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Bringing together the 'Threads of Care' in possible miscarriage for women, their partners and nurses in non-metropolitan EDs

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ABSTRACT

Background: Pregnancy is a significant event in a woman's life, a time of great expectation and attachment to the possibilities and dreams placed onto the new life growing inside her. Complications in pregnancy are physically and psychologically traumatic experiences that can generate high levels of anxiety. Vaginal bleeding, pain, or both in the first trimester of pregnancy are common causes for presentation in any Australian emergency department. These emergency departments play an important role in the provision of healthcare in regional, rural and remote areas. When experiencing possible miscarriage, the care that is provided to women and their partners presenting to their regional, rural and remote emergency departments can have significant impact on their approach to current and future pregnancies.
Aim: The aim of this research was to explore the experiences of women and male partners who presented to non-metropolitan emergency departments with possible miscarriage, along with the experiences of nursing staff who provided care in these settings.
Methods: Using a grounded theory methodology, three participant groups were included in this study: women who presented to an emergency department, their partners, and the nursing staff who provided care in these settings.
Findings: The developed theory 'Threads of Care' incorporated five stages of their journey through a non-metropolitan emergency department with possible pregnancy loss: presenting as one; wanting recognition and inclusion; seeking support and understanding; leaving as one; and moving on.
Discussion: The theory enhances the understanding of what constitutes optimal and effective care for women and their partners when presenting to non-metropolitan emergency departments with possible miscarriage.
Conclusion: The recommendations from this grounded theory will inform approaches to care that aim to meet the needs of women, their partners and nursing staff who care for them.
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1. Introduction

Fear of the possibility of miscarriage is common for women and their partners when pain and vaginal bleeding occurs in early pregnancy (Arcka et al., 2008; Edwards, Birks, Chapman, & Yates, 2016). When these symptoms occur, women and their partners have awareness that miscarriage is a possibility and the threat of loss leads to presentation to their local emergency department (ED) (Sejourne, Callahan, & Chabrol, 2010). Pregnancy loss has been estimated to occur in 12%–24% of all pregnancies (Indig, Warner, & Saxton, 2011). Spontaneous miscarriage prior to 12–14 weeks gestation occurs in 80% of these cases (Sejourne et al., 2010; Wendt, Crilly, May, Bates, & Saxena, 2014). Complications of pregnancy are physically and psychologically traumatic experiences that can generate high levels of anxiety. Unfortunately, nursing and medical care does not reduce the chance or inevitability of miscarriage but the care provided can have a significant impact on the mindset of their current and future pregnancies (Edwards et al., 2016). In Australia, the ED plays an important role in the provision of healthcare, especially in regional, rural and remote areas. Access and quality of healthcare has been strained because of the unique challenges associated with the delivery of care in these locations (Wise, Fry, Duffield, Roche, & Buchanan, 2015).

The provision of high-quality ED healthcare throughout Australia is complex. In non-metropolitan areas of Australia there are fewer services than in the larger cities and access to healthcare

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Summary of Relevance
Problem

- In respect of first-trimester pregnancy loss, evidence regarding nursing care provided to women and their partners in regional, rural and remote emergency departments is limited.

What is known Already Known

- Emergency departments play an important role in the provision of healthcare in regional, rural and remote areas.
- Symptomatic first-trimester pregnancies are a common presentation in any Australian emergency department, yet research has shown that women often feel dissatisfied with the care provided in this setting.
- Unfortunately, access to and quality of healthcare has been strained in recent times because of the unique challenges associated with the delivery of healthcare in non-metropolitan locations.

