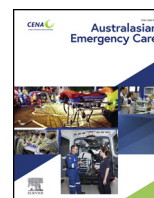




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Research paper

Consensus-based clinical research priorities for emergency nursing in Australia

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ABSTRACT

Introduction: Research is vital to responding to contemporary challenges of providing safe, high quality emergency nursing care, yet the research priorities for emergency nursing practice in Australia are unknown. This study aimed to establish research priorities for emergency nursing in Australia.

Methods: A two-stage descriptive, exploratory study was conducted. First, research themes were identified through a survey of 232 emergency nurses the Delphi Technique (2 rounds) was used to rank and prioritise the research themes.

Results: There were five research themes with a CVI ≥ 0.90 : (i) recognising and responding to deteriorating ED patients; (ii) effect of access block on clinical care of admitted ICU patients; (iii) effects of ED overcrowding on clinical care; (iv) scope of practice of specialist emergency nurses; and (v) effect of access block on clinical care of admitted ward patients. These are reflected in four broad research priority areas: professional issues, patient safety, emergency care of vulnerable populations, and healthcare system issues.

Conclusion: Future research should focus on these priority areas in partnership with other emergency disciplines to enable safe, high quality emergency care, and, to inform the practice of emergency nursing in Australia.

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Introduction

Emergency departments are core to Australian healthcare. In 2016–17 there were 7.8 million emergency department (ED) presentations to public hospitals across Australia [1], and the demand for emergency services is increasing by 3.4% per year [2]. On average, 30% of ED presentations result in hospital admission, equating to 2.6 million public hospital admissions. Emergency nurses play a key role in these processes and the delivery of this healthcare, as the first hospital-based clinicians to have patient contact

when a patient attends an ED. Despite this, emergency nursing in Australia is comparatively a young professional specialty. The first documented specialist emergency nursing courses were post-registration courses in the 1970s [3]. To support emergency nurses, organisations such as Emergency Nurses Associations (ENA) were formally established in the Australia in 1983 [4] and in 2002, a number of state based associations amalgamated to become the College of Emergency Nursing Australasia (CENA) [5]. Similarly, emergency medicine is also comparatively a young professional specialty with the appointment of the first full-time director in the ‘Casualty Department’ in Geelong, Victoria in 1967. This was followed by the formation of the Australasian Society for Emergency Medicine in 1981 and the Australasian College for Emergency Medicine in 1984.

The ED is a uniquely challenging healthcare environment. The role of the emergency nurse is starkly different to that of other

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nursing specialities. Emergency nurses assess, and initiate care for patients of all ages and with varying degrees of clinical urgency and illness or injury severity, most of whom are undiagnosed and undifferentiated [4]. Typically, assessment and care provision by emergency nurses occurs independently from, and prior to, medical assessment. Emergency nurses are responsible for the ongoing assessment, symptom management, monitoring, and, if needed, escalation of care of all patients in the ED. Emergency nurses make autonomous and complex decisions for critically ill patients, including the management of mechanical ventilation [6]; titrating inotropic and vasopressor medications, sedation and analgesia [7]; and managing advanced respiratory and haemodynamic monitoring, all which carry a high level of clinical risk [8]. Accordingly, the model of care is unique to the context. The workload in EDs is unpredictable with demand routinely exceeding capacity. EDs are routinely overcrowded, more so than any other clinical area, which is a well-established and documented risk to patient safety and the quality of their care [9–12].

Key to responding to these and other challenges in practice is research that yields new knowledge, insights and solutions. Research and the generation of new knowledge is key to providing safe, high quality and safe emergency nursing care. The sibling professions to emergency nursing in Australia, namely emergency medicine and paramedicine (pre-hospital care), have to a varying extent established research priorities to guide and support the professional practice needs of emergency physicians and emergency paramedics respectively. How the research priorities of these disciplines is presented varies with priority research themes, research objectives and formal research questions reported for emergency care in general [13–16], emergency medicine specifically [17–20], and emergency nursing in the United States [21].

