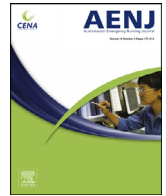




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Research paper

Emergency nurses' perceptions of emergency department preparedness for an ebola outbreak: A qualitative descriptive study

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ABSTRACT

Background: Ebola Virus Disease is highly contagious and has high mortality. In 2014, when the outbreak in West Africa was declared a public health emergency, emergency departments in Australia commenced preparation and vigilance for people presenting with ebola like symptoms, to limit spread of the disease. **Research aim:** To examine Australian emergency nurses' perceptions regarding their own and their emergency departments' preparedness to manage an ebola outbreak.

Method: A qualitative descriptive design was used to collect and analyse data in one metropolitan emergency department in Victoria, Australia. Four focus groups were conducted with 13 emergency nurses. Data were thematically analysed.

Results: Major themes emerged from the data: organisational, personal and future preparedness. Participants' believed that both the organisation and themselves had achieved desirable and appropriate preparedness for ebola in their emergency setting.

Conclusion: Participants trusted their organisation to prepare and protect them for ebola. Appropriate policies, procedures, and equipment infrastructure were reportedly in place. Nurses' decisions to care for a patient with ebola were informed by professional commitment, and personal responsibilities. Participants were concerned about transmitting ebola to their families, and suggested that more regular training in personal protective equipment would increase confidence and skill in self-protection.

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1 Introduction

Ebola Virus Disease (EVD) is a highly contagious disease with a high mortality rate [1]. EVD is clinically confirmed based on signs and symptoms, travel and contact history, and laboratory results [2]. Signs and symptoms are: fever of >38 Celsius lasting >24 h, diarrhoea, myalgia, vomiting, abdominal pain, headache and bleeding [2]. Humans commence disease transmission at presentation of symptoms [1]. The EVD outbreak in 2014 in West Africa was declared a public health emergency of international concern [1]. In Australia, it was expected that patients with symptoms would present to either medical clinics or emergency departments (EDs). In response, EDs in Australia and internationally commenced preparation for identification and management of people presenting with EVD.

Preparation for people with EVD must be addressed from both individual and organisational approaches. Individual emergency nurse preparedness is defined as the process of acquiring skills, knowledge and attitudes required by an emergency nurse in order to respond to an EVD outbreak. The components of preparedness are nurses' knowledge of processes, equipment use, authority and expected role in order to deliver care, as well as awareness of their limitations [3].

Organisational requirements include development of protocols and processes to guide patient isolation, transport and management [4,5], provision of personal protective equipment (PPE) [2], training of staff to include recognition of signs and symptoms of EVD, donning and doffing PPE, contact-droplet isolation, triage procedures and patient management [6].

This study aimed to examine emergency nurses' perceptions in regards to their own and their EDs preparedness to manage an EVD outbreak in the Australian context.

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Fig. 1. Conceptual framework underpinning the research.

2 Methods

2.1 Conceptual framework

The conceptual framework of the research guides the inquiry into the area of interest and assists the researcher to focus and frame the operationalisation of the research aim and objectives. The three key conceptual areas of this study are the threat of EVD, individual ED nurse preparedness, and organisational preparedness. In Fig. 1 these concepts are represented as three overlapping circles. The research is particularly interested in gathering descriptive data in the areas of overlap between these concepts.

A qualitative descriptive research design [7] was used to explore the views of emergency nurses who were working in an ED in metropolitan Melbourne, Victoria. The study site was chosen because they had an EVD experience, so nurses were expected to have stronger views than nurses working in other EDs. Using a qualitative descriptive approach, raw data are ‘facts’ from the perspectives of the participants’ in regards to the phenomenon; and the researcher seeks to express them in a useful and coherent way [7].

Following ethics approval from the health service and Monash University, four focus group interviews were conducted on site in the ED over a four-week period in July–August 2015. As the participants needed to be either experienced or EVD ready purposive sampling was used to recruit participants. The interviews were recorded and transcribed verbatim.

The interviews aimed to explore three key questions:

- What were the emergency nurses’ perceptions in relation to the ED preparedness to manage an EVD outbreak?
- What were the emergency nurses’ perceptions in relation to their own preparedness to manage an EVD outbreak?
- What lessons can be applied to future threats?

Content and thematic analysis was used to analyse the data [7]. Themes were generated through inductive reasoning and coding processes. Content analysis produced a broad description of the preparedness for EVD, helped to identify critical processes, and understand the participants’ insights and communication [8]. The content codes were reviewed and the key themes were identified.

The themes were cross-checked for inductive categorisation of emergency nurses’ preparedness for EVD threats. Examples from the transcripts have been provided for rigour. Pseudonyms have been used to ensure participant anonymity.

3 Results

A total of thirteen emergency nurses participated in the study; the number of participants in any focus group varied between two and five. All participants were registered nurses, and were female. The participants’ post-registration experience ranged from 10 months to 19 years; educationally they had completed diplomas (n = 2) or bachelor degrees (n = 8) or post-graduate studies (n = 3) in nursing. The sample consisted of one team leader, two nurse unit managers and ten registered nurses. Of those who were interviewed one was involved in hospital disaster planning, one was involved in ED staff training, five nurses were regularly involved in triaging, and the remaining RNs rotated through various ED sections. In response to the question “Do you have any previous disaster experience working with risks like ebola?”, most participants (n = 12, 92.3%) indicated that had not previously experienced risk associated with EVD. However, most participants (n = 9, 69%) had attended EVD related training. Participants described their general experiences with in-service training, however they did not describe in detail the training they had undertaken.

Themes are reported under the categories ‘organisational preparedness’, ‘personal preparedness’ and ‘future preparedness’.

3.1 Organisational preparedness

Three major themes emerged from the data related to organisational preparedness. These were: ‘a real threat’, ‘in the organisation we trust’, and ‘winding down and moving on’.

3.1.1 A real threat

Participants’ reported that their organisation had initiated appropriate preparedness for EVD; policies, training and equipment were all available. Preparatory measures were tested by a real threat, when a person suspected of having EVD had presented to the ED. One participant experienced the event while another two participants had heard about the incident and associated management. Participants reported that the patient was quickly identified and isolated in the negative pressure room. Notification and patient transfer processes were undertaken according to the Victorian EVD plan. However, the participants described that simultaneously during the suspected EVD presentation, the ED experienced an untoward event with a power shut down and generator failure. This failure led to the negative pressure being turned off in the suspected EVD patient’s isolation room. It also shifted the on-duty staff’s focus towards the needs of the intubated patients; “...we had intubated patients, monitors shut down. . . it was a disaster inside a disaster. . .” (Ruby, FG4, LL569-71). During this period, the participants also reported that a communication failure about the EVD suspected patient had occurred.

There were no signs [on the door to the room] . . . it was a really busy afternoon shift, and one nurse just walked straight into it [the negative pressure isolation room with the suspected EVD patient], and did not know. . .

(Ruby, FG4, LL474-5)

This communication failure resulted in unnecessary scares among the ED staff; “. . . it was horrible, a horrible experience, and a really big scare” (Ruby, FG4, LL496-7). Another participant reinforced what should have occurred.

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