

Nurses' Caring Attitudes and Behaviors during Interaction with Patients at Emergency Departments at Governmental Hospitals

Ali Radhi Bunaqah

Reham Mohammed Alhamad

Basmah Abdulaziz Alateeq

Naela Mubarak Alhasawi

ALI HUSSAIN Ali ALSHAGHAB

Naji Mohammed Alabduralreda

Abdulwahed Abbas Alsaleh

Ali Mohammedrajab almoumen

Majed jalal alhajri

Mohammed Abdulwahed Almoumen

Muneer Ahmad Aljamaan

Mohannad Mousa AlAtieah

ALI MOHAMMED ALGARAINI

SUHAIL HASSAN ALHASSAN

Maryam radhi alradhi

Introduction

Nursing is an ever-evolving profession, and one of its defining characteristics is the emphasis on care that nurses place on their patients. According to Watson, the renowned author of *Theory of Human Caring*, caring is a form of relationship and exchange that is necessary for the provider and receiver of care to enhance and safeguard the patient's humanity, which in turn impacts the patient's capacity to recover (Sudarta, I. W., 2015).

Healthcare professionals like nurses play a crucial role in ensuring patients are satisfied with their care. That is why a nurse's caring actions could be shaped by her attitude towards care. The reason is, it's easier to exhibit caring behavior and get support from nurses who have a positive reaction to caring, and the opposite is also true. Having a compassionate attitude when providing nursing services is one way for health workers, specifically nurses, to strive for patient happiness.

Presently, humanistic and holistic approaches are beginning to take precedence over work-centered and medical models in nursing care. The utilization of conceptual and theoretical nursing models serves to advance knowledge, direct nursing practice, and enhance the standard of care provided (Cossette, S., et al., 2005; Pajnkihar, M., et al., 2017). Regarding the relational and philosophical aspects of care, numerous nursing theories place a premium on the nurse-patient dialogue and interaction. Interaction is defined as a subjective connection experience that makes use of communication, however the terms are sometimes used interchangeably. The primary means of carrying out the nursing care function are the interactions between the nurse and the patient (Brewer, B. B., & Watson, J., 2015; ATAR, N. Y., & AŞTI, T. A., 2012).

Interaction is defined as a subjective connection experience that makes use of communication, however the terms are sometimes used interchangeably. The primary means of carrying out the nursing care function are the interactions between the nurse and the patient (Alshammari, M., Duff, J., & Guilhermino, M., 2019; Yılmaz, D., & Çınar, H. G., 2017)

The effectiveness of nursing care depends on two factors: the patient's perception of the nurse's care behaviors and the nurse's own understanding of the core of care (Brewer, B. B., & Watson, J., 2015). Eye contact, attentive listening, honesty, sensitivity, touching, respect, using the patient's name, providing information, maintaining hope, taking into account cultural differences, relieving the patient and taking responsibility for him or her, being person-centered and emotionally understandable are all care behaviors according to Watson. Interactions between nurses and patients are crucial in creating a healing environment and promoting caring behaviors.

The emergency department is the initial point of contact for patients experiencing emergencies, and its primary responsibilities include resuscitation, limb preservation, and symptom relief.

Emergency department nurses deliver comprehensive nursing care to patients of all age groups in a high-pressure and intricate environment. This include the assessment of symptoms, regulation and treatment of persistent illnesses, stabilization of traumatic injuries or sudden episodes, and revival for critical life-threatening situations (Evans, D. et al., 2017; Hoyt, K. S., et al., 2017).

An overcrowded emergency department is regarded as an indication of effective management and adequate resources. The public's freedom to choose the emergency department as a means of

medical consultation allows for a simple method to quickly seek medical assistance (Chen, L. C., et al., 2018).

However, this has caused a misconception that people only go to the emergency room when they need quick treatment rather than serious medical issues, leading to more miscommunication and confrontation between patients and staff in the ED (Chen, L. C., et al., 2018).

Emergency department nurses experience physical and mental exhaustion due to factors such as frequent congestion in the department, a physically and temporally crowded work environment, disrespect, belittling treatment, lack of support, unpleasant behavior, and an excessive workload. These factors impact their job satisfaction and retention rate. Furthermore, the emergency department places a strong emphasis on teamwork, and any lack of proficiency in nurses' professional abilities can impede seamless collaboration within the emergency department team. Engaging in solitary work within a task-oriented environment will lead to a decline in team unity and give rise to challenges, as well as emotions of isolation and powerlessness (Person, J., et al., 2013).

