The intuitive nurse in critical care practice: a phenomenological study

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Abstract

Intuition in clinical practice is the ability to experience the elements of a clinical situation as a whole, and to solve a problem or reach a decision with limited concrete information. Benner theorized that the expert nurse acts on intuition, but that he/she also deals with some ambiguities. However, there is a lack of studies about intuitive nursing in the critical care arena, where more critically ill patients are admitted. So, this study was conducted to explore the features of the intuitive nurse in critical care practice. In a descriptive-phenomenological study, twelve nurses employed in critical care units of the hospitals affiliated to Kermanshah University of Medical Sciences were recruited to the study, as purposive, a semi-structured interview was administered to them, then written down verbatim. The data was managed by MAXQDA 10 software (VERBI GmbH, Berlin, Germany) and analyzed as qualitative through the seven-stage approach of Colaizzi. Of the 12 nurses who participated in the study, seven (58.3%) were female and married, 88.3% (10 people) had a Bachelor of Nursing and the mean and standard deviations of the participants’ age, job experience and critical care experience were 36.6±7.01, 13.75±6.82 and 7.66±3.36 years, respectively. From the qualitative analysis of the data, we extracted three main themes, including proficiency, connection and benevolence, and ten sub-themes. The intuitive nurses were substantially proficient in terms of knowledge, skill and experience, and relationships to patients. They desired to help the patients based on their consciences.

Introduction

Intuition was first included in the nursing discipline during the 1970s, simultaneous to the analysis of abstract constructs in nursing by qualitative approaches. The concept was considered a gestalt experience of awareness, without a logical explanation, and was defined as a feeling of knowing that something terrible is happening, an immediate unconsciousness perception, a direct understanding a truth without the analytical process, a non-linear process of knowing through physical awareness, emotional awareness and making connections between them, and an irrational unconsciousness approach of knowing. Intuition in nursing is considered as a gut feeling and many negative senses such as having a very bad feeling, feeling uncomfortable, feeling there was something terribly wrong, something missing or there was something they had not done.

Intuition is regarded as the ability to experience the elements of a clinical situation as a whole, to solve a problem or reach a decision with limited concrete information. Furthermore, intuition is considered as the art of nursing, aesthetic knowing, and tacit knowledge. Green asserted that understanding of the nature and development of intuition in nursing can help nurse educators foster it in young nurses, and give clinicians more confidence in this aspect of their knowledge, allowing them to respond to their intuitions with greater assurance. Benner theorized five steps necessary to reach clinical competency in nursing; these stages commenced with novice and continued to expert, where expert nurses are not consciously aware of their practice because it has become part of their being. There is a deep involvement in their environment and they simply experience a situation and respond in a fluid, automatic manner. They understand clinical situations through intuition. However, Cork (2014) found two problems with the verification of Benner’s theory, including difficulties about assessing and measuring the abstract concepts of the theory, and inadequate information about intuition in expert nurses.

Various studies have been made of intuition in nursing, but there are only a few research reports about the intuitive nurse. Some concluded that intuitive nurses make a holistic judgment in clinical settings, and integrate diverse information to make a decision. Miller argued these nurses were willing to act on their intuitions, were skilled clinicians, incorporating a spiritual component into their practices, expressed an interest in the abstract nature of things, and were risk takers. It is also believed that critical care nurses use intuition as best practice in complicated and emergency clinical situations, because they care for more critically ill patients. Given that intuition is a complex, mysterious, and abstract concept, which cannot be articulated by nurses in clinical settings, the idea of incorporating it in the nursing curriculum faces many restraints. Therefore, the current study has been conducted to explore the features of the intuitive nurse in critical care practice.

