



## Nurses' experiences of caring for the older adult in the emergency department: A focused ethnography



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### ABSTRACT

The purpose of this study was to explore nurses' experience of caring for the older adult within the ED. This focused ethnographic study used a combination of semi-structured interviews and non-participant observation. Seven registered nurses participated, detailing their experiences of caring for the older adult in the ED. Data were transcribed verbatim and analyzed thematically. Findings revealed three themes: the culture, which focused on priority setting and throughput of patients, lack of fit between the older adult and the ED, and managing lack of fit. Nurses relied on a default orientation of priority setting, recognizing this put the older adult at risk of substandard care. Lack of fit was accentuated by the need to 'puzzle through' atypical presentations of many older adults. It is concluded that consideration needs to be given on how to mitigate lack of fit and how to support nurses to give the care the older adult requires.

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### 1. Introduction

By 2030, the most frequent users of the emergency department (ED) – those over age 65 (Fealy et al., 2012) – will equal 20% of the population (Statistics Canada, 2011). Older adults present to the ED with more serious problems (e.g., cardiac, respiratory and neurological in nature), have at least seven co-morbid health conditions, spend longer time periods in the ED during diagnosis, are more likely to be admitted as inpatients, and have higher risk of mortality than other age groups (Caterino et al., 2009; Hodgins et al., 2010; Lowthian et al., 2012; Pines et al., 2013). Complicating this picture may be long waits in the ED for an inpatient bed. These emerging trends mean that nurses working in the ED are called more frequently to care for the older adult patient. An exploration of nurses' experiences caring for older adults in the ED is the focus of this study.

Holding inpatients in the ED is not a new phenomenon but has become an increasingly problematic trend over time that influences nurses' work. While EDs were initially developed in the 1960s to deal with rapid assessment, intervention for acute problems, and movement of patients requiring additional treatment to definitive care (Adams and Gerson, 2003), the lack of available inpatient beds now means

patients often wait for beds to become available. The result is ED overcrowding: "the inflow of patients exceeds the outflow" (Ospina et al., 2007). Overcrowding is a well-documented occurrence in EDs in the United States, Canada, Taiwan, Great Britain, Germany, and Australia (Hoot and Aronsky, 2008) and affects the ability to provide quality care. In fact, such overcrowding has heralded a major culture shift (Schriver et al., 2003; Taylor et al., 2004) where ED nurses are now required to care for two different subsets of patients – outpatients moving through the unit and inpatients awaiting a bed.

Although there are multiple international studies on both ED utilization and interventions for preventing older adults' return to the ED, there are few studies that address nurses' experiences of working with the older adult in the ED. The dearth of literature was surprising given the increasing numbers of older adults who are staying longer in the ED. Only three studies with a focus related to that of the current study were found (Boltz et al., 2013; Kihlgren et al., 2005; Robinson and Mercer, 2007). All qualitatively explored specific facets (reasoning, knowledge, issues) of care of the older adult in the ED. Despite having different foci, a common theme of 'barriers to care' was reported in each study. The most common barriers to quality care were lack of time, resources, and continuity of care. Additional barriers included lack of gerontological knowledge, economic pressures, staff shortages, communication difficulties with geriatric patients and their families, lack of bed availability, poor transitions into and out of the ED, and an environment that placed the safety of the older adult at risk. Therefore, there is some indication that caring for older adults in the ED poses work challenges for nurses and the need for a more in-depth exploration of their experiences was warranted.

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The current study addressed the need for in-depth exploration by eliciting nurses' personal accounts of their experiences in caring for older adults; and, by accounting for cultural influences associated with both the care of older adults and nursing within the ED. Given the dearth of research focused on nurses' experiences of caring for older adults in the ED, and the vulnerability of this population to poor health outcomes within the current culture of ED care, the current study is relevant and timely. To summarize, the purpose of this study was to explore ED nurses' experiences of caring for the older adult.

## 2. Methods

### 2.1. Design

A focused ethnographic approach was used. This method allows the researcher to focus on the particular rather than the general and is used when the researcher has intimate familiarity with the context of the research (Knoblauch, 2005). In this case the first author had the necessary 'insider' status based on longstanding employment within the study ED. As an insider, BT recognized that the ED reflected a culture that influenced nurses' work. This method was chosen because it accounts for the influence of culture. Focused ethnography allowed for narrowing the focus of exploration to the experiences of ED nurses caring for older adults and also allowed for exploration of the culture of care in relation to this group of patients. This study was conducted after receiving approval from all appropriate ethics review boards (REB # 2010-036, H10-02253).

