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Reasons for interrupting colleagues during emergency department work – A qualitative study

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ABSTRACT

Objective: Emergency department team members frequently need to interact with each other, a circumstance causing multiple interruptions. However, information is lacking about the motives underlying these interruptions and this study aimed to explore clinicians' reasons to interrupt colleagues during emergency department work.

Method: Semi-structured interviews with 10 physicians and 10 registered nurses at two Swedish emergency departments. The interviews were analyzed inductively using content analysis.

Results: The *working conditions* to some extent sustained the clinicians' need to interrupt, for example different routines. Another reason to interrupt was to *improve the initiator's work process*, such as when the initiators perceived that the interruption had high clinical relevance. The third reason concerns the desire to *influence the work process of colleagues* in order to prevent mistakes and provide information for the person being interrupted to improve patient care.

Conclusion: The three identified categories for why emergency department clinicians interrupt their colleagues were related to *working conditions* and a wish to *improve/influence the work processes* for both initiators and recipients. Several of the reasons given for interrupting colleagues were done in order to improve patient care. Interruptions perceived as negative to the recipient were mostly related to the working conditions.

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1. Introduction

Work in an emergency department (ED) is characterized by unpredictability in emergency patient attendance, presentation of symptoms and level of acuity. Hence, conditions in an ED may change rapidly and unpredictably, calling for the reprioritization of actions. The ED context consists of multiple teams of clinicians working with different flow processes e.g., triage, surgical patients and orthopedic patients. Further, several care processes for individual patients with different levels of priority occur simultaneously within each flow process and not all team members are concurrently involved in the same care procedures. Yet, team members often need to interact with each other, causing them to expose one another to numerous interruptions (Berg et al., 2013; Coiera et al., 2002; Kosits & Jones, 2011). The definition of interruption used in this paper is derived from a concept analysis of this phenomenon:

An interruption is a break in the performance of a human activity initiated by a source internal or external to the recipient. This break results in the suspension of an initial task to perform an unplanned task which results in a break or termination of the primary task.

[Brixey et al. (2007a) (pp 38)]

Frequent interruptions are known to have negative effects on the clinician's working memory (Grundgeiger et al., 2010; Liu et al., 2009) and this may compromise patient safety from minor slips to major mistakes (Drews, 2007; Westbrook & Li, 2013). Because clinicians are not fully aware of each other's ongoing tasks, interruptions may occur even during assignments that demand focus and concentration e.g., during preparation of medication or when discussing a patient's treatment plan with a colleague (Berg et al., 2013). Interruptions that occur during these kinds of assignments are often perceived as disturbing by the recipients (Berg et al., 2016). Despite viewing interruptions as disturbing elements, ED clinicians continue to interrupt one another at the workplace (Berg et al., 2013; Chisholm et al., 2000; Kosits & Jones, 2011). The perspective of being the recipient of an interruption has most commonly been the focus in studies about interruptions in a health

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care context. However, the role of being the initiator of interruptions and motives for interrupting has been sparsely studied. Only four studies from the perspective of being the initiator of interruptions have been conducted in the ED context (Berg et al., 2013; Brixey et al., 2007b,c, 2010). These studies aimed to observe the occurrence of interruptions in EDs (Berg et al., 2013) and the role of ED clinicians as initiators (Brixey et al., 2007b,c, 2010). However, because none of these studies investigated *why* ED clinicians elected to interrupt their colleagues, knowledge about the reasons for initiating interruptions in the ED context is still limited. Thus, the aim of this study was to explore clinicians' reasons to interrupt colleagues during ED work.

2. Methods

2.1. Design, study setting and participants

This interview study had an explorative and qualitative design and was conducted during 2012 with participants selected from two Swedish EDs for adults. One ED was located at a regional university hospital with approximately 83,000 patient visits per year and the other at a medium-sized county hospital with about 58,000 patient visits per year.

The study included 10 physicians (consultants and residents) and 10 registered nurses (RNs), five from each ED. Physicians and RNs were chosen because they conduct concentration-demanding assignments that are part of decision-making and other work processes dependent on working memory. The participants were selected by a purposeful sampling procedure seeking variation in age, gender and working experience in an ED. Two members of the research group selected the participants who were contacted via e-mail. Clinicians with at least three years of ED working experience were eligible for participation since these participants had enough experience of working in an ED context to be able to reason and reflect upon interruptions that occur during work. The sample comprised 20 ED clinicians aged between 30 and 60 years, with 9 men and 11 women. The Research Ethics Review Board in Stockholm approved the study (2012/2237-32) and written informed consent was obtained from all participants. The voluntary nature of participation in the study was emphasized and the potential participants were informed that they could decline further participation at any time without any explanation.

2.2. Data collection

Two external professional interviewers with experience in conducting interviews in health care conducted telephone interviews. The professional interviewers used a semi-structured, open-ended interview guide developed by the research group. The interview guide was pilot-tested by two members of the research group while the professional interviewers were listening. This was done in order to develop the interview guide and give examples of relevant follow up questions to the professional interviewers. The pilot resulted in the re-positioning of some questions. During the interviews, the participants were asked to describe their perceptions of interruptions. All participants were off duty at the time the interviews were conducted. The interviews, lasting from 12 to 57 min (mean 30 min), were tape-recorded and transcribed verbatim by the professional interviewers.

2.3. Data analysis

The interviews were analyzed using an inductive qualitative problem-driven content analysis (Krippendorff, 2004). To provide a general sense of the whole the transcribed interview text was

read through multiple times and then divided into textual units, which were then condensed. All condensed textual units from the perspective of being the initiator of an interruption (i.e. the unit of analysis) were extracted for analysis. Further, the condensed textual units were given codes, which in the final steps were sorted into subcategories and in broader categories, based on similarities and shared content (Table 1).

Three of the authors independently carried out the analysis. The principal author (LMB) had overall responsibility for the analysis and assured that each step of the analysis was continuously discussed within the research group. All results were compared and considered in the research group until consensus was reached.

3. Results

Three categories for clinicians' reasons to interrupt colleagues were identified: *working conditions*, to *improve the initiator's work process* and to *influence the work process of colleagues* (Fig. 1).

3.1. Working conditions

Several *working conditions* that created reasons to interrupt colleagues were identified. These were related to a *work organization that requires interruptions*, a *culture of interrupting* and situations in which the initiators felt they had a *high workload*.

3.1.1. Work organization that requires interruptions

A core aspect of organizational factors that required interruptions (*work organization that requires interruptions*) were specific routines e.g., nurses showing all ECGs registered in the triage to a physician to analyze or the need for junior physicians to consult a senior colleague concerning a patient's treatment plan.

"The need to interrupt senior colleagues for advice concerning a patient's treatment plan is a central feature of how the organization is structured. Because they often are occupied with something else when I page them, they will be interrupted when they answer the incoming call".

[9: physician]

Table 1
Examples of the inductive analysis of the interviews.

Condensed textual unit	Code	Subcategory	Category
I interrupt colleagues to ask different questions: for example, questions concerning medicine or where a person may be at the moment	Needs help to find information	Needs help with something	Improve the initiator's work process
A situation where it might be indicated to interrupt is when you detect that a colleague is about to give medication to a patient that is contraindicated	Interrupts to prevent mistakes	Prevent mistakes	Influence the work process of colleagues
Disturbances are also dependant on how the system is structured. In the ED it is a part of the assignments of RNs to get all ECGs assessed by a physician, but it still generates a disturbance when I am involved in another assignment, even if the assessment is completed quickly	Routine to show all ECGs to a physician	Work organization requires interruptions	Working conditions

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