



Is Domestic Abuse an Issue for Emergency Nurses?

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ECA Conference 2008

Session Aims

- To consider strategies that Emergency Nurses may use to control their work environment when dealing with domestic abuse.
- Understand the implications of screening for domestic abuse in the Emergency Care setting
- To explore how the introduction of Government time targets (DH, 2002) has impacted on the way Emergency Nurses work with people who have been abused.

Research Aim

- To explore how Emergency nurses manage their responses to people who attend the Emergency Department following domestic abuse
- This study did not attempt to consider the identification of women who had been abused due to the wealth of data on this subject that has informed the policy agendas

Background

- Small scale empirical research project undertaken in 2003
- Part of MA - Sociological Research in Healthcare
- Interest arose from conversations with colleagues

Research Design

- Exploration of ‘lived experience’
- Phenomenology provides us with taken for granted knowledge of the social world
- Semi-structured interviews
 - Core set of questions
 - Probe to seek clarification
- A “conversation with a purpose”

Sample

- Convenience sample
- 7 students approached
- All gave written consent
- 2 postponed interview
- Data reviewed from the 5 completed interviews
- All participants had been working in an A&E setting for between 3.5 – 5 years
- Experienced A&E nurses (Band 5 & 6) from a range of different A&E departments

Ethics

- Difficulties with access to A&E departments in the researchers locality.
- University ethics approval
 - Informed consent
 - Clarification of aims and methods
 - Ability to withdraw from the research project at any time. Any decision to withdraw would not affect the student personally, professionally or academically.

Pilot Interview

- Used to trial questionnaire design
- Consent
- Agreed not to transcribe tape
- Tape destroyed after interview
- Data not included in the study
- Demonstrated that the questionnaire needed some revisions
- When the tape was turned off...

Data Collection and Analysis

- All the interviews were tape recorded
- All the interviews were transcribed by the interviewer
- Colazzi's (1978) procedural steps were used as a guide to focus the analysis
- open coding
- axial coding
- theoretical coding

Colazzi's (1978) procedural steps

- All transcripts read to gain an overall view and feeling for them
- Significant statements extracted
- Formulated meanings extracted from each significant statement
- Formulated meanings clustered into themes
- The results so far integrated into an exhaustive description of the study
- Findings validated by returning them to participants

Findings

A blurred, grayscale background image showing several people on a track, possibly a running track or a similar outdoor facility. The figures are out of focus, creating a sense of motion and activity.

- Four key themes identified
- Professional identity
- Time
- Public/private tensions
- Mind/body divide

Public/private tensions

- Concerns about asking direct questions
- Fear of causing offence
- Privacy was key to being a good A&E nurse
- Stigma

Findings - Public/private tensions

- Participant One
 - *“sometimes it is quite innocently that you don’t see it”*
 - *I never come out and ask anyone because I always think it is personal”*
- Participant Three admitted the need to probe.
 - *“sometimes you have to fish for it a little bit”*
- Participant Five
 - *“Most people will share that they have been involved in domestic abuse, they’ll tell you because they want you to help them”*

Body/Mind Divide

A blurred, grayscale background image showing a person in a wheelchair being pushed by another person. The scene is out of focus, emphasizing the physical and emotional aspects of the subject matter.

- Complex interplay of emotional and physical symptoms
- Illness Presentations
- Deception injury
- Could emotional or psychological abuse affect a woman's health?

Findings - Body/Mind Divide

- Participant Two
 - *“some people are left so vulnerable and are left so weak that they haven’t got the strength physically or mentally to do anything...they feel worthless and don’t have any self worth”*
- Participant Three
 - *“I think a certain amount of counselling skills possibly, maybe some insight into a mental health background”*

Professional Identity

- A&E nurses and nurses who work in A&E
- Knowing 'the rules'
- Construction of A&E work within a biomedical framework

Findings - Professional Identity

- Participant Two
 - “...I do from an injury point of view...but from a psychological point of view it certainly has to be addressed but I don't know that A&E is the best place for that”
- Participant Four
 - “Perhaps it would be better for women to go to their GP, but certainly not A&E”
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Screening

- Routine universal screening versus indicator based screening
- Has been advocated in UK policy documents for the past decade but remains contentious
- Evidence suggests that women are not offended by routine inquiry
- Supportive infrastructure is required prior to the introduction of routine screening in UK A&E departments

Screening

- Participant Two
 - *“I just think it is inappropriate and it would be time consuming”*
- Participant Five
 - *“It’s not because we are not interested, but because it is so busy and we don’t have the time...if time allows I have tried to address it...but you are pretty limited because you are opening a can of worms”*
- Participant Four
 - *“There is enormous pressure to have the patient in and out, not to chat, in and out basically and I think it has come about more because of the four hour wait”*

The Unpopular Patient

- Participant Two
 - *Yes...they become the unpopular patient, they become the stereotypical unpopular patient.”*
- Participant One
 - *“I think the staff are frustrated, they give all the information...the staff get bored because they are going through the same things all the time and they don't think the patients are going to do anything.”*
- Participant Four
 - *“it depends what they come in with, this lady was treated well but if you were drunk and a regular attender you do get a bit of a bad name for yourself and you get an increased wait”*

Limitations

- Small scale study
- All participants known to each other so potentially discussed study amongst themselves
- Gives a snapshot rather than generates new theory

Time

- *Participant One*
 - *“I’ll probably get struck off for saying this but the higher up the grade you go the more you are aware of time targets and the pressures on you...I wasn’t bought into nursing to be on a timer, I’m not on piece rate and I’m not really into targets”*
 - *“you are not going to do the best for people if you are watching the clock all the time. Something has to go and it is the clock”*
- *Participant Five*
 - *“its not because we are not interested...we are so busy, we don’t have the time”*

Interesting findings

- Some of the data was anticipated
 - Definitions, social class
- However, for the researcher the really interesting data gave an insight to the 'lived experience' of this group of A&E nurses
 - Screening, privacy, control of the environment and time
- New insight on the published literature to date

Implications for Practice

- A larger national research study into domestic abuse and A&E nurse's work needs to be undertaken
- Good practice of A&E nurses working with women who have experienced domestic abuse should be disseminated to all UK A&E departments.
- Domestic abuse awareness should be included in all healthcare professionals' educational programmes in the UK.
- If screening for domestic abuse is to be introduced into A&E departments clearer evidence based guidelines on how this should be implemented need to be disseminated and support provided.
- Women who have experienced domestic abuse need to be consulted about the implementation of screening for domestic abuse in A&E departments

Concluding Thoughts...

- “Behind the curtain was the only time I was alone. His shadow on the curtain. A few minutes. One question. One question. I’d answer. I’d tell them everything if they asked. Ask me. I’d have told them everything. I swear to God I would have. If they’d asked me first. He pulled my arm behind my back and lifted me off the floor. It would have been easy after that, watching them listening. He hit me. He kicked me there. He burned me here. He did it. He did it. Save me. I’d have told them everything. I just had to be bought behind the curtain, and asked the right question.”

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