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Research paper

Emergency nurses' knowledge and self-rated practice skills when caring for older patients in the Emergency Department

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ABSTRACT

Background: Older adults are high users of emergency department services and their care requirements can present challenges for emergency nurses. Although clinical outcomes for older patients improve when they are cared for by nurses with specialist training, emergency nurses' knowledge and self-assessment of care for older patients is poorly understood.

Aim: To assess emergency nurses' knowledge and self-rating of practice when caring for older patients. *Methods:* A cross-sectional self-report survey of emergency nurses (n = 101) in Melbourne, Australia.

Results: Mean scores were 12.7 (SD 2.66) for the 25-item knowledge of older persons questionnaire, and 9.04 (SD 1.80) for the 15-item gerontic health related questions. Scores were unaffected by years of experience as a registered nurse or emergency nurse. More than 80% of nurses rated themselves as 'very good' or 'good' in assessing pain (94.9%), identifying delirium (87.8%), and identifying dementia (82.8%). Areas with a 'poor' ratings were identifying depression (46.5%), assessing polypharmacy (46.5%) and assessing nutrition (37.8%).

Conclusions: There was variation in knowledge and self-rating of practice related to care of older patients. The relationship between knowledge and self-ratings of practice in relation to actual emergency nursing care of older people and patient outcomes warrants further exploration.

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Introduction

The projected increase in the number of persons \geq 65 years in most developed countries is well documented [1–3] and accordingly demand for emergency healthcare amongst older persons is increasing [4,5]. As experienced internationally, Australia's ageing population has prompted the need to focus attention on how healthcare is delivered to older emergency department (ED) users [6,7]. Older persons \geq 65 years in Australia are high users of ED services, representing approximately 20% of ED presentations, and are more likely to be admitted to hospital or have repeated ED visits [2,4,5,8–10]. As separate specialities, emergency nursing and gerontic nursing are complex and require highly specialised skills

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and knowledge. Emergency department care of older patients combines these two complex specialties in order to provide optimum emergency care to a vulnerable population. Compared to younger patients, older ED users and particularly 'frail' older patients (80+ years [11]), can have chronic and complex conditions, multifaceted healthcare needs [2,12], are more often acutely ill on presentation [4,5,13], have longer lengths of stay in the ED [6,14] and have increased rates of adverse outcomes post ED discharge [2,5]. Therefore, older ED users require increased nursing resources, in particular time and specialised knowledge [12]. However, essential care needs for older patients are not always adequately managed within the unique context of the ED environment [7,15].

Models of care that are not compatible with the needs of older patients can have an impact on older ED users as well as staff that deliver care [16,17]. The provision of safe and quality care for older patients in the ED is a key concern for nurses [18–20], and requires emergency nurses to be informed, educated and supported to deliver interventions and use models of care demonstrated to

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be beneficial for older patients [20,21]. Clinical outcomes for older patients improve when they are cared for by nurses with specialised training [19,22], and staff knowledge is seen as important for improvements in older patients' care [21–25].

A literature review highlighted that emergency nurses' knowledge and attitudes were major influences on the therapeutic interaction between nurses and older ED patients [17]. However, there is a dearth of literature on emergency nurses' gerontic knowledge and their perceptions of care delivery for older patients.

Aims

As part of a wider study we explored how emergency nurses manage the care of older patients in the ED. In this paper we focus on the outcomes of a survey to assess emergency nurses' gerontic knowledge and their self-rated assessment of practice in delivering care to older patients in the ED.

Method

Design

A cross-sectional self-report study design was used.

Setting

The study was conducted at three EDs in public hospitals in Melbourne, Australia. In 2013/2014 annual presentations in these EDs were approximately 200,000 and older persons aged 65 years and over comprised 18% of these presentations.

Data collection tool

Data were collected using a paper based 59-item questionnaire consisting of three sections: a) knowledge of older adults and ageing; b) gerontic health related questions; and c) self-rated practice assessment. Three additional items were added to the questionnaire as part of meeting the overall aims of the wider study. Participants' demographic information was also collected.