Materials and Methods

Design

This qualitative study was done as descriptive-phenomenological. Phenomenology is used to investigate the lived experiences of humans, as established by Edmund Husserl in the early twentieth century. Although the origins of phenomenology can be traced back to Kant and Hegel, Vandenberg regards Husserl as the fountainhead of phenomenology in the twentieth century. Husserl rejected the belief that objects in the external world exist independently and that the information about objects is reliable. He argued that people can be certain about how things appear in, or present themselves to, their consciousness. To arrive at certainty, anything outside immedia-
ate experience must be ignored, and in this way the external world is reduced to the contents of personal consciousness. Realities are thus treated as pure phenomena and the only absolute data from where to begin. Husserl named his philosophical method phenomenology, the science of pure phenomena. The phenomenology categorizes into two approaches; interpretative and descriptive. Interpretative method focuses on lived experience of participants. The aims are the analysis of elements of the reflective personal and subjective view of individual experiences and attempts to report on the participant’s experience by considering the researchers own view of the world. It recognizes the researcher within the research and analytic process. Indeed, Interpretations are based on the researcher’s own conceptions, beliefs, expectations, and experiences. The purpose of the descriptive approach is to assess the experiences of individuals as understood by them without interference from the researchers in the interpretation of the meanings. In this case, the researchers must bracket all their prior knowledge about the issue. Bracketing in descriptive phenomenology is a means of demonstrating the validity of the data collection process. Therefore, efforts should be made by researchers to put aside their repertoires of knowledge, beliefs, values and experiences in order to accurately describe participants’ life experiences. Because the descriptive phenomenology used to reach true meanings through engaging in-depth into reality and intuition is an abstract concept that cannot be studied objectively, therefore, to investigate its essence, we referred to the experiences of those who have used it by this approach.

Participants

The participants were twelve purposely recruited nurses employed in critical care units of the hospitals affiliated to Kermanshah University of Medical Science (KUMS), they were varied in term of sex, age, work experience and critical care experience. The notion of critical care units is regarded to Intensive Care Units (ICUs) and Cardiac Care Units (CCUs), where designed to care for critically ill patients in a threatening condition and Cardiac Care Units (CCUs), where designed to care for critically ill patients. The inclusion criteria consisted of working in critical care units for at least three years, having experience of intuition in clinical practice, and consent to participate in the study. Nurses who were reluctant to enroll in the study or had no experience of intuition, and could not remember any, were excluded from the study.

The sample size was according to data saturation with no appearance of new data during the interviews. Saturation is a tool used for ensuring that adequate and quality data are collected to support the study. Saturation is frequently reported in qualitative research and may be the gold standard. Even the variety of saturation level in different studies, some indicated that the Saturation during data gathering and analysis in qualitative studies happens when, under the scrutiny of at least two experts in qualitative research, no new information is obtained. In our study saturation occurred during interview 10, after which we carried out two additional interviews for assurance.

Ethical consideration

The permission was taken from the officials of the research deputy of Shahid Beheshti University of Medical Sciences (SBMU), KUMS and the hospitals affiliated to KUMS. The research approved by the ethics committee of SBMU. The topic and objectives of the study were clearly explained to the participants, assurance to confidentiality and anonymity of personal information were given, and finally the written informed consent were taken from them.

Data collection

For data collection, after taking the necessary permissions, the researcher referred to the critical care units of the hospitals. The introduction letter was offered to the head nurse of the units, and he/she gave the lists and personal information of the nurses, then, those who had the desired criteria were detected. The researcher took the work schedule of the target subjects and came to them at the time. At first, the researcher described the aims of the study as well as two cases of his experiences of using intuition in clinical practice, while the nurses who have inclusion criteria and a similar experience to use of intuition were identified. In continues, a deep semi-structured interview was conducted to the study participants. Interviewing is synonymous with qualitative research and may become the accepted method of data collection irrespective of methodology. A semi-structured interview is a technique for generating qualitative data and is characterized by open-ended questions that are developed in advance and by prepared probes. In the semi-structured interview, the interviewer has a set of questions on an interview schedule, but the interview will be guided by the schedule rather than dictated by it; the interviewer is free to probe interesting areas that arise from participants’ interests or concerns. In our study, we used a questionnaire with some open questions such as, What is the definition of intuition?, How do you receive intuition from the patients? and, What are the features of an intuitive nurse in critical care units? and also we applied some other probing questions, for instance where, why and when. The participants were encouraged to talk freely and to tell stories about intuition in clinical practice using their own words. One interview was performed with each participant. At the end of each, the researcher reminded the participants about her need for a second contact with them via telephone calls to discuss the study findings and to make sure that the study findings reflect their own experiences. The duration of each interview was 30 to 60 min. The interviews performed in the critical care units in morning and evening shifts according to the agreement between the researcher and the participants. The sampling process lasted about 6 months from March to August 2015. All the interviews were tape-recorded.

