



The experience of nurses working with trauma patients in critical care and emergency settings: A qualitative study from Scottish nurses' perspective

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KEYWORDS

Nurses' experiences;
Trauma patients;
Scotland;
Qualitative approach

Abstract The aim of the study was to explore the nurses' experience of working with trauma patients in critical care and accident and emergency settings in a major hospital in northeast Scotland. The study had an explorative and descriptive qualitative approach. Twenty-three Registered Nurses were interviewed using semi-structured interviews. The data were transcribed and analysed using Miles and Huberman's model of qualitative data analysis. Five themes were emerged as "picturing trauma patients," "Nurses' experiences with patient responses to trauma," "trauma care as a specialized job," "experiencing the emotional challenge" and "surviving the trauma work."

The study revealed the experience of 23 nurses working with trauma patients and how they recognised the speciality of these patients and the speciality of their work with them. The nurses highlighted the importance of providing specialist training for nurses in trauma care. The study shows that the nurses' experience has many factors that appear to help the nurses survive the work with trauma patients. These factors include gaining clinical experience, life experience, establishing good relationships with other nurses and nurses' positive emotions. This suggests that more attention must be given not only to nurses' clinical experience but also to these important factors.

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Editor comments

Often nursing staff can be so busy that the opportunity to reflect on what has been achieved in the day can be obscured. Trauma nursing, by its very nature, can be unpredictable and immediate accurate decisions are vital for the best patient outcomes. This unpredictability for many orthopaedic and trauma nurses' has an emotional component that is difficult to evaluate. This paper investigates some of these issues by exploring nurses' experiences of working with trauma patients. BS

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Background

The standard of care for trauma patients is a serious concern in the UK and Scotland (Gunnels and Gunnels, 2001; WHO regional Office for Europe, 2012). Trauma patients are at high risk of developing secondary injury due to inappropriate nursing action, so nurses working with these patients require a high level of knowledge and skill and their role is significant for decreasing the risk of secondary injury among these patients (Kneafsey and Gawthorpe, 2004; Tutton et al., 2007; Boström et al., 2012). Surprisingly little has been published about this role.

Studies on the impact of working with trauma among nurses in the USA and Australia have been reported (Curtis, 2001), but very limited research could be identified that has explored the experience of nurses and professionals of any type working with trauma patients in the UK (Alexander and Atcheson, 1998; Alexander and Klein, 2001; Tutton et al., 2008). Those studies that exist have been carried out primarily in the emergency department or among ambulance staff. This highlights the need for further exploration of nurses' experience with trauma patients who are regularly exposed to traumatically injured patients and for whom trauma care is part of their every day practice.

Aim

The main aim of this study was to explore nurses' experience of caring for trauma patients, as a specific group of patients treated in both Critical Care units and Accident and Emergency units.

Method

Because of the nature of the study which focuses on the nurses' experience and perceptions, a generic qualitative approach was used to conduct this study. A generic qualitative approach facilitates the participants in telling their stories and allows the researcher to explore, describe, and interpret the participants' own world to make sense of their life experience (Merriam, 1998; Caelli et al., 2003; Polit and Beck, 2010; Holloway and Wheeler, 2010).

Participants and sampling

The study was conducted at a 1000 bed, multi-disciplinary, multi-specialty teaching hospital in

Scotland. The population was composed of all registered nurses who worked in critical care or accident and emergency clinical settings and were directly involved with trauma patient care. Therefore, nurses in the hospital's Intensive Care Unit (ICU), Accident and Emergency Unit (A&E), and Emergency Theatre (ET) and High Dependency Unit (HDU) were invited to take part in the study.

Following ethics committee approval, all managers in the four units where the data were to be collected were informed about the study purposes. All agreed for the study to be conducted in their units and signed a researcher access form. Lists of the staff nurses working in their units were given to the researcher.

Nurses ($n = 200$) were contacted by an individual letter of invitation posted to each nurse, as well as through an advertisement about the study displayed on each unit's notice board. The posted letter was attached to a short questionnaire. In this questionnaire, nurses were asked questions about their personal characteristics (age, gender, education, work experience). These questions appeared to be meaningful in the sampling process. In this study the researcher initially invited for interview nurses who could be expected to have a broad or general knowledge about the topic, or those who were considered to have typical or similar experience with trauma patients (purposeful sampling). Then as the study progressed and data were collected, different issues emerged, and with the preliminary analysis it became evident that the nurses with more experience were the ones who usually worked with trauma patients, while the nurses who had less experience (e.g. 1 year or less) were less likely to have worked with trauma patients. Thus these emerging findings guided subsequent theoretical sampling. Forty responses were received from nurses who indicated their willingness to take part in the study and each signed a consent form.

In this study, saturation was reached after interviewing 23 nurses. Saturation means "no additional data are being found" (Flick, 1998, p. 66), It is considered as the guiding principle of sampling in qualitative studies (Flick, 1998; Taylor and Bogdan, 1998; Brink and Wood, 2001; Polit and Beck, 2010). Redundancy of information and understanding of the nurses' experience had been reached after interviewing 23 nurses.

The study participants included 21 females and 2 males. Age distribution was: 20–29 years, (no = 5); 30–39, (no = 14); and 40–49, (no = 4). Their nursing experience ranged between 1–25 years. Their work experience in their present clinical setting ranged from less than 1 to 20 years.

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