

**Title:**

The Lived Experience of Emergency Nurses: What Has Been Learned From Traumatic and Violent Events

**Renee R. Wright, EdD**

*Nursing, York College, CUNY, Jamaica, NY, USA*

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**References:**

Adriaenssens, J., de Gucht, V., & Maes, S. (2012). The impact of traumatic events on emergency room nurses: Findings from a questionnaire survey. *International Journal of Nursing Studies*, 49, 1411-1422. DOI: <http://dx.doi.org/10.1016/j.ijnurstu.2012.07.003>

Tubbert, S. J. (2016). Resiliency in emergency nurses. *Journal of Emergency Nurses*, 42(1). DOI: <http://dx.doi.org/10.1016/j.jen.2015.05.016>

**Abstract Summary:**

Terrorism, violence and traumatic events plague our lives daily. The Emergency Department is the only place in healthcare where people arrive as a result of these horrific events. This study's purpose was to illuminate the lived experience of emergency nurses when caring for victims of violent and traumatic events.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe three behavioral manifestations that emergency nurses experience when faced with violent and traumatic events.	The participants shared different behavioral manifestations that they experienced. Most spoke of sleep disturbances that they experienced. One participant stated "The sound of the trauma phone ringing causes tears to form or my hands to shake." Other sleep disturbances that were noted included: difficulty falling sleep; awaken during the middle of the night thinking about work; and dreaming about patients who have died or trauma patients who did not make it.
Identify at least three implications for nursing practice that were revealed from this study.	Implications for nursing practice include limiting exposure to triage and the trauma room by rotating the nurses during a 12-hour shift in triage and the trauma room. Incorporating humor into the workplace is another way to reduce stress. Offering debriefing sessions after exposure to traumatic

	and/or violent event. Having the support of peers and family.
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**Abstract Text:**

Purpose: Terrorism, violence, and traumatic events plague our lives daily. The Emergency Department (ED) setting is the only area in healthcare that people arrive unexpectedly as a result of these horrific events. Ever since the beginning of time, humans have been exposed to stressful events that include natural and man-made disasters. Emergency nurses are usually the first contact that the patient has in the ED. Unlike other healthcare professionals emergency nurses face undue burdens as a result of the care they provide to patients affected traumatic and violent events (Adriaenssens, de Gucht, & Maes, 2012; Mouro, 2009; Tubbert, 2016). Since September 11, 2001 threats of violence have intensified stress among emergency nurses. Emergency nurses are now responsible for monitoring waiting rooms and are more suspicious of unattended bags and belongings, even specific types of patients and visitors.

Emergency nurses work under extreme stress for many reasons. The Emergency Department is not only stressful because of its stream of major injuries, but also because of the sadly prevalent human event of violence that requires those in the helping profession to grapple with incidents of people hurting other people. Being exposed to traumatic experiences may put the emergency nurse at risk for emotional injury. By investigating responses to traumatic situations, it was possible to document and share the processes that nurses use to cope with the effects of violent and traumatic events that could impact their health and work performance. How does the emergency nurse cope with being exposed to these violent and traumatic events? What coping strategies do they employ so that they can continue to work effectively?

Methods: The qualitative research method chosen for this study was phenomenology because it could amplify the voices of emergency nurses who respond to violent and traumatic events. The nature of phenomenology was useful for this study because it imbued the lived experience of the participants with deeper understanding and meaning through the words of those who have undergone the experience.

The study was conducted after obtaining Institutional Review Board approval. Interviews were conducted with emergency nurses with more than three consecutive years of emergency nursing experience and work in a Level I Trauma Center in a Metropolitan area. Purposeful sampling was used because the individuals are required to have first-hand experience with the phenomenon of interest and should be willing to begin and complete the interview process (Streubert & Carpenter, 2011). Therefore, a purposeful sample was used to illuminate the phenomenon being studied. The participants were all direct care nurses who worked full-time, were willing to participate, and met the inclusion criteria. All the participants were Registered Nurses employed at a Level I Trauma Center Emergency Department. All five participants were female and their ages ranged from 32 years old to 55 years old. All the participants gave permission to be audio-record during the interviews. Each interview began after the participant had read and signed the consent form and study protocol. Demographic information was assessed first during each interview as a way of "breaking the ice." One question in particular was asked to probe their experience as emergency nurses facing violent and traumatic events: "What is it like being an emergency nurse in today's environment?" A notebook was used during the interview process to record any responses and emotions that were elicited during the interview including body language or nonverbal behavior that occurred such as shifting in the seat, smiling or grimacing. Data were culled from personal interviews conducted one-on-one with the each participant. Interviews occurred in private only with the investigator and were recorded with each subject's permission to ensure the accuracy of the statements. The audio-recordings were transcribed verbatim, reviewed, and analyzed for recurrent themes until saturation was achieved. Once the themes were identified, the researcher continued individual dialogues with the participants to verify the accuracy of the transcriptions and add further elaboration. In addition, participants were asked to confirm the emerging themes identified by the researcher and verify that the themes had meaning to the participants.

Results: Emergency nursing is a specialty that requires teamwork, dedication, effective communication skills, empathy, knowledge and skills. At times it requires one to have a sense of humor. The ten themes that emerged from the study include: behavioral manifestations, communication, empathy, humor, knowledge and skills, pediatric distress, support of peers and family, teamwork, uncertainty, and workload. Each participant shared their experiences as they have encountered them while working at the study hospital. The participants were able to recall actual experiences and feelings that they had experienced while caring for victims of trauma and violence. Several themes seem to ring clear as each participant shared a story. The themes were supported by the literature and studies that have taken place that has addressed emergency nursing stress. However, this study sought to seek the essences of being an emergency nurse in today's environment when faced with traumatic and violent events. It was evident that emergency nursing is a stressful profession as per the experiences that each of the participants shared.

Conclusion: Analysis of the interviews revealed that there are many ways in which nurses chose to cope. However, there is much that can be learned from this group of nurses that will offer suggestions addressing nursing practice and provide direction for future research. This study has illuminated that emergency nursing is a specialty that requires dedication, compassion, and the ability to handle very stressful situations. Nursing Managers should take these findings into consideration especially when making daily assignments. Limiting the length that the nurse is exposed to the trauma room or triage may reduce overall stress. Offering debriefing after traumatic/violent events and perhaps making attendance mandatory to the session (s) will allow for the staff to speak about their feelings and release some tension. Future research should include using a combination of qualitative and quantitative research methods using a larger sample size to see if these findings are consistent with emergency nurses in other urban cities across the United States and emergency nurses in other cities globally.