

From Novice to Critical Care Provider: Lived Experiences of Beginning Nurses Caring for High-risk Critically Ill Patients Using Health Emergency Management Systems

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ABSTRACT

Background: Beginning nurses frequently encounter challenges when caring for high-risk critically ill patients in technologically complex healthcare environments. Health Emergency Management Systems (HEMS) have emerged as essential tools for patient monitoring, clinical decision-making, emergency coordination, and information management. Despite their increasing utilization, limited evidence exists regarding how novice nurses experience caring for critically ill patients while navigating these systems.

Objective: This study explored the lived experiences of beginning nurses caring for high-risk critically ill patients using Health Emergency Management Systems.

Methods: A descriptive phenomenological design was employed. Fifteen beginning nurses working in intensive care units and emergency departments of tertiary hospitals participated in in-depth semi-structured interviews. Data were analyzed using Colaizzi's phenomenological framework.

Results: Five themes emerged: (1) confronting the realities of critical care, (2) transitioning from uncertainty to confidence, (3) technology as a clinical partner, (4) emotional resilience amidst high-risk situations, and (5) patient safety through integrated emergency management systems. Participants described HEMS as valuable tools that improved access to information, facilitated communication, and enhanced decision-making. Challenges included technological adaptation, system-related delays, and emotional stress associated with caring for unstable patients.

Conclusion: Health Emergency Management Systems significantly influence the transition of beginning nurses into competent critical care practitioners. Adequate training, mentorship, and organizational support are necessary to optimize technology utilization and improve patient outcomes among high-risk critically ill populations.

Keywords: Beginning Nurses, Critical Care Nursing, High-risk Critically Ill Patients, Health Emergency Management Systems, Nursing Informatics, Phenomenology, Emergency Nursing.

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Abbreviations

HEMS: Health Emergency Management System

ICU: Intensive Care Unit

ED: Emergency Department

EHR: Electronic Health Record

ICT: Information and Communication Technology

WHO: World Health Organization

Introduction

Healthcare systems worldwide continue to experience increasing complexity due to advances in technology, changing patient demographics, and the growing prevalence of severe and life-threatening conditions. Within

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critical care settings, nurses are frequently required to manage high-risk critically ill patients whose conditions demand rapid assessment, timely intervention, and continuous monitoring [1]. These clinical environments are characterized by uncertainty, urgency, and the need for precise decision-making [2]. Consequently, healthcare institutions have increasingly adopted Health Emergency Management Systems (HEMS) to support emergency preparedness, communication, patient surveillance, and clinical coordination.

Health Emergency Management Systems integrate various technological platforms designed to improve the management of emergencies and critical patient situations. These systems facilitate information sharing, support clinical decision-making, enable real-time patient monitoring, and enhance communication among multidisciplinary healthcare teams. Research has demonstrated that digital health technologies contribute significantly to patient safety, reduction of medical errors, and improved healthcare outcomes [3,4].

Beginning nurses, defined as those with less than two years of professional clinical experience, often face substantial challenges during their transition into critical care environments. According to Benner's Novice-to-Expert Theory, novice nurses rely heavily on rules, protocols, and structured guidance as they develop professional competence [5]. Caring for high-risk critically ill patients presents additional complexities that may intensify feelings of anxiety, uncertainty, and self-doubt [6,7]. The simultaneous requirement to utilize sophisticated emergency management technologies may further complicate their adaptation process [8]. While previous studies have examined nursing informatics, critical care competency, and emergency preparedness separately, limited evidence exists regarding the lived experiences of beginning nurses who utilize HEMS while caring for high-risk critically ill patients.

Understanding these experiences is essential for informing educational programs, workforce development initiatives, and technological innovations that support novice nurses in critical care settings. This study aimed to explore the lived experiences of beginning nurses caring for high-risk critically ill patients using Health Emergency Management Systems.

Materials And Methods

This study utilized a descriptive phenomenological research design to gain an in-depth understanding of the lived experiences of beginning nurses caring for high-risk critically ill patients using Health Emergency Management Systems. Phenomenology was selected because it focuses on understanding how individuals interpret and make meaning of their lived experiences.

