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Factors Affecting the Decision of the Emergency Nurses on Critically Ill Patients

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ABSTRACT

Nowadays, the hospital emergency department admits critically ill patients from pre-hospital emergency or other medical center, and it undertakes the duty of recording the patient's vital signs to enter the clinical departments, special departments, and operating room of same hospital and other hospitals. Emergency nurses' behavior with critically ill patients can have positive and negative impact on them that identifying and describing of these states require the experiences of nurses in this department, resulting in promotion and development of nursing knowledge in the emergency department. Therefore, this study was conducted to examine the experiences of emergency nurses in dealing with of critically ill patients. In this study, descriptive phenomenology method was used. Data were collected through 6 unstructured interviews with emergency nurses and colaizzi method was used to analyze the data. Results: three of participants were male, and three of them were female who had 7 to 15 years of experience of working in the emergency department. Nineteen codes of level 2, 9 codes of level 3 and finally 4 themes were extracted from data. Based on these themes and codes, the experiences of nurses in terms of care of critically ill patients were explained. These themes include the outcome of patients, tears and smiles, teamwork, and challenges. The findings of this study can assist nurses and nursing managers in further understanding of experiences of nurses in the care of critically ill patients, better understanding of issues faced by nurses, and improving the performance of nurses.

Keywords: experience of nurses, critically ill patients, emergency department

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INTRODUCTION

Health as an organization, that requires skilled and knowledgeable staff, is known as professional service organization and the aim of health services is to provide and promote the health of people in society [3]. To provide and promote the physical, psychological and social health of society within frameworks of specified policies, the health sector includes an integrated set of activities and operations in various fields of medicine and nursing. [7] Hospital consists of many sections and components to provide services for patients, and cohesion or solidarity among these sections are needed so that hospital can fulfill its duty and function well since any fault and deficiency in each of these sections can result in a problem or obstacle in the process of providing service for patient. One of the most important parts of the hospital is emergency department considered as heart of hospital and regular flow of the works and affairs in this department can save many lives. Without active and well-functioning emergency department, no hospital cannot be regarded as an ideal medical center, and any deficiency in this sector will cause that other hospital services to be affected by this great deficiency [4] . The most comprehensive and most vital emergency services in every hospital are provided in the emergency department. As an entrance of emergency

patients and in interconnection with other sections providing emergency services, this section provides wide range of emergency services from patient admission stage and initial assessment to determination of duties and discharge of patients, injured people, and even pregnant women (Ministry of Health and Medical Education, 2014). On the other hand, patients who come to this section of hospital have critical physical conditions and higher quality and timely examination of their states and conditions is duty of medical and nursing staff in this section. [1] Therefore, researcher of this study investigated the factors affecting the decision of emergency nurses on critically ill patients in Shahid Beheshti Hospital of Shirazi. This study was conducted to clarify the concepts related to emergency nursing staff experience in dealing with critically ill patients. Understanding these experiences is important for health professionals and it expands the nursing knowledge and skills. [2] Accordingly, rich insight and knowledge will be achieved about the experiences of emergency nurses in the care of critically ill patients. Providing vivid image of human and professional experiences, this study can be an instruction and guideline for performance of nursing staff, since it helps us to understand that how and which type of service must be given to patients and experiences and problems of nurses in caring critically ill patients can be determined.

MATERIALS AND METHODS

The present study was conducted in a qualitative descriptive phenomenology method. The main goal of descriptive phenomenological is creating a comprehensive description of a phenomenon experienced daily to understand its internal and inherent structure. Phenomenology is one of the qualitative research approaches with philosophical roots focused on life experiences of humans. Phenomenological approach that seeks to understand the experiences of others is ideally situated in nursing care research in which patients state their experiences in creating needs that they have and the manner of satisfaction of these needs in the best way. [3] The population of this study included nursing staff of emergency department of Shahid Beheshti Hospital of Shiraz caring the critically ill patients admitted in the emergency part of this hospital. Since researcher of this study was in charge of emergency department of hospital, to obtain the samples, among the nursing staff, those who had rich information were determined and they were told about the goals of study and after getting their consent and trust in participating the study and getting the conscious consent, unstructured interviews were used to collect data. Targeted method was used to select participants in this study. [4] In this study, data were collected through deep, open-ended and unstructured interviews. Seven-stage colaizzi analysis was used to analyze the data in this study. To confirm the validity and reliability, after doing interview and extracting data and coding, to enhance the reliability of data, we backed to data and examined them. Then, the evaluation of data was conducted from copied materials, and possible important materials were discussed and clarified and the confirmation of data was achieved. [5]

RESULTS

The extraction of data stage was conducted for all interviews resulting in initial codes extraction that all of them have been represented in Table 1.

