EXPERIENCES OF PROFESSIONAL NURSES IN CARING FOR CRITICALLY ILL PATIENTS IN THE EMERGENCY DEPARTMENT AT AN ACADEMIC HOSPITAL IN GAUTENG.

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ABSTRACT

Emergency department overcrowding has been gaining increasing national and international attention in recent years, yet little research has been conducted to understand the professional nurses' experience of this phenomenon. Critically ill patients remain in the emergency department for an extended period while new patients are arriving; creating a situation where the patient nurse ratio is unbalanced and the emergency department becomes overcrowded. Professional nurses in the emergency department have to care for these patients who require a one on one nurse to patient ratio in the intensive care unit (ICU), as well as new arrivals to the emergency department. The standard waiting timeframe for the critically ill patient from emergency department admission to the transfer of the patient to the ICU is generally four hours; however, patients can wait for up to six hours or further thus extending the waiting period.

The aim of this research was to understand the experiences of professional nurses in caring for critically ill patients in the emergency department and to described recommendations for assisting professional nurses caring for critically ill patients in the emergency department at an academic hospital in Gauteng. The research design used was a qualitative exploratory, descriptive and contextual design. The accessible population was professional nurses who care for critically ill patients in the emergency department at an academic hospital in Gauteng. Five focus group interviews were conducted comprising of five to six participants. The research question which was addressed was: What are the experiences of professional nurses in caring for critically ill patients in the emergency department at an academic hospital in Gauteng?

Data saturation was reached on the fifth focus group interview. The data was transcribed verbatim from a tape recorder and field notes were written. Data analysis was done using thematic coding of data. Ethical principles and measures of trustworthiness were adhered to throughout the research study. The study revealed that professional nurses experience frustration regarding the critically ill patient being cared for in the emergency department, a lack of support. Participants made suggestions for improvement for assisting professional nurses caring for critically ill patients in the emergency department at an academic hospital in Gauteng.

Keywords:

Emergency department (ED), critically ill patient, intensive care unit (ICU).Professional nurse, overcrowding.

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INTRODUCTION AND RATIONALE

The Australian college of emergency medicine (2012:1) asserts that the emergency department(ED) is a vital component in service delivery of a hospital and should be accessible and available seven days a week for all who require care. Overcrowding in the ED of hospitals is becoming a widespread and debilitating situation all over the world. Di Somma, Paladino, Vaughan, Lalle, Magrini and Magnati (2014:2) concur that the ED overcrowding is neither new, nor unforeseeable. It was front cover news for international publications such as, *Time magazine* as far back as 20 years ago.

Unwin, Kinsman and Rigby (2016:3) states that the EDs world-wide reports that service demands exceed the resource availability. Overcrowding in the ED occurs when emergency department function is impeded, primarily by overwhelming of ED staff, resources and physical capacity by excessive number of patients needing care. Under normal circumstances, the situation in the ED may be unpredictable and yet controllable, but when ED overcrowding is experienced it becomes difficult to control. Working conditions become more gruelling and staff resources are stretched to the limit to meet patients' minimal health needs (Meisenheimer 2014:1).

Hung, Kung, Liu, Chew, and Chung (2014:1) states that even the critically ill patient has to wait for an ICU bed in the ED. The critically ill patient expends a relatively high capacity of the ED leading to a reduced ED capacity for handling new critically ill arrivals. If the critically ill patient must stay in the ED because of insufficient ICU beds, it contributes to overcrowding.

The ICU provides a continuous monitoring system for critically ill patients for recovery of life-threatening situation. Some patients, however, may be denied admission to the ICU due to a lack of available beds. (Urizzi, Tanita, Festti, Cardoso, Matsuo and Grion 2017:568).The critically ill patients wait for an ICU bed in the ED and are cared for by the PNs working in the ED. According to Hung et al (2014:6) even if the critically ill patients taken care of by ED PNs who were also trained in providing critical care, there were many limitations in performing critical care in the ED. The ratios of nurse-patient usually exceeded those of the ICU.

