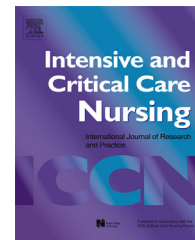




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ORIGINAL ARTICLE

The experience of being a trauma nurse: A phenomenological study



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KEYWORDS

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Summary The lived experience of being a trauma nurse was explored using a phenomenological qualitative research approach. Seven registered nurses employed in a trauma unit from one large metropolitan Canadian teaching hospital participated in in-depth conversational interviews. Data analysis revealed four sub theme clusters embedded within the overarching theme of Seeing Through Cloudy Situations: being on guard all the time, being caught up short, facing the challenge and sharing the journey. Even though trauma nurses are able to find meaning and satisfaction in their work, the findings of this research reveal the need for support and the assurance of safe work environments as trauma nurses can live with violence and aggression in their daily nursing practice.

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Implications for Clinical Practice

- Trauma nurses must have a voice in the development and implementation of policies and procedures related to prevention and management of violence and aggression in trauma units.
- Strategies for a safe work environment are provided.
- Trauma nurses play a key role with families.
- Being there for each other is very important for trauma nurses.

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Introduction

In 2008–2009, over 14,000 patients were hospitalised with a major injury across eight provinces that contributed data to the Canadian National Trauma Registry Comprehensive Data Set ([Canadian Institute of Health Information, 2011](#)). Of these cases, 11% died, either in the emergency department or after admission to hospital. Patients with these injuries spent over 212,000 hospital days in the participating facilities, with an average length of stay of 15 days. Trauma nurses are faced with the challenge of meeting the cognitive, physical and emotional demands of patients with major traumatic injuries ([Von Rueden, 1991](#)). They need to be knowledgeable about mechanisms of injury and potential complications; they are challenged to frequently and suddenly alter their nursing care priorities because patients' needs and physiological status often change quickly. They also require skill in helping families work through the stress and emotional devastation that accompanies a sudden severe injury. Despite daily exposure to patient and family crisis situations with the emotional toll this may take ([Von Rueden et al., 2010](#)), patients and families perceive that trauma nurses demonstrate caring behaviours ([Clukey et al., 2009](#); [Hayes and Tyler-Ball, 2007](#)). Only a few studies have attempted to examine trauma nursing and these were conducted within an emergency department context ([Clukey et al., 2009](#); [Curtis, 2001](#); [Morse and Proctor, 1998](#)). No studies were found that examined trauma nursing within a trauma unit context or that explored the meaning of being a trauma nurse.

The purpose

The purpose of this study was to explore the lived experience of being a trauma nurse in a designated trauma unit. The following questions facilitated this exploration: What do trauma nurses find rewarding in their practice? What difficulties do trauma nurses encounter in their practice? What factors facilitate or hinder being a trauma nurse?

Methods

Design

A phenomenological approach was chosen to disclose the nature of being a trauma nurse. Interpretive phenomenology as outlined by [van Manen \(1997\)](#) employs both interpretive and descriptive elements and "aims at gaining a deeper understanding of the nature of the meaning of our everyday lived experiences" ([van Manen, 1997](#), p. 9). This process as described by [van Manen \(1990\)](#) involves reflecting on the essential themes that characterise the phenomenon, describing the phenomenon through the art of writing and rewriting, maintaining a strong and oriented relation to the phenomenon and balancing the research context by considering the parts and the whole (pp. 30–31).

Participants and procedure

Participants were recruited from one inpatient trauma unit within a large Canadian teaching hospital. Adult patients

were admitted with injuries related to motor vehicle collisions, gunshots, stabbings, workplace accidents and unintentional falls. The unit had the capacity to hold 39 trauma beds with seven private rooms, six semi-private rooms and five four-bed rooms. A central nursing station located in the middle of the unit served as a communication hub. Equipment, central supplies and emergency carts were all located in the immediate periphery.

Posters were strategically situated throughout the unit while presentations were conducted with nursing staff to explain the study and information letters were distributed. A purposive sample of seven female English-speaking registered nurses, willingly participated. They self-identified as having at least one year of nursing experience in a trauma unit and worked at least 40 hours every two weeks in the trauma unit. Nurses with this level of experience were purposely sought in order to "maximise opportunities to obtain the most insightful data possible" ([Morse, 1986](#), p. 183). The participants' years of nursing experience ranged from 2 to 41 years, with 2 to 18 years of trauma nursing experience and tenure on the current trauma unit.

Ethics

Ethics approval was obtained from the research ethics boards of the participating institution and the authors' affiliated university. Prior to each interview, informed consent was obtained.

Data collection

Each participant engaged in a face-to-face, tape-recorded, in-depth interview with the first author in a private, quiet setting of their choosing. Interviews lasted 60–90 minutes. Open-ended questions were asked during the interview using a flexible interview guide. Field notes were completed immediately after the interview. A reflexive journal was also kept throughout the study. Follow-up interviews were conducted with several participants in order to determine if the analysis reflected their description, thus enhancing trustworthiness ([Sandelowski, 1986](#)).

Data analysis

The thematic analysis of the interview transcripts was guided by three approaches suggested by [van Manen \(1997\)](#): the holistic approach; the selective or highlighting approach; and the detailed, line-by-line approach. An initial analysis was independently conducted by the authors for each transcribed interview. Through the process of questioning and comparison, themes emerged. The themes were then transformed into a description of the lived experience of the participants.

Results

I have to learn to deal with it . . . I am just going through my own process and my own feelings. And I still hope and I still try and keep an open mind and try to do what I can, but sometimes it is really difficult because it's just more

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