The study was conducted in three tertiary hospitals equipped with intensive care units and emergency departments that routinely utilize Health Emergency Management Systems. Fifteen beginning nurses participated in the study. Inclusion criteria included being a registered nurse with less than two years of clinical experience, current assignment in a critical care or emergency unit, and at least six months of experience utilizing HEMS.

Participants were recruited through purposive sampling. Data collection was conducted using semi-structured, face-to-face interviews lasting between forty-five and sixty minutes. Interview questions explored participants' experiences in caring for high-risk critically ill patients, their interactions with HEMS, challenges encountered, and strategies used to cope with critical situations.

Interviews were audio-recorded with participant consent and transcribed verbatim. Data analysis followed Colaizzi's seven-step phenomenological approach. Significant statements were extracted, meanings were formulated, and themes were generated through iterative analysis. Trustworthiness was ensured through member checking, peer debriefing, prolonged engagement, and maintenance of an audit trail.

Ethical approval was secured from the institutional research ethics committee. Participants were informed of their rights, and confidentiality and anonymity were strictly maintained throughout the study.

Results

Table 1 presents the Profile of the Respondents

Table 1: Demographic Characteristics of Beginning Nurses Caring for High-Risk Critically Ill Patients (N = 15)

Characteristic	Frequency (n)	Percentage (%)
Age (Years)		
22–24	8	53.3
25–27	5	33.3
28–30	2	13.4
Sex		
Female	10	66.7
Male	5	33.3
Clinical Area Assignment		
Intensive Care Unit (ICU)	8	53.3
Emergency Department (ED)	7	46.7
Length of Clinical Experience		
6–12 months	6	40.0
13–18 months	5	33.3
19–24 months	4	26.7
Exposure to HEMS		
6–12 months	7	46.7
13–18 months	5	33.3
19–24 months	3	20.0

Table 1 presents the demographic characteristics of the beginning nurses who participated in the study. The majority of respondents were aged 22–24 years (53.3%), followed by those aged 25–27 years (33.3%) and 28–30 years (13.4%), indicating that most participants were young professionals who had recently transitioned from nursing education into clinical practice. Female

nurses comprised the majority of the sample (66.7%), while males accounted for 33.3%, reflecting the continuing predominance of women in the nursing workforce worldwide. Regarding clinical assignment, 53.3% of participants were assigned to the Intensive Care Unit (ICU), whereas 46.7% were assigned to the Emergency Department (ED). These findings indicate that participants were directly exposed to high-acuity healthcare environments where critically ill patients require continuous monitoring, rapid interventions, and collaborative decision-making. Such settings are recognized as highly demanding areas for novice nurses and often require the development of advanced clinical competencies and adaptability [9, 5, 10,11].

With respect to professional experience, 40.0% of participants had 6–12 months of clinical experience, 33.3% had 13–18 months, and 26.7% had 19–24 months, confirming that the sample appropriately represented beginning nurses. Similarly, exposure to Health Emergency Management Systems (HEMS) ranged from 6–12 months (46.7%), 13–18 months (33.3%), and

19–24 months (20.0%), suggesting that participants possessed sufficient familiarity with digital emergency management technologies to describe their experiences meaningfully. The relatively limited duration of both clinical practice and HEMS utilization reflects the simultaneous development of critical care competence and technological proficiency among novice nurses. Previous studies have emphasized that early-career nurses often depend on structured support systems, clinical mentorship, and health information technologies to enhance patient monitoring, documentation, communication, and clinical decision-making while developing professional confidence and resilience [3,12-14]. Collectively, these demographic characteristics provide an appropriate context for understanding the experiences of beginning nurses caring for high-risk critically ill patients within technologically advanced critical care environments.

Table 2 presents the emergent themes and its statement representations.

