participants. The data were stored in a locked space electronically using a password; only the researcher could access them. Pseudonyms were used in data analysis to ensure confidentiality and anonymity.

4 | FINDINGS

The findings of this two-phase study presented in this paper are relevant to factors that influenced participants' specialty choice as new graduate nurses and the decision to remain working in ICU as they developed professionally to a proficient level.

4.1 | Phase one

From the interview with new graduate nurses, themes uncovered were a unique environment, positive and negative emotions, unclear expectations and the journey of a novice nurse. Detailed explanations of these themes are as follows.

4.1.1 | A unique environment

The participants in this study identified ICU as a unique environment, and that was the reason for choosing ICU as a workplace. What made ICU unique was the nature of critical care nursing, knowledge challenges, learning opportunities, support, and social prestige. The participants perceived ICU to be a different environment than the general wards. They identified critical care nursing by type of patients, low patient/nurse ratio, autonomy and high technology.

‘Just the variety of the patients we are getting, the pace that is in ICU, just the whole atmosphere in ICU that is completely different from general ward nursing. The concept that you have one nurse for a ventilated patient, 2 to 3 for unventilated. I like that kind of nursing that you actually get to know your patient’. (Participant 2)

‘Not that I can go and do whatever I want to, but I like the fact that if my patient is in pain, I can give them more morphine. I like the fact that it is autonomies here; you do have room to make a clinical judgment’. (Participant 7)

‘There are so many machines... you are not just looking after the patient; there is everything else around you, gadgets and patients to look after’. (Participant 8)

The new graduate nurses found knowledge challenges in the ICU stimulating. They experienced the challenge of a lack of specialty knowledge and technical skills to deliver care to critically ill patients. At the same time, they had learning opportunities and support. They described the learning in ICU as a *‘network with many detailed branches’*.

‘I like the challenges of ...like the actual knowledge challenge, the ability to have the amount of knowledge necessary to provide safe patient care ... because that is a real challenge. There is always something new’. (Participant 3)

The participants also believed that ICU was the most respectful and symbol of authority and the best place to utilize clinical skills and knowledge acquired at the university. Hence, it carried a social prestige.

‘It is trying to prove that I can make something of what I have done and work in the highest kind of area that I think is the most important sort of thing and prove that I can mix up there with the best of workforce’. (Participant 5)

4.1.2 | Positive and negative emotions

When asked as a new graduate nurse to describe a typical shift in the ICU, they discussed experiencing positive and negative emotions. This included satisfaction, inadequacy, anxiety, feeling overwhelmed and alienation. Satisfaction was described as the contentment participants felt when they fulfilled the requirements regarding the care of an ICU patient. Several participants commented that feelings of satisfaction came with being able to detect early signs of a patient's deterioration and making a clinical decision.

‘Being in a clinical situation where you have managed to stabilise the patient before something else goes wrong that feels good ...that feels good, yes. You go, wow, I actually know something, and I feel good’. (Participant 5)

Participants described that the ICU environment was sometimes intimidating and overwhelming. The participants did not have the knowledge required to cope with technology and the level of ICU patient dependency. Sometimes they felt they did not have adequate skills to manage critically ill patients, which led to participants feeling overwhelmed, scared and out of their depth.

‘I had a [post op] heart [surgery] coming back. Someone had done the set-up for me, and I should have checked it, but I didn't, and then the heart came back; it turned out that everything had been set up except the air and the oxygen, so that was totally my own fault. They came in, and the ventilator was alarming. We got that sorted because a few people were helping me out, but then as the patient was all set up, the blood pressure was going up and down, and I was hanging the fluid and titrating drugs and running from one side of the bed to the other. It was all too much, and then the final thing was the giving set fell off the bag, and the bag burst all over the floor, and that was the end of it. I burst into tears. It was just one shift where everything went wrong’. (Participant 9)

Some participants experienced not being part of the ICU team: ‘Not having a permanent place in the team and not being accepted’. Some felt worthless or belittled: ‘You sort of feel quite worthless and feel like nothing’, ‘I have thought this person is making me feel about one inch big... maybe I am crap... maybe I am doing the wrong thing’.

