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Research Article

An Interpretative Study on Nurses' Perspectives of Working in an Overcrowded Emergency Department in Taiwan



Li-Chin Chen, MSN,^{1,2} Chun-Chih Lin, RN, Ph.D.,^{3,4,*} ☆ Chin-Yen Han, RN, Ph.D.,^{1,5}
 Chun-Lan Hsieh, BSN,¹ Chiung-Jung (Jo) Wu, RN, DrHlthSc, FACN,^{6,7,8}
 Hwey-Fang Liang, RN, Ph.D.^{3,4}

¹ Department of Nursing, Chang Gung Memorial Hospital at Linkou, Linkou, Taiwan² Taiwan Association Critical Care Nurses (TACCN), Taoyuan, Taiwan³ Department of Nursing, Chang Gung University of Science and Technology, ChiaYi, Taiwan⁴ Department of Nursing, Chang Gung Memorial Hospital at ChiaYi, ChiaYi, Taiwan⁵ Department of Nursing, Chang Gung University of Science and Technology, Linkou, Taiwan⁶ School of Nursing, Midwifery and Paramedicine, University of the Sunshine Coast, Hervey Bay, Australia⁷ Royal Brisbane and Women's Hospital (RBWH), Hervey Bay, Australia⁸ Mater Research Institution-University of Queensland, Hervey Bay, Australia

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ABSTRACT

Purpose: This study aims to gain in-depth understanding of nurses' perspectives of working in an overcrowded emergency.

Methods: Symbolic interactionism and Charmaz's construction of grounded theory were used. Purposive sampling at the start of the study and a further theoretical sampling by snowball technique were used to recruit 40 registered nurses (RN) to participate in in-depth, semi-structured interviews between May and November, 2014. Data analysis included analytic techniques of initial, focused and theoretical coding.

Results: Study findings showed searching for work role is derived by the themes of Finding the role of positioning in Emergency Department (ED), Recognizing causes of ED overcrowding, and Confined working environment. Nurses' work experience which represents the RNs not gained control over their work, as care actions influenced by the problematic overcrowded circumstance of the ED environment. **Conclusion:** The findings fill a gap in knowledge about how RNs experience their work role in the context of an overcrowded Emergency Department in Taiwan. Arising from the study result include taking account of nurses' perspectives when planning staff/patient ratios, strategies to reduce waiting time and ensure that clients receive appropriate care.

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Introduction

The emergency department (ED) environment involves complex procedures to care for patients with nonurgent and/or urgent illnesses. However, overcrowding and blocking of patient flows in an ED are an underexplored worldwide issue [1]. Overcrowded concerns have significant negative impacts on health professionals to manage patients efficiently among heavy patient loads. Blocking of patient flows inaccessibly reposition patients to an appreciate place

for further treatment, and it causes the occurrence of overcrowding. Subsequently, health professionals experience stress and exhaustion, and such experience leads to likelihood of slipshod care [2].

Overcrowding is referred to a situation in which the identified need for ED services exceeds available resources for patient care. The issue has been described as a "crisis" in Taiwan. It is reported that "7.7 million visits to the emergency room in 2016" in a population of 23 million in Taiwan, and costs the government huge health-care expenditure [3]. There is clear evidence of the harmful impacts of ED overcrowding on patients, health-care providers, and even to the wide community [4]. These well-researched negative impacts propose risks to patients' dignity, privacy, prolonged or delayed treatment, and length of hospitalization, thus influencing quality and integrity of care [5–9]. Staff often experience burnout,

* Correspondence to: Chun-Chih Lin, RN, Ph.D., ChiaYi Campus, Department of Nursing, Chang Gung University of Science and Technology, 2, West Sec., Jiapu Road, Pu-tz City, ChiaYi 613, Taiwan.

E-mail address: cclin01@mail.cgu.edu.tw

* ORCID: <https://orcid.org/0000-0001-7548-7720>

and the working environment is often described as violent. Furthermore, differences of expectations among clients and organizations that clients often expressed as their dissatisfaction with their treatment are stated; challenges of retaining employees that lead to manpower allocation problems are also partly found [10].

Overcrowding is caused by multiple factors, such as shortage of beds, serious severity of illness, and job dissatisfaction, which cannot be measured by simply counting the number of clients or bed occupancy at a point in time [11]. Nursing workforce is the largest health professionals in healthcare who have direct impacts on the quality of care. However, limited literature is found in investigating nurses' perspectives of working in the overcrowded ED environment. Therefore, a qualitative approach was used to explore the overcrowding issue [12].

