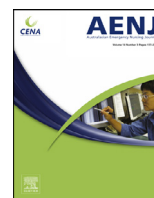




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Research paper

Moments of disaster response in the emergency department (ED)

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ABSTRACT

Background: We experience our lives as a series of memorable moments, some good and some bad. Undoubtedly, the experience of participating in disaster response, is likely to stand out as a memorable moment in a nurses' career. This presentation will describe five distinct moments of nursing in the emergency department (ED) during a disaster response.

Methods: A Hermeneutic Phenomenological approach informed by van Manen underpins the research process. Thirteen nurses from different countries around the world participated in interviews about their experience of working in the ED during a disaster. Thematic analysis resulted in five moments of disaster response which are common to the collective participant experience.

Results: The 5 themes emerge as Notification (as a nurse finds out that the ED will be receiving casualties), Waiting (waiting for the patients to arrive to the ED), Patient Arrival (the arrival of the first patients to the ED), Caring for patients (caring for people affected by the disaster) and Reflection (the moment the disaster response comes to an end).

Conclusion: This paper provides an in-depth insight into the experience of nursing in the ED during a disaster response which can help generate awareness and inform future disaster preparedness of emergency nurses.

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Introduction

'In the end we will not remember the years we spent in nursing. We will only remember the moments' [1].

If you were asked to reflect on your nursing career more than likely a series of different moments will play out in your mind's eye. For example, you may recall the moment you first wore a nursing uniform. Now no longer a student nurse, wearing this uniform symbolised your transition to a *real* nurse. You may recall as a novice nurse the first time you made a mistake. In your naivety at the time you thought it meant the end of your career, but now with many years of hindsight behind you, the mistake was insignificant and just the first of many learning experiences you will have throughout your career. These moments stand out because they are unique and they act as signposts in your personal career journey. There are of course many other moments, individual moments that don't automatically come to mind as you reflect on your career such as giving

an injection, wrapping a bandage or taking a patient's blood pressure. These moments merge together and are more or less taken for granted. If you had participated in a disaster response though, almost certainly, this would stand out as a defining moment.

This paper arises from a PhD study which explored the lived experiences of emergency nurses across the world who have responded to a disaster in the emergency department (ED) [2]. From the research five distinct moments of disaster response emerged that were common to the participant experience. The paper will discuss the moment a nurse finds out that their ED will be receiving casualties (*notification*), the moment of waiting for patients to arrive to the ED from the disaster site (*waiting*), the moment when patients first arrive to the ED (*patient arrival*), the moment of caring for people affected by the disaster (*caring for patients*) and the moment the disaster response comes to an end (*reflection*).

Method

The research is underpinned by Hermeneutic Phenomenology and driven by the question: *What is it like to work as a nurse in the emergency department during a disaster?* Hermeneutic Phenomenology combines the philosophy of Phenomenology, the

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study of the lived experience, with Hermeneutics which means 'to interpret' [3]. This research employed Max van Manen's pragmatic method to conducting research in Hermeneutic Phenomenology where the search for meaning in the human lived experience is driven by wonder and guided by the research question [4]. This approach assists the researcher to identify themes that are characteristic of the phenomena.

In line with Hermeneutic Phenomenology it is essential that participants had experienced the phenomenon. A purposive sampling technique was used to recruit participants. The group of participants sought for this research were nurses who had worked in an ED during a disaster event. Relevant emergency nursing networks within Australia and internationally that were contacted included: College of Emergency Nursing Australasia (CENA), Australian College of Emergency Nursing (ACEN); United States of America: Emergency Nurses Association (ENA); the United Kingdom: Faculty of Emergency Nursing (FEN); New Zealand: College of Emergency Nurses New Zealand (CENNZ), World Association for Disaster Medicine (WADeM).

Participants were included if they had experienced the phenomenon within the previous 5 years. However, some participants had been involved in multiple disaster responses and drew from experiences earlier than the 5 years as they saw fit. So that an understanding of emergency nurses' definition of disaster could be generated the term 'disaster' was not defined for the participants, their involvement in the research was based on whether they believed the event/s they had participated in was a disaster. Other inclusion criteria included: more than 12 months of experience working as a nurse in the ED, fluent in spoken English and has access to a computer with Skype™.

