

RESILIENCY IN EMERGENCY NURSES

Author: Sarah J. Tubbert, EdD, FNP, RN-BC, Syracuse, NY

CE Earn Up to 9.0 CE Hours. See page 94.

Introduction: The aim of this study is to explore the resiliency characteristics of certified emergency nurses. Emergency departments are highly acute patient care environments that are often unpredictable and stressful workplaces. Resiliency theory identifies individual characteristics that allow people to overcome stress. This study describes the resiliency characteristics and experiences of certified emergency nurses.

Methods: In this qualitative directed content analysis study, the resiliency characteristics of emergency nurses were explored. Sixteen certified emergency nurses were interviewed.

Results: Seven resiliency characteristics were described: présence d'esprit, decisive action, tenacity, interpersonal connectedness, honesty, self-control, and optimism. An additional finding of resetting was also relayed.

Discussion: Resiliency may be adapted and fostered in emergency nurses to guide future workplace stress reduction and adaptation techniques. Promoting resiliency programs for emergency nurses is a promising future intervention.

Key words: Resiliency; Nurse; Emergency department; Resetting.

Introduction

Currently, hospitals have about 100,000 open nursing positions.¹ By 2020, more than 1 million nursing vacancies will exist in the United States, averaging approximately 29% of the overall workforce vacancies.¹ The numerous nurse vacancies in the ED setting provide multiple challenges in caring for the increased volume of patients while ensuring excellent patient outcomes.² An Emergency Nurses Association (ENA) survey of emergency departments in the US found that 40% of the 1,300 respondents have a nursing turnover rate of over 10%.³ The nurse-to-patient ratio can be without limits because the ED doors are always open and surges in patient volume are typically unpredictable.⁴

Stress for nurses is compounded by ED environmental factors. Understanding the causes of the stress, understanding the emotions that result from the stress, and being able to work with tools to combat these emotions improve an individual's or organization's ability to be resilient. Self-awareness of these emotions is the first step to work on building resiliency in the workforce.⁵ Highly resilient

nurses constitute an engaged workforce, which is linked to increased quality sustainability in health care organizations.⁶ Nurses in health care settings experience stress because of the pure nature of the role and from the environmental components in which they work.⁷

Despite these workplace challenges, certified nurses may have attributes that contribute to their ability to thrive in the ED setting. One such attribute could be resiliency, or the art of bouncing back from adversity. In the most current research, Everly et al⁸ further examined the resiliency aspect of the model by identifying core conceptual constructs. Their research proposed that resiliency involved 7 characteristics: présence d'esprit, or creative thinking/problem solving; decisive action; tenacity; interpersonal connectedness; honesty; self-control; and optimism.

Several nursing research studies have addressed the concept of resiliency. Resiliency is associated with job satisfaction and satisfaction with one's professional status.⁹ Nurses' active reflection on work events may assist with positive emotional outcomes in caring for patients and families.¹⁰ Resiliency may result from the combination of one's individual traits, the organization or environment in which the nurse works, and both the reactions and actions to combat the complexity of the incidents that cause the stress. Supportive work environments within health care organizations can promote resiliency even within the most demanding circumstances.¹¹

The purpose of this qualitative study was to explore resiliency in certified nurses in the emergency department. Exploring emergency nurses' common characteristics and coping strategies adds to the body of resiliency research.⁷

Sarah J. Tubbert is Clinical Director, St Joseph's Hospital, Syracuse, NY.

For correspondence, write: Sarah J. Tubbert, EdD, FNP, RN-BC, 7 Benham Ave, Auburn, NY 13021; E-mail: sjtubbert@gmail.com.

J Emerg Nurs 2016;42:47-52.

