

7-1-2021

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Recommended Citation

Hendricks, Monica Rita and Shetty, Dr. Sunil Kumar (2021) "The unheard cry of an emergency nurse," *Manipal Journal of Nursing and Health Sciences*: Vol. 7: Iss. 2, .
Available at: <https://impressions.manipal.edu/mjnhs/vol7/iss2/10>

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The unheard cry of an emergency nurse

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Abstract

Working as an emergency nurse brings a string of complications that the nurse initially did not sign up for when opted for a job in the emergency department. The dreams of a fresh staff are soon crushed by the turmoil of their job. The aim of this article is to spread awareness among the nurses in India and make them feel supported in their ordeal. The paper also focuses on what could be done to help the nurses traverse through their stressful everyday nursing lives.

Keywords: Emergency department, nurse, stress.

Introduction

Emergency nurses are susceptible to a lot of emotional trauma, stress, and burnout due to the nature and scope of the working conditions. This burnout leads to high turnover, errors in care, and ultimately results in poor patient satisfaction (Portero de la Cruz, 2020). This paper aims at creating awareness and sensitizing the need for an open acknowledgement of this issue and determine ways and means of mitigating the problem.

An emergency nurse

An Emergency Medicine (EM) nursing job is unique and operates at the edge of chaos and endless confusion. It is also considered as a shop window and the face of the hospital (Seow, 2013). An EM nurse's job is for the swiftest of nurses. The competent ones are preferred. It is like a dream come true for a nurse when staff in the emergency seems confident and surefooted about her abilities and marches forward in stride with her clinical expertise and mastery over the situation.

A nurse in the emergency department (ED) is able to tackle any kind of medical and surgical emergencies. The nurse would be thorough with all the medico-legal cases, policies, and protocols. The nurse would be able to prioritize and triage patients during a disaster as efficiently as he/she would on a regular day and above all, nurse would be one among the few nurses who get to practice basic life support (BLS), advanced cardiac life support (ACLS) and advanced trauma life support (ATLS) on a daily basis (Kennedy, 2016; American Society of Registered Nurses, 2007). All nurses go through stress at the workplace, but it is more predominant in an emergency, during which nurses need to act quickly and effectively with little information, which makes them more vulnerable to stress. A study conducted in Baltimore showed that the majority of the nurses had high emotional stress (66.29%), high depersonalization score (79.77%), and personal accomplishment score (2.24%) (Schooley, Hikmet, Tarcan, & Yorgancioglu, 2016).

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Manuscript received: 6 June 2019

Revision accepted: 22 July 2021

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Burnout

Burnout is where a nurse experiences physical and/or mental fatigue on account of work stress which ultimately affects professional performance. Burnout presents three basic features namely, emotional exhaustion, depersonalization, and personal achievement (Aleandri & Sansoni, 2006). Burnout among the nursing staff has been one of the major reasons behind medical

How to cite this article: Hendricks, M. R., & Shetty, S. K. (2021). The unheard cry of an emergency nurse. *Manipal Journal of Nursing and Health Sciences*, 7 (2). 62-63.

errors (American Society of Registered Nurses, 2007). A study undertaken to determine the relationship between salivary cortisol and work stress among nurses working in the emergency department showed high levels of stress as supported by increased levels of salivary cortisol (Yang *et al.*, 2001). Gillespie and Melby (2003) in their quantitative and qualitative study on emergency nurse burnout using the Maslach Burnout Inventory bring out very succinctly that work stress has a devastating effect on the nurse's personal and professional lives (Gillespie & Melby, 2003).

Reason for burnout in the ED

There could be multiple stressors and nurses might not be even realizing that they are stressed (Healy & Tyrrell, 2011). Witnessing aggression, violence, or the death of patients, or participating in resuscitation, can be emotionally and physically demanding. ED teams work in a dynamic domain of healthcare as they work under conditions that change frequently, may be assembled ad hoc, have a dynamically changing team membership, and have to integrate different professional cultures which leads to conflict, stress, and burnout. The situation in which the emergency department functions is hindered due to an excessive number of patients waiting to be seen, assessed, and treated, or waiting for departure compared to the physical or staffing capacity of the ED. Patients' safety and privacy, timeliness of the services, and frustration among ED staff are common occurrences (Yarmohammadian, Rezaei, Haghshenas, & Tavakoli, 2017). Patient overload, scarcity of human resources, hours of work, abusive and demanding patients, encounters with death, difficult intra-department colleagues, interpersonal relationships, conflict, workplace harassment, non-cooperative staff, non-cooperative team, incapable team, material resources, and inadequate infrastructure, night shifts, work home interface, working in a competitive climate and gap between theory and practice, witnessing violence, death and near-death experiences, constant negative reinforcement and little or no support, all lead to stress for the nurses and most of the time are ill-prepared to meet the demands of the situation (Bezerra, da Silva, & Ramos, 2012). Additionally, the nurse always encounters the difficult task of communicating to the family to settle the bill or replace a medication to the

stock when they have lost a loved one. (Gerace, 2021; Naik, 2013).