What this Paper Adds

- The theory produced from this research was empirically derived from data and is presented in the form of a storyline that articulates the experiences of participants.
- The significance of this study lies in the ability of the findings to inform approaches to care that meet the needs of women, their partners and nursing staff working in regional, rural and remote emergency departments.

in these areas is known to be problematic (Edwards et al., 2016; Kidd, Kenny, & Meehan-Andrews, 2012; Vines, 2011; Wakerman, Humphreys, Lyle, McGrail, & Lavey, 2015). Challenges in the provision of healthcare include geographic isolation, socioeconomic inequalities and inequitable distribution of resources (Edwards et al., 2016; Kidd et al., 2012; Wakerman et al., 2015). The often long distances to services and lack of available transport are other major obstacles in accessing healthcare for many rural and remote Australians (Baker & Dawson, 2013; Humphreys & Wakerman, 2009). As a result, individuals living in rural and remote communities are faced with additional costs associated with travel and accommodation when having to travel to larger cities for specialised healthcare (Australian Institute of Health and Welfare, 2014; Vines, 2011). With increasing remoteness, the size and type of hospital service change as the ED becomes more important for people living in non-metropolitan areas of Australia (Standing Council on Health, 2012; Vines, 2011).

Lack of access to healthcare in non-metropolitan areas of Australia was frequently cited as the major reason for ED attendance, with these services often struggling to meet the physical, psychological and social needs of patients because of limited resources and less infrastructure (Biacidore, Warren, Chaput, & Keogh, 2009; Standing Council on Health, 2012). Rural and remote EDs not only provide emergency care but also primary healthcare, requiring nursing staff to have a broader range of skills and knowledge when working in this arena. Nursing practice in the ED is a complex phenomenon and the overall function and business of the ED, as managed and coordinated by nursing staff, is the driving force that shapes patient care.

This paper details the findings of a grounded theory study of the care of women who present to non-metropolitan EDs with first trimester bleeding. The purpose of this grounded theory study was to examine current approaches to care provided in this context. The resultant theory was empirically derived from these data and is presented in this paper as a storyline that articulates the experiences of participants. The significance of this study lies in the ability of the findings to inform approaches to care that meet the needs of women, their partners and nursing staff working in these settings.

2. Methods

This study was undertaken using grounded theory methodology for the purpose of generating a theory that comprehensively explains the phenomenon under study (Birks & Mills, 2015). The research involved in-depth semi-structured interviews with three participant groups: women who present to non-metropolitan EDs with first trimester bleeding, their male partners, and the nursing staff who provide care in these settings. Once ethical approval was gained via the university Human Research Ethics Committees (H13/02-014; H5843), initial purposive sampling was undertaken followed by theoretical sampling that ensured the aims of the study could be met. Theoretical sampling as described by Birks and Mills (2015), is characteristic of grounded theory as the researcher strategically decides what or who will provide the best source of data to meet the analytical and theoretical needs of the study. Theoretical sampling was utilised to develop and saturate the theoretically relevant categories in terms of their properties and to also identify the relationships between concepts (Corbin & Strauss, 2008). Memo writing was an important component in the process as it helped the researcher map the possible sources and follow the leads in the data while simultaneously establishing an audit process (Birks & Mills, 2015). Eleven participants consented to take part in the study, three women who experienced a miscarriage between 2007 and 2012, two men whose partners had experienced miscarriage and six registered nurses.

2.1. Data collection and analysis

Interviews were conducted by the first named author who invited participants to talk about their experiences. Nine interviews were conducted by telephone, as these participants were located throughout Australia in various regional, rural and remote locations. Two interviews were conducted face-to-face as the participants lived in a regional area closest to the first named author. Individual interviews were audio recorded and transcribed verbatim. Transcripts were subjected to analysis using the methods described by Birks and Mills (2015). A qualitative data analysis software program (NVivo10) was used to assist in the analytical process. The approach to grounded theory research proposed by Birks and Mills (2015) emphasises the use of storyline as an analytical technique. These authors also promote storyline as an effective mechanism for articulating processes that characterises a phenomenon from the perspective of those who experience it (Birks & Mills, 2015).

Quality was ensured throughout the research design through the rigorous application of grounded theory methods, including the use of memoing along, with oversight of the analytical processes by co-investigators. An abridged version of the following storyline was also returned to the participants for comment before the theory was finalised. The findings described in the following section reflect the grounded theory that was developed as a result of these processes. These findings are presented as a storyline that follows the journey of the participants and describes the threads of care that characterise their experiences.

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