4.1.3 | Unclear expectations

The participants were unclear about their perceived and colleagues' expectations regarding new graduate nurses' capabilities. All the participants reported inconsistency concerning the expected level of capabilities for new graduate nurses among their more senior colleagues. Some participants regarded the level of expectation by their colleagues as being high.

'I think it is so daunting because people just think you know how to use this or that. I would definitely say people expect you to know more.' (Participant 8)

Conversely, some participants believed ICU staff underestimated the level of knowledge and skill of new graduate nurses.

'Sometimes you find that they do underestimate what you do know. I think just one day someone was explaining to me just how to do a simple dressing and that is something you learn in your first year.' (Participant 4)

Some participants reported high self-expectations, which motivated them to do their best and simultaneously caused them to feel overwhelmed. The participants expressed their experience, 'I think I expect too much of myself... like the NUM [Nurse Unit Manager] said she could see that I was not happy'.

4.1.4 | The journey of a novice nurse

Novice refers to the new graduate nurse who is new to the ICU environment and the type of patients and has no previous experience as a registered nurse in the ICU. The participants lacked the knowledge required to respond to critical situations.

'I just got myself in a situation where the patient was really sick, and I hadn't been in that situation before and not knowing what the next step to do and needing to do the step faster and then having to intervene'. (Participants 5)

Repeatedly, the participants shared the meaning of being a new graduate nurse as moving from the education environment by completing a nursing degree to an environment where they had to learn to be a nurse.

'I look at being a New Grad as part of finishing my degree, and it is like an extra year; I feel like I have done a degree in nursing that I am sort of starting to become a nurse.' (Participant 2)

The participants acknowledged that although they had foundational knowledge, they could not integrate the theory to practice.

'Because I think when you have finished studying, you are not always competent in regard to drawing a bridge between the practical and the theory.' (Participant 3)

Some participants felt incompetent working in the ICU when they mentioned: '...like I am basically incompetent I have no idea what I am doing'.

Based on the findings in Phase One, the statement that captured essential aspects of being a new graduate nurse in ICU was developed as follows (Collaizi²⁰):

Being a new graduate nurse meant being a novice on a journey to become a confident nurse, experiencing different challenges, emotions and perceptions on the way. The main challenge for new graduate nurse was the lack of knowledge and skills required for work in ICU. The interaction experience was either overwhelming and frustrating or quite pleasant and supportive. New graduate nurses also experienced disparities in the skill levels expected from them.

4.2 | Phase two

Five participants agreed to be re-interviewed 4 years after the first set of interviews. In data analysed from interviews, themes of a unique environment and being a proficient nurse were identified.

4.2.1 | A unique environment

After 4 years of experience, the participants still perceived ICU as a unique environment where they could contribute to caring for critically ill patients, had learning opportunities and encountered stimulating challenges. Participants indicated that their professional life had changed. They were not novices anymore; they acquired the knowledge and skill over 4 years and undertook a different role; they were registered nurses with a few years of experience.

The participants believed they made a significant contribution to the care of patients by being part of the medical emergency response team. One of the participants has described this perception as:

'There was sort of the medical response team to any of the code blue calls in the hospital as well, so they were quite big aspects that drew me to the unit'. (Participant 1)

Participants also felt that working in ICU, because of the cohort of patients, provided them with opportunities to develop further knowledge and skills:

'We [nurses in ICU] are always seeing something different. I feel like I have got the ability to learn something new'. (Participant 7)

Registered nurses in this study found ICU mentally and emotionally demanding, stimulating and challenging. A participant indicated 'I am enjoying the challenges. I like the intellectual challenge of ICU nursing the fact that it keeps me thinking and it keeps me on my toes'. Although the participants had a few years of experience in the ICU, they found managing hemodynamically unstable patients and emergency events to be sometimes quite challenging. They noted this was partly because of highly technical equipment and demanding clinical knowledge and skills. This perception was similar to when they were initially interviewed as new graduate nurses in Phase One.

4.2.2 | Being a proficient nurse

A proficient nurse in this study refers to a registered nurse who has the capability to respond appropriately and swiftly to situations as they change. And they have adequate knowledge and skill to deliver holistic care.