Patients waiting for ICU beds require a higher level of care and more nursing time. Staffing patterns and ED patient flow make it challenging for emergency nurses to provide the same level of care that they would have provided in the ICU. (The Emergency Nurses Association 2014:1). The ED is not designed or staffed to provide care beyond the initial resuscitation period, yet the patient remains in the ED, sometimes languishing without optimal care. Even with ample staffing the, meticulous management requirements of the critically ill are unappealing to some Emergency Physicians. For the patient it is obviously desirable to receive the same evidenced based aggressive intensive care regardless of the location in the hospital. By bringing the intensive therapies of the ICU to the bedside in the ED, the ED intensivist may mitigate the negative effects of hospital overcrowding on the critically ill patient. (Weingart, Sherwin, Emlet, Tawil, Mayglothing and Rittenberger 2013:617).

2. PROBLEM STATEMENT

In a Gauteng, academic hospital critically ill patients stayed more than six hours in the ED before they can be admitted to the ICU within the hospital due to a shortage of beds. Statistics for three months (November 2014, December 2014 and January 2015) for this particular Gauteng academic hospital the statistics showed that 3115 trauma patients were treated in the ED, 706 of these patients were priority one patients (P) (a patient in need of immediate resuscitative intervention) and 587 remained in the ED for more than six hours due to a shortage of beds in the ICU in the hospital. Some patients were waiting to be transferred to their primary treating hospitals (where they were referred from) after six hours and the others remained under the care of the ED professional nurses.

The staff complement in the ED is eight trauma and emergency trained professional nurses and eight professional nurses who are not trained. The trauma and emergency trained professional nurses (PNs) have the ability and skills to care for critically ill patients (Chris Hani Baragwanath nursing College Trauma and Emergency Nursing Science curriculum, 2014).

At any given time, an average of five critically ill patients remains in the ED over six hours waiting for an ICU bed within or outside the hospital. When new critically ill patients arrive, the PNs have to care for the newly arrived patients as well as the critically ill patients waiting for a bed in the ICU. PNs become overwhelmed with unsafe patient loads (4-5 patients in the ED, including critically ill patients) .These are the conditions under which PNs have to function on a daily basis. Little support and recognition is given to the PNs in caring for critically ill patients in the ED at an academic hospital in Gauteng. This led to the researcher asking the following question: “What are the experiences of professional nurses when caring for critically ill patients in the emergency department at an academic hospital in Gauteng?”

3. RESEARCH PURPOSE

The purpose of this study was to understand the experiences of PNs caring for critically ill patients and describe recommendations for assisting the PNs when caring for critically ill patients in the ED at an academic hospital in Gauteng.

4. DEFINITION OF TERMS

Experiences: Gray, Grove and Sutherland (2017:10) describe experiences as the knowledge that comes from being personally involved in an event, situation or circumstance. In nursing, experience enables one to gain skills and expertise by providing care to patients and families in clinical settings. In this study experience refers to thoughts, values, emotions, preferences and perceptions of PNs when caring for critically ill patients in the ED in an academic hospital in Gauteng.

Critically Ill Patients: According to the American Association of Critical Care nurses (2015:7) critically ill patients are defined as those patients who are at a high risk for actual and potential life-threatening health problems. The more critically ill the patient is the more likely he or she is to be highly vulnerable, unstable and complex, thereby requiring intensive and vigilant nursing care. The critically ill patients in this study are a critically ill patient who waited for an ICU bed in the ED for six hours and more after been stabilized by ED staff. A study conducted by Hosseininejad, Aminiahidashti,

Pashaei, Khatir, Montazer, Bozorgi and Mahmoudi (2017:2) states that patient who had waited for an ICU beds for more than 6 hours in the ED is considered cases of prolonged length of stay.

Professional Nurses: A person who is registered as a nurse or midwife as cited in (South African Nursing Council, Nursing Act no.33 of 2005). In this study, PN refers to PNs who have worked in the emergency department for more than two years and have been caring for critically ill patients in the ED in an academic hospital in Gauteng.

