

# EMERGENCY NURSES' PERSPECTIVES: FACTORS AFFECTING CARING

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**Introduction:** Caring is a universal phenomenon. However, as a result of higher patient acuity and staff shortages within the chaotic ED environment, caring behaviors may be in peril. The purpose of this study was to gain insight into the meaning of caring from the perspective of emergency nurses. Exploring nurses' perspectives of caring is central to improving staffing and retention issues in this unique work environment.

**Methods:** As part of a larger study, a subsample of emergency nurses who work in public hospitals in Manitoba, Canada (n = 17) were interviewed. A qualitative descriptive design was used to gain insight into the caring perspectives of nurses by asking them, "What does caring meaning to you?" and "What affects caring in your practice in the emergency department?" Emerging themes were extracted through analysis of audio tapes and transcripts.

**Results:** Advocacy and holistic care emerged as major themes in the meaning of caring for emergency nurses. Caring was affected by a number of factors, including workload, lack of time, staffing issues, shift work, and lack of self-care. However, lack of management support was the most consistent hindrance to caring identified by study participants.

**Discussion:** Caring continues to be a unifying concept in nursing; however, influencing factors continue to undermine caring for emergency nurses. Caring is not subsidiary to nursing; it is the central core of nursing. Therefore, fostering a caring working environment is essential for nurses to practice holistic nursing care. It is also imperative to job satisfaction and the retention of emergency nurses.

**Key words:** Caring; Emergency nurses; Work environment

Caring is a universal nursing phenomenon. It is understood and accepted as a fundamental value in nursing as both a discipline of knowledge and as a professional practice.<sup>1</sup> Nursing scholars contend that caring is the essence of nursing practice. Theorists agree that caring is central to the nursing role and have defined caring as a characteristic of nursing.<sup>2-4</sup> Certainly, nurses in practice view caring as relevant to their role. However, despite the vast amount of research and theoretical development with regard to caring, the meaning of caring has not been clearly established. Moreover, caring is inferred to be context specific.<sup>5</sup>

The emergency department is a unique nursing work environment. Factors such as the unpredictable nature of the department, increasing patient-to-nurse ratios, overcrowding, and high staff turnover rates contribute to this highly stressful contemporary work environment.<sup>6</sup> These factors may also influence ED nurses' perception of caring and the ability to care. Although the meaning of caring has been explored in many areas of nursing, there is a dearth of literature specifically related to the perspectives of emergency nurses with regard to caring. Therefore, it was imperative to investigate the meaning of caring and the factors that affect caring from the emergency nurse's point of view.

Diverse theories of caring have fueled an ongoing debate among nursing theorists and researchers regarding its definition. As well, despite use of a variety of empirical methods to quantify the concept of caring, the results have been inconsistent.<sup>7,8</sup> However, the instruments used in these studies have attempted to define and measure different aspects of caring through the use of predetermined assessment scales. Whereas quantitative research has contributed to the body of evidence related to caring, qualitative research has also provided important contributions to our understanding of this concept. For example, in a study that explored the meaning of caring among hospital night nurses in Sweden, advocacy for patients and their relatives emerged as a major theme.<sup>9</sup> In another study, based on the content analysis of videotaped episodes in an

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150 emergency department, the researchers described the caring  
 152 nurse as open and perceptive, morally responsible, truly  
 154 present, and genuinely concerned for the patient.<sup>10</sup>  
 156 However, instrumental behavior, defined as emotionally  
 158 detached but not insensitive care, predominated among the  
 160 participants. Finally, Burhans and Alligood<sup>11</sup> used a  
 162 phenomenological approach to explore the perceptions of  
 164 medical and surgical nurses in the United States. Their  
 166 essential themes revealed that human needs must be met  
 168 through caring, empathy, and respectful interactions  
 170 between nurses and patients.

