



## Nurses' experiences and expectations of family and carers of older patients in the emergency department



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### ABSTRACT

**Background:** Older people are often accompanied by family/carers to the emergency department (ED). Few studies investigate nurses' experiences of interacting with these family/carers.

**Aim:** This study was an exploration of the experiences and expectations that ED nurses have of family and carers accompanying the older adult patient.

**Method:** Focus group interviews (four,  $n = 27$ ) were conducted and interviews were audio-taped, transcribed and then thematically analysed.

**Results:** Three themes emerged relating to the way nurses judged family/carers of the older person, with the main theme the importance of time. Family/carers were evaluated as supportive and helpful when they saved nurses time and demanding and obstructive when they cost nurses time. A second theme was the family/carer as a knowledge resource. Nurses evaluated family/carers according to whether they could provide timely and useful information on the older patient. The third theme centred on nurses' evaluations of family/carers getting in the way of assessing or treating the patient, by their physical presence and demands and by limiting open communication with the patient.

**Conclusion:** Emergency nurses have clear expectations of older patients' families and/or carers. Future research must determine how nursing roles can sustain positive interactions with older patients' families and/or carers in the ED.

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### Introduction

Increasing demand for emergency department (ED) services reflects global changes in health care. One key change is the proportion of older people requiring support from adults of working age, which is predicted to increase from 10.5% in 1955 to 17.2% in 2025 (WHO, 1998). As the older population grows, the need for chronic illness health services becomes more evident including the ED. People aged over 85 years are almost four times more likely to present to the ED than 35–59 year olds (Lowthian et al., 2012). When older people present to the ED their condition is more urgent, they have longer stays and are more likely to be admitted (Aminzadeh, 2002). Together, these trends mean that ED nurses are increasingly providing care for older people and their family/carers (Aminzadeh, 2002; Valdez, 2009; Dawood et al., 2011).

### Background

Older people have unique needs in relation to chronic illness and the ED environment is not designed to meet these specific needs or those of the family/carers that accompany them (Pearce et al., 2011). Older people are more prone to negative health outcomes and functional decline in the ED and require additional evaluation time for their complex health circumstances. Family members manage and support the health needs of older people in multiple ways and are vital to their ongoing health and wellbeing (Bookman, 2007; Dept. Prime Minister and Cabinet, 2008). Family/carers often accompany and support the older patient in the ED and are therefore important for nurses to support and understand, including as a potential resource in assessing and treating the patient (Aminzadeh, 2002; Valdez, 2009; Dawood et al., 2011; Nikki et al., 2012). The literature in this area is limited. Investigations tend to focus on nurses' expectations and experiences with highly specific and less common circumstances in the ED, such as the involvement of family during resuscitation (Howlett et al., 2010) and terminal illness support (Beckstrand et al., 2008; Smith et al., 2010). Other studies investigate family

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members' satisfaction with care without including nurses' views (Ekwall et al., 2008; Nikki et al., 2012; Paavilainen et al., 2012), despite the influence of nurses' attitudes on family and patient experiences in the ED (Nikki et al., 2012). We conducted a search of the published literature using PUBMED and CINAHL from 2002 to 2012 and no study was found that examined nurses' expectations and experiences of interacting with the family/carers of older people in the ED.

Nurses' expectations and experiences of family/carers of adult patients in other acute settings, such as intensive care, however, provides useful insights. Intensive care nurses identify family/carers as important resources in multiple ways (Engstrom and Soderberg, 2007; Agard and Maindal, 2009; Garrouste-Orgeas et al., 2010; Engstrom et al., 2011). In these studies nurses noted that family/carers were expected to contribute important patient information, help nurses develop a more holistic picture of the patient, assist with communication and provide emotional support to the patient. On the other hand, family members also presented challenges for nurses when nurses perceived that they were creating obstacles to patients' care, interfered with patients' rights or demanded a lot of interaction, or generally required nursing time, which could otherwise be used for patient care. Nurses in these studies also made judgements of families who appeared to be uninterested in the patient. Many nurses described feelings of inadequacy and stress in relation to family management (Engstrom and Soderberg, 2007; Agard and Maindal, 2009; Garrouste-Orgeas et al., 2010; Engstrom et al., 2011). Overall, nurses felt ill-prepared to manage family/carers and needed more support in managing this area.