Data analysis

The MAXQDA 10 software (VERBI GmbH, Berlin, Germany) was used for data management, and the data was analyzed as qualitative, through the seven-stage approach of Colaizzi (1978), which the steps represented in the Sanders (2003) and Shosha et al. (2012) studies. The Colaizzi approach is applied to elicit related concepts from the lived experiences of humans and to organize the anecdotal data into phenomenology studies. In this process the following steps were carried out: i) after each interview, we listened to the audio files repeatedly, then the audio file transcribed verbatim, after that the writing files were entered to the MAXQUDA software (VERBI GmbH), and read for several times (at least three times); ii) after reading the written interviews, we highlighted the meaningfully related statements; iii) in continue, a concept, which was representative to each statement emerged; iv) after which, the researcher developed the concepts to categories based on their similarity; v) thereafter, the results were incorporated to greater categories; and vi) we tried to offer a comprehensive description to the concepts, eventually; vii) the trustworthiness of the data was accomplished. It is notable the trustworthiness process was commenced along with the data analysis.
Table 1. Demographic characteristics of the participants.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Sex</th>
<th>Marital status</th>
<th>Age (year)</th>
<th>Workplace unit</th>
<th>Education</th>
<th>Work history (year)</th>
<th>Work history in critical care (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.1</td>
<td>Male</td>
<td>Married</td>
<td>31</td>
<td>ICU</td>
<td>BSC</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>P.2</td>
<td>Female</td>
<td>Single</td>
<td>32</td>
<td>ICU</td>
<td>BSC</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>P.3</td>
<td>Male</td>
<td>Married</td>
<td>37</td>
<td>ICU</td>
<td>BSC</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>P.4</td>
<td>Male</td>
<td>Single</td>
<td>30</td>
<td>ICU</td>
<td>MSC</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>P.5</td>
<td>Female</td>
<td>Single</td>
<td>34</td>
<td>ICU</td>
<td>BSC</td>
<td>10</td>
<td>9</td>
</tr>
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<td>P.6</td>
<td>Male</td>
<td>Married</td>
<td>42</td>
<td>ICU</td>
<td>BSC</td>
<td>18</td>
<td>12</td>
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<td>P.7</td>
<td>Female</td>
<td>Married</td>
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<td>ICU</td>
<td>BSC</td>
<td>15</td>
<td>4</td>
</tr>
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<td>P.8</td>
<td>Female</td>
<td>Single</td>
<td>48</td>
<td>ICU</td>
<td>BSC</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>P.9</td>
<td>Male</td>
<td>Married</td>
<td>33</td>
<td>CCU</td>
<td>MSC</td>
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<td>14</td>
</tr>
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<td>P.10</td>
<td>Female</td>
<td>Married</td>
<td>50</td>
<td>CCU</td>
<td>BSC</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>P.11</td>
<td>Female</td>
<td>Married</td>
<td>28</td>
<td>CCU</td>
<td>BSC</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>P.12</td>
<td>Female</td>
<td>Single</td>
<td>32</td>
<td>ICU</td>
<td>MSC</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

ICU, Intensive Care Unit; BSC, Bachelor of Nursing; MSC, Master Degree; CCU, Cardiac Care Unit.

Results

Of the 12 nurses who participated in the study, seven (58.3%) were female and married, and 88.3% (10 people) had a Bachelor of Nursing, and two had Masters Degrees. The mean and standard deviation of age, job experience and critical care experience were 36.66±7.01, 13.75±6.82 and 7.66±3.36 years respectively, these rates varied from 28-50 for age, 5-30 for job experience and 4-14 to critical care experience. Nine of the nurses were working in ICU, and three in CCU (Table 1).

