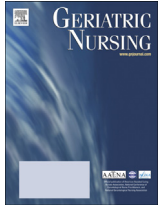




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Feature Article

Nursing home nurses' perceptions of emergency transfers from nursing homes to hospital: A review of qualitative studies using systematic methods

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ABSTRACT

The aim is to describe nursing home nurses' perceptions around emergency transfers to hospital. Transfers are costly and traumatic for residents, and efforts are underway to avoid hospitalization. Nurses play a key role in transfers, yet their views are underreported. A systematic review of qualitative studies was undertaken, guided by Joanna Briggs Institute methods. From seven reviewed studies, it was clear nursing home nurses are challenged by the complexity of the transfer process and understand their need for appropriate clinical knowledge, skills and resources. Communication is important, yet nurses often use persuasive and targeted communication. Ambiguity, strained relationships and negative perceptions of residents' experiences around hospitalization contribute to conflict and uncertainty. Nurses are more confident when there is a plan. Transferring a resident is a complex process and special skills, knowledge and resources are required, but may be lacking. Efforts to formalize the transfer process and improve communication and collaboration amongst all stakeholders is needed and would be well received.

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Introduction

Nursing home residents in the United States made more than 2.2 million visits to the emergency department (ED) in one year.¹ Within a 90-day period, eight percent of nursing home residents visited the ED once, and 15 percent visited twice or more.² In some cases the rates of admission to hospital were higher for nursing home residents than for elderly living in the community.³ Nursing homes are being pressured to reduce hospital transfers with cost as the major factor.⁴ Approximately \$972 million was spent on nursing home resident hospitalizations in New York in one year.⁵ Infections managed in the ED cost United States Medicare thousands of dollars more than those managed in nursing homes.⁶ In addition to these financial implications, hospital transfers are also stressful for

residents and their family members. Hospitalization can contribute to further decline and lead to complications unrelated to the admitting diagnosis, such as falls, incontinence and adverse drug reactions.⁷ Nursing home nurses initiate and manage hospital transfers and care for residents when hospitalization is avoided; therefore, their perceptions around transfers must be sought and considered when discussing hospital avoidance efforts.

Nurses' perspective

A frequently cited example of a program designed to reduce hospitalizations is Interventions to Reduce Acute Care Transfers (INTERACT) II, a quality improvement program that trains and supports nursing staff in the early detection and care of a deteriorating resident to avoid hospitalization.⁸ When staff at 26 nursing homes participating in INTERACT II were asked to use a Quality Improvement tool to review data on hospital transfers, they determined 76% of the transfers reviewed were unavoidable.⁹ The findings differed from previous retrospective and prospective

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studies that suggested that many transfers were avoidable.^{10,11} This discordance with previous studies proved insightful because the INTERACT II study captured areas of the transfer process not previously considered, such as missed opportunities to prevent the transfer, resident or family input, gaps in communication, staff knowledge and skill deficits.⁹ This contribution underscores the value of gaining nurses' perspectives around any transfer or hospital avoidance discussion. A systematic literature review of nursing staff practices in managing a deteriorating patient in the hospital setting concluded that the context within which deterioration is identified and communicated is critical to ensuring the effectiveness of any educational or support strategies.¹² Understanding nurses' concerns contributes to a hospital avoidance program's success.¹³ However, research regarding nurses' perceptions around transfers and hospital avoidance is lacking.

Aim of this review

A recent systematic review made an important contribution to better understanding nursing home nurses' perspectives by identifying factors that influenced nursing staff decision-making behind transfers to the emergency department, such as: limitations in staffing, lack of support from other disciplines, and problems communicating with decision-makers.¹⁴ Laging, Bauer, Ford and Nay (2014) reported nursing home nurses were unclear about their roles and responsibilities when a resident's health deteriorated, indicating a closer look at how they viewed their current situation was needed.¹⁴ To obtain the perspective of the nurses involved with resident transfers a review of qualitative studies was done. Hence this systematic review takes a broad approach, reviewing qualitative studies to obtain a greater understanding of the perspectives of the nurses involved with resident transfers, and describing nursing home nurses' experiences and overall perceptions around ED transfers.

Methods

The types of participants considered for this review were nursing home nursing staff, which includes registered nurses (RNs), enrolled nurses (ENs), licensed practical nurses (LPNs), nurse assistants and their international equivalents; nurse managers, directors of nursing, and nurse practitioners (NPs). The area under study was nursing home nurses' perceptions regarding emergency transfers from nursing homes to hospital.