Gaps were evident in the literature, no study reviewed focussed on older people and their family/carers, despite the unique and complex needs of older people (Inouye et al., 2007). Therefore we investigated ED nurses' experiences and expectations of the older person's family/carers to provide a foundation for developing interventions to educate and advise nurses and improve services for older patients and their families/carers.

## Method

The study was a qualitative study, using focus group interviews to collect data and thematic analysis. A qualitative design was selected as the intent was to explore perception and beliefs and focus groups were chosen as nursing care is delivered by teamwork in the ED so interactions between nurses would be valuable to elicit (Silverman, 2011). The study formed part of a larger qualitative prospective exploratory study of the older person and their family/carers in the ED; this substudy focuses on perceptions of family/carers. The study was undertaken in the ED of a 550-bed metropolitan referral university hospital in Sydney, Australia. This ED receives approximately 60,000 presentations annually, of which more than one-third are people aged 60 years or more. All licensed nurses were eligible for the study if they had been working in the ED for at least 3 months. Senior nurses, including clinical nurse consultants, clinical nurse educators and managers were excluded to limit the effects of social desirability, the tendency to respond in a way that will be viewed favourably by senior staff, and promote free discussion.

## Ethics

Ethical approval was obtained from the study site and associated university Human Research Ethics Committee. All processes adhered to the statement on the ethical conduct of human research outlined in the Declaration of Helsinki.

## Data collection

Focus group interviews were guided by a semi-structured interview schedule of open-ended questions and follow-up questions

for clarification and further explication that directed nurses' thoughts towards their experiences of caring for the older person and their family/carers. All focus groups began with an introduction, which included confidentiality principles and processes for the group. Participants were discouraged from naming individuals. An experienced facilitator (JSP or RG), led each focus group and an assistant helped with procedures, neither of whom were known to the staff. The facilitator encouraged participation by all people present. Audio taping was used to minimise distraction and encourage the free flow of ideas.

A brief background questionnaire was used to collect data regarding participants' gender, age, education, nursing experience and experience in ED nursing.

Nurses were informed of the study through an information session and posters placed in the ED. Interviews were conducted once per week for 4 weeks during staff change-over in a room that was private and separate from the ED clinical environment. Senior nurses reminded the nursing staff of the interviews. Participants completed consent forms and the brief demographic questionnaire before interviews began. There were four focus groups of between 6 and 12 participants, which lasted 45–60 min each.

## Data analysis

Participants' demographic and ED experience data were summarised by descriptive statistics using SPSS v.19 (IBM, 2010). Focus group data were stored and managed using NVivo v9.2 (QSR International, 2011). All data were made anonymous and confidential codes were used to identify the specific focus group. Data were analysed and organised thematically (MF and RG) and guided by Gibbs' framework which included: (1) transcription and familiarisation; (2) code building; (3) dis/confirmatory theme development; and, (4) data consolidation and interpretation (Gibbs, 2007). The investigators regularly discussed and reviewed the emerging coding and organisation of themes for this paper. The analysis framework provided a systematic approach for interpretation (Lichtman, 2010). As the content related to family/carers was a dominant topic in the focus groups and three themes emerged directly related to the topic, we have selected this aspect for this paper.

## Results

A total of 27 nurses participated in the study, of whom 24 (89%) were female and the mean age was 31 years (SD 8.4 years). The nurses had an average of 8 years (range 1–35 years) nursing experience and 5 years ED experience (range 3 months to 25 years); 10 nurses (37%) had postgraduate qualifications.

Three major themes were identified from the data related to nurses' experiences and expectations of the role and behaviours of the family/carers of older people in the ED as follows:

1. The importance of time.
2. The family/carer as an informant.
3. Getting in the way.

ED nurses clearly articulated their expectations and judgements of family and carers' behaviour. Shared knowledge systems were embedded in this environment and provided meaning and understanding for nurses in relation to how family/carer behaviour was to be judged. A component of this knowledge system within the context of ED nursing care comprised normative judgements, so that behaviour which was good or right was identified and distinguished from behaviour that was not. Emergency nurses perceived that families/carers had a role to play in enabling the timely assessment and treatment of the older patient and therefore, they held

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