Table 1- initial codes extracted from text of all interviews conducted

Initial codes	row
No pulse	1
His pulse is weak or no pulse	2
He has no breathing or it is not effective	3
Symptoms of patient	4
Very severe pain	5
cold sweat	6
faint	7
His tube is dropped	8
He had aspirated	9
Nurse takes the triage of critically Ill patient	10
The appearance of patient	11
critically ill patient is not merely a person who is dying	12
We had patients who were physically well, but suddenly they become critically ill	13
Constrictive pain	14
nausea	15
Unbearable pain in the chest	16
I estimated that what is patient's diagnosis and what should id do for him	17
Grasping	18
I checked his glucose	19

Rest of Table 1-4- initial codes extracted from text of all interviews conducted

Initial codes	row
He had very low score	20
Heart attack	21
Respiratory attack	22
A knife was in his heart	23
Patient became VF suddenly	24
We transfer him quickly to resurrection room	25
Nurse is the first person whom patient evaluate	26
Opening airway	27
Checking pulse	28
Calling doctor	29
Monitoring	30
ECG of the patient	31
Sedation	32
I checked his glucose	33
I shocked him	34
ECG of the patient	35
I injected naloxone	36
As a nurse, I understand the patient state or condition and inform it to doctor	37
Nurse must do quickly his duty	38
We check him immediately	39
Doing initial works of patient when doctor is absent	40
I was leader in team, I did not allow anyone to be inactive	41
We tied hard and resurrected the patient	42
We intubated	43
We injected streptokinase	44
We did anything that was possible	45
I am the first one that reach and do the patient work as nurse	46
This is a place where it deals with patients affairs	47
The first things that I do is saving the patient life	48
Opening the airway	49

Rest of Table 1- initial codes extracted from text of all interviews conducted

row	Initial codes
50	Tube glue
51	Immediately, we injected blood
51	We keep on CPR so that resurrect the patient, if it failed, we send him to morgue
51	Informing of surgeon
52	Taking vein of patient
53	Respiratory aid measures
54	During 5 minutes, patient was transferred from emergency room to operating room
55	We did our duty so that doctor arrives
56	This is nurse that do most of the affairs and tasks
57	We did all of his works, we gave medicine, and shocked him
58	Within emergency department, work, team work
59	No alone, as member of team
60	I listen to words of doctor or leader
61	I do not intervene in the management of critically ill patient
62	It is annoying that co-worker do not contribute
63	The doctor should be present on the patient's head
64	Cooperation for quick action is very effective in saving lives of patients
65	For CPR, I follow doctor orders
66	When doctor announce the end of CPR, I do not continue
67	Doctor does not like to keep on CPR, but we do. We do not know why he did not like
68	Doctors are not in the mood
69	Their conscience hurts
70	Doctor said leave it
71	Nurses show high emotional behaviors than doctors No legal actions are done due to doctor’s fault, patient died due to his negligence
72	
73	The presence of doctor is obligatory, while he is absent sometimes
74	Doctor said leave it, while keeping on CPR resulted in transplant pain by patient
75	Doctor said that it was off sick, no action can be done for him
76	When doctor returned, doctor said it was completely by chance and did not consider our work effective
77	Doctor never explains this issue for companion of patient, they do not involve themselves

