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The information needs of patients receiving procedural sedation in a hospital emergency department

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ABSTRACT

This research investigated the information needs of patients receiving ED procedural sedation to determine the best format to consistently deliver key information in a way acceptable to all involved. Of particular interest was the question concerning patients' need for receiving written information. A descriptive exploratory study gathered qualitative data through face-to-face interviews and focus groups involving patients, nurses and medical staff. Individual interviews were conducted with eight adult patients following procedural sedation. They identified very few gaps in terms of specific information they needed pertaining to procedural sedation and rejected the need for receiving information in a written format. Their information needs related to a central concern for safety and trust. Focus groups, reflecting on the findings from patients, were conducted with five ED nurses and four emergency medicine consultants/registrar who regularly provided procedural sedation. Themes that emerged from the analysis of data from all three groups identified the issues concerning patient information needs as being: competence and efficiency of staff; explanations of procedures and progress; support person presence; and medico-legal issues. The research confirms that the quality of the patient's ED experience, specifically related to procedural sedation, is enhanced by ED staff, especially nurses, providing them with ongoing and repeated verbal information relevant to their circumstances.

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1. Introduction

It is often necessary to perform procedures that can cause pain to patients in hospital and in recent years it has become common place to provide procedural sedation in these situations within the Emergency Department (ED) setting [1]. Procedural sedation, alternatively known as conscious sedation, is acknowledged as being on a sedation/anaesthesia continuum, with the level of sedation dependant on the choice of agent and on the individual patient's response. The American College of Emergency Physicians (ACEP) [2] define procedural sedation as "the technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function" (p. 178). The safety and efficacy of providing procedural sedation in the ED setting by suitably skilled practitioners following recognised standards of monitoring is well documented by researchers, key stakeholder collegiate consensus and policy statements [1–5].

Providing hospital patients with high quality, comprehensible and consistently accurate information is a requirement of the New Zealand Health and Disability Commission Act Code of Rights [6]. This Code recognises quality healthcare and is an integral step towards achieving legal and ethical partnership between healthcare providers and patients. However, the quality of information provided to patients can vary widely in its delivery, content and usefulness. Mills and Sullivan [7] review of information given to newly diagnosed cancer patients cited four reasons for variability in the quality of this information. These were the extent of the health care professional's knowledge, the patient's perceived level of understanding, a lack of appreciation for what the patient actually wanted to know, and time pressures. Whilst overall patient satisfaction around procedural sedation in ED has been noted [5], factors influencing satisfaction were not investigated and it is recognised that effective pain relief, success of the procedure or length of ED visit may impact on satisfaction levels when communicated information may have been less than adequate.

The aim of this research was to investigate the information needs of patients receiving ED procedural sedation to determine the best format for health care workers to consistently meet these needs in a way acceptable to all. Of particular interest was the

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question concerning patients' need for receiving written information. It was not current practice in the ED setting of the research to provide written information about sedation and the research sought to identify the extent to which this was a failing.

2. Methods

2.1. Design and setting

The descriptive exploratory study gathered qualitative data through face-to-face interviews with patients, and focus group discussions involving nurses and medical staff. The research sought to understand health and nursing care in its natural setting.

The research was conducted in 2012 in an ED in a tertiary care hospital of a regional District Health Board (DHB) of New Zealand. The ED treats an average of 43,000 patients annually and performs an annual average of 190 procedural sedations. The DHB serves a population 160,735 [8]. Ethical approval for the research was granted by the researchers' institutional ethics committee (Ref. 31/12).

2.2. Sample and recruitment

Data was gathered from three informed groups. First, individual interviews were conducted with patients following procedural sedation. Inclusion criteria required that the patients be over 18 years of age, had received procedural sedation in ED during a one-month research period and had the capacity to provide informed consent. Participants were identified at the time of their procedural sedation and given written information about the research by a member of their healthcare team at the time of their discharge from ED. They were then independently contacted by the researcher (SR) and interviewed between 48 and 72 h after discharge. Sixteen adult patients received procedural sedation while attending ED during the research period. Twelve met the criteria for inclusion in the research, of whom eight agreed to be interviewed. This group comprised of six men and two women ranging in age from 21 to 82 years. The mean age was 48 years. Half of the group had been sedated for direct current cardioversion to revert atrial fibrillation and half for manipulation of an injured limb.

The patient interviews were followed by focus group discussions conducted with ED nurses who routinely monitor patients receiving procedural sedation, and with emergency medicine consultants/registrar who regularly provide procedural sedation. The inclusion criteria required that these staff had current experience providing and/or monitoring procedural sedation in ED. All participants were drawn from the same regional public hospital.

Staff participants were invited to participate in the research via general email postings and the staff notice board. Five ED nurses volunteered for one focus group, and four emergency medicine consultants/registrar volunteered for the second. Men and women were both represented in these groups.

2.3. Data collection

Face-to-face, semi-structured interviews were conducted with the patient participants who were asked to recount the circumstances of their presentation to ED and to describe their experiences around receiving sedation. They were asked to recall the information they were given, when and by whom, and what information they found essential, helpful, conflicting or unnecessary. Because it was not a practice within the ED where they presented to give patients receiving sedation written information regarding

this procedure, the interviewed patients were also asked whether or not they would have found it helpful to receive written information about sedation. The interviews were audio-recorded with participant consent and fully transcribed.

Two focus groups involving ED staff took place following the patient interviews. The purpose was to gather opinions regarding what information staff considered essential for patients to know regarding procedural sedation. They were also shown the anonymised findings from the patient interviews, reporting what the patients saw as being their information needs, and were asked to respond to these findings. Again, these discussions were audio-recorded with participant consent and fully transcribed.

2.4. Data analysis

Thematic analysis was applied to the qualitative data following a general inductive approach as described by Thomas [9]. The primary goal was to identify key themes in keeping with the objectives of the research [10,11] which was to find out what information might be required by patients undergoing procedural sedation in an ED setting. The cross checking of data for trustworthiness and the authentication of its analysis were rigorously done amongst members of the research team.

3. Results

3.1. Safety and trust

What became clear from interviews with patients who had undergone procedural sedation was that specific information about sedation was not their main concern. Instead, they viewed the whole ED experience as one integral journey and described how they sought regular information and explanation along the way. Patients found it difficult to separate the sedation from the presentation problem and were more concerned with getting the problem fixed than with the sedation itself.

The eight patients interviewed identified very few gaps relating specifically to information they needed to know about procedural sedation. They could, however, identify the information they sought and how best they acquired it. This information fell into four main themes, all of which related to an overarching concern for safety and trust.

3.2. Competence and efficiency of staff

For the patients, safety and trust in the medical team treating them were built up in various ways. One involved the ways by which they assessed the competence and efficiency of the staff members providing their care, observing verbal and non-verbal cues. For example, Patient 2 said of the staff,

And they were very professional; the person in charge of ED was [. . .]. He built up my confidence and I knew I was with a very professional person. . . The doctor came in and also the nurse. I would say she was well up in her nursing and, yes, so both of those gave me the information.

The transparency of care and monitoring being provided around the sedation was how Patient 3 judged the competency of staff. She appreciated being able to see the monitors and sensed the fact she was being watched closely without it being intrusive,

But I knew that they were [watching me], which was really reassuring for me, that they were watching my pulse rate, my respiration, all those things, and also I was watching because I could see what was going on up there.

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