The nurses expressed some similar concepts in response to the open questions such as, How do you receive intuition from the patients? and, What are the features of an intuitive nurse in critical care units?, which were extrapolated into three main themes (proficiency, connection, and benevolence), and ten subthemes (Table 2).

Table 2. The themes and subthemes of the intuitive nurses in critical care practice.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiency</td>
<td>Clinical knowledge, Clinical skill, Clinical experience</td>
</tr>
<tr>
<td>Connection</td>
<td>Communication, Sympathy, Commitment, Spirituality, Serenity</td>
</tr>
<tr>
<td>Benevolence</td>
<td>Willing to help, Conscientious</td>
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</table>

Clinical knowledge

Nearly all the participants mentioned that knowledge of the scientific content of their work was essential for receiving intuitive information. The knowledge should be enough to infer or meet the intuitive voices, as P3 stated, I feel my knowledge is not very high, however, it is not low too, I think it is a bit greater than others...in my opinion, my mind should not be distracted by that lack of knowledge. Other nurses also mentioned that to receive the intuitive sense, their brain should not be concerned by scientific issues. In the view point of P7, the difference between a nurse and a regular person may relate to his/her knowledge that make differ in their viewing angles. She also argued: I must have its scientific background when I feel the track (tracheostomy) of patient will be closed, I should know what problems might occur with it, maybe it would be closed, or maybe it would be ruptured or a fistula will happen, then they must know the symptoms and treatments of each defect. P5 also believed intuition and knowledge had strengthening effects on each other and cited...
this is fabulous, if a person has enough knowledge and beside intuition, it could be complement each other… exactly both, the knowledge and this sense (intuition) can reinforce one another.

Clinical skill

Seven of the nurses declared clinical skill is an important issue for the intuitive nurses, because it provides a double assurance for nurses applying intuition, and could be considered as the prerequisite for following intuitive voices. After P6 extracted the tracheostomy of the patient based on his intuition, he said, I was assured in myself to do that work, because if it failed, I could intubate the patient to hold her breathing. Also, P4 carried out an epinephrine injection to the heart muscle of a four-year child according to his intuition, because he had the skill to do that procedure without any complications. Five of the participants remarked the intuitive nurse is careful and quick for doing clinical works. In this regard P12 stated the intuitive nurses are more stringent to perform the clinical duties, they respond to the patient's vital signs variations more timely, report on time, documentation is undertaken accurately, so that the most of the ongoing risks of patients would be prevented by them in a right time. P9 who has 14 years’ experience in CCU and is more intuitive, declared I had more attention to clinical skills since I was a student. One of the nurses announced because nursing student have insufficient clinical skills, they are no intuitive, but the physician students have a night shift, and involve to patients, they take more intuition (P2).

Clinical experience

Most of the participants affirmed the role of experience in intuition, and the nurses expressed that they were very experienced in clinical subjects, after dealing with many complicated cases. They declared that the intuitive nurse has reached to an awareness which can infer the patients conditions, even in some cases these inferences are contradicted to the scientific literature and scientific matters, the P9 represented sometimes a person reaches to a level of experience that says, what I understand from the patients (is important)… this level is achieved through high working to patients and more experiences, so the nurses are relying upon self for diagnosing the patients problems, not the books and also illustrated, You saw several cases with MI (myocardial infarction) and tachycardia, you did not see a good prognosis about them, and this prevailed to your mind. The experience led to increased confidence in intuition; whenever my experience increases I feel this sense (intuition) more, (P. 2). Some indicated beneficial experience as a real experience, apart from the length of their work history; one nurse stated, Working in CCU (cardiac care unit) is different to having dexterity in CCU (P9, P5 and P4). This skill is achieved through engaging in the work and knowing the patients, which was demonstrated by P. 5. The P4 mentioned a famous Iranian proverb to the value of experience in intuitive nurse, namely the master see something in a raw mud brick, that other does not see in the mirror.

Connection

Nearly all the participants were interested in being connected and closed to the patients and their environment. They were very positive towards them and believed an intuitive nurse must have strong social relationship skills, and behave in an emotional manner, as the P2 mentioned, we must change my view and treat to patients with a greater sense. Five sub-themes emerged from these results, including communication, sympathy, commitment, spirituality, and serenity.

