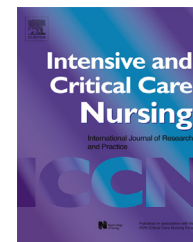




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ORIGINAL ARTICLE

# Experiences of nursing patients suffering from trauma – preparing for the unexpected: A qualitative study

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## KEYWORDS

Critical care nurses;  
Experience;  
Nursing;  
Qualitative content  
analysis;  
Trauma call;  
Trauma care

## Summary

**Settings and objectives:** A midsize hospital in the north of Sweden with a high-tech intensive care unit and space for up to 10 patients, with an attached postoperative ward for up to 15 patients. The wards are manned by critical care nurses who are also responsible for carrying a trauma pager. When the alarm goes off, the critical care nurse leaves her/his duties and joins a trauma team. The aim of the study was to describe critical care nurse's experiences of nursing patients suffering from trauma.

**Method:** A qualitative descriptive design was used. Data were collected through four focus group discussions with 15 critical care nurses analysed using qualitative content analysis.

**Findings:** One theme: Preparing for the unexpected with four subthemes: (1) Feeling competent, but sometimes inadequate; (2) Feeling unsatisfied with the care environment; (3) Feeling satisfied with well-functioning communication; and (4) Feeling a need to reflect when affected.

**Conclusions:** Nursing trauma patients require critical care nurses to be prepared for the unexpected. Two aspects of trauma care must be improved in order to fully address the challenges it poses: First, formal preparation and adequate resources must be invested to ensure delivery of quality trauma care. Secondly, follow-ups are needed to evaluate care measures and to give members of the trauma team the opportunity to address feelings of distress or concern.

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### Implications for Clinical Practice

- Further research is needed to ascertain optimal organisation of a trauma team and evaluate the outcome of present constellations where the participating critical care nurse simultaneously work at an intensive care unit/postoperative ward.
- Prioritise debriefing as it enables reflection for the individual critical care nurse which may lead to increased understanding and improved trauma care.
- Calls for interventions that make it possible for the trauma patient to remain close to their relatives and achieve privacy without hindering the staff's monitoring.
- Calls for interventions that make it possible for the staff to remain close to the trauma patient and their relatives when needed in order to facilitate a more person-centred care.

## Introduction

Critical care nurses (CCNs) are accustomed to providing complex nursing care in a highly technological environment. They perform nursing care to a wide range of patients, young and old, those in need of intensive care due to a progressive lifetime of illness and those with sudden injury or acute illness. With their range of competencies it is common for CCNs to work in contexts other than intensive care units (ICU). They can be found as part of a mobile intensive care unit/group (MICU/MIG) or rapid response team (RRT) in assisting wards with critically ill patients (Al-Qahtani and Al-Dorzi, 2010; Mackintosh, 2006). This study explores the context in which CCNs are stationed at an ICU/postoperative ward and leave to assist in a trauma team. The aim of this study was to describe CCNs' experiences nursing patients who suffer from trauma. Previous research (Freeman et al., 2014) has shown that nursing patients suffering from trauma can be problematic as it can cause negative feelings about the patients, such as disrespect, fear or bad assumptions. These are feelings that are incongruent with nursing philosophy and can lead to bad consciences among the CCNs. Supportive relationships are important for the trauma nurses to maintain their abilities to continue nursing trauma patients (Alzghoul, 2014). Parker and Magnusson (2016) not only conclude that adequate training should ensure the best outcome for the patient, but also suggest it will reduce associated mental anguish among nurses who care for trauma patients.

## Background

Using triage protocols and a trauma system increases the likelihood of rapid definitive care and of achieving an optimal long-term outcome (Price et al., 2003). Despite this, failing to achieve a continuum of care has been identified as a problem in trauma care (Aitken et al., 2014; Calleja et al., 2011; Curtis, 2001; Richmond and Aitken, 2011). Factors that have been identified as significant in order to provide good care to trauma patients are: teamwork training (Buljac-Samardzic et al., 2010; Capella et al., 2010; Kilner and Sheppard, 2010; Miller et al., 2012) and multidisciplinary knowledge and skills (Christensen et al., 2011; Tutton et al., 2008). Moreover, trauma teams require participants with strong backgrounds in emergency and critical care (Gunnels and Gunnels, 2001; Lafferty, 2011), and therefore utilising CCNs can be seen as favourable.

In Sweden, the specialist nursing education required to become a CCN provides most students with training on trauma nursing care, including management of acute trauma with the intention of minimising injury and securing adequate treatment. This education is in line with the Advanced Trauma Life Support concept (ATLS) (ATLS Subcommittee et al., 2013), the Trauma Nursing Core Course (TNCC) and the Advanced Trauma Nursing Course (ATNC).

To the best of our knowledge, the present study is the first to focus on CCNs' experiences of assisting in a trauma team and nursing trauma patients. Boström et al. (2012) showed that CCNs who nursed trauma patients in the ICU experienced feelings of responsibility for the patient and a need to be in control of the situation, which they achieved by closely monitoring the patient's condition. According to Tunlind et al. (2015) the daily work in an ICU contains interruptions due to the unpredictable nature of the patient's illness and their required treatment, which can be sources of stress and frustration for CCNs due to their lack of control. We can assume that leaving the ICU to be a part of a trauma team is a major interruption that introduces work challenges concerning, for example, communication, leadership and respect for ethical values. These aspects are important when providing high-quality care (O'Brien and Fothergill-Bourbonnais, 2004; Pfrimmer, 2009; Rosengren et al., 2007; Wiman et al., 2007). Even when the trauma teams form a rapport before they meet the patient, it is rarely completely comprehensive (Crystal et al., 2004). In order to improve trauma nursing and the CCNs' abilities to meet the individual needs of the patient suffering from trauma, knowledge about CCNs' experiences of nursing patients suffering from trauma in different contexts is important.

## Aim

The aim of this study was to describe CCNs' experiences of nursing patients suffering from trauma.

## Method

### Design

A descriptive qualitative approach (Polit and Beck, 2012) was used in this study as the aim was to describe CCNs' experiences of nursing trauma patients.

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