

“One More Thing to Think about...” Cognitive Burden Experienced by Intensive Care Unit Nurses When Implementing a Tight Glucose Control Protocol

Lit Soo Ng, R.N., M.S.N., C.R.N.P. and Martha A.Q. Curley, R.N., Ph.D., FAAN

Abstract

Critically ill patients require intensive nursing care. Intensive care unit (ICU) nurses, who care for these physiologically unstable patients, are continuously occupied with the integration of assessments, monitoring, and interventions that are responsive to a patient's evolving state. Since 2005, numerous evidenced-based clinical protocols have been implemented in the critical care unit. Individually, each may not appear to be burdensome but, collectively, these clinical protocols add to the cognitive work of ICU nurses. While nurses are central to the successful implementation of these protocols, little is written about the cognitive burden imposed on them by the addition of these clinical protocols. This article explores the impact of clinical protocols on the cognitive burden of ICU nurses, using a tight glucose control (TGC) protocol as an exemplar case. Research from management, ergonomics, systems engineering, and nursing is used to build the concept of cognitive burden. Future research can build upon this understanding to facilitate successful implementation of clinical protocols.

J Diabetes Sci Technol 2012;6(1):58-64

Author Affiliation: University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

Abbreviations: (ICU) intensive care unit, (TGC) tight glucose control

Keywords: computerized decision support, nursing staff, insulin, practice guidelines, protocols, tasks, work

Corresponding Author: Lit Soo Ng, R.N., M.S.N., C.R.N.P., University of Pennsylvania School of Nursing, Claire M. Fagin Hall, 418 Curie Boulevard, Philadelphia, PA 19104-4217; email address litsoo@nursing.upenn.edu