Thirteen nurses from Australia, Indonesia, Israel, Japan, Kenya, Palestine, Saudi Arabia and the United States of America participated in the research. Naturally occurring events that participants were involved in included bushfire, heatwave, tsunami, earthquake, volcanic eruption and flood, while man-made events included transport incidents, chemical spill and terror attacks. Terror attacks were bomb blasts, ED evacuation due to bomb threat, mass stabbings and mass shootings.

Participant experiences were collected via two interviews of approximately 60 min duration. Due to geographical distance between the researcher and the participant the majority of interviews were conducted on Skype™. In two instances where geographical distance was not a problem interviews were conducted face-to-face. All interviews were conducted in English by the principal author. All interviews commenced with a brief discussion using demographic questions related to gender, years worked as a nurse and years worked as an emergency nurse. These questions provided an effective ice breaking tool. The researcher asked the participant to think of the most recent disaster response they were involved in and posed the question; 'What were you doing when you realised that there was a disaster?'. When the conversation waned, the researcher asked questions to prompt the participant such as; 'What was it like? How were you feeling? What did you do next? Who was around you? What did you see?' The interview continued in this way with the participant doing most of the talking and the researcher prompting with questions every now and then. This is a common approach in Hermeneutic Phenomenology where the interview is driven by the participant's experience of the phenomenon rather than a structured set of questions.

Once interviews were completed interpretation and analysis occurred through thematic analysis using van Manen's [4] three tiered approach. The themes that emerged from the collective experiences of the emergency nurses in this study provided insight into the 'structures of experience' [5] thus painting a picture and facilitating understanding of what it means to be a nurse working in the ED during a disaster. The participants cannot tell us the exact

truth, because there are many truths and the experience of the phenomena will be different for everyone and dependant on many factors. However, determining themes that are common within the collective experience will help to generate an understanding that is helpful to others who may be exposed to these extraordinary events.

Five distinct themes emerged from the data as *moments of disaster response*. A comprehensive overview of each participant, of their age, or gender or years of experience as an emergency nurse is not generally useful or relevant in research conducted in a Hermeneutic Phenomenological manner. The research is not primarily interested in the specific experience of the participant but rather, aims to collect examples of possible human experience in order to reflect on the meaning within them [4]. Participant anonymity is maintained through pseudonyms and participants are referred to as 'Participant 1', 'Participant 2' and so forth. However, so as to generate some context the type of event discussed is cited at the end of each quote.

This research adhered to the National Statement on the Conduct of Human Research by the Australian National Health and Medical Research Council, and was approved by the Flinders University Social and Behavioural Research Ethics Committee (Project 5701).

Results

Notification

The moment of notification describes the experience of nurses as they receive notification that a disaster event has occurred. Notification occurs through a number of different sources and often from more than one source simultaneously or in quick succession. Usual methods of notifying the ED that an event had occurred such as through hospital administration, a designated hospital disaster coordinator or emergency services were less commonly discussed by participants than notification through the media or patients arriving to the ED.

At first we saw it on social media that there had been a shootout and there had been many casualties and then a few minutes later, our public address system said that we should be ready to receive some victims (Participant 10–terror attack).

Also in this moment nurses described an initial feeling of shock and disbelief at the news they had received.

It's just disbelief. I think you think, "Geez, that can't happen, not where we live. These things don't happen" (Participant 9–terror attack).

Immediately following notification nurses are faced with the decision to respond or not.

So I had to call the church and tell them "Guys I am sorry I know I was to participate in giving a talk to the audience but my first line of duty is to be at the emergency" (Participant 13–terror attack).

Nurses who had recently finished their shift in the ED describe a desire to go back into the ED to help with the response:

I was actually on my way out the door. My shift was over actually; it happened at the change of shift and I was leaving and the initial notification that we heard on the radio was that there was an explosion; there were some casualties, and they were transporting. And I walked out the door and got in my car, and there were multiple ambulances that showed up. So I got out of my car and went back inside because it appeared that it was much more significant than that initial transmission that came on the radio that I heard (Participant 7 – explosion).

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