Rest of Table (1)- initial codes extracted from text of all interviews conducted

row	Initial codes
78	Doctor said I have nothing to do, I think he cannot be saved, I you like to keep on so do it, we did and patient was recovered and found better condition
79	When patient is not recovered, companions say that you neglect and this hospital is useless, everyone who is coming here dies , you know nothing
80	Patient was so anxious and worried
81	Usually, when critically ill patient comes, his surroundings is crowded
82	His family had conflict with police
83	I talked with his paterfamilias and he rejected the companions
84	The first thing was to reject the companions and providing the security of room
85	CPR
86	I beg all companions to go out of CPR room
	I ask guardian to reject all companions
87	Insult of patient and his companions
88	I tolerated and said nothing, I said for myself that he is patient , there is no problem
89	If you want one of the companions can stay here to do all his works
90	We never neglect in doing what we could for critically ill patient
91	I tried to inform restless companions that the possibility of their patient's recovery was zero in any medical center
92	Companions expected miracle so that their patient to be recover ed and saved
93	At the presence of companions, we cannot do anything
94	Even the presence of students is ineffective, I think that they should no stand here
95	They should go out of here
96	Companions of patient curse, hit on the walls, break the glasses
97	The first thing that is do, I try to protect from myself so that I am not injured
98	Sometimes, it is very crowded
99	I protect and defend of myself
100	Calming down and controlling the companions by police
101	We run away when they attack by knife
102	As lady, we must run away from department to out
103	Guys take off their gowns and sit beside others as patient
104	Approximately 40 people invaded to emergency

Rest of Table (1)- initial codes extracted from text of all interviews conducted

row	Initial codes
105	Police did not dare to do anything
106	I did their works, even when they insulted on me
107	They think that we killed their patient
108	They think that we were problem
109	The age of patient makes no difference for me, in any way he is patient
110	We tried hard as he was young
111	He was recovered since he was young, as he was young we thought that it is possible
112	He was 4 or 5 years old child, when has come he was died, but due to his age, all attended and did CPR, but finally expired
113	Many young patients may be recovered
114	He was child
115	Well, a nine or four years old child differs from 90 or 100 years old man that has been expired
116	As I was young, I was highly influenced emotionally
117	I does not mean that I do not like to try for old people
118	A child who died
119	we may do CPR 90 or 129 minutes for a child, but we do CPR 45 to 50 minutes for old people
120	While he was young, we could not do anything for him
121	He was young lady
122	he was 27 or 28 years old young
123	If it is possible that patient to be recovered for example when he is young
124	In the case of young patients, I feel that he must be saved
125	He was so young and it was a pity that he loses his life, I did my best and he was saved
126	We tried hardly to save 5 years old girl
127	For these three young patient, we tried hard
128	I liked to help somebody
129	Emergency department is dynamic section
130	this did not make me that I leave emergency department
131	I am interested
132	But I do not like to leave this department
133	My emotion and feeling did not hinder me, I should fulfill my duty well

According to Collaizzi, after repeated reviewing of initial code obtained in the above table stage, researcher placed the formulated concepts within thematic categories and clusters living and thus conceptual codes of level 2 and 3 were obtained. By combining the initial codes, level 2 codes that included more general concepts were derived. [6] , [7]

(Table 2) level 2 and level 3 codes

row	Level 2 codes	Level 3 codes
1	Saving patient and keep on life	life
2	Give life for others	
3	Death of patient before coming to emergency department	death
4	Lack of patients saving in the hospital	
5	Happiness tear	happiness
6	satisfaction	
7	cry	Emotional problems
8	Sadness and sorrow	
9	age	Patient conditions
10	gender	
11	Type and severity of patience	
12	competence	Expertise of nurse
13	Nursing interventions	
14	Nurse-nurse relationship	teamwork
15	Nurse-doctor relationship	
16	Confrontation with companions	Companion of patient
17	Informing of companions	
18	Fear of being arrested	Legal issues
19	Lack of support	
20	Nurse-doctor	
21	Nurse-nurse	

Table 3, level 2 and level 3 codes and the main themes

row	Level 2 codes	Level 3 codes	themes
1	Recurrence and survival	Second chance for life	outcome
2	Giving life to others		
3	Death before emergency	The loss of life chance	
4	Not resuscitation of patient in the hospital		
5	Tears of joy	happiness	Tears and Smiles
6	satisfaction		
7	cry	(Emotional problems (following the death of the patient	
8	Sadness and sorrow		
9	age	The patient's condition	Clinical decision
10	gender		
11	Type and severity of illness		
12	competence	Nurse expertise	
13	Nursing interventions		
14	Cooperation among nurses	teamwork	
15	Nurse-doctor cooperation		
16	Confrontation with companions	companions	challenges
17	Informing to companions		
18	Nurse-doctor	conflict	
19	Nurse-nurse		
20	fear of chastising		Legal affairs
21	Lack of support		