Emergency department nursing plays a crucial role in the care of acute psychiatric disorder attacks since it is the first department that patients with these episodes typically seek assistance at. On the other hand, emergency room nurses frequently deal with patients who are abusive, need sedation, try to flee, or are threatened with violence. They also suffer from negative emotions like helplessness and loneliness while doing emergency operations. Therefore, one source of stress in emergency department job is providing care for patients with psychiatric

disorders. The significance of effective nursing intervention in emergency treatment for psychiatric diseases is underscored by the fact that if these nurses do not feel confident in caring for psychiatric patients, it may impact the desire of emergency department nurses to provide such care (Hakenewerth, A. M., et al., 2015).

Emergency department:

Emergency departments, which cater to individuals experiencing high levels of stress and witness numerous deaths, life-threatening accidents, and severe situations, are considered to be environments characterized by significant occupational stress. Therefore, it may be inferred that emergency department staff experience the most significant levels of stress compared to other healthcare professionals (Potter, 2006). Emergency department nurses face numerous challenges, particularly due to factors such as demanding schedules, the need to care for multiple patients simultaneously, unexpected deaths, providing care for critically or fatally ill individuals within limited time and intensity, and working in a noisy and crowded environment (Kilic, S. P., et al., 2016).

Defining Emergency Medicine:

It is necessary to define emergency care in order to comprehend the specialized expertise and function of the emergency nurse practitioner (ENP). The ACEP (American College of Emergency Physicians) defined emergency medicine as follows:

Emergency medicine is a medical field that focuses on diagnosing and treating unexpected illnesses or injuries. The Model of the Clinical Practice of Emergency Medicine has a distinct and comprehensive body of knowledge. Emergency medicine encompasses the assessment, diagnosis, treatment, coordination of care between various healthcare professionals, and management of patients in need of urgent medical, surgical, or psychiatric attention. Emergency medicine specialists offer essential clinical, administrative, and leadership services to the emergency department and other areas of the healthcare system (Koota, E., et al., 2020).

Defining Emergency nurse

Emergency nurse practitioners (ENPs) are healthcare professionals that specialize in providing specialized care and hold a valid license to practice. ENPs deliver healthcare services to patients in ambulatory, urgent, and emergency care environments. ENPs evaluate, diagnose, and treat sudden illnesses, injuries, and worsening of long-term conditions. Emergency Nurse Practitioners (ENPs) are trained to provide care for patients of all ages, within the specific area of NP education and national certification. They are equipped to handle a wide range of medical illnesses, from non-urgent to urgent and life-threatening cases.

Emergency nurses play a crucial role in healthcare, as they are frequently the initial healthcare providers to encounter patients who arrive at the emergency department (ED). Emergency nurses evaluate patients of all ages, as well as diverse socioeconomic and cultural backgrounds, and commence treatment for them. Emergency department patients present with a diverse range of



treatment for patients before and after medical evaluation. Their responsibilities encompass the ongoing evaluation, control of symptoms, observation, and provision of nursing care for all patients in the emergency room (Considine, J., et al., 2018; Kennedy, B., et al., 2015).

Emergency nurses, similar to other healthcare practitioners, are required to stay updated with the latest research and ensure that their practice is founded on evidence-based methods.

Nevertheless, there are obstacles linked to the reliable execution of evidence-based practice (EBP) in emergency nursing.

Smith et al. (1999) argues that hospital nurses still perceive nursing as primarily focused on treating diseases. In a study conducted by Ward (1997) on student nurses' perspectives on health promotion, it was discovered that health promotion was regarded as the act of providing information and education to clients, as well as advising them on lifestyle choices and potential risks. Ward determined that these perspectives can be seen as a limited understanding of health promotion, as they fail to consider the broader concerns supported by the Ottawa Charter. Both the United Kingdom (UK) Department of Health (1989) and Royal College of Nursing (1989) have emphasized the importance of nurses acquiring proficiency in health education and health promotion. The source cited is McBride's work from 1995 (Cross, R., 2005).

