

Mackenzie Schors

Nursing Essentials

Nancy Simpson

Critical Care Reflection

For this assignment we were asked to choose a patient or clinical situation presented in the book “*Critical Care*” by Theresa Brown and briefly describe the patient and their situation, including the disease or condition, treatment challenges and other information we believe to be relevant to the care the patient is receiving. In this reflection I will review all of this information and give my own thoughts on the case and the care the patient received.

In the chapter titled “Condition A” from “*Critical Care*,” a middle-aged man faces a sudden cardiac arrest, a scenario known in the hospital as a “Condition A.” This emergency strikes unexpectedly during Theresa Brown’s shift, thrusting her into an intense and emotionally charged situation. Although the patient had previously displayed signs of instability, the suddenness of the arrest still comes as a shock, highlighting just how quickly a patient's condition can decline in a hospital environment. Cardiac arrest is a critical medical emergency characterized by the heart abruptly stopping its normal beating rhythm, which poses an immediate threat to life and necessitates urgent intervention, including cardiopulmonary resuscitation (CPR) and advanced cardiac life support measures.

The resuscitation efforts unfold in a chaotic and urgent manner. At this time, Brown is still relatively new to her nursing role, and she must react swiftly alongside a team of more

seasoned professionals. The stress of the situation is heightened by the immense pressure to perform effectively under the scrutiny of colleagues and the fear of making errors, all while grappling with the emotional weight of life-or-death decisions. Despite the collective efforts of the medical team, the tragic outcome is that the patient does not survive.

In reflecting on this chapter, I believe that elements such as communication, the care environment, the dynamics among staff, and the attitudes of both family members and patients are all critical aspects of nursing. These themes are vividly illustrated in Brown's narrative. Effective and rapid communication is essential during the resuscitation process, and Brown highlights how the hierarchical structure and interpersonal dynamics among medical personnel can significantly influence the flow of information and the decision-making process during such critical moments. The hospital environment is one of high acuity, continually demanding attention and resources from the staff. This setting is not only physically taxing but also emotionally intense, particularly for nurses who often build the closest relationships with patients.

Brown's insights shed light on the emotional labor inherent in nursing—navigating feelings of grief, self-doubt, and the weight of professional responsibility. The outcome of this case leaves her with a lingering sense of failure, despite having done everything within her power. While the patient's family is not prominently featured in this account, their absence, coupled with the finality of the patient's death, serves as a poignant reminder of the human cost that underlies clinical statistics and medical outcomes.

In the next part of this reflection we were asked to find an article about the disease we have read about in this chapter. For this I have chosen an article by the American Heart Association on 10 steps towards improving quality of care for cardiac arrest victims in hospitals. This article presents evidence-based strategies aimed at improving the quality of care during cardiac arrest situations in hospitals. It highlights the significance of delivering high-quality CPR, reducing interruptions during chest compressions, and fostering effective communication among team members—all of which are crucial elements that resonate with the challenges and experiences outlined in Brown's narrative.

By following these ten steps, healthcare providers can enhance patient outcomes and offer more effective support during cardiac emergencies. This resource provides valuable insights into best practices for nursing care in critical scenarios, complementing the real-life experiences shared in "Critical Care."

Reflecting on the "Condition A" scenario in Critical Care, I was really struck by the emotional complexity that Theresa Brown describes. What surprised me the most was how raw and honest her response was—not just about the adrenaline and urgency of trying to save a life, but also the internal struggle that followed. Her vulnerability in questioning whether she did enough, despite acting quickly and appropriately, really humanized the nursing experience in critical care. It challenged the idea that healthcare professionals are always emotionally detached or perfectly composed in crises.

If I were in Brown's position, I can imagine I would have felt many of the same emotions—fear, self-doubt, and maybe even guilt. It's one thing to be trained in emergency response, but it's a whole different experience to apply that training under extreme pressure, especially when the outcome is tragic. I admire how she confronted the discomfort instead of brushing it aside. I agree with her broader point: that nursing isn't just technical; it's also deeply emotional, and nurses need support to process those experiences.

One nursing practice issue that clearly relates to this scenario is the support for new graduates. Brown was still early in her career when this event occurred. New nurses often step into high-stakes environments like critical care with limited hands-on experience in managing emergencies. Without strong mentorship, debriefing opportunities, and emotional support, they can easily feel overwhelmed or isolated. Structured onboarding programs, emotional resilience training, and accessible mental health resources are essential in helping new nurses build confidence and longevity in the profession.

This scenario reinforces that nursing is more than just medical care—it's a blend of clinical skill, emotional intelligence, and the ability to reflect and grow through experience. Brown's story is a powerful reminder that even in moments of loss, there's an opportunity for deep learning and personal transformation.

The final portion of this reflection was to find a journal article related to this issue. I found one about the emotional impact of resuscitation events on nurses. The article "Compassion fatigue and stress related to cardiopulmonary resuscitation among critical care nurses" by

Alshammari et al. (2023) examines the psychological challenges critical care nurses face after performing CPR, focusing on compassion fatigue and stress. It reveals that the intense nature of resuscitation can lead to burnout and emotional exhaustion, impacting nurses' mental health. The study highlights that factors like unpredictable patient outcomes and the weight of responsibility contribute to this stress. It advocates for support systems, such as counseling and debriefing, to help nurses manage these emotional challenges, ultimately improving nurse retention and well-being in high-stress environments like intensive care units.

In conclusion, reflecting on the "Condition A" chapter from Critical Care offers important insights into the emotional and practical challenges nurses face in critical care settings. Theresa Brown's narrative highlights the immense pressure and emotional toll that come with responding to life-threatening emergencies, particularly when outcomes are tragic. Her openness in questioning her actions and contemplating the emotional aftermath humanizes the nursing experience, countering the stereotype that healthcare professionals are always emotionally detached or free from self-doubt. This scenario also underscores the vital need for support for new nurses entering high-stress environments. Strong mentorship, emotional resilience training, and accessible mental health resources are crucial for promoting the well-being and professional development of nurses. Additionally, the article by Alshammari et al. stresses the psychological effects of resuscitation events, reinforcing the necessity for structured support systems to alleviate burnout and compassion fatigue. Ultimately, nursing encompasses more than just medical expertise; it requires a balance of technical skill, emotional intelligence, and ongoing personal growth through reflection and experience.

References

Girotra, S., Chan, P. S., & American Heart Association Resuscitation Science Section. (2023).

Ten steps toward improving in-hospital cardiac arrest quality of care. *Circulation:*

Cardiovascular Quality and Outcomes, 16(1), e010491.

<https://doi.org/10.1161/CIRCOUTCOMES.123.010491>

Alshammari, F., Alshammari, M., Alshammari, A., Alshammari, R., & Alshammari, M. (2023).

Compassion fatigue and stress related to cardiopulmonary resuscitation among critical care

nurses. *BMC Nursing*, 22, 1–9. <https://doi.org/10.1186/s12912-023-01000-7>