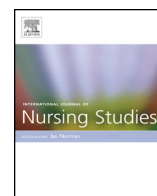




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Emergency nurses perceptions of the role of family/carers in caring for cognitively impaired older persons in pain: A descriptive qualitative study



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ABSTRACT

Background: On arrival to the emergency department many older persons are accompanied by family/carers. Yet the role of family/carers in the emergency department is unclear. We know very little about how emergency department nurses balance care practices to accommodate family/carers while specifically meeting the needs of cognitively impaired older persons experiencing pain.

Objectives: The aim of this paper was to understand emergency nurses' perceptions of the role of family/carers in caring for the older cognitively impaired person experiencing pain.

Design: Emergency nurses were invited to participate in focus group interviews. A semi-structured interview tool was developed from the literature and comprised open-ended questions and three Likert scale items which assisted to focus nurses' thoughts on their perceived role of family/carers in the emergency department.

Settings: The study was undertaken across four emergency departments in Sydney, Australia and included two district hospitals and two tertiary referral hospitals.

Participants: Emergency nurses were invited to participate in one face to face, focus group interview. Purposive sampling was used and inclusion criteria included at least one year emergency department experience.

Methods: Interview data were analysed and organised thematically. Two expert qualitative researchers independently reviewed transcripts and emerging coding and interpretation.

Results: Eighty nurses participated in 16 focus group interviews across four hospitals. Participating nurses included 67 (84%) females and 13 (16%) males with 8.6 years (mean; SD ± 8.64) experience in the emergency department. Three key themes relating to family/carers emerged from the analysis. The themes included (i) the role of families and carers in building a clinical picture; (ii) family and carers as a hidden workforce; and (iii) family and carer roles in pain management decision making.

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Conclusions: The study has provided insight into the role of family/carers as perceived by emergency nurses. There were many benefits in partnering with family/carers when information gathering on the older cognitively impaired person in pain. Family/carers are sensitive to health behaviour changes of older cognitively impaired people, which can assist nurses to optimise pain management.

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What is already known about the topic?

- Older persons are increasingly presenting to the emergency department, often accompanied by family/carers.
- The presence of family/carers has the potential to influence the practice of the nurse, and subsequently the pain management care delivered to the patient.
- There are no formal guidelines for nurses dealing with family/carers in the emergency department.

What this paper adds

- There are clear benefits in utilising family/carers when information gathering, specifically for older cognitively impaired people, as they can provide a baseline understanding of behavioural patterns, which can better support pain management practices.
- Family/carers are often sensitive to the changes in health trajectory behaviour and the needs of older cognitively impaired people, which can be used by emergency nurses to better optimise the safety, efficiency and quality of care.
- While the presence of family/carers may create an obstacle for the effective provision of nursing interventions, this must be balanced against the opportunities to better meet the individual needs of patients experiencing difficulty with verbal communication.

1. Introduction

Globally, the prevalence of cognitive impairment in older people is increasing significantly (The Lancet, 2006). For example, in Australia, Belgium, Canada, Germany, Iceland, India, and Sweden, there is a high prevalence of older people presenting to the emergency department, with up to 27% of people aged over 75 years exhibiting evidence of cognitive impairment (Gray et al., 2013). Specifically, in Australia it has been estimated that 9% of those over 65 years and 30% over 85 years have cognitive impairment (Australian Institute of Health and Welfare, 2012a,b; National Pain Summit Initiative, 2010). Cognitive impairment refers to a number of disorders which affect a person's ability to think, concentrate and communicate (Folstein et al., 1975).

Across Australia the majority of people with cognitive impairment are cared for and/or supported by family/carers in the community (Clark et al., 2014), which is consistent with international literature (Alzheimer's Disease International Consortium, 2009; Gray et al., 2013; Salvage et al., 1989). A family is social system defined by a blood relation or by instituted social bonds, such as marriage (Geertz, 2001). While, a carer in Australia, as defined by the Carer Recognition Act (2010), is "an individual who provides

personal care, support and assistance to another individual who needs it because that other individual: has a disability; or has a medical condition (including a terminal or chronic illness); or has a mental illness; or is frail and aged." Family and carers involve different care dynamics, but we also recognise at times families and carers can be mutually exclusive (Gallagher et al., 2014).

Across the USA, France, Taiwan, Singapore and Australia older people are presenting to emergency departments more frequently and being admitted to hospital compared to younger groups (Boltz et al., 2013; Bookman and Harrington, 2007; Commonwealth of Australia, 2008; Samaras et al., 2010). In 2012, 21% ($n = 6,712,224$) of Australian emergency department presentations comprised people over 65 years (Australian Institute of Health and Welfare, 2012a,b) and of these about 25% have been noted to have cognitive impairment. Australian emergency departments frequently provide a portal into the acute hospital system for many older persons (Australian Institute of Health and Welfare, 2012a,b).

Older people with cognitive impairment are high users of emergency department services and often present with a complaint of pain. Researchers have identified that a between 50% and 80% of patients presenting to emergency departments present with a complaint of pain (Holdcroft and Power, 2003; Tcherny-Lessenot et al., 2003). There is evidence that cognitive impairment is a risk factor for delay in analgesia (Fry et al., 2014). Many older people with cognitive impairment who are experiencing pain are accompanied by family/carers to emergency department (Fealy et al., 2012). One study has shown that older cognitively impaired persons consider the presence of family/carers in the emergency department important (Nikki et al., 2012) as they can provide information to emergency nurses when communication difficulties exist (Nikki et al., 2012; Shanley et al., 2008). However, currently little is known about the way that emergency nurses organise care practices to accommodate the presence of family/carers while supporting the cognitively impaired older person experiencing pain (Boltz et al., 2013).

The literature identifies that older people commonly present with more urgent conditions, more frequently require hospital admission from the emergency department and experience a longer length of stay than younger adults (Aminzadeh and Dalziel, 2002; Lutze et al., 2015). Further, evidence suggests that older people are more likely to experience negative health outcomes, declining cognition and functional ability as a result of hospital admission (Sirois et al., 2013). Given the risk of poor health outcomes for older people, emergency departments are challenged to address the often unpredictable, chaotic and noxious stimuli environment to ensure the safety of older

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