Available online 30 July 2015

0099-1767

Copyright © 2016 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jen.2015.05.016>

Methods

Participants selected for this qualitative study were certified registered nurses in emergency departments. Institutional review board approval was obtained, and the emergency nurse members of the Central New York ENA Chapter were invited via e-mail to participate in this research. Through the nurses' responses to the mailing and the snowballing technique, 16 participants were chosen. Participants selected for this study had worked at least part time in an emergency department in New York State. Their ED workplaces varied in annual volume and special designations. Informed consent was obtained from each participant before the one-on-one interviews. Demographic data were obtained from the participants using a written questionnaire that provided insight into the personal and professional characteristics of the study participants. Directed content analysis was used to frame the interview questions and coding framework derived from the resiliency concepts of Everly et al.⁸ The purpose of using directed content analysis was to further support the theory or to extend the boundaries of resiliency in the nursing field.¹²

Interviews ranged from 30 to 60 minutes. Fifteen interviews were conducted by telephone, whereas 1 participant chose a face-to-face interview. All the interviews were digitally recorded and then transcribed by an independent professional transcriptionist. Transcripts were reviewed for completeness. Credibility of the data was enhanced through member checking (reviewing the collected data with the participants) and through peer debriefing (reviewing the data collection with a peer) to enhance objectivity.¹³ The 7 resiliency concepts were used to formulate the interview concepts by providing the topics of inquiry and served as the primary codes during the analysis. Data were categorized into themes using ATLAS.ti (version 7.1.8, Scientific Software Development, Berlin, Germany).

Results

Of the participants involved, 2 nurses came from rural facilities, 8 from community hospitals, and 6 from academic medical centers. The average age of the participants was 50 years or older (50%). The majority of participants were women (68.8%), were of white descent (87.5%), held a bachelor of science in nursing (BSN) degree (56.3%), had at least 30 years of nursing experience (37.5%), had 11 to 20 years of ED experience (31.3%), and had been in their current job for less than 10 years (62.5%). These nurses also maintained a variety of professional certifications, with all 16 participants holding at least 1 national certification.

PRÉSENCE D'ESPRIT

The first resiliency characteristic, *présence d'esprit*, is a French phrase that derives its meaning from "flexible and creative thinking."⁸ Having the ability to find alternative ways to solve an issue or care for a patient while attempting to avoid dwelling on distracting thoughts is an act of *présence d'esprit*. Similar themes of *présence d'esprit* were streamed within the participants' recollections of events or everyday life in the ED settings of the past and present. This theme is best described by the following comment: "Any second something completely different can be thrown your way and to be able to manage it and prioritize it and do what you need to do; try not to let it linger within you as you move on in your day" (participant 9).

DECISIVE ACTION

Decisive action is taking responsibility for decision making without the benefit of knowing all the background information of an issue or situation. Decision making is built on past experiences and the mental ability to quickly take in information and have self-confidence to make rapid choices.⁸ Decisive action is frequently deemed intuitive and is compared with a nurse's "gut reaction" during an intense situation. One example representing this theme is a participant's description of the decisive actions the participant uses to save a baby's life:

A baby was looking funny. Sometimes it's nothing, and sometimes it is. We went and followed the procedure and put the baby on the monitor and the heart rate was twenty. So I went and got some help; we put a line in, and got labs, and got things moving. In a moment we had everybody in there and all the stuff that we needed to start intervening and this baby stopped breathing and turned blue. So we're bagging him and you sort of move it forward with the whole. We didn't lose his pulse or anything but we're bagging him and doing all the stuff to get him stabilized and treated. . . . I didn't even hear [his] mom screaming behind me.

The participants gave examples of being adaptable and being able to filter out the "noise," or information that is not needed to complete the task. Often, decisive action calls out to the nurse to intervene among different professions or disciplines within the ED team for the sake and safety of the patient.

TENACITY

Tenacity can be defined as the process of persevering and moving forward until the desired intended result is

Download English Version:

<https://daneshyari.com/en/article/2609458>

Download Persian Version:

<https://daneshyari.com/article/2609458>

[Daneshyari.com](https://daneshyari.com)