

# The Experiences Of Emergency Department Nurses After Unexpected Patient Death In A Community-Based Hospital: A Focused Ethnography

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## Background

- Emergency department (ED) visits across Canada have increased 8.7% in the past four years<sup>1</sup>
- Unexpected patient death (UPD) is unmodifiable in the ED environment which can have negative emotional and mental health consequences<sup>2-4</sup>
- Many barriers exist to ED nurses receiving support after UPD<sup>5</sup>
- Most UPD research does not capture experiences in community-based hospitals<sup>6-9</sup>



## Methods/Design

A focused ethnographic approach with a Complexity theory lens was used to examine ED nurses experiences in a community hospital after unexpected patient death. ED site observation and semi-structured interviews of six ED nurses allowed for the collection of thick rich data. Data were analyzed using thematic analysis where themes and sub-themes were construed.



## Research Question

What are the experiences of emergency department nurses after unexpected patient death in a community-based hospital and what supports do they receive?



## Findings

### Chaos Is The Environment

- Nurses put the flow of a chaotic environment ahead of their own emotions
- A lack of debriefs leads to missed learning opportunities
- ED nurses are uncertain about formal supports and how to access them

"That's still something I kind of struggle with. It's just very move on, because there's a million other people that need you." (P#5)

### Agents Of Support

- Senior ED nurses support junior ED nurses
- Support comes from allied health professionals, including EMS

"I think you tend to look out for those people [junior nurses] more because maybe it's the first time they've had a code. They're scared or they don't know what to do. You tend to watch out for those people a little bit more." (P#2) (senior nurse)

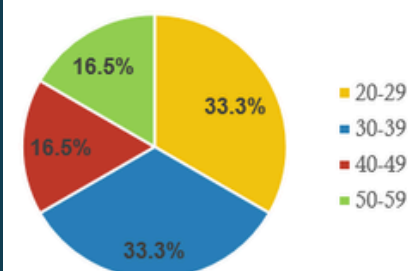
### "I'm Senior Staff Which Doesn't Seem Right"

- Large numbers of junior nurses now fill the ED
- Junior nurses take on roles traditionally held by experienced ED nurses

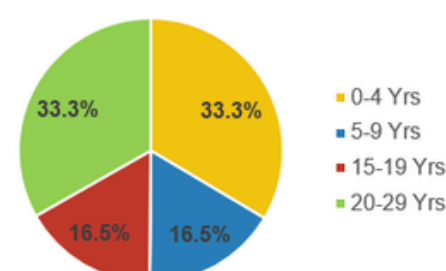
"They're so green. They're so new. Ten years ago, my job was different because I didn't have to teach people skills. They came in totally skilled." (P#1)

## Participant Information

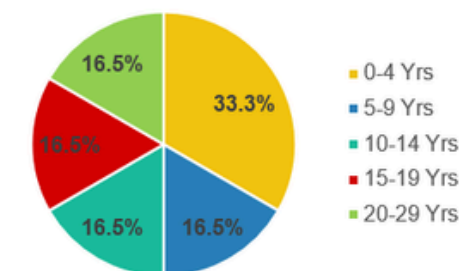
Participant Ages



Length Of Time As A Nurse



Length Of Time As An ED Nurse



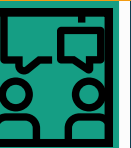
## Ethics

Field notes did not include any information regarding patients or their care, but instead described the ED environment, the shadowed nurses and their interactions, equipment, sounds, patient flow, and atmosphere.



## Discussion

1. Negative feedback loops exist that perpetuate inconsistency in debriefs, the belief that debriefs should be physician-led, and ED nurses being unsure of where to turn for formal supports after UPD.
2. ED nurses use each other, EMS (paramedics), and other allied professionals in the ED to support each other after UPD in a chaotic environment.
3. Senior ED nurses need more support as they experience greater exposure to, and guide junior nurses after, UPD.



## Nursing Implications

- Include debrief and resource training for all ED nurses during orientation and on a consistent basis
- Policy makers can look to EMS for adjacent possibilities for psychological support



## QR Code Links



Reference List



Publication