

SURVEY OF CURRENT INJURY PREVENTION PRACTICES BY REGISTERED NURSES IN THE EMERGENCY DEPARTMENT

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Introduction: It has been shown that a vast majority of injured patients who seek treatment in emergency departments are seen and released. The events resulting in the individuals seeking treatment may have been preventable and some of the time spent in an emergency department could be used for injury prevention (IP) education. This study sought to determine current IP practices of registered nurses working in an emergency department, to discover whether or not they believed IP was important, and to identify perceived obstacles for incorporating IP education into clinical practice.

Methods: A convenience sample of 150 registered nurses working in the emergency departments of an adult level 1 trauma centre in Ontario, Canada was used. A descriptive survey composed of 10 questions was used. Data analysis was completed using SPSS Version 11.0.

Results: Findings suggest current IP strategies are varied, and implemented inconsistently. Evidence indicates educating patients about IP is an important part of the emergency nurse role. However, time, education, and resources were recognized obstacles to implementation.

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Discussion: A better understanding of registered nurses' current IP practices will guide the development and implementation of a future adult focused injury prevention program for ED patients.

Trauma is a leading cause of morbidity and mortality.^{1,2} The annual cost of traumatic injury to Canadians exceeds \$14 billion dollars.³ Despite the magnitude of the problem, many people view injuries as "accidents," or unavoidable occurrences. However, research has shown that the majority of these injuries are predictable and preventable.³

Injury prevention (IP) can be defined as ongoing strategies, operations, or programs designed to eliminate or reduce the occurrence of injuries.⁴ Of significance, both provincial and national reports have identified IP as a priority for health care.^{5,6} Prevention is the ultimate cure for traumatic injury and is a key component of all trauma systems.⁷ Professional associations support the incorporation of IP as part of the continuum of care for injured patients.⁷⁻⁹ As the primary entry point to hospital for most injured patients, the emergency department is a significant point on this continuum where IP initiatives may be used to reduce the impact of injury.

In Ontario, trauma has been identified as one of the top 3 reasons for citizens to visit an emergency department.¹⁰ Nationally, of patients who are treated for injury, about 94% are discharged home. It is only 6% who are admitted to hospital for injury.³ As such, the emergency department is an excellent forum for the dissemination of IP education, as individuals may no longer perceive themselves to be invulnerable once they present to an emergency department with an acute injury.¹¹ This suggests that the ED visit represents an opportunity to capture a "teachable moment" with motivated patients.¹²

For health care professionals to use this opportunity for patient teaching, they must have a foundation of IP education. However, the literature suggests that education regarding IP is lacking.¹³⁻¹⁵

Over the past several years there has been increasing discussion in the literature regarding IP initiatives in the

emergency department. The focus of the emergency department IP-related literature reflects staff involvement in community-based initiatives or at initiatives aimed at the pediatric population.¹⁶⁻¹⁹ Adult IP ED initiatives reflect ongoing research in areas such as injury from bicycles and ladder falls, to determine rate of injury/mechanisms, with recommendations for IP efforts.^{20,21} Many articles discussed the role of ED physicians. However, in an adult emergency department there are many health care professionals who could be involved in IP education. In an article highlighting common injuries and IP strategies/resources, Feury²² suggests all health care professionals should consider incorporating IP into their daily practice.

Nurses possess key characteristics that make them ideal for involvement in IP.²³ These characteristics include strong assessment and educator skills, and the fact that nurses are present in all areas of the health care system. Emergency nurses, in particular, are key professionals to be involved in educating patients about the prevention of injury.²⁴ By nature of their experience and clinical practice, they develop a substantial knowledge base, and are a credible source of injury related information. Not only do emergency nurses see first hand the devastating effects of trauma, which makes their information credible, but more importantly they are exposed to the "near misses," and this presents a tremendous opportunity for teaching.

Thus the basis of our study was to: (1) determine current IP practices of registered nurses working in an emergency department; (2) discover whether or not registered nurses working in the emergency department think IP is important; and (3) identify perceived obstacles for incorporating IP education in clinical practice.

Methods

The study was conducted at a level 1 adult trauma centre in Ontario, Canada. This center includes 2 emergency departments that together see 120,000 patients each year. Inclusion criteria were all registered nurses (RN) working in both emergency departments. Exclusion criteria were any RN on a leave of absence during the study period. Ethical approval was obtained before implementation of the study. As well, information sessions were held at staff meetings and written materials were left on display in the departments to inform staff about the study before commencement.

The study was designed as a descriptive survey and was composed of a combination of 10 rank order and open-ended questions. A letter describing the study was distributed to all RNs, along with a copy of the survey, during a 2-week period in December 2003. Participation was voluntarily.

The survey tool was developed specifically for this study, between June 2003 and November 2003. A pilot test was conducted with 6 emergency nurses and educators before implementation.

The tool consisted of 10 questions that dealt with nurses' assessment of the patient's use of protective equipment, current practices, and priorities in providing education related to IP, perception of their roles in education related to IP, perceptions of the barriers of incorporating education related to IP into practice, and perceptions of what would facilitate the provision of education related to IP. Additional questions were aimed to elicit demographic information about the study population. As well, there was an opportunity for nurses participating in the study to include general comments. Participants had the option of completing the survey in either French or English.

Data analysis was done using SPSS Version 11.0. Descriptive statistics such as means, medians, and frequency distributions were calculated to report the responses to questions in the survey. Rank was calculated to determine the importance of particular actions/subject matter in providing IP education. Inferential statistics, such as cross tabulations, were run for each variable to determine whether there were any differences in responses based on several characteristics including: whether a respondent had children under 18; the respondent's age; or his or her years of experience in the emergency department. With respect to age, participants were grouped into those who were age 35 or under, and those who were over the age of 35. With respect to experience, respondents were grouped into those with 5 or less years experience in the emergency department and those with greater than 5 years of experience. The .05 level of significance was used.

Findings

The survey was distributed to 150 nurses. Sixty-three responses were received, giving a response rate of 42.0%. The characteristics of the respondents are in Table 1.

One of the questions posed to participants was whether they *assessed* if patients presenting with injuries had used protective equipment. The data showed that 39 respondents (61.9%) always assessed whether protective equipment had been used; 23 respondents (36.5%) sometimes; and only 1 respondent (1.6%) never assessed whether protective equipment had been used. A related question dealt with whether nurses *documented* if patients presenting with injuries had used protective equipment. This showed that 33 respondents (52.4%) always documented; 26 respondents (44.5%) sometimes; and only 2 respondents (3.2%)

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