Communication

The intuitive nurses tended to have the best communication with patients, and attempted to do so effectively. The participants commented some verbal and non-verbal communications, these made the patients easily talk about their problems and the nurses earn additional data from patients’ status. P4 understood the patient (a 90-year old man) has many dependencies to his properties from the way of his talking. P6 mentioned, I constantly speak to my patients even when they are unconscious, even I say to their families to speak to them, because I think they can comprehend my talking through hearing. P10 announced I myself talk a lot to my patients, I hear their concerns,… they want to be seen, to be heard, to be loved, most of the patients have no anyone to speak, these tasks benefit the therapeutic process, improve their spirit. The participants indicated some types of known contact including emotional, verbal, eye and deep forms of relationship. P8 maintained, As I look at them, I feel three or four cues… when I watch by eye, I get more understanding. Furthermore, P7 expressed, Automatically, a state of dependency was made between me and patients, a special sense that I involuntarily became sensitive to the slightest symptoms of the patients, I have a spiritual awareness of their dependency. Moreover, P1, 2 and 5 mentioned they had a deep relationship with patients, which led to a fidelity between them. For example, P1 stated we have more sincerity to my patients, because they remain in my unit for a long time, we face to them every day, however, this may not happens in the general wards.

Sympathy

Nine of the participants illustrated many sympathetic cues in their treatment of patients, such as compassion, kindness and regarding the patients as members of their families. As P4 demonstrated about a patient who had undergone to resuscitation I had a pathos sense to the patient, because she had only 4-5 years old. One pointed out, I myself, when a patient is admitted to the ward, I exactly think he/she is my family member… I am pleased when patients go out from here (are discharged) (P11). Also P.2 put himself instead of the patients in his mind, to see their conditions from their point of view. P.4 who cared for an accident 30 years old man, tried to have a twin-concept of patients for the better understanding of them. He said I say, if I was in his place, it is no different, both of us are humans, if this (car accident) happen to me tomorrow, come to ICU, it is no deference, he is 30 years old, I am also thirty, he is in coma, I might get worst,… these senses cause I do twin-concept to patients. P1 suggested, the nursing student must be educated for having sympathy to patients, he declared the intuition will created accompany to the sense (sympathy).

Commitment

The nurses felt an obligation to patients and other people, in addition, they struggled to carry out their duties to the best of their abilities and worked overtime. One stated, since I have entered into nursing, I feel responsibilities to others… I have an aid kit in my car for helping the people when they need it, in an event or an accident (P2). Others represented that nurses must apply themselves beyond the tasks (P10); furthermore following the patients’ conditions (P3) and having honesty towards patients (P5). P9 pledged himself to convince the family of one patient of the need for special follow up care for him after his discharge. For receiving the intuitive sign, some believed the nurses must have Devotion, this means that the adhering to and fulfilling the patients right is more important than their rights, P1 stated if that devotion would not create, the intuition is not achieved. P5 who is working in a general ICU, and her patients is usually unconsciousness, mentioned I try to give a heart to the heart of patients this is an Iranian slang meaning having a deep commitment to comprehend the patients and meeting their needs. Some participants believed, following the intuition their attention and surveillance will be increased, they try to handle patients continually, one of them mentioned if I want to take a tea or pray, I say my colleague to watch the monitor of the 7 bed (the patient rested on the bed of 7), please control it, be careful, that means we constantly go beside the patient and check him/her toward anepa, toward Tachyarrhythmia and so on (P11).
Spirituality

Nearly all the participants attributed their intuition to their relationship to the God. Some described it as an unseen voice which connect the person to the hidden realm, P10 who had received an inspiration through the intuition toward the patient that would be expired, announced I told, I have an special mystical state, I felt I am connecting to the invisible world, all my counterparts were surprised, they said, the patient is in a good condition… but the next day he dead. Other believed because the nurse as well as the patient who have much spiritual power, God provide intuition to help them, for instance P7 declared if we suppose this is a transcendental sense, it is possible the people who have more humanity receive more intuition to offer a better care.