The computer databases searched for qualitative studies on the topic included Cumulative Index of Nursing and Allied Health Literature (CINAHL) with full text, health business elite, Health Source: Nursing Academic Edition, MEDLINE and Joanna Briggs Institute (JBI) Library of Systematic Reviews. Only studies published between 2000 and 2014 that were in English and peer reviewed were considered. There were no exclusions according to country. Systematic reviews, expert opinion papers, reports, discussion and opinion papers were not considered. Search terms included: ("nurs*" AND "aged care" or "nursing homes" or "long-term care" OR "residential aged care" OR "residential aged care facilities") AND ("nurs* knowledge" OR "nurs* perceptions" OR "nurs* attitudes" OR "nurs* beliefs" OR "nurs* behav*") AND ("hospital avoidance" AND "deteriorat*" AND "avoiding hospital*" AND "hospital admission"). Additionally, a review of selected reference lists was conducted to further enhance the search.

This systematic review of the literature was guided by the Joanna Briggs Institute (JBI) approach to qualitative systematic review but is not a formal JBI review, as it was performed by one researcher only (BO).¹⁵ This type of review required meta aggregation, a method that includes an assessment of the

methodological quality of the chosen literature, data extraction of findings and illustrations, and data synthesis.¹⁵

The JBI Qualitative Assessment and Review Instrument (JBI-QARI) was used to assess the methodological validity of the studies.¹⁵ The standardized JBI QARI data extraction tool was used to collect data regarding methodology, methods, phenomena of interest, setting, geographical location, cultural concerns, participants, data analysis and author conclusions. Qualitative research findings, which are the author's explanation of the data, were collated.¹⁵ Illustrations of the findings, such as direct participant quotes or observations, were identified to support the findings.¹⁵ A rating of credibility of the findings was assigned to reflect the reviewer's perception of the degree of support each illustration provides. The three levels of credibility defined by JBI include: Unequivocal (U), Credible (C) and Unsupported (NS).¹⁵ After the findings were rated for credibility, they were categorized according to their shared meaning, the initial step in meta-aggregation. The categories were then subjected to a meta-synthesis whereby similar categories were combined and statements formulated to explain their meaning.¹⁵

Results

There were 394 potential papers identified in the primary search (Fig. 1). The titles were reviewed for relevance and 349 articles were excluded because they were not considered relevant to the topic area. The abstracts of the remaining 45 articles were reviewed for alignment with the topic, type of participants, originality, and data sufficiency. Eight qualitative studies and two mixed-methods studies were chosen for inclusion in the review because they contained qualitative data on nurses who work in nursing homes perceptions surrounding emergency transfers; however, only the qualitative sections of the mixed-methods studies were considered.^{9,16–24} Upon closer examination, three studies were excluded because: nursing home staff voices were not clearly identifiable²¹; pre and post training carer role changes were the main focus²²; nursing staff perceptions beyond views on symptomology were not prominent.²³ Seven studies were included in the final review (Table 1).

The majority of the data presented in the included studies was collected using interviews; other methods included focus groups, observation, conference calls and narrative summaries. Narrative findings from a quality improvement review tool were included in the qualitative analysis of one study and therefore considered in this review.⁹ The studies chosen focused on the decision-making process around hospital transfers, perceptions of hospital avoidance, the transfer experience, including experiences around coordination and communication. Three studies were conducted in the United States,^{9,19,20} two in Australia,^{17,18} and one each in Sweden²⁴ and Canada.¹⁶ Participants ranged from nursing home residents, aged care nurses, hospital nurses, physicians, physicians assistants, nursing home managers and supervisors; however, responses from nurses working in nursing homes, including nurses who were managers or supervisors, were the only responses considered for the review. The seven articles were deemed to be of satisfactory methodological quality (Table 2). Scores ranged from 6 to 9 out of 10. Three authors defined their methodology as hermeneutic phenomenology,²⁰ grounded theory¹⁹ and institutional ethnography¹⁶ and the others were not defined.

Findings and categories

The findings and illustrations from each study were summarized verbatim and organized in NVivo 10. A total of 92 findings were extracted and assigned a credibility rating of Unequivocal (U),

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