What emergency nurses experience in dealing with critically ill patients on the basis of this study is the experience of death of critically ill patients or their life save as result of life-saving measures, that theme of death and life was selected for this experience. [8] On the other hand, following the death or save of these patients, emergency nurses experience a series of emotional issues referred as experience of tear and smile, sadness and sorrow following the death of a patient and happy, feeling of satisfaction, a sense of pride following patients saving. [9] To save the life of critically ill patients, nurses of emergency department uses their experience and knowledge to evaluate, prioritize, diagnose and treat the patients with teamwork and cooperation with other nurses and medical team. In doing this, they are facing with some challenges, including congestion in emergency created by anxious and worry companions

of patients. In addition, they are forced to do invasive procedures, including intubation, massage, prescription of drug, shocking, etc due to worse situation of patient and great importance of time. Following these procedures and death of patients, they are facing with legal problems such as fear of being arrested by authorities and companions and lack of organizational support. [10] , [11]

The final stage

This stage includes the result of researcher's attempt to formulate a comprehensive description that represents the basic structure of the studied phenomenon studied in five-colaizzi stage. [12]

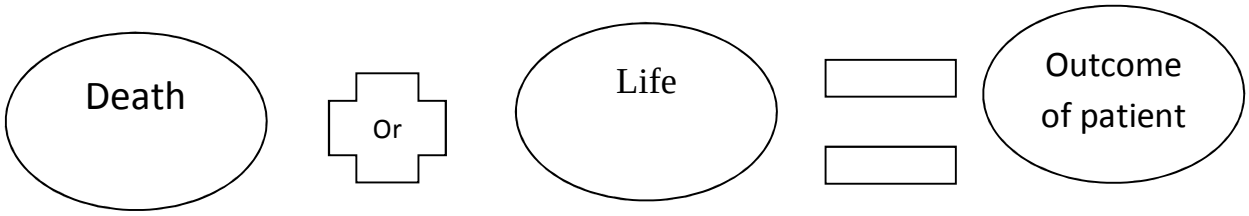

Figure 1- The critically ill patients admitted to the emergency department

Figure 1 shows the outcome of critically ill patients admitted to the emergency department that very critically ill patients nurses were considered in this study in which there is need for advanced measures to save the life and cardiopulmonary resuscitation of patients that finally these patients life is saved or they lose their life as result of life-saving measures. [13]

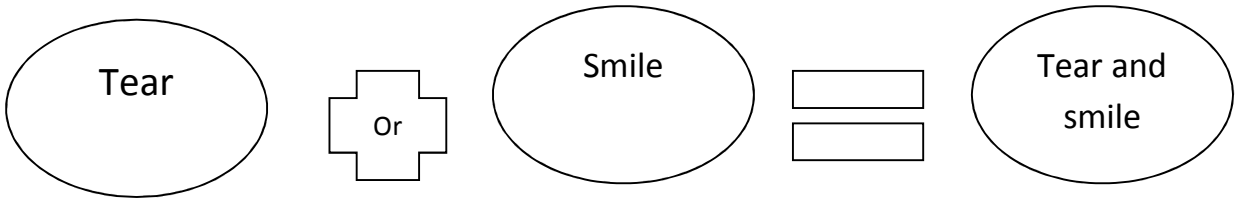

Figure 2- Emotional issues that emergency nurses facing with them in dealing with critically ill patients

Figure 2 indicates the emotional problems that emergency nurses experience them in dealing with critically ill patients. This figure shows nurses experience the feeling of happiness and joy or sadness and sorrow, cry and smile, depending on the outcome of patient, that is if patient is alive or dead and that depending on the outcome of critically ill patients to death or life. [14]

