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Nurses' Experience of Caring for Patients in the Community After Discharge With an Interventional Radiology Drain in Ireland: A Qualitative Study

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A B S T R A C T

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Interventional radiology (IR) is a rapidly expanding specialty within medicine. As a result, a new population of patients has emerged in Ireland; those discharged home with an IR drain for curative or preventative purposes requiring the care of nurses working in the community setting. The purpose of this study is to describe the experiences of nurses in the community caring for patients with an IR drain, with the objective of assisting in developing a new body of knowledge to enhance a patient's journey as they transition from an IR department to the community. The study is based on individual interviews analyzed using Colaizzi seven-step framework. Three themes emerged from the data findings: *knowledge gap*, *information gap*, and *educational gap*, whereby license professionals require additional education and training to care for this patient population. The study findings concluded that nurses in the community are unprepared to care for this patient cohort because of a knowledge deficit, inaccurate and poorly written discharge summaries, and a lack of education and training among nurses and patients regarding the intervention performed.

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Introduction

Interventional radiology (IR) is a crucial part of modern medicine, delivering minimally invasive patient-centered care (PCC; Tsetis et al., 2016). During the last 30 years, IR has exploded as a specialty and undergone dramatic growth and change (Sousa, 2011). IR refers to a range of techniques that rely on the use of radiologic image guidance to precisely target therapy. IR procedures are not only diagnostic but also therapeutic, palliative, and curative, dealing with an ever-increasing range of conditions and patients with varying levels of acuity (Penzias, Cadman, Sullivan, & McIntosh, 2015). There has been a shift away from conventional open surgery using general anesthesia to safer percutaneous approaches in IR using a local anesthetic and conscious sedation, in some cases allowing same-day discharge (Tsetis et al., 2016). Routine IR drain procedures include the placement of a gastrostomy tube, a cholecystectomy drain, an abscess drain, a nephrostomy drain, and a biliary drain. Patients routinely discharged home

requiring care of nurses in the community are those who have the aforementioned IR drains in place for preventative or curative purposes. Because of the rapid development of IR, many health care professionals are unfamiliar with the procedures performed in IR and associated postprocedural care.

The care of patients with IR drains in the community post-discharge by public health nurses (PHNs) is vital for quality patient care. Drains can displace or fall out, get blocked or broken, and surrounding skin gets inflamed or excoriated if not cared for appropriately. Having worked as a radiology nurse for more than 2 years, it was noted that the large number of telephone queries arise from the community regarding IR drains. These queries often resulted in patients being readmitted to the IR department or the emergency department; increasing patient discomfort, staff workload, and costs. Thus, the researcher was motivated to carry out this study to gain a deeper insight into the experiences of nurses in the community caring for patients with IR drains. A further motivation was the desire to give nursing and multidisciplinary colleagues a distinct insight and understanding of the multifaceted nature of caring for IR patients.

Many studies have been conducted relating to radiologic interventions and clinical conditions (Lehmann, Rosenberg, Shrestha, Golzarian, & Schooley, 2015; Lorenz, 2015; Robert et al., 2015), from

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a patient perspective (Blomberg, Brulin, Andertun, & Rydh, 2010) and from a nurses' perspective (Brask & Birkelund, 2014). However, as many patients are discharged to the community after a variety of procedures and interventions, but mainly drains, care has to continue. Nurses are often challenged to provide this specialty care to this patient cohort. Furthermore, no published studies relating specifically to the nurses' experience of caring for patients discharged from IR with a drain to primary care could be found. This study aims to describe the experiences of nurses in the community caring for patients with an IR drain after discharge.

Methods

A qualitative design was chosen for this study to allow participants to express their experience in their own words, without influence from the researcher. Hale, Treharne, and Kitas (2007) stated that the use of qualitative research is particularly applicable when the key goal of a researcher is to understand a personal perspective of an event or an experience.

Sample and Setting

This study is based on individual face-to-face interviews with nurses working in the community in three primary care centers in the Eastern region of Ireland. These sites were conveniently chosen as many of the patients who are discharged from the hospital with IR drains live in this geographic region. In keeping with qualitative research, a purposeful sample was used to recruit participants. A key criterion was that the participant must have experience of caring for at least one patient with an IR drain in the community. A total of six nurses volunteered to participate in the study (all were females and registered as a PHN with the Irish Nursing Board of Ireland).

Data Collection

Before any contact with potential participants, ethical approval was granted to conduct the research by both the university and the Primary Care Research Committee, and access to site was granted by all primary care centers. Each Director of Nursing agreed to distribute the study information (participant information sheet and recruitment poster) to their nursing staff. Once the participants

expressed an interest to take part; a consent form and the researcher contact details were sent to each participant. All participants agreed to be interviewed in a convenient location close to the working site. Each interview was audiorecorded and started with the grand question "Can you describe your experiences of caring for patients with an interventional radiology drain following discharge? Nonspecific probing questions were used, such as "Can you tell me more about ..." or "Can you explain a little more," to assist participants in broadening their response to the prior question.

Data Analysis

All interviews were transcribed verbatim and analyzed using the framework of Colaizzi (1978) to uncover significant statements, meanings, and themes (Table 1). The process involved the following activities: transcripts were repeatedly read to get a feeling of them; phrases or sentences were extracted that pertain to the experience—significant statements; the phrases/sentences were then transcribed into meanings; meanings were then clustered into individual themes (subthemes); and the subthemes were further reduced into smaller number of themes that were common to all participant transcripts. The researchers continued to zigzag between the themes and the narratives until an exhaustive description of the phenomenon emerged.

Findings

Detailed analysis of their responses revealed rich descriptions of their experiences. Three main themes and subthemes emerged from the data as shown previously in Table 1: *knowledge gap, information gap, and education gap*.

Knowledge Gap

This theme conceptualizes the nurse's perspective on caring for this cohort of patients with IR drains in the community. Participants narrated strong feelings of their own real knowledge deficit in the area of IR and in particular, caring for patients with IR drains. The need for participants to be able to support these patients in the community was clear.

Table 1
Sample of significant statements, meanings, and themes

Significant statements	Meanings	Themes
...it is new concept.	New and expanding specialty	Knowledge gap
...you are supposed to be in the know. Things are changing all the time and because you are not working in the acute setting as such, obviously, yeah, it's a big deal for us...		
Well I suppose you're going by your own nursing experience Your kind of going by your own kind of nursing gut...	Nurses intuition	
I couldn't give the proper information because I didn't have the information ...they would obviously like someone to reassure them...	Patient support	
...we get the discharge sheet to say they have got the drain in but...doesn't actually say what needs to be done.	Lack of comprehensive discharge summaries	Information gap
...it would be helpful if on the discharge, just to say what we are to be expecting. ...we would very much appreciate a little bit of more information...	Intraprofessional communication	
...it's patchy, very patchy, and then you wouldn't have a clue... Written policy...and pictures are always good...	Policy and information	
Sure they don't even know where the tube is going! So why do you have this drain...? I don't know. They don't know. None of them know...	Patient and family education	Education gap
...so if they were trained up...what to do if there was a blockage or dislodged, because you don't know...	Nurses education	
Education, educating the nurses is the big one... If they [nurses] were trained up...it would potentially save them [patient] from having to go back into hospital as well.	Continuing professional development	

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