Emergency Nurses' Attitudes toward Interprofessional Collaboration and Teamwork:

Interprofessional collaboration (IPC) is the interaction of multiple professionals who have distinct but interconnected tasks. The significance of this procedure in the emergency department (ED) is crucial due to the high-stakes work environment, the substantial workforce, and the intricate nature of the tasks (JAFARI, V. N., et al., 2014). Effective interprofessional collaboration (IPC) can have a positive impact on health-care quality, patient care, personnel job satisfaction, and the development of comprehensive health care (FARHADI, A., et al., 2017).

One alternative definition of teamwork is "cooperative or coordinated efforts on the part of a group of persons acting together as a team or in the interests of a common cause." (Hawkins, R. E., et al., 2016). In order to accomplish anything, teamwork and IPC necessitate the participation of multiple individuals.

The key difference between IPC and teamwork is that with teamwork, members' individual efforts are combined to reach a common objective, whereas with collaborative work, professionals finish a project as a group.

Impact of workplace in health care setting:

Both the immediate and long-term effects of patient aggression on individuals and organizations are significant. Individuals experience physical and psychological pain, including rage and frustration, as a result of violence.⁷ Employees' bravery and productivity on the job can take a hit following a violent occurrence involving patients.⁸ Organizationally, poor patient care is linked to patient aggression.⁹ Significant long-term benefits on nurse recruitment and retention are also produced.

Missed Nursing Care:

A global health concern is Missed Nursing Care (MNC). Missing or severely delayed nursing care (MNC) is when patients do not receive some aspects of their treatment. In this field of study, several terms have been employed, including "nursing care left undone" (Aiken, L. H., et al., 2001), "care left undone" (Ausserhofer, D., et al., 2014) "unmet nursing care needs, "implicit rationing of nursing care", and "MNC". There is a continuum separating the executed from the missing nursing care actions. Missed care activities occur when essential tasks are either not done at all, done at the wrong time, or left undone for any reason.

Globally, the occurrence of neglected medical attention in critical care units is substantial, ranging from 55% to 98%. Moreover, the likelihood of neglected nursing care in emergency departments is significantly elevated as a result of the intricate and demanding operational structures within this department.

The emergency department is vulnerable to medical errors due to various circumstances, such as a high patient volume, shortages of nurses and medical equipment, the prevalence of acute and life-threatening disorders, and a lack of available beds for patient admission. Simultaneously, the inherent uncertainty of emergency departments, along with characteristics such as hurry, lack of patient medical history, and overwhelming workload, contribute to the susceptibility of patients in the emergency department (Weigl, M., et al., 2016).

Conclusion:

Nursing professionals with advanced degrees and years of experience can be invaluable assets in establishing care-oriented nursing interactions. Furthermore, in order to analyze and resolve issues pertaining to nurse-patient contact and nursing care, extensive studies and projects should be established. Emergency room nurses sometimes hold unfavorable opinions and biases against patients, which can impact their assessment and treatment of these individuals. An atmosphere characterized by a lack of seclusion exposes patients to external stimuli, heightens the likelihood of violence, and intensifies the challenges and stress faced by nurses in providing patient care. Emergency department nurses have an urgent need to enhance their knowledge and skills in providing care and to improve their team's ability to respond to violence.

The emergency department failed to attend to patients' basic requirements, conduct necessary assessments, and provide necessary follow-up care due to the high volume of patients and the organization of the department. According to the RNs, MNC is a demeaning and dangerous company. Despite the excellent quality of the included studies, there is a dearth of research on the topic of registered nurses' perceptions of their responsibility to meet the needs of emergency department patients and medical newcomers (MNC). This review has important clinical implications since it shows that emergency departments often skip on important nursing care, which could put patients at risk.

References:

- Sudarta, I. W. (2015). Manajemen keperawatan penerapan teori model dalam pelayanan keperawatan. Yogyakarta: Gosyen Publishing.
- Cossette, S., Cara, C., Ricard, N., & Pepin, J. (2005). Assessing nurse–patient interactions from a caring perspective: report of the development and preliminary psychometric testing of the Caring Nurse–Patient Interactions Scale. *International journal of nursing studies*, 42(6), 673-686.
- Pajnkihar, M., McKenna, H. P., Štiglic, G., & Vrbnjak, D. (2017). Fit for practice: analysis and evaluation of Watson’s theory of human caring. *Nursing science quarterly*, 30(3), 243-252.
- Brewer, B. B., & Watson, J. (2015). Evaluation of authentic human caring professional practices. *JONA: The Journal of Nursing Administration*, 45(12), 622-627.
- ATAR, N. Y., & AŞTI, T. A. (2012). Bakım Odaklı hemşire-hasta etkileşimi ölçeğinin güvenilirlik ve geçerliği. *Florence Nightingale Journal of Nursing*, 20(2), 129-139.
- Alshammari, M., Duff, J., & Guilhermino, M. (2019). Barriers to nurse–patient communication in Saudi Arabia: an integrative review. *BMC nursing*, 18, 1-10.
- Yılmaz, D., & Çınar, H. G. (2017). Examination of attitudes of nursing department senior students towards caring nurse-patient interaction Hemşirelik bölümü son sınıf öğrencilerinin bakım odaklı hemşire-hasta etkileşimine yönelik tutumlarının incelenmesi. *Journal of Human Sciences*, 14(4), 3300-3309.