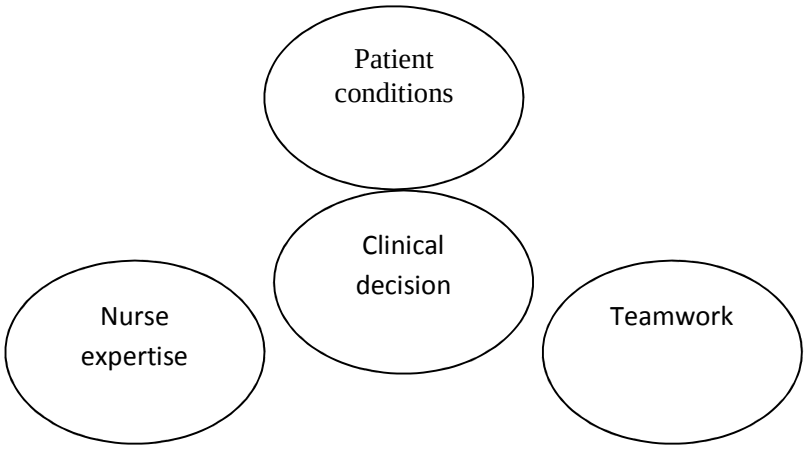

Figure 3- clinical decision of nurses in emergency department of hospital

Figure 3 shows that clinical decisions of nurses working in emergency department of hospital is influenced by the patient's conditions (age, sex and type of disease or problem), nurses conditions (knowledge, experience, skills, confidence, etc.), and also doing work in the form of teamwork and cooperation between nurses and doctors. [15]

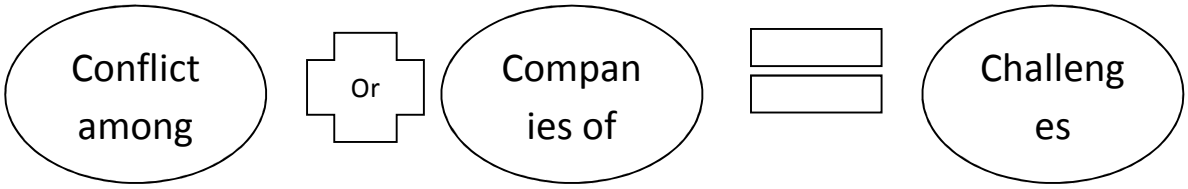

Figure 4- Challenges created in dealing with critically ill patients

Figure (4) shows the challenges that nurses experience in caring of critically ill patients, congestion in the emergency department and around the patient, violence against nurses and challenges the nurses faces with them in informing the unpleasant and unfortunate news of patients for their companions. [16] , [17]On other hand, it shows the experiences of nurses in legal problems and issues that they experience in dealing with patients in the emergency department. Finally, in the analysis of Collaizzi, researcher used interview with participants and asked questions of them about results, and he obtained their opinions and views of findings of study. [18] Where there was ambiguity and unclear point for participants, he referred for texts of interviews and the process of results extraction was reviewed so that researcher and participants reached a consensus and validity was achieved finally. [19]