The patient load is up to 100 per day to state a minimum number and may go up to 200-350 at times. A study done in Baltimore shows 34.83% of nurses had less than 150 patient encounters per day, 31.46% had 150-350 patient encounters and 33.70% had more than 350 encounters per day (Schooley, Hikmet, Tarcan, & Yorgancioglu, 2016). The task of making the patient understand that they are triaged as per the severity of their case is difficult as for every patient their health is of utmost importance, even if they happen to be suffering from the common cold. Yes, the ED team knows that a potential patient is waiting and, which apparently is a good thing, as waiting implies that the patient's condition is not serious. EDs are the most challenging ward with respect to patient care delay (Yarmohammadian, Rezaei, Haghshenas, & Tavakoli, 2017).

Just like other clinical areas, amidst busy schedules, nurses are always found doing non-nursing activities. Nurses end up doing endless documentation and concern themselves with maintenance and non-clinical issues (Kennedy, 2016; Basu, Qayyum, & Mason, 2017). The nights in the emergency are busier than other wards, as it involves an enormous overflow of patients due to the outpatient department being closed. The researchers also found that compassion fatigue, a type of overload that results in having less concern or empathy for others, is common in the ED (Borges, 2019). Violence and verbal abuse are prevalent so rampantly, that neither the doctors nor the nurses are spared. Handling drunken patients seems to be a significant challenge to the nurses.

Nurse turnover is rampant, leaving the institution, with staff that are as fresh as a spring leaf. This makes the staff not as adept and this remains the situation all through the year, adding to the stress of the new and old staff.

A lot of the working hours are expended arguing with wards to get a bed for the patient. Due to the unavailability or to be more precise the poor accessibility of the beds, patients end up waiting for

long hours in the emergency, contributing to stagnation and overcrowding of patients and leaving us with the blame of making sick patients “wait forever.” There is also a lot of delay in internal referrals (Shaikh *et al.*, 2012; Portero de la Cruz, 2020).

A very important area that no one discusses is that “Nurses eat their young”. Researchers say that at least 85% of nurses have been verbally abused by a fellow nurse. There is an alarming nurse culture of bullying and hazing (Robbins, 2015).

The doctors are new. Very few institutions have emergency medicine postgraduates, which leaves the nurses with little support to turn to. The doctors never seem to turn up for references and the patients seem to feel that the health team is poor in performance. There are a lot of clashes due to referrals, both inter and intrahospital. Within the hospital doctors of various departments, clashes concerning who would take over the patient make the ED stand persistently in a state of disarray (Garmel, 2019).

In between all of this, somewhere the nurses are torn between the patients, their colleagues, and the doctors. At the end of the day, the nurse, that one wants to be, is lost amid stress and workload and loss of satisfaction.

What do the ED NURSES expect from the doctors?

The nurses want the doctors to be prepared to sympathize and empathize with the nurses. Doctors should not lose their temper with the nurses. The nurses are going through the same things that doctors are. The doctors and nurses need to work as a team and patient care is the priority. The doctors should be confident and work on their skills, as it is a joy and lessens the stress when working with a doctor.

The nurse manager’s role

“For too long the medical profession has neglected the study of its own personnel and focused on patient care, now more and more, we are realizing that the mental and physical health of doctors is critical to patient care,” said Mani Arora, a surgeon who studies burnout among health professionals. (Kennedy, 2016) Improving nurse-to-patient ratios, staff scheduling, increasing nursing wages, recognizing contributions

of emergency nurses with financial reward, developing internships for nurses new to emergency nursing, and investing in nursing education is the way to move forward (Kennedy, 2016).

The responsibility of the leaders and managers of the ED is to ensure that there is teamwork in a safe environment providing the best care to their patients. A healthy environment is defined by people, systems, and places. Manpower is the most important asset of the ED. The prime responsibility of the nurse manager is to foster teamwork, open communication, and an intact structure for conflict resolution. The nurse managers should be aware of their team dynamics and know the “movers and shakers” in their organization (Seow, 2013).

The nurse’s initiative!

An ED nurse should accept that he/she is human and that there is a limit to what he/she can handle. Not just the nurse, but every member in the health team should never hesitate, to say, “It’s overwhelming”. A nurse approximately spends 48 hours a week at her workplace, which constitutes a junk of the total time of the week; therefore, it is a mandate and a need to acknowledge issues and move to the next step of addressing them. Nursing, a woman-dominated profession, has an issue of taking everything in their stride, they never are trained to be assertive. There is no, particular age or experience bar to be stressed. It can happen at any time. The nurse should be prepared to accept it, own up to it and heal themselves when there is time to do so.

Accept limitations with strength. It is alright to be vulnerable and weak. Seek help when needed.

Conclusion

In an ever-changing and demanding work environment, a nurse should be able to maintain her sanity and not be eaten up by burnout. Awareness and acceptance that burnout is very much present and is a reality that mandates moving forward to the next step of seeking help. Nurse burnout ultimately means a nurse is in distress. It is the need of the hour to improve the working conditions in order to retain and motivate the emergency nurse.

Source of support: none

Conflict of interest: none

Source of support in the form of grants: none

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