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ORIGINAL ARTICLE

Qualitative inquiry into Registered General Nurses' experiences in the emergency centre

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ABSTRACT

Introduction: Though nurses are frontline workers in emergency care, their experiences in emergency centres are seldom researched. This study explored lived experiences of Registered General Nurses working in emergency centres.

Methods: This study employed an exploratory qualitative design. Purposive sampling was used in selecting hospitals and participants for study. Data were collected through semi-structured interviews with 20 Registered General Nurses who worked in emergency centres. Data analysis was performed through content analysis.

Results: Demographic results revealed that only one respondent used knowledge of critical care nursing to practice emergency care in an emergency centre. Four thematic categories emerged after qualitative data analysis: a) Emergency centre as a place of learning and increased confidence for nurses; b) Feelings of joy in emergency centres; c) Social and physical consequences of emergency centres on lives of emergency centre nurses; d) Clients receiving low quality care in emergency centres.

Discussion: Employment of specialist trained emergency staff and formal education of Registered General Nurses in the advanced role of emergency care nursing may be necessary to improve quality of care rendered to clients in emergency centres.

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African relevance

- This study made use of content analysis to describe the experiences of African emergency care nurses.
- Nurses maintained that although the emergency centre was a stressful environment, it was an interesting one.
- Challenges include the dire impact on African emergency care nurses' personal lives.
- More emergency nurses are required in Africa to address the problems highlighted in this study.

Introduction

Good emergency systems are needed to provide quality emergency care in emergency centres [1] and provide safe, cost-effective, and caring emergency healthcare to all clients reporting to the emergency centre [2]. While emergency care is seen by many as ambulances and emergency transport, the role of care that

can be provided in the communities and hospitals is neglected [1]. The burden of acute illness is overwhelming in less developed countries with high levels of every category of injury [3]. There is an added burden to the emergent care of injured patients in Africa as many patients also have other conditions, such as Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or Tuberculosis (TB) [4]. HIV, AIDS and TB complicate client care and have consequences of blood borne and droplet infections for nurses involved in emergency care [4]. Though emergency care can reduce deaths in less developed countries, emergency care must be well planned and supported at all levels, from community to national levels [1].

Despite the many challenges experienced by nurses in emergency centres, there is also evidence of positive experiences in emergency centres such as nurses feeling satisfied after clients recover from their injuries [5] and emergency centres serving as stimulating environments for learning [6,7]. Emergency centres allow nurses to strengthen their competencies in emergency care [8]. Though the nature of emergency care makes it possible for nurses to improve on their competencies, many emergency centres lack specialised emergency care nurses in low- and middle-income countries [9]. It is wrongly assumed by policy makers and the

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public that practitioners in emergency centres have the requisite competencies to meet needs of clients [2]. Most emergency centres in Africa are staffed with Registered General Nurses (RGNs) with no additional formal education in emergency nursing [4]. In Ghana, as in other low- and middle-income countries, little consideration has been given to optimising the training of nursing staff for the care of acutely ill or injured patients [10]. Untrained nurses in emergency nursing exacerbate an existing rudimentary emergency care system in Ghana [10,11]. Though RGNs in emergency centres may have both challenges and positive experiences in providing safe and quality care to clients, emergency centre nurses' experiences within emergency centres are seldom investigated [12]. It is necessary to investigate positive and negative experiences by RGNs within the emergency centre in order to provide recommendations that will facilitate emergency nursing work in Ghana. Understanding the experiences of RGNs in emergency centres is fundamental to addressing the challenges which exist in emergency centres to optimise positive experiences. This study explored experiences by RGNs working in emergency centres in selected hospitals of the Volta Region of Ghana.

Methods

A qualitative exploratory design was used in conducting this study. The exploratory design, which has roots in philosophical traditions, explores people's everyday life experiences [13]. A qualitative study design was chosen to explore both positive and negative experiences by RGNs in emergency centres in selected hospitals of the Volta Region of Ghana. This design provides an understanding of both motivating and inhibiting factors of emergency centre work [14]. This method also allowed participants to freely express themselves about their experiences in emergency centres. The qualitative explorative design has been used in conducting similar studies into experiences of participants in various fields [15–17].