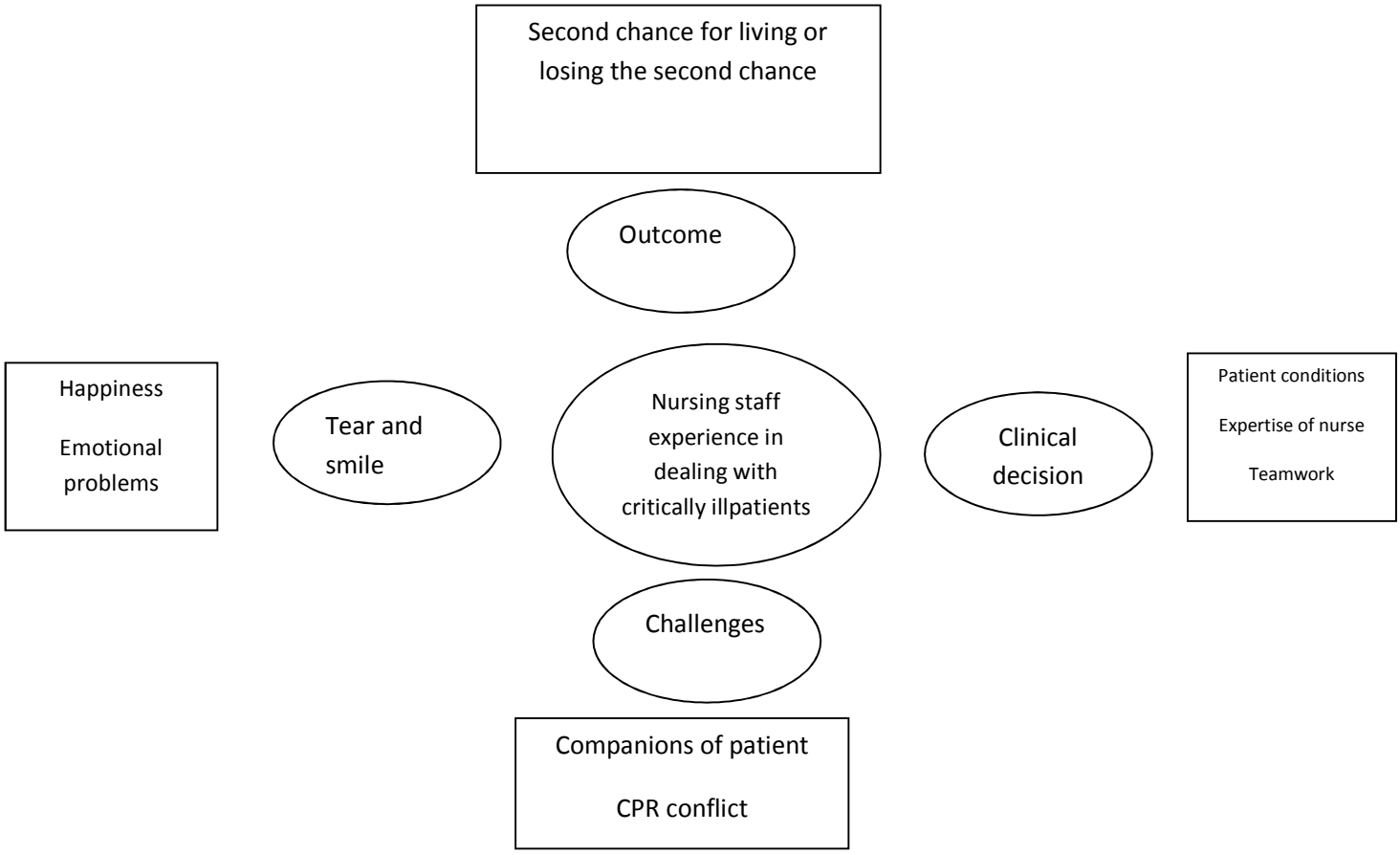

Figure 5- General view of themes

CONCLUSION

In this study, factors affecting the decision of the emergency nurses on critically ill patients and in line experience of nurses of states of critically ill patients described above, the following themes were extracted: outcome of patients, tears and smile, clinical decisions and challenges. It can be said that the work in the emergency department deals with death and life of patients in which health in one side and death is on the other side of this spectrum. All efforts of emergency nurses are to save the lives of patients and giving the second chance for people to keep on their life and second life for families. In line with the spectrum of death and life, there is another spectrum of tears and smile. When a patient backs to life, happiness will fill fills the emergency department and nurses will have happy tears but when one of the patients loses his life, great sadness and disappointment will fill the emergency department. Nurses save the lives of patients with lifesaving measures and interventions based on the patient's condition and problems and on the base of their knowledge and experience and with teamwork and cooperation with other nurses and doctors. Finally, it was shown that nurses face with the challenges that some of these challenges will impact on their decision will affect the quality of their work. Some of these challenges include the presence of companions of patients in the emergency department and beside their patients. Thompson and Stewart (2007) argue that emotional connection is inevitable among the nurses and doctors given the common areas of nurses and doctors and as their complement each other's work. In addition, as doctors and nurses differ in terms of career goals, so they face with some challenges in cooperation with each other (Thompson and Stewart, 2007). One of the factors that exacerbates this conflict and the problem is the extension of roles of nursing, academic nursing career, ability and power to make decisions, increased nurses' knowledge, and lack of obedience of doctors' orders or commands (Tabak and Koprak, 2007). On the other hand, old and traditional attitude to determine the responsibilities of nurses by doctors is the most important underlying causes of conflict so that some doctors cannot accept the new role of nursing in some cases, and nurses are viewed as marginal and less important members that their decisions are overlooked.

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