Table 2: Emergent Themes and Representative Participant Statements

Theme	Description	Representative Participant Statement
Confronting the Realities of Critical Care	Participants experienced fear, uncertainty, and pressure while managing unstable high-risk critically ill patients.	"The first time I handled a patient on multiple vasopressors, I felt overwhelmed because every minute mattered." (Participant 3)
Transitioning from Uncertainty to Confidence	Continuous exposure, mentorship, and learning opportunities increased confidence and competence.	"At first, I doubted every decision I made, but eventually I learned to trust my assessment skills." (Participant 7)
Technology as a Clinical Partner	HEMS supported patient monitoring, documentation, and clinical decision-making.	"The system helped me recognize changes in the patient's condition before they became critical." (Participant 11)
Emotional Resilience Amidst High-Risk Situations	Participants developed coping mechanisms while managing stress and emotional fatigue.	"Some cases stayed with me after my shift, but they also made me stronger as a nurse." (Participant 5)
Patient Safety Through Integrated Emergency Management Systems	HEMS improved communication, reduced errors, and promoted timely interventions.	"The alerts and monitoring functions allowed us to act quickly and prevent complications." (Participant 14)

Analysis of participant narratives revealed five major themes that collectively described the journey of beginning nurses from novice practitioners to emerging critical care providers.

The first theme, **Confronting the Realities of Critical Care**, reflected participants' initial encounters with high-risk critically ill patients. Participants described feelings of fear, uncertainty, and emotional overwhelm when managing unstable patients requiring immediate interventions. Many reported that the intensity of critical care environments exceeded their expectations as newly licensed nurses.

The second theme, **Transitioning from Uncertainty to Confidence**, highlighted participants' progressive development of competence. Repeated exposure to critical situations, mentorship from experienced nurses, and continuous learning enabled participants to gain confidence in their clinical abilities and decision-making skills.

The third theme, **Technology as a Clinical Partner**, emphasized the role of HEMS in supporting nursing practice. Participants described how electronic monitoring systems, digital patient records, and emergency communication platforms provided valuable information that guided patient care. HEMS were perceived as essential tools that enhanced situational awareness and facilitated evidence-based interventions.

The fourth theme, **Emotional Resilience Amidst High-Risk Situations**, captured participants' emotional responses to patient deterioration, emergency procedures, and mortality. Despite experiencing stress and emotional fatigue, participants reported developing resilience through teamwork, reflection, and professional support.

The fifth theme, **Patient Safety Through Integrated Emergency Management Systems**, reflected participants' perceptions that HEMS improved patient safety by facilitating early detection

of clinical deterioration, enhancing communication, and reducing documentation errors. Participants consistently viewed technology as a critical component of safe and effective critical care delivery.

Figure 1 presents the conceptual framework illustrating the developmental transition of beginning nurses from novice practitioners to competent critical care providers while caring for high-risk critically ill patients through the utilization of Health Emergency Management Systems (HEMS). The framework demonstrates how beginning nurses encounter the complexities, uncertainties, and emotional demands of critical care environments. Through the combined influences of Health Emergency Management Systems, mentorship and team support, and clinical experience, novice nurses progressively develop professional competence, confidence, resilience, and clinical decision-making skills. These developmental processes ultimately contribute to the delivery of safe and quality patient care, facilitating the successful transition of beginning nurses into effective critical care providers. The framework is grounded in Benner's Novice-to-Expert Theory and supported by contemporary literature on nursing informatics, critical care nursing, and professional transition among newly graduated nurses [15,16].

Figure 1 illustrates the conceptual framework describing the developmental transition of beginning nurses from novice practitioners to competent critical care providers while caring for high-risk critically ill patients through Health Emergency Management Systems (HEMS). The framework demonstrates that beginning nurses are initially confronted with the complexities of critical care, including clinical uncertainty, rapidly changing patient conditions, and emotional stress associated with managing life-threatening situations [17]. According to Benner's Novice-to-Expert Theory, novice nurses rely heavily on structured guidance and established protocols while gradually developing clinical judgment and expertise [18]. Similarly, Duchscher (2009) noted that newly graduated nurses commonly experience transition shock when exposed to high-acuity clinical environments, particularly intensive care and emergency settings. These findings are supported by studies indicating that the management of critically ill patients requires advanced assessment skills, rapid decision-making, and continuous adaptation to complex healthcare demands [9,5,10,19].