Some of the key clinical practice research priority areas identified across emergency medicine and prehospital care literature includes resuscitation [14,16,18]; emergency care of patients with trauma [16,18], cardiac emergencies [16,18], mental health emergencies [18,22], and cancer; [23] prehospital paediatric emergencies; [24] and diagnostic methods [16]. The emergency medicine community also report systems-based research priorities including quality and safety indicators for EDs [25], resource management [25], emergency health systems structure and functioning [13], and patient safety. Research priorities for emergency nursing in the United States has included staff-to-patient ratios, human resource management, ED overcrowding and patients waiting in the ED for hospital beds, and education strategies [21]. Further, a narrative review of the international literature has been used to determine the best methodological approach for setting research priorities for paramedicine practice [26].

Beyond this, there is a dearth of Australian literature or evidence on specific emergency nursing research priorities established by and for emergency nurses to meet the contemporary challenges of emergency care. In Australia, there is an evidence-base informing the research priorities to meet the professional and practice needs of emergency physicians, including the International Federation for Emergency Medicine [20,25], and Australasian College for Emergency Medicine [16], and rural nurses [27] and critical care nurses [28,29], but not for emergency nurses. In fact, emergency nursing is conspicuously absent from the Australian literature associated with emergency care [16,20,25] despite the importance of their role and the fact that they make up the majority of health professionals in this sector. The aim of this study was to establish research priorities to meet the needs of the profession and practice of emergency nursing in Australia.

Method

Design

A descriptive, exploratory approach was used for this study, which was conducted in two stages. In Stage 1, an exploratory survey was used to identify the clinical challenges and research themes important to emergency nurses. In Stage 2, the Delphi Technique was used to rank and prioritise the research themes identified in Stage 1, yielding research priority areas for emergency nursing. The Delphi Technique is a structured process using iterative rounds of questionnaires to collect data until group consensus is achieved [30]. Researchers have used the Delphi Technique to establish a panel of experts who have specialised skills and knowledge in the topic under investigation [31]. The Delphi Technique has been used to establish research priorities in a number of contexts such as pre-hospital [32], emergency [15] and aged care [30]. A key advantage of the Delphi Technique is that it is inclusive enabling large numbers of nurses to have a voice irrespective of level of experience or expertise. The Delphi Technique and other consensus-based methods have been used in existing research studies to identify research priorities in emergency medicine and paramedicine (pre-hospital care) internationally [13,14,16,17,20,24–26,33], and in emergency nursing [21] in the United States.

This study was approved by the Human Research and Ethics Committee at Deakin University (HEAG-H 75.2017).

Sample and setting

The sample for the exploratory survey (Stage 1) was recruited from the 15th International Conference for Emergency Nurses (ICEN), held in Sydney in October 2017, and members of the emergency nursing community following the College of Emergency Nursing Australasia (CENA) on social media (Twitter™ and Facebook™). The sample for the Delphi study (Stage 2) was recruited solely from ICEN delegates ($n=351$) to target responses from nurses experienced in aspects of emergency care, contemporary leaders in emergency nursing, and representation across diverse and geographical distant emergency settings.

Data collection and analysis

In Stage 1, an exploratory survey was conducted to identify the clinical challenges and research themes important to emergency nurses. The survey was developed specifically for this project. In the first section of the survey, participant characteristics were collected, including participant age, years of nursing and emergency nursing experience, location and qualifications. Participants were also asked about their research experience, including whether they were: (i) an author or co-author of a peer reviewed journal publication; (ii) an investigator or co-investigator on a project that has required ethics approval; and (iii) listed as a team leader or team member on a quality project. In the second section, participants were asked to list the three most significant practice challenges in their ED starting with their largest or most difficult challenge. For each challenge participants were also asked if they believed the challenge was because there is no evidence to guide practice, there is evidence to meet the challenge but it was not clear, or there was evidence to meet the challenge but that it was difficult to enact. The survey was administered electronically using Survey Monkey™. The link to the survey was provided to all ICEN delegates on registration by the conference organising committee and

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