In this study, the participants believed that after 4 years of practice in the ICU, they experienced changes in their emotions, roles and responsibilities and level of expectation. All resulted from a higher level of expertise and the journey of becoming a proficient nurse.

The participants indicated they felt trusted by their colleagues as they were no longer considered beginners. This is apparent in this comment 'My colleagues know my level of experience as an ICU nurse and trust my judgements.'

As more experienced staff members, the participants contributed to the development of newcomers. One participant said, 'I can use my experience and reflection as a tool for students and new nurses.' The participants believed that over the 4 years of experience, they had developed further knowledge and skills. They assumed new roles and responsibilities in their clinical area, stating 'Well, I think I have developed quite a fair bit professionally since I first started.' Over time, their critical thinking skills have improved, and they were applying these skills in critical situations. For example, one of the participants recounted:

'I think you fit pieces of the puzzle together more. Like you tend to think a lot more about what you are doing and what it all means in the grand scheme of things ... You can actually interpret your data that you are getting, like your obs [observation] and things like that, and you can sort of think about other things as well'. (Participant 4)

The participants identified self-reflection as a skill obtained over 4 years of clinical experience. They were not at the expert level yet; however, they were able to reflect on their role critically and effectively:

'I can look back and reflect on, well, maybe I should have done that differently, or maybe the reason this happened is because I didn't do this or I could have done this better. So, it is more of a reflective capacity'. (Participant 7)

The participants were more concerned regarding the entire ICU, not only their allocated patients. Now part of the participants' interactions with their colleagues was to assist them with their workloads. One of the participants felt this created a positive feeling for her: 'It is nice to be able to do your stuff and help others'. The importance of co-operation within the team and meeting the needs of the ICU became internalized in their narratives:

'On a typical day, I have got all the newer staff. You have to sort of keep in mind making sure that they are up to date and have done all their required work if they need a hand with anything as well'. (Participant 1)

Based on the findings in Phase Two, the statement that captured changes in the experience of registered nurses after four years of practice in ICU was developed as follows²⁰:

The registered nurses articulated that their experience of a typical day in ICU had significantly changed after four years. As a proficient nurse, they had developed the capability to manage their day easier. Compared with a new graduate nurse, their vulnerability and self-protective behaviour had turned to self-reflection. They were capable of adjusting to the patient's needs rather than being task oriented. Their interaction with others was based on providing support. This growth and maturation resulted in satisfaction.

5 | DISCUSSION

This study explored how the experiences of registered nurses in the ICU changed over years of practice. Despite the change in experience, the participant's perception of the ICU as a unique environment with attractions and challenges did not change, which was strongly related to their intention to stay. In both phases (as a new graduate and a proficient nurse), they considered the ICU a stimulating learning environment. In the process of constructing the meaning of the journey from a new graduate to a registered nurse with 4 years of experience, multiple factors affected how participants perceived the phenomenon of being a registered nurse in the ICU. Furthermore, their perception influenced their choice of specialty in the first place and to remain in ICU. It also identified what influences their decision to stay in ICU. The participants felt they evolved as they acquired the knowledge and skills of an ICU nurse. They became accepted in the ICU environment and moved towards proficiency. Two crucial concepts related to the findings of this study are discussed below.