### 2.2. Setting

The ED in which this study was conducted is located in a tertiary care hospital in a mid-size urban center in one of the oldest census metropolitan areas of Canada, where the population over the age of 65 is 19.5% (Statistics Canada, 2011). The ED sees over 50,000 patients per year, 16% of whom are over the age of 75. Nineteen percent of ED patients are admitted to hospital and 4.5% experience an extended stay in the ED awaiting inpatient beds. This ED employed 50 registered nurses and consists of 20 beds. Two of these were in trauma bays, eight have cardiac monitoring capability, three were medical beds, two were dedicated to minor treatment, and 4 beds were attached to the rapid assessment zone.

### 2.3. Sample and recruitment

A convenience sample of seven nurses participated in this study. Inclusion criteria were: (1) being a Registered Nurse with 3 or more years of ED nursing experience working in the study ED; (2) English speaking; and (3) having cared for an older adult patient within the 6 months prior to the interview. Recruitment of participants occurred using a number of methods. The clinical educator for the department presented general information to ED staff at a regularly scheduled staff meeting; pamphlets describing the study with researcher contact information were subsequently distributed at a scheduled monthly staff meeting and were available through the clinical educator's office. These pamphlets were also placed on the unit. Posters about the study were placed in the staff room along with additional pamphlets and a drop box for consent to contact forms. In an effort to encourage more participation, the nursing educator sent a follow-up email to all the nurses. The first author purposefully abstained from participating in recruitment to avoid any perception of coercion because of her longstanding employment and existing relationships with staff. Despite all these attempts at recruitment only seven nurses came forward and a pragmatic decision to end recruitment was made. This decision was

supported by the strongly consistent accounts of the nurse participants.

### 2.4. Participants and data collection

This study took a two part approach of single, semi-structured interviews ( $n = 7$ ) and non-participant observation. One-on-one interviews were conducted at a private place of the participants' choice. Interviews were guided by open-ended questions such as: "Tell me what it is like to be an ED nurse" or "Tell me about a time you gave the best possible care to an older adult" and the conversation unfolded with questions that probed for elaboration of the nurses' responses. Brief follow-up interviews (approximately 15 minutes) took place on four occasions for clarification of data. All interview data were digitally recorded and transcribed verbatim. The second part of the study involved 12 hours of non-participant observation of nurse participants during their scheduled shifts in the ED. Four sessions of between 2 and 4 hours took place during peak activity in the study ED (i.e., 10:00 am–Midnight). Observation was structured to comply with ethical constraints required by the Research Ethics Board to protect the vulnerable older adults receiving care. The first author was not able to observe direct patient care but debriefed with the nurse participants immediately after care was provided to an older adult. This allowed for in-the-moment information about the nurses' experiences. It also allowed for triangulation of data. Further, it supported the researcher to see the situation from a new perspective, which provided a check and balance in the data collection process.

### 2.5. Data analysis

Data were analyzed thematically using the straightforward approach of inductive reasoning. This systematic method allowed for creation of a summary of the data present in the text, clarification of links between data segments, and the emergence of themes inherent within the data (Thomas, 2006). Transcripts were first read multiple times by all authors to obtain an overall understanding of the material. Segments of interview text were considered carefully for meaning, coded, and grouped into emerging themes. When coding segments and grouping these into themes, participants' own terms were used wherever possible, especially if they were consistent between transcripts. Preliminary analysis was shown to four of the participants for verification and clarification. Observations, field notes, and follow up interviews were coded in a similar manner to the interview transcripts. The observation data consisted primarily of text from the discussions that occurred with the participants after the session. These data supported much of what participants described in relation to overcrowding and the amount of time that personal care took in the care of the older adult. Analysis of the data gave rise to three main themes: the culture of the ED, fit and lack of fit between the ED and the older adult, and management of lack of fit.

## 3. Results

This study included seven ED nurse participants ranging in age from 35 to 58. Two nurses were in their 30s, two in their 40s, and three in their 50s. All were Caucasian; six were female; four worked full-time and three part-time.

### 3.1. The culture of the ED

The culture of the ED involved effectively assessing and juggling changing and competing priorities in a time pressured environment. This juggling occurred while anticipating the next life threatening emergency that could become the new first priority. The

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