Knowledge of ageing was assessed using the 25-item Palmore's Facts on Aging Quiz version 2 in multiple choice format (FAQ-2 (MC)) [26,27]. The Facts on Aging Quiz [26], a widely used validated and reliable instrument [28–31], is used to measure basic knowledge of physical, mental and social gerontological facts. In its various formats and languages, it has been used for health, social and nursing research. In 2013, the FAQ-2(MC) was further adapted to improve comprehension in the Australian context, henceforward referred to as the Australian FAQ-2(MC) [27]. Because the FAQ-2(MC) does not include specific items about older people in a hospital setting [28], a questionnaire specifically developed by the Emergency Nurses Association for use with emergency nurses as part of the Geriatric Emergency Nursing Education (GENE) course was also used. Face and content validity of this questionnaire was established by experts from the GENE Committee [32]. This questionnaire consisted of two sections, a 15-item knowledge section - seven true/false questions and eight multiple choice questions and a 16-item self-evaluated practice assessment section using a 5point Likert scale from 'very good' to 'not applicable'. All tools were used with permission from respective authors. Responses to the three additional items were recorded using a 5-point Likert scale from 'strongly agree' to 'strongly disagree'.

Participants

Approximately 320 registered nurses (RN) and enrolled nurses (EN) were employed in the three EDs. As some nurses were on various forms of leave during the 10 week survey period, 250 were invited to participate in the study. Non-permanent staff such as agency nursing staff were excluded from the study. One hundred and one completed forms were returned, resulting in a response rate of 40.4%.

Data analysis

Data were analysed using IBM SPSS Statistics version 22.0 [33]. Demographic data and individual survey items were summarised using descriptive statistics (i.e., frequency, mean, standard deviation). Nurse Unit Managers, Associate Nurse Unit Managers, Clinical Nurse Specialists, and Clinical Nurse Educators were combined to form the group 'Senior Nurses', and their responses were compared with the RN group using Independent Samples *t*-tests (continuous scale scores) and Mann-Whitney U Test for lowest scoring individual items in self-rating of practice. Pearson's Correlation was used to determine any association between number of years nursing experience and number of years in emergency nursing and total scores for each section. Statistical significance was set at p < 0.05.

Research ethics statement

This paper reports the findings of a research study that adhered to the National Statement on the Conduct of Human Research by the Australian National Health and Medical Research Council, and has been approved by the Human Research Ethics Committees at the healthcare organisation (13285L) and (BLINDED) University (2013-236).

Results

Participant characteristics

There were 101 participants and their characteristics are summarised in Table 1. Most participants were RNs (73.0%, n = 74), and approximately one-third of RNs (32.4%, n = 24) were working in senior clinical, education or management roles. The low number of EN participants (2.9%, n = 3) was consistent with the small number of ENs that worked in the three EDs. All participants had over five year's clinical experience. Approximately 41% (n = 41) had a post-graduate qualification and the highest education level achieved was a Master's degree (12.9%, n = 13).

Knowledge of Ageing – Australian FAQ-2(MC)

For these 25-items, the number of total correct scores ranged from 6 to 17 (24% - 68%) with a mean score of 12.67 (SD 2.66). There was no statistically significant difference in mean scores for RNs (12.97; SD 2.56) and Senior Nurses (12.21; SD 2.72) (*t* [96] = 1.25, p = 0.213), and no significant correlations between knowledge score and years of experience as a registered nurse (r = 0.003, p = 0.978) or in emergency nursing (r = 0.087, p = 0.412). Overall, health and wellbeing related items were among the highest scoring items. In particular, item 23 'older persons who reduce their activity tended to *be*', had the highest proportion of correct responses (90.1%, n = 91). Over 84% of participants responded correctly to item 3 'which type of illness do older persons have less frequently than younger persons?' (84.2%, n = 85); and item 6, 'The life expectancy of Indigenous Australians at age 65 years' (85.1%, n=86). In contrast, items that focused on social issues tended to have the lowest scores. For example, the item related to the income of older persons had the lowest

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