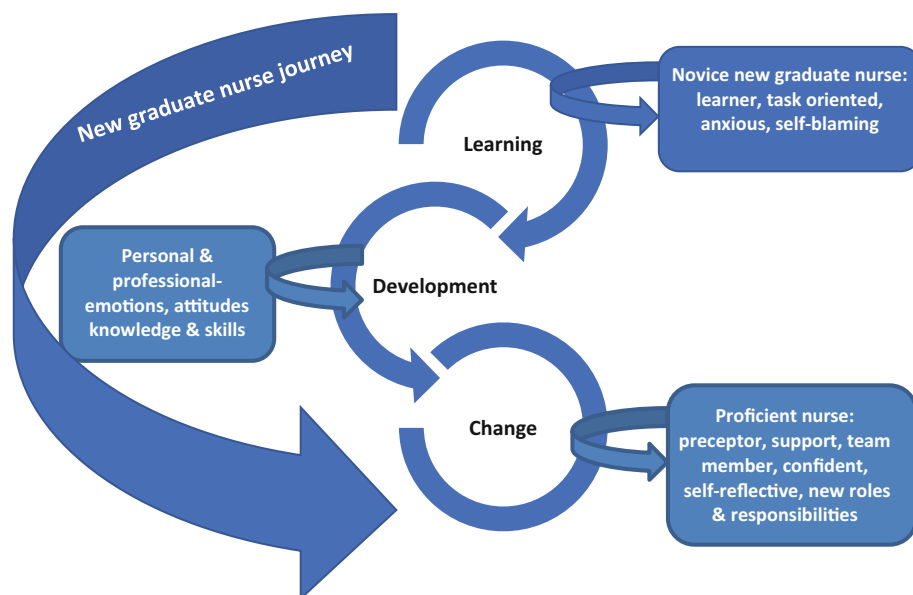


FIGURE 1 A thematic representation of study findings illustrating the journey of new graduate nurses in ICU.

5.1 | The journey from being a novice to becoming a proficient nurse

The interviews conducted during the two phases provide valuable qualitative data sufficient to create a detailed description of participants' experiences as new graduate nurses and their professional and personal development over 4 years of practice. The Simons and Ruijters²³ learning model was adapted to reflect the current study's findings, as demonstrated in Figure 1. The learning process for novices takes them through personal and professional development, leading to changes in knowledge, skills, emotions and attitudes. As a result, the proficient nurse takes on new roles and responsibilities. The findings of this study suggest how registered nurses changed within themselves as they acquired the skills, knowledge and attitudes of an ICU nurse. They became accepted and legitimized in ICU nursing.

Benner²⁴ suggested that skill acquisition in clinical nursing practice starts at the novice level when an individual does not have any (or minimum) previous experience in the clinical situation. In early work, she defined a proficient nurse as 'a nurse who perceives situations as wholes, rather than in terms of aspects; a proficient nurse knows what typical events to expect in a given situation and how to modify plans in response to those events' (Benner⁹ p. 405).

In this study, similar to previous research,²⁵ graduate nurses who were new to the ICU environment and the type of patients and had no prior experience as registered nurses in the ICU were considered novices. Over time, they gained the necessary critical thinking skills and developed capabilities that a proficient nurse holds.

Thus, they felt confident and progressed to the next level. This transition with confidence also resonates with previous studies.^{10,26} Some participants disclosed that gaining knowledge over time made them feel accepted and trusted among the team, and as a result, they felt satisfied and more comfortable. This is also highlighted in a qualitative systematic review by Elias and Day,⁶ where developing relationships seemed to be an important aspect of the new graduate nurse

journey. In this study, the participants worked and interacted with their colleagues in a manner that followed them to be available to share their knowledge and skills. Hence, they could assist their colleagues in meeting patients' needs and knew that their colleagues and patients trusted them. This is also described as enculturation when an individual learns about a workplace's cultures, values and beliefs and socializes with the individuals at the workplace.²⁷

Graduate nurses in ICU felt too vulnerable and uncertain of their role and responsibilities as novices. Their role as new graduate nurses implied meeting the needs of their allocated patients. As proficient nurses, their role implied a broader spectrum. This was because of their clinical experience.¹⁰ Co-operation within the team and meeting the needs of the ICU rather than just their allocated patients became significant to them. As professionals, they contributed to the development of newcomers; therefore, they experienced feelings of satisfaction. They supported their new colleagues mainly by sharing knowledge and experience.

The registered nurses in ICU articulated that their typical day in ICU had changed significantly. They had confidence in their task performance and efficiently managed the ICU routine as proficient nurses. Therefore, they had developed sufficient competency and confidence in nursing practice. Their vulnerability and self-protective behaviour had turned to self-reflection.⁶ They could adjust to the patient's needs rather than be task-oriented. Their interaction with others was based on giving support rather than seeking assistance. This growth and maturation resulted in satisfaction.