The settings for data collection were three public hospitals in the Volta Region of Ghana that had emergency centres. These hospitals were Volta Regional Hospital (VRH), Keta Municipal Hospital (KMH), and Ho Municipal Hospital (HMH). The target population for this study was RGNs working in emergency centres at VRH, KMH and HMH.

The research proposal was submitted to and approved by the University of Cape Coast Institutional Review Board. Additionally, the study received approval from the Ghana Health Service Ethical Review Committee and each hospital where data were collected. Adherence to all principles of research ethics was strictly observed. Researchers briefed participants about the study aims and procedures before obtaining written informed consent from them. Participants were informed about their rights to refuse participation at any stage without giving any reason. Also, participants were informed that their refusal to participate in the study would not be used against them in any form. Confidentiality and anonymity of participants were enforced through coding of transcripts and the use of codes to represent names. Participants were assured that data obtained would be used for research purposes only.

Participants for data collection were selected through purposive sampling technique of nurses working in emergency centres of the VRH, HMH and KMH in order to garner opinions and experiences from individuals who have a certain level of familiarity working in this setting. Only nurses who had worked in emergency centres for one year or more were sampled. Data were collected in January 2015, within a three-week period. A list of all RGNs in emergency centres was requested from Nurse Managers of emergency centres. Inclusion criteria were RGNs with professional identification numbers who had worked for one year or more, and were willing to

give written consent. The eligible sample size was estimated to be 20 participants for data saturation. Saturation was reached after interviewing 20 participants, when new data confirmed previous data without adding new insights [18].

Emergency centres were visited prior to data collection to present and inform staff about the study. Staff of emergency centres had an opportunity to ask questions and receive answers concerning the study. Mobile phone numbers of selected participants were requested. A place and time for the interviews were agreed upon via phone calls with selected participants. As no validated semi-structured interview guide was available, the themes of the interview and the questions were developed by the research team, based on the study team's expertise and the extant scientific literature. Questions were asked regarding the following objectives: 1. Description of nurses' experiences in emergency centres, 2. Description of how nurses feel whilst working in emergency centres, 3. Description of social and physical consequences on nurses in emergency centres, and 4. Description of nurses' perceptions of the quality of care clients receive in emergency centres.

The interview guide was pre-tested with four participants in a similar health facility. Two interview questions were modified based on the pretest. One semi-structured interview was conducted with each participant. Interviews were conducted in the English language since all respondents could speak English. Each interview was recorded and transcribed verbatim. Interviews ranged from 30 to 60 min. Transcribed interviews were stored in password protected electronic folders that were created and labeled with codes for identification. These folders were kept on a pen drive solely meant for the purpose of the study and kept secure. Transcribed data were analysed using content analysis [13]. Each transcribed interview was read several times by all authors and the primary codes were determined by the research team. Primary codes were developed by locating words and phrases that represented various experiences by nurses in emergency centres. The related codes were put in groups. Categories were developed based on similarity and content of codes. Credibility was ensured through prolonged interactions with participants and continuous checking of ambiguous responses during data analysis. All efforts to ensure the reliability of the results were utilised including using a team approach in data analysis. Coding was performed separately by four members of the research team after which comparison of coding was done within the team. Discrepancies were discussed for mutually agreed-upon decisions to be reached.

Results

In this study, 15 respondents were between the ages of 25 and 29 years. The remaining five other participants were between the ages of 30 and 59 years. Nineteen RGNs working in emergency centres studied general nursing at the Nurses Training College (NTC). Only one RGN had additional training in critical care nursing (an advanced diploma course in critical care nursing) to practice emergency care in emergency centres. None of the respondents studied emergency nursing as a degree programme. Fourteen participants had worked for two years or less in the emergency centre. Fifteen participants indicated that there was only one professional nurse on a shift in an emergency centre.

Four thematic categories were determined by the data analysis. The categories of experiences by RGNs working in emergency centres were a) emergency centre as a place of learning and increased confidence for nurses; b) feelings of joy in emergency centres; c) social and physical consequences of the emergency centre on lives of emergency centre nurses; d) clients receiving low quality care in emergency centres.

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