Caring: According to the Oxford advance dictionary (2015:216), caring is the process of caring for an individual and providing what they need for their health and protection. In this study caring refer to providing the nursing care that is required by the critically ill patients in the ED in an academic hospital in Gauteng.

Emergency Department: In a health care facility it is a section of an institution that is staffed and equipped to provide rapid and varied emergency care, especially for those who are stricken with sudden acute illness or who are the victims of severe trauma. The ED may use triage systems of screening and classifying clients to determine priority needs for most efficient use of available personal and equipment (Mosby's Medical Dictionary 2009:626). In this study ED refers to a department within a Gauteng academic hospital where critically ill patients are being cared for.

Overcrowding: According to the Royal college of emergency medicine (2015:6) describe overcrowding as a situation where the number of patients occupying the emergency department is beyond the capacity for which the emergency department is designed and resourced to manage at any one time. This results in an inability to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the department.

5. Research design and research method

5.1. Research design

A qualitative, exploratory, descriptive and contextual design was used (Burns, Grove and Gray 2015:67). A qualitative method was used to seek knowledge as expressed by the participants and it relies on interaction that is being studied under real –world conditions to gain in-depth knowledge from the professional nurses working in the emergency department and care for critically ill patients in the ED. The study explored and described the experiences of professional nurses caring for critically ill patients in the emergency department at an academic hospital in Gauteng. The design was contextual as it was conducted in a specific context where professional nurses in the emergency department was interviewed in an academic hospital in Gauteng.

5.2. Research Method

The research method is described under the following headings: Population, sample and sampling method, data collection, and data analysis and interpretation, and trustworthiness (Creswell, 2014: 48).

5.3. Population

The hospital where the study was conducted is an academic hospital located in Gauteng and has four emergency departments. The populations of this study were all the professional nurses currently working in medical and trauma emergency department. In this study, the population consisted of professional nurses working in the emergency department, who experienced caring for critically ill patients in the emergency department. Two emergency departments were chosen for in this departments critically ill patients are being cared for.

5.4. Sampling Method

Sampling is the process of selecting groups of people for conducting a study to obtain a sample representing the target group. (Gray et al, 2017:325). For this study, a purposive sampling was used which means that participants are chosen because participants, elements, events or incidents to include in the study. Purposive

sampling is the researcher's selective sampling of certain participants to include in the study and it is often used in qualitative research (Burns et al, 2015:509).

5.5. Data collection

Data were collected through focus group interviews which were audio –recorded with the permission of the participants. The focus group interviews were conducted in an isolated room in the ED and lasted for 45-60 minutes. The main question which was explored was the following: How it is for you when caring for critically ill patients in the emergency department. The second question was: What can be done to make the situation bearable? The focus group interviews were conducted while participants were on duty having their lunch breaks. Refreshments were provided to the participants to avoid the least disturbances during interviews. No other time could be found suitable for all the participants. Five focus group interviews were conducted which consisted of five to six participants.

Focus group interviews were conducted between 45 and 60 minutes. An isolated empty consultation room in the emergency department was used for participants to be easily accessible. The room was made comfortable free from noise, safe, it had good lightning and provided enough privacy to conduct interviews in. Chairs were placed in a circle to encourage interaction and to provide a non-threatening environment. Participants were reassured that anonymity and confidentiality will be maintained by not using names and a number was assigned to each participant. Ground rules were set for each group to ensure respect and facilitate communication during interviews. The researcher made field notes during the focus group interviews.

5.6.Data Analysis

Data analysis is described as a form of organising raw data and displaying it in a manner that will provide the researcher with answers. It helps to bring order, structure and meaning to the mass of collected data, it also reduces, organises and gives meaning to data. (Burns et al. 2015:502).Thus the data contained in the transcriptions of the interviews was analysed by an independent coder and consensus was reached regarding a central theme and sub-themes. Themes and sub-themes were later confirmed by the researcher's supervisors.