5.2 | Career choice

The participants in this study chose ICU as the workplace because of the type of patients, nurse to patient ratio, stimulating challenges, learning and support opportunities and social prestige. Other studies also reported that nurses choose the workplace because of the type

of patients.^{28,29} New graduates in this study indicated that the knowledge challenge was stimulating and influenced their decision to choose intensive care as their specialty. The challenge of not knowing seemed stimulating and attractive to the participants in this study, although it made them uncomfortable at times. Furthermore, new graduate nurses in this study perceived ICU as a workplace where they could utilize their clinical knowledge and skills in practice and advance their learning.

Similarly, studies in Ireland and Australia highlighted that ICU provided learning opportunities for novice nurses.³⁰ Moreover, a few studies found that social image is another reason for choosing critical care as a workplace.³¹ This concurred with the current study's findings when the participants considered choosing ICU because of its public image.

Over the 4 years of clinical experience, there were no changes in the participants' perception of ICU as a work environment. ICU was still a desirable workplace. What affected their decision to remain in ICU was stimulating challenges, learning opportunities and the lifesaving environment. Proficient nurses in this study considered challenges contributing to their decision to stay in ICU. The challenges they had to encounter included managing critically ill patients and unexpected events. The challenge was partly because of the required knowledge and skills for managing critically ill patients as well as using multiple high technology equipment. This finding is consistent with previous research,³² indicating that the challenge was an incentive and a retention factor for critical care nurses. Furthermore, the lifesaving nature of working in the ICU with critically ill patients as a motivation to remain in the ICU has been previously suggested.³³

On the other hand, the ICU environment, with critically ill patients, unexpected events, and exposure to various patients and specialties, provided knowledge and skills development opportunities. When the researcher returned to interview the same nurses 4 years later, they believed that they could make a significant difference in the care of patients, and this perception impacted their decision to stay. Furthermore, the participants in this study, similar to the study by Leone et al.,³⁴ felt they were provided with opportunities for knowledge and skills development which motivated them to remain in ICU.

6 | LIMITATIONS

This study has a few limitations which must be considered. It was limited to one hospital in Sydney, Australia. The experience of nurses could be different in other hospitals. A purposive sampling method was implemented. Also, in Phase Two, only 50% of the original cohort participated, and the author was not able to interview the nurses who departed ICU to investigate their reason for leaving. Furthermore, the study only included one male participant. Despite the above limitations, this research generated rich and meaningful findings, as Lincoln and Guba³⁵ noted, to be 'thick' descriptions that are transferable and can be applied within different settings or situations.

7 | IMPLICATIONS FOR PRACTICE

The findings of this study inform action areas for healthcare organizations and nursing managers and future studies on the subject of new graduate nurses' retention in the specialty area. Considering challenges, learning opportunities and the nature of critical care nursing as target areas to promote and develop as part of critical care nurses' retention strategies is essential. Education not only for new graduate nurses but also for all registered nurses should be ongoing. A stimulus environment where nurses develop professionally and personally would create an attractive workplace that could assist in retaining experienced critical care nurses.

8 | CONCLUSION

Nursing in ICU can be considered unique. It is characterized by working in a highly technical environment with critically ill patients. Therefore, it presents specific demands and responsibilities to nurses; hence, a greater number of highly educated, specialized nurses are required. Although only experienced nurses were employed to work in ICUs in the past, more and more facilities are employing new graduate nurses to work in these areas.

The findings of this study suggested that in the journey of novice nurses to proficient nurses in ICU, individuals learn, develop and change; however, their perception of the ICU as a work environment does not change significantly. What makes ICU a preferred choice of the workplace for a new graduate nurse is similar to the nurses with 4 years of experience. These included challenges, learning opportunities and the nature of critical care nursing. In an unpredictable clinical area such as ICU, accommodating critically ill patients with various prognoses provides the nurses with opportunities for knowledge and skills acquisition.

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CONFLICT OF INTEREST STATEMENT

There is no conflict of interest.

DATA AVAILABILITY STATEMENT

Authors elect to not share data.

ETHICS STATEMENT

The authors confirm that informed consent was obtained from participants and that ethical clearance was obtained from the university.

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