The framework further highlights the critical roles of HEMS, mentorship and team support, and clinical experience in facilitating professional development among beginning nurses. Through these mechanisms, nurses develop confidence, competence, resilience, and enhanced clinical decision-making skills, ultimately contributing to safe and quality patient care. Nursing informatics systems such as HEMS provide access to real-time patient information, support evidence-based practice, improve communication, and enhance patient safety outcomes [3,13,20]. Likewise, mentorship and experiential learning have been recognized as essential factors in promoting competence, reducing anxiety, and strengthening professional identity among novice nurses [5,21]. The interaction of these elements supports the successful transition of beginning nurses into

critical care providers capable of effectively managing high-risk critically ill patients within technologically advanced healthcare environments [3,9,13,12].

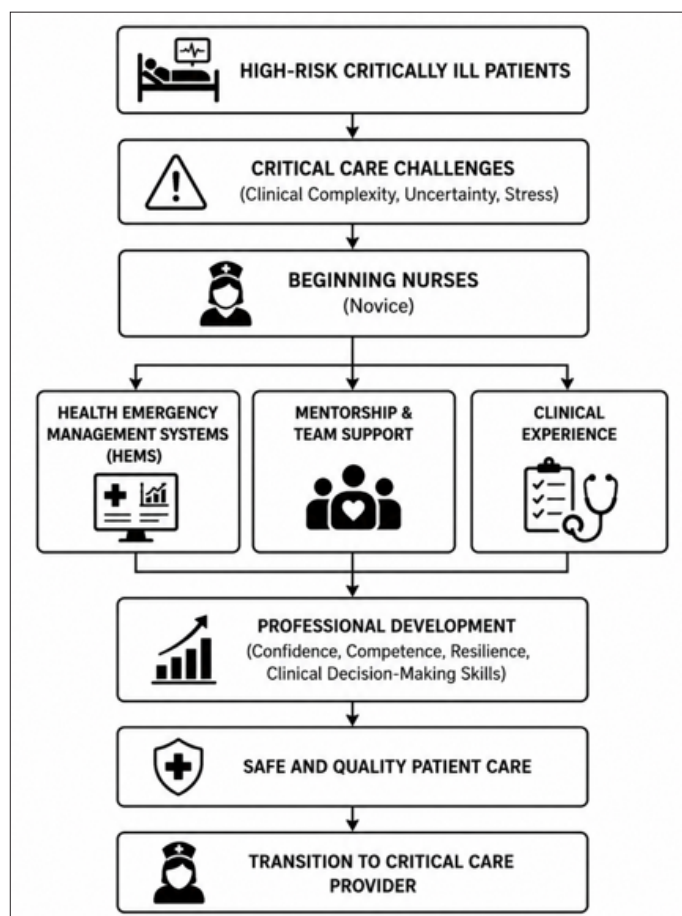


Figure 1: Conceptual Framework of Beginning Nurses' Transition from Novice to Critical Care Provider Through Health Emergency Management Systems

Discussion

The findings reveal that beginning nurses experience a transformative journey as they transition from novice practitioners to competent providers caring for high-risk critically ill patients. This transition is influenced by clinical exposure, mentorship, emotional adaptation, and the utilization of Health Emergency Management Systems (WHO, 2021).

The theme of confronting the realities of critical care supports Benner's theoretical framework, which describes novice nurses as individuals who initially rely on structured guidance while developing clinical judgment [5,22]. Participants' experiences of uncertainty and anxiety are consistent with previous studies demonstrating that newly graduated nurses often encounter significant stress when caring for critically ill patients [12]. Technology emerged as a prominent facilitator of professional development. Participants reported that HEMS enhanced their ability to access information, monitor patient conditions, and coordinate care. These findings support existing evidence indicating that nursing informatics systems improve clinical decision-making, communication, and patient safety [3,10].

The development of emotional resilience among participants aligns with research suggesting that exposure to challenging clinical situations contributes to professional growth and adaptation among nurses [23]. Although participants described emotional burdens associated with caring for critically ill patients, they also identified these experiences as catalysts for learning and competence development [13].

The findings further demonstrate the critical role of HEMS in promoting patient safety. Participants perceived integrated emergency management systems as valuable mechanisms for reducing errors, facilitating timely interventions, and supporting coordinated care. These observations are consistent with contemporary literature emphasizing the importance of digital health technologies in enhancing healthcare quality and safety [24,10,25].

The study highlights the need for structured orientation programs, simulation-based training, and ongoing mentorship initiatives that facilitate both critical care competency and technological proficiency among beginning nurses [26,27].

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