P11 implied that the God will be sensed in these medical measures… the nurses and physicians are only a device. Moreover, intuition was considered as a heavenly voice and a mystical state. The nurses believed in numeroous spiritual entities and felt their intuitions were inspired by them. P5 stated, The people who are high-quality in spirituality have more intuition. In addition, five of the nurses represented that their intuitive abilities had been reinforced by praying to God and meditation, as P5 stated I decided based on my dependencies to undertake a Seclusion (a tradition that some people separate self from other people to be closed to God) and say some verses, after which my intuition has enhanced.

Serenity

Intuitive nurses were very calm and peaceful towards patients and their colleagues, even in emergency conditions. The informants also represented some factors that disturb the serenity, such as stress, tiredness, high workload and fear of a critical patient, they also could reduce the receiving and acting upon the intuition, one of the nurses believed if we put aside the internal conflicts, the stress, careless issue, we offer the best care to patients, but sometimes I know that must do that work (based on my intuition), however I really can’t, I have to perform other legal works, for example bringing the patient to the operation room, garage, mouth washing and so on (P1). P9 remarked about the characteristics of intuitive nurses, These nurses are personally quiet, their voices are not load in the ward… if a problem happens, they undertake very logical actions (are not distressed). P2 noted that the persons who have a tranquil mind and a healthy psychological state can use intuition easily. Another nurse declared of his colleague that, He is a calm person without any aggression in all situations, even in severe emergencies. In his opinion this serenity affected the process of patients’ recoveries (P6). Some nurses indicated to quiet mind as a prerequisite to take intuition cues, one of the nurses (P4) argued the efficacy of quiet mind is 100% to intuition, someone who is worried about his/her children, worries about the family, the loans, and commercial matters, obviously his/her thought is not at work purely, so has no attention to intuition.

Benevolence

According to the participants, intuitive nurses were very benevolent. Most also adhered to humane morals and did the tasks over their duties, as quoted by P2 they (the intuitive nurses) are self-giving. From these responses, we elicited two sub-themes, conscientious and willingness to help to describe this theme.

Willingness to help

The nurses declared that they really wanted to help the patients at all times, even when the prognosis was very poor, they remained hopeful and attempted to do everything for patients they could in a compassionate way. The desire to help was an internal feeling, they tried to overcome all the progressive difficulties encountered by the patients; P2 stated, I try to hold alive my patient in any possible way… which means you have a great hope, you do any efforts you can, such as, you request a consultation to urologist for checking the infection in urinary system, struggling to lowering the fever and… P4 advocated the following about his child patient, When I see a human not have any experience of living, who hasn’t gone to school, or achieved any of their wishes, it wasn’t interesting for me, so I didn’t come short of doing everything I could for him. Some nurses declared this sense (willingness to help) have been fostered from childhood in their family, accordingly P1 uttered it was induced to me to take the hand of a fallen man by my family, above all, one entity (God) that see all my deeds. Some of the participants such as P1 and P5 preferred the patient welfare to their comfort, they declared when the nurses adhere to the nursing criteria such as humanity and honestly help others, could achieve more intuition and reach to the supreme step of human-being.

Conscientiousness

Conscientiousness is noted in all the interviews as a prerequisite to use intuition, in addition, they mentioned an intuitive nurse should act on their conscience, some believed that intuition is equal to having an active conscience. One of the nurses (P8) advocated the intuition as a positive point, is fostered and intensified by conscientiousness, and P7 stated that, The people with active consciences are more intuitive… they are very patient and have more close relationships with clients… which is different to those who have little conscientiousness about what happens to the patients. Another nurse (P5) stated, The individuals with greater conscientious application, not only as a decorative thing, have more humanity and intuition, and could apply it in the therapeutic fields. Some pointed to job conscience as the motivator for performing the right actions, instead of complacency (P2). Another represented the intuition is a respectful sense like consciousness that guide us to do a good practice (P1).

