

Study shows ER nurses not immune to critical incidents

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(Medical Xpress) -- Emergency room (ER) nurses deal with critical incidents daily and appear to be able to seamlessly carry on with their work. Recent research from a Master of Nursing student at the University of Calgary, however, suggests that some of these incidents are emotionally, physically and behaviourally devastating to the nurse and at times they suffer alongside their patients' family and friends.

"These situations are inevitable for the ER nurse – they are part of the role - and each one copes differently," says Stephanie Dykalski, a graduate student in the Faculty of Nursing and herself an ER nurse. "But my research indicated that they all ascribe meaning to certain critical incidents as it relates to their own life and that can have a powerful impact personally on each one of them. Over time, that impact can have devastating effects and repercussions." Dykalski's supervisor, Annette Lane, says that while other professions - like the police service - receive stress debriefing immediately following a serious event such as multiple deaths through a car accident or a shooting, the ER nurse does not have the opportunity to debrief in the same way.

"As ER [nurses](#) continue on with their shift and patient care, they have little opportunity to acknowledge or deal with the impact of emotions related to the critical incident," says Lane. "Stephanie's work is significant as it demonstrates the importance of nurses ascribing the meaning or 'criticality' of difficult events in their work as well as determining what kinds of supports are most helpful for them."

Tanya Smith, an ER nurse at Grande Prairie's Queen Elizabeth II Hospital, acknowledges that certain critical incidents in her career have had a profound and lasting personal effect. "The incident that has stuck with me for years is when I received a 16-year-old boy who had been in an ATV accident," Smith recalls now. "The boy was initially talking, but ended up having a huge brain bleed and died. Immediately following the incident I remember feeling like I wanted to burst into tears but didn't want to say anything or show any emotions because I was scared I would be judged for doing that. Every September I remember him and usually look for his 'in memory' ad in the paper. "

Dykalski says Smith's reaction is not unusual and that many nurses are uncomfortable expressing their emotions because they may be negatively judged or labeled by their peers.

"That can result in feelings of isolation," she says. "Like Tanya, the nurses I interviewed also carry stories of critical incidents that have haunted their memories for many years. While a critical incident is generally recognized as a trauma, cardiac arrest or motor vehicle accident, any event the nurse personally deems critical such as a patient seizing or a verbally aggressive patient or family member can make them push back their emotions in order to continue working."

Since cutting down on critical incidents is not an option, Dykalski suggests nurses and managers could become more accepting, open and less judgmental towards the expression of emotions to create a safe environment where nurses feel comfortable openly talking about their feelings.

"They can use their own individual coping mechanisms that they have gained from their experience, but being able to explore their emotions in a more public way with co-workers would assist in the overall process."

Provided by University of Calgary

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