6. Measures of Trustworthiness

Trustworthiness was ensured by using strategies of credibility, transferability, dependability, confirmability and authenticity from the framework of Lincoln and Guba (Polit & Beck, 2008; Shenton, 2004).Credibility was ensured by engaging the participants 45- 60 minutes in the focus group interviews which enable the researcher to obtain sufficient information about the experiences of professional nurses caring for critically ill patients in the ED. Dependability is achieved through rich detailed description of the methods that show how certain actions and options are rooted in, and developed out of contextual interactions. Moreover a literature control was conducted. Confirmability was ensured by making use of two supervisors and an independent coder to code the collected data .the transcribed data, audio-recorder and field notes were kept safe.

7. Ethical considerations

Approval was obtained from the Academic Ethics Committee (REC-01-236-2015) and Higher Degrees committee (HDC-0157-2015) at the University of Johannesburg, and approval was also granted by the CEO of the hospital (Annexure D). The researcher obtained permission from the hospital CEO through ethics committee of Gauteng Department of Health. The researcher adhered to the ethical principles of the Belmont report which are the principle of respect for autonomy, principle of beneficence and principle of justice (Dhai & McQuoid-Mason, 2011:4).In addition written informed consent was obtained from the participants prior the collection of the data and participants were informed about the purpose of the research. By keeping the records in a safe place and not revealing the identification of the participants their confidentiality and right to privacy were maintained.

8. Results

Twenty four participants were interviewed in five focus group interviews. Participants included both males and females. The ages of the participants ranged between 28 and 54 years. The themes that emerged is described in table 1 below.

THEMES AND SUBTHEMES THAT EMERGED

CENTRAL THEME: Professional nurses experienced a feeling of demoralization when caring for critically ill patients in the emergency department	
THEMES	**SUBTHEMES**
Professional nurse's experiences frustration regarding the critically ill patient being cared for in the emergency department	• Professional nurses experience of inability to render care • Professional nurses experience of being overloaded and overworked
• Professional nurse's experiences a lack of support	• Professional nurses experience a lack of recognition • Experience of shortage of equipment • Experience of shortage of staff
• Suggestions for improvement	**Suggestions for professional nursing**. • Debriefing of staff. • Alleviation of staff shortages and • its effects. • Support of staff by managers **Suggestions for the Units and Hospital** • Review and implementation of policies and protocols. • Diversion of ambulances from the hospital. • Implementation of e-bed booking system. • Short stay unit fully equipped. • Interfacility transfer of patients • Maintenance and servicing of equipment

9. Theme 1: Professional nurse's experiences frustration regarding the critically ill patient being cared for in the emergency department.

It was found that the participants are experiencing frustration and are often feeling guilty by the fact that in-between their nursing care they at times have to leave the critically ill patients unattended or in the care of enrolled nurses. These difficulties faced by professional nurse are discussed under the following subthemes: Professional nurses experience of inability to render care and professional nurses' experience of being overloaded and overworked.

9.1. *Subtheme: Professional nurses experience of inability to render care*

Participants stated that they have the confidence in their ability to work in the ED however, they experience that they are unable to render the nursing care according to quality standards that they should, with the number of critically ill patients that they must attend to at the same time. Sometimes they have to leave certain of the nursing care incomplete or hand over to a junior staff member to attend to a newly arrived critically ill patient. Evidenced by the following quotations:

Focus Group 5 *"You find that I won't have the time to render that care for that patient. Because if I already have three ventilated patients and my newest is the most critical one, I still feel it's unfair to the patient who has been in the ED for four days. I will not be able to render my best care."*

A study conducted George and Evridiki (2015:4) confirms that a situation of patients waiting for an ICU bed in emergency department is associated with poorer performance and adverse clinical outcomes, including mortality. ED overcrowding (refers to patients being cared for in the ED) is associated with delays in treatment for emergency conditions, thereby increasing the risk of poorