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The Abusive Relationship of Emergency Nursing: What is it Doing to Our Nurses?

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Aim/Purpose

Exposure to traumatic experiences occurs throughout the emergency nurse’s career. Secondary traumatic stress is a phenomenon recognized in nurses within the last two decades. Figley defines it as “the stress resulting from helping or wanting to help a traumatized or suffering person” (1999, p.10) The aim of this pilot study is to describe the phenomenon of secondary traumatic stress in emergency nurses.

Theory/Framework

The framework for this study is Husserl’s descriptive phenomenology. This philosophy focuses on the essence of human experiences by looking at them from a phenomenological standpoint or in a conscious context. Intentionality is a critical part of phenomenology with Husserl explaining that when one intentionally thinks of an experience or object, they can derive meaning from it (Husserl, 2013). Using this framework allows the researcher to glean the essence of secondary traumatic stress by deriving meaning from emergency nurses’ experiences after caring for patients undergoing traumatic experiences.

Methods/Interventions

The researcher interviewed a pilot sample of three emergency nurses regarding their experiences taking care of patients undergoing traumatic experiences. Each of these nurses had experienced the phenomenon under study. The researcher, herself an emergency nurse, bracketed her experiences to prevent bias to the phenomenon or results. The research question used was “tell me about your experiences after caring for patients undergoing traumatic experiences”. After obtaining university institutional review board approval, face-to-face interviews with immediate verbatim transcription ensued. Analysis of the transcripts followed using Colaizzi’s (1978) method. Extraction of significant statements for turning into formulated meanings occurred. Next, the researcher elicited the development of seven themes and an exhaustive description. Lastly, to ensure the correct essence of secondary traumatic stress, participants validated the findings.

Results/Outcomes

Analysis of the transcripts elicited 326 significant statements for turning into formulated meanings. The research uncovered a range of effects on emergency nursing along with the emergence of 25 initial themes. After pondering the data, the researcher condensed those into seven theme clusters. These theme clusters are: a) certain types of traumatic experiences: why do these leave the worst scars, b) range of emotions: it is like a double-edged sword, c) self-projecting and connecting: reminders of our own mortality, d) depersonalization to hide emotions: aren’t I human too?, e) questioning things: have I reached my breaking point?, f) lingering effects: when forgetting is not an option, and g) reasons to stay: debriefings and appreciation.

Themes one and six give insider exposure to emergency nursing focusing on specific experiences such as pediatric trauma or initial experiences by the participants and the continuous loops and flashbacks they experience. Theme two uses the double-edged sword metaphor to describe the
range of emotions felt by the nurses. Theme three described the emergency nurse’s inability to separate themselves from the situations it exposes them to. They described self-projections of feeling it could be themselves or their family members that were the victim and the connections with the victim’s family members. Both situations made the nurse hyperaware of their own mortality. Theme five emphasizes the need for further research into prevention and mitigation of the effects of secondary traumatic stress. Themes four and seven support the emergency nurses’ attempts to protect themselves with theme four focusing on how to depersonalize and theme seven on how to be resilient.

The exhaustive description of the phenomenon identified the main essence of secondary traumatic stress on emergency nurses as the *abusive relationship of emergency nursing*. This pilot study took place in December 2018. While there were no other qualitative studies of emergency nurses for comparison, the themes obtained here paralleled the six themes found in Beck and Gable’s (2012) study involving labor and delivery nurses.

**Implications**

The findings of this pilot study suggest that secondary traumatic stress is a multifaceted condition that has the potential for undesirable outcomes for both nurses and patients. The qualitative descriptions of secondary traumatic stress brought forward the effects of taking care of patients undergoing traumatic experiences on the individual nurse. The review of literature within the last 5 years supports a high incidence of secondary traumatic stress in emergency nurses within six quantitative studies (Duffy, Avalos, & Dowling, 2015; Flarity, Gentry, & Mesnikoff, 2013; Hunsaker, Chen, Maughan, & Heaston, 2015; Kim & Park, 2016; Morrison & Joy, 2016; Schmidt & Haglund, 2017), but a lack of qualitative studies to describe then phenomenon in question. Recommendations include organizational leadership paying attention to rates of medical errors and patient safety events (Weaver et al., 2013), and absenteeism and attrition (Mealer & Jones, 2013) in emergency nurses as a way to assess for secondary traumatic stress among emergency nurses in their organization. The results of this pilot study indicate the need for further qualitative research and innovative quantitative research to develop interventions to both prevent and mitigate secondary traumatic stress in emergency nurses.

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**Title:**

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**Keywords:**

emergency nursing, qualitative study and secondary traumatic stress

**References:**


**Abstract Summary:**

Emergency nurses face stressful situations daily. These situations have a profound impact resulting in multifaceted effects for emergency nurse. Using Husserl’s descriptive phenomenology and Colaizzi’s method for data analysis, the essence of secondary traumatic stress in emergency nurses was studied and found to be "the abusive relationship of emergency nursing".

**Content Outline:**

I. Introduction

A. Secondary traumatic stress in emergency nurses
   1. Review of literature
   2. Husserl’s descriptive phenomenology
   3. Colaizzi’s method of data analysis
   4. Themes
II. Body
A. Theme #1 Certain Types of Traumatic Experiences: Why Do These Leave the Worst Scars?
1. Pediatric traumas
2. Early career experiences
3. First experiences
B. Theme #2 Range of Emotions: It is Like a Double-Edged Sword
1. Positive Emotions
2. Negative Emotions
C. Theme #3 Self-Projecting and Connecting: Reminders of Our Own Mortality
1. It could have been me
2. It could have been my child
3. It could have been one of my family members
4. Connections with the patient’s family
D. Theme #4 Depersonalization to Hide Emotions: Aren’t I Human Too?
1. Keeping emotions in check
2. Doing my job
3. Wanting to be emotional
E. Theme #5 Questioning Things: Have I Reached My Breaking Point?
1. Questioning continuing as an emergency nurse
F. Theme #6 Lingering Effects: When Forgetting is not an Option
1. Flashbacks
2. Continuous memory loop
3. Triggers
G. Theme #7 Reasons to Stay: Debriefings and Appreciation
1. Getting a thank you
2. Making a difference
3. Debriefings
III. Conclusion
A. Essence of emergency nursing
B. Future Implications

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Author Summary: Tracey has been a nurse since 1999 and is currently a PhD student in the School of Nursing at the University of Connecticut. Her specialization is in professional development, nursing education, emergency medicine. Tracey has previously presented posters at research conferences through the Yale New Haven Health System.