ED nurses experiences of older people's dignity: A phenomenological study

Bhupinder Pawar, MSc PGCE, BA, DipHE, RN
Lecturer Practitioner in Emergency care
Coventry University & University Hospital, Coventry.

Introduction and Aim of the Study

A number of high profile reports in the last two decades have highlighted the importance of maintaining the dignified care of older people in all health care settings. In the United Kingdom (UK), the emergency department (ED) provides preliminary care and treatment to a wide range of older patients and for many of them; this is the start of their health care journey (Ford et al 2009).

Demographic shifts and an increase in the proportion of older people in the general population mean that the ED is, and will be, the entry portal to acute health care services for many older people. In line with all care settings, nurses are, and will continue to be, the main providers of care in ED. Dignified care of older people should start at the first entry through which older people start their health care journey.

The aim of this study was to explore ED nurses' experiences of caring for older people in one ED, to describe their perceptions of dignity and factors that can facilitate or hinder dignified care in the emergency care setting.

Methods

This was an exploratory qualitative study, guided by a descriptive phenomenology methodology. Ten experienced emergency care nurses were recruited in one emergency department using purposive sampling. Data were collected through semi-structured interviews, which were audio recorded and transcribed verbatim. Data were analysed using Colaizzi's (1978) data analysis approach.

Summary of findings

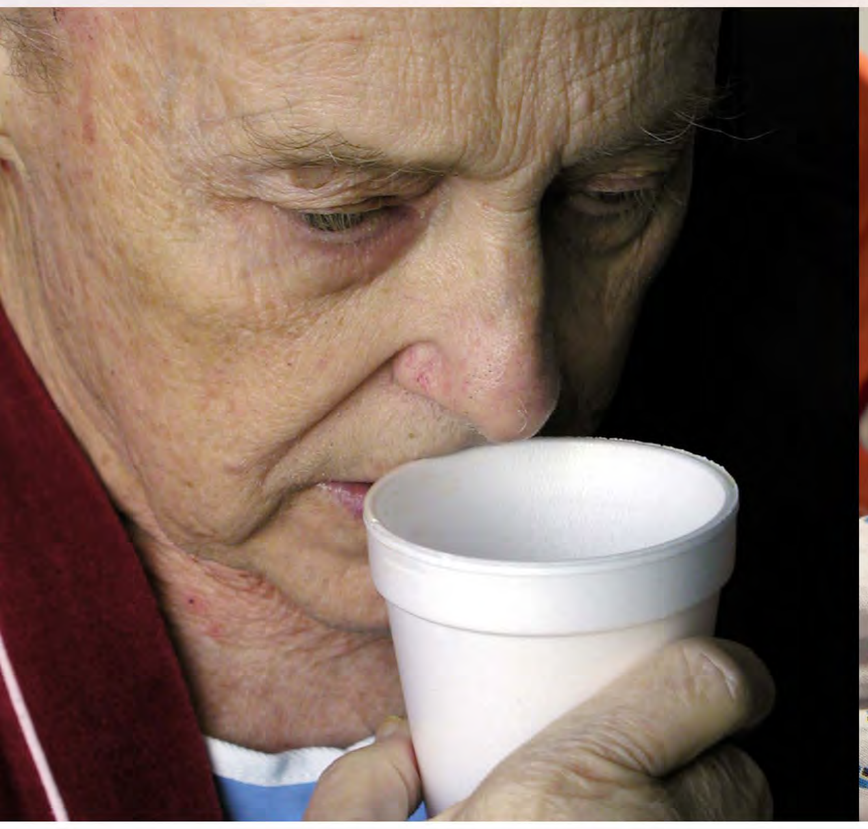
The findings indicated that nurses perceived older patients' dignity in the ED as actions inherent to autonomy. Dignity was conceptualised as seeing and treating the older person as an individual human being. Participants described respecting the older person, maintaining privacy and giving information and choice as attributes of older person's dignity. The ED was described as a complex care environment that included a number of factors that hindered nurses from providing dignified care. Lack of privacy was one of the main factors that compromised patient dignity in ED and this was associated with areas such as the resuscitation room and the corridor. Participants described feeling frustrated, angry and powerless in having to care for patients in the corridor where it was difficult to maintain dignity.

'I feel embarrassed when I have to work on the corridor.....there isn't any dignity...for an elderly person to be waiting hours on a corridor, I don't think that's dignified at all really'. (Nurse)

'Dignity to me basically means doing everything that you possibly can for the patient, maintaining their privacy, dignity and keeping them covered and not left to be exposed' (Nurse).

Conclusion

The research revealed that nurses understood what constituted dignified care and were capable of delivering this care. However, the complex ED environment prevented them from delivering this care.



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