Evans, D. D., Ashooh, M. P., Kimble, L. P., & Heilpern, K. L. (2017). An exemplar interprofessional academic emergency nurse practitioner program: a blueprint for success. *Advanced Emergency Nursing Journal*, 39(1), 59-67.

Hoyt, K. S., Evans, D. D., Ramirez, E. G., & Wilbeck, J. (2017). The specialty of emergency nurse practitioner practice. *Advanced Emergency Nursing Journal*, 39(4), 231-235.

Chen, L. C., Lin, C. C., Han, C. Y., Hsieh, C. L., Wu, C. J. J., & Liang, H. F. (2018). An interpretative study on nurses' perspectives of working in an overcrowded emergency department in Taiwan. *Asian nursing research*, 12(1), 62-68.

Person, J., Spiva, L., & Hart, P. (2013). The culture of an emergency department: an ethnographic study. *International emergency nursing*, 21(4), 222-227.

Hakenewerth, A. M., Tintinalli, J. E., Waller, A. E., & Ising, A. (2015). Emergency department visits by older adults with mental illness in North Carolina. *Western Journal of Emergency Medicine*, 16(7), 1142.

Considine, J., Curtis, K., Shaban, R. Z., & Fry, M. (2018). Consensus-based clinical research priorities for emergency nursing in Australia. *Australasian Emergency Care*, 21(2), 43-50.

Kennedy, B., Curtis, K., & Waters, D. (2014). The personality of emergency nurses: is it unique?. *Australasian Emergency Nursing Journal*, 17(4), 139-145.

Person, J., Spiva, L., & Hart, P. (2013). The culture of an emergency department: an ethnographic study. *International emergency nursing*, 21(4), 222-227.

Koota, E., Kääriäinen, M., Lääperi, M., & Melender, H. L. (2020). Emergency nurses' Evidence-Based Practice attitudes, self-efficacy, knowledge, skills and behaviors before an educational intervention—Baseline of a Randomized Controlled Trial. *Collegian*, 27(4), 361-369.

Cross, R. (2005). Accident and emergency nurses' attitudes towards health promotion. *Journal of Advanced Nursing*, 51(5), 474-483.

JAFARI, V. N., Hosseini, M., Khankeh, H., & Ahmadi, F. (2014). Competency and cultural similarity: Underlying factors of an effective interprofessional communication in the emergency ward: A qualitative study.

FARHADI, A., Elahi, N., & Jalali, R. (2017). NURSES' AND PHYSICIANS' EXPERIENCES OF THE PATTERN OF THEIR PROFESSIONAL RELATIONSHIP WITH EACH OTHER: A PHENOMENOLOGICAL STUDY.

Hawkins, R. E., Lawson, L. E., Starr, S. R., Borkan, J., & Gonzalo, J. D. (2016). *Health Systems Science e-Book*. Elsevier Health Sciences.

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., ... & Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health affairs*, 20(3), 43-53.

Ausserhofer, D., Zander, B., Busse, R., Schubert, M., De Geest, S., Rafferty, A. M., ... & Schwendimann, R. (2014). Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multicountry cross-sectional RN4CAST study. *BMJ quality & safety*, 23(2), 126-135.

Weigl, M., Müller, A., Holland, S., Wedel, S., & Woloshynowych, M. (2016). Work conditions, mental workload and patient care quality: a multisource study in the emergency department. *BMJ quality & safety*, 25(7), 499-508.

Kilic, S. P., Aytac, S. O., Korkmaz, M., & Ozer, S. (2016). Occupational health problems of nurses working at emergency. *International Journal of Caring Sciences*, 9(3), 1008.