

**Title:**

The Caring Culture in the Emergency Department

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**Session Title:**

Communication in the Emergency Setting

**Slot:**

B 03: Saturday, 28 October 2017: 3:15 PM-4:00 PM

**Scheduled Time:**

3:35 PM

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**Abstract Describes:**

Completed Work/Project

**Preferred Presentation Format:**

Oral

**Applicable category :**

Both/Either

**Keywords:**

Emergency Department, caring behaviors and nurse caring

**References:**

- Buckley, J. & Harding, A. (2014). The real cost of caring or not caring. *Journal of Emergency Nursing*, 40(1), 68-70.
- Cypress, B. (2014). The emergency department experiences of patients, families and their nurses. *Advanced Emergency Nursing Journal*, 36(2), 164-176.
- Cunningham, T., Bartels, J, Grant, C., Ralph, M., Moore, K. (2013). Mindfulness and medical review: a grassroots approach to improving work/life balance and nursing retention in a level 1 trauma center emergency department. *Journal of Emergency Nursing*, 39(2), 200-202.
- Johansen, M. (2014). Conflicting priorities: emergency nurses perceived disconnect between patient satisfaction and the delivery of patient care. *Journal of Emergency Nursing*, 40(1), 13-19.
- McElroy, S. (2012) Time constraints and patient advocacy pose challenges to busy ED nurses. Online edition of *Advance for Nurses*, Jan 2, 2012.

**Abstract Summary:**

Approximately 100 million people seek care in Emergency Departments yearly, which can be overwhelming for many Emergency Department (ED) nurses. Thus, caring for these patients and meeting their needs is challenging for ED nurses. This secondary analysis describes the caring culture (optimal caring vs barriers to caring) in the ED.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe nurse caring behaviors in the Emergency Department.	Nurse caring behaviors are defined as acts, conduct and mannerisms enacted by professional nurses that convey concern, safety and attention to the patient. The Caring Behaviors Inventory-24 was used to describe these behaviors. The CBI-24 (Wu, Larrabee, & Putnam, 2006) also has four subscales called assurance, knowledge and skill, respectfulness, and connectedness. The subscales are representative of different nurse caring behaviors.
The learner will be able to discuss the nurses' perceptions of optimal caring conditions and the barriers to optimal caring conditions.	Optimal caring conditions were described by nurses as including personal satisfaction, team work and staffing. Barriers to optimal caring conditions included ED overcrowding, staffing issues, Equipment issues, time and privacy.

**Abstract**

The Caring Culture in the Emergency Department

**Background:** Approximately 100 million people seek care in an Emergency Department (ED) yearly, which can be overwhelming for many ED nurses. Patients who arrive in the ED are often in distress (Hostutler, Taft, & Snyder, 1999) and require immediate attention. Thus, caring for these patients and meeting their needs is challenging for ED nurses who practice a unique specialty that requires nurses to quickly treat patients, minimize pain and suffering, and protect life (McElroy, 2012) all while providing care within the context of a caring relationship (Wiman, Wikblad, & Idvall, 2007).

Caring is the essence of nursing (Bassett, 2002; Khademian & Vizesfar, 2007; Wiman & Wikblad, 2004; Wolf, Colahan, Costello, Warwick, Ambrose, & Giardino, 1998). It is what nurses do. One of the ways to study caring is to examine nurse caring behaviors, which are defined as “acts, conduct, and mannerisms enacted by professional nurses that convey concern, safety and attention to the patient” (Greenhalgh, Vanhanen, & Kyngas, 1998, p.928). Caring can significantly affect both the patient and the nurse. The bilateral and reciprocal effects of nurse caring behaviors have been studied and include an observed increased healing ability for patients and an increased sense of personal and professional satisfaction for nurses (Khademian & Vizesfar, 2007). The literature provides evidence that nurses develop an increased consciousness about their own perceptions of caring behaviors that can further assist them to develop caring behaviors that may positively influence their practice (Greenhalgh et al., 1998). Nurses need to identify their own perceptions of caring so that they can evaluate their nursing practice and provide individualized, improved nursing care that can enhance patient outcomes.

When nurse caring behaviors are obvious to patients in the ED, patients feel more comfortable and confident in the nurses (Berg & Danielson, 2007; Henderson, Eps, Pearson, James, Henderson, &

Osborne, 2007; Palese et al., 2011). Patients perceive the encounters as positive experiences and report feeling satisfied (Swanson, 1999; Turkel 2001). Nurse caring behaviors influence patient satisfaction as nurses spend more time with patients than any other healthcare provider in the ED (Kipp, 2001). Therefore, nursing has a responsibility to ensure that nurse caring behaviors remain a distinct feature of nurses working in the ED and that these caring behaviors are clear, consistent, and continuous (Felgen, 2003).

The parent study explored the relationships between patients' perceptions of nurse caring behaviors, nurses' perceptions of nurse caring behaviors and patient satisfaction in the ED using questionnaires. There was also an optional open-ended question at the end of the survey to explore ED nurses' perspectives about nursing care and patient satisfaction.

**Objective:** The purpose of the qualitative secondary analysis was to examine nurses' perceptions of nurse caring behaviors in the ED to provide an insight into the caring culture of the ED.

**Methods:** The parent study was a descriptive cross-sectional study that examined nurses' perceptions of nurse caring behaviors. Eighty-six nurse participants completed the Nurse's Background Information questionnaire and the Caring Behaviors Inventory-24 (CBI-24) (Wu, Larrabee, & Putnam, 2006). Of the original sample (n=86), 81 nurse participants provided written comments to an optional open-ended question that asked "Are you able to care for your patients in the Emergency Department as you would like to?" A box for Yes or No followed. The nurses were further prompted to answer: Why or Why not?" The responses were analyzed using qualitative content analysis approach. A second researcher reviewed the nurse participants' responses for accuracy of recurring themes.

**Results:** Data collected and analyzed indicated answers to the "Yes/No" questions yielded approximately only 20% (n=16) "Yes" answers. These comments described the preferred optimal nurse caring conditions. There were 65 "No" responses to this optional question. Two themes emerged from the content analysis: (1) optimal caring behaviors that included perspectives on personal satisfaction, teamwork and staffing; and (2) factors impeding nurse caring behaviors such as ED overcrowding, staffing issues, equipment issues, time and privacy.

**Conclusions:** Findings suggest that nurses recognize and value the importance of their nurse caring behaviors and value the relationship with their patients. Nurses also acknowledged that they were often in situations where they were not able to deliver optimal care and provided important information for improving the ED environment in support of better nursing care.