Study aim

The aim of this study was to gain in-depth understanding of the meaning of being working in an overcrowded ED among registered nurses (RN).

Methods

Study design

An interpretative approach by a combination of symbolic interactionism [13] and Charmaz's construction grounded theory [14] was used. Blumer [13] articulated three core concepts of symbolic interactionism which justify the appropriateness of applying the approach to address the study aim. First, "human beings act toward things on the basis of the meanings that the things have for them (p. 2)". In the present context, this means that ED RNs interpret and define the situation of ED overcrowding, and the actions they take are a response to these interpretations. The second concept is that "the meaning of things is derived from, or arises out of, the social interaction that one has with one's fellows (p. 2)" which applies to a social interaction that occurs between an individual RN and other RNs, clients and their families, and other health professionals. This process can form and reform nursing actions and views in the sense that the underlying meanings can be derived through such an interaction. For example, an overcrowded ED results in prolonged stays for some nonurgent clients, and an excess of nonurgent clients leads to ED overcrowding. The third concept is that "meanings are handled in and modified through an interpretive process used by the person in dealing with the things (p. 2)" encountered. The meaning of ED overcrowding is formed in the context of an RN's professional social interactions and modified by the interpretations that flow from these social interactions.

Although there are philosophical and methodological debates within the grounded theory field, this study was underpinned by Charmaz's construction grounded theory [14]. In Charmaz's approach, the research outcomes are the result of interpretation. Its framework emphasizes the distinction between reality and truth—researchers manage their own constructions and interpretations of the participants' constructions and interpretations. However, the study results are contextualized. The theoretical concepts of a constructivist approach serve as interpretive frameworks and offer an abstract understanding rather than a theory for explanation and prediction. Knowledge is therefore created and constructed during the research process. A constructivist grounded theory, therefore, allowed for an inductive exploration and analysis of the complex process of RNs' socialization in the context of ED overcrowding.

Participants

Purposive sampling was used at the start of the study to recruit eligible RNs initially. Grounded theorists purposively selected participants who they believe can offer valuable insight into the topic [15]. All RNs employed at the participating ED were invited to the interview. Once a participant was recruited, a further theoretical sampling by snowball technique was also used for recruitment until saturation of the data was reached [14]. The inclusion criteria were participants who have at least one year full-time working experience in an ED. One year of ED work experience was needed as a minimum eligibility criterion for RNs to have developed work sensitivity and thinking [16]. Exclusion criteria were RNs' working experience less than 12 months and RNs involved in another study.

Setting

This study was conducted at a tertiary hospital with 3,338 ward beds and 233 emergency beds including 180 observation beds in Taiwan. The settings were chosen as they represent a "phenomena in natural settings" that is overcrowded ED. The study settings also provide an environment for researchers to examine participants' experience in "why event occurs, what happens, and what those events mean to the participant studied" [17].

Ethical considerations

This study received ethical approval from the Institutional Review Board (Approval no. 102–3923B). The researcher obtained consent from the administrative authority of the hospital nursing departments. All RNs working in the ED at participating hospital were invited to participate in the study. Potential participants who met the selection criteria received an information sheet outlining the purpose of the study. Informed consents were obtained from each participant. Participants' involvements were voluntary; they were free to withdraw from the study at any time without penalty. Confidentiality and privacy were maintained throughout the study. Data were kept securely at the principle investigator's office at the university. All digital data were password protected and stored at secure drive with university server, and only authorized research team members have access to the data.

Data collection

Face-to-face individual interviews were conducted to understand participants' perspectives on their own experiences. Interviews were started with two broad questions: "Could you please describe the situation of your ED to me?" and "What do you see as the issue of ED overcrowding?" Participants effectively led the direction of the interviews, and further questioning was based on their responses and on the analysis of previous interviews. Each interview lasted between 45 minutes and 1 hour. The interview was conducted in a quiet and private room within the hospital.

Data were collected from May to November 2014 by the principal researcher who is not known to the participants. Each interview was audio taped and transcribed verbatim into a readable document. The transcripts were compared with the audio tape to detect omissions and errors and to afford the principal researcher the opportunity of interacting with the data. Forty nonidentified files were created, each containing an interview in audio-transcribed formats.

Data analysis

The interviews were conducted and transcribed into Chinese. All transcripts were read carefully and systematically coded with new

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