Discussion

Our study was performed in order to better understand the features of an intuitive nurse in critical care practice. Accordingly, the results showed such nurses mostly had high proficiency in terms of clinical knowledge, skill and experience. Additional to job experience, Ruth Sahad and Tisdell (2007) remarked that life experiences such as having a case of death or serious patients in nurses’ families was a contributing factor to nurses’ intuition.3 It was not unusual for nurses who have a spiritually intense relationship to the God to have more intuition about what happens to the patients; P2 stated, I don’t come short of doing everything I could for him. Some nurses declared this sense (willingness to help) have been fostered from childhood in their family, accordingly P1 uttered it was induced to me to take the hand of a fallen man by my family, above all, one entity (God) that see all my deeds. Some of the participants such as P1 and P5 preferred the patient welfare to their comfort, they declared when the nurses adhere to the nursing criteria such as humanity and honestly help others, could achieve more intuition and reach to the supreme step of human-being.

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Conscientiousness is noted in all the interviews as a prerequisite to use intuition, in addition, they mentioned an intuitive nurse should act on their conscience, some believed that intuition is equal to having an active conscience. One of the nurses (P8) advocated the intuition as a positive point, is fostered and intensified by conscientiousness, and P7 stated that, The people with active consciences are more intuitive… they are very patient and have more close relationships with clients… which is different to those who have little conscientiousness about what happens to the patients. Another nurse (P5) stated, The individuals with greater conscientious application, not only as a decorative thing, have more humanity and intuition, and could apply it in the therapeutic fields. Some pointed to job conscience as the motivator for performing the right actions, instead of complacency (P2). Another represented the intuition is a respectful sense like consciousness that guide us to do a good practice (P1).
tions with patients and spiritual entities. In accordance with our study, the nurses in Ruth Sahad and Tisdell’s study (2007), claimed connection is the central meaning of intuition, which they attributed to connection to spiritual sources such as God, connection to the trust of their colleagues and connection to patients.  

Smith (2006) elicited three factors namely, spiritual connections, reading cues and sensing energy in her instrument for describing the intuitive student nurses. These factors were explained through statements such as, I experience a deep connection with my patients, I read nonverbal cues of my patient, and I sense an energy field around my patient. Other researchers concluded the relationship between nurse and patient has a synergic effect on the development of intuition in nurses and interacts with other variables such as knowledge, experience, expertise, personality, environment, and accepting the validity of intuition.  

It is believed that Intuition is information-based, meaning for creating it one must receive data from the environment. Some scientists remarked the humans can receive information through energy fields as a person to person, person to location and person to the future. This energy could be positive or negative, the positive energy originated from some behaviors such as having compassionate, empathy, sympathy, help to other, and appreciation. These associated to the human heart and emotions, thus, the individuals who have more relationship could catch more information from the energy fields, hence, due to the high effects of verbal and nonverbal communications on patient care and healing processes, we believe the connection may have a crucial role in establishing the value of intuition in nursing.  

We found that desire to help and being conscientious are fundamental features of intuitive nurses working in the critical care area. However, we could not find any research on these features in the literature. While some authors asserted that conscience is the internal sense of moral goodness or badness of the conduct of oneself or others. The moral intuitions, which are the feelings that some acts are right and others are wrong, are the products of conscience. In addition, when nurses are asked to narrate the moral challenges in patient care situations, they mostly refer to their conscience. Intuition also has a significant role in recognizing the most ethical nursing measures, which implies similarities between two features. The workplace culture could also alter nurses’ understanding of intuition, thus providing an argument for, further studies into cultural backgrounds.

Conclusions  

This study investigated the features of critical care practice in intuitive nurses. In this regard three main themes (proficiency, connection and benevolence) and ten sub-themes emerged. The results revealed that intuitive nurses have multiple proficiencies in clinical knowledge, skill and experience. They are very peaceful and want to be connected to the patients and spiritual entities. They adhere to moral issues, desire to help more, and refer more to their consciences when undertaking patients’ care.

Limitations  

The participants were nurses who had experienced intuition in clinical practice, and who enrolled in a purposive study. However, the use of semi-structured questioning would restrict the free expressions of lived experiences and their meaning, and as qualitative research, these results could not be generalized to other locations. Hence, other qualitative studies in various clinical settings are recommended.

References

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