172 Factors affecting the ability to care have also been  
 174 explored. In a qualitative study of surgical nurses, Enns and  
 176 Gregory<sup>12</sup> found that factors affecting caring included lack  
 178 of time, lack of caring support, tasking, increased acuity,  
 180 increased workload, lack of resources, lack of continuity of  
 182 care, emotional divestment, not caring for each other, and a  
 184 lack of peer support. Qualitative descriptive studies have  
 186 been conducted to explore caring within specialized areas of  
 188 nursing practice, including intensive care and psychiatric  
 190 units.<sup>13,14</sup> However, few studies have explored caring in the  
 192 emergency department.<sup>10,15</sup>

194 To date, the issue of discontent related to the inability  
 196 to enact caring in the workplace persists because of staff  
 198 shortages, lack of time, and workload issues.<sup>8,12,16,17</sup> As a  
 200 result of the higher acuity of patients and nursing shortages  
 202 and the chaotic work environment of the emergency  
 204 department, caring behaviors may be in peril. The ability of  
 206 the nurses to “care” may affect how they view their work  
 208 environment and their own personal expressions of caring.  
 210 Therefore, exploring the meaning of caring and the factors  
 212 that affect caring for emergency nurses will facilitate the  
 214 development of strategies to uphold the essence of caring in  
 216 this work environment.

## 218 Methods

220  
 222 As part of a larger study described elsewhere,<sup>18</sup> a qualitative  
 224 descriptive design was used to gain insight into the caring  
 226 perspectives of emergency nurses.

### 228 PROTECTION OF HUMAN SUBJECTS

230 Ethical approval for this research was granted through a  
 232 university-based research ethical review board. The regula-  
 234 tory body mailed written descriptions of the study, a copy of  
 236 the quantitative survey, and invitations to participate in  
 238 face-to-face interviews to all ED nurses within the province.  
 240 Procedures included the assurance of participant confiden-  
 242 tiality, including the use of assigned numbers. Specific  
 244 interview consent forms were signed by participants prior to  
 246 the interviews.

## SAMPLE 248

250 Invitations to participate in this study were mailed to all ED  
 252 nurses in the province of Manitoba, Canada, by the  
 254 provincial nurses’ regulatory body. A convenience sample of  
 256 registered nurses (n = 17) was selected from an overwhelm-  
 258 ingly positive response to the request for volunteers to  
 260 participate in the interviews (44%; n = 114). The sample  
 262 included emergency nurses and educators who worked in  
 264 urban (n = 11) and rural (n = 6) facilities. Saturation was  
 266 achieved after completion of the 17 interviews.

## DATA COLLECTION 268

270 Data were collected through tape-recorded face-to-face  
 272 interviews with individual participants; each interview was  
 274 approximately 60 to 90 minutes in duration. Interviews  
 276 were conducted between January and April 2010. The  
 278 principle researcher conducted each interview using the  
 280 person-centered interview approach. Participants were  
 282 asked to respond, in their own words, to the following  
 284 questions:

- 286 1. What does caring mean to you?
- 288 2. What affects caring in your practice in the emergency  
 290 department?  
 292

## DATA ANALYSIS 294

296 The tape-recorded interviews were transcribed verbatim.  
 298 Based on the work of Lincoln and Guba,<sup>19</sup> credibility,  
 300 dependability, confirmability, and transferability were  
 302 established to discern rigor and accurately represent  
 304 participants’ experiences. Listening to the audio tapes  
 306 (confirmability) assisted in validating the content of the  
 308 interviews and corrected any discursive speech. Confirm-  
 310 ability was also enhanced by recording notes during and  
 312 after the interviews to identify essential structures to support  
 314 the findings, which helped enlighten the researchers with  
 316 regard to the topic of interest as each interview was  
 318 conducted and analyzed. Dependability was supported  
 320 through examination of the context of the findings, as well  
 322 as how each interview contributed to the overall findings.  
 324 Finally, transferability was established with rich descriptions  
 326 that could be applied in other contexts by other researchers.  
 328 Data collection and content analysis were performed  
 330 concurrently. The primary researcher listened to the tape  
 332 recordings and reviewed the notes after the interview. The  
 334 researcher (CE) conducted the interviews and initial data  
 336 analysis to maintain the credibility of the study. Each  
 338 transcript was read several times by both researchers, and  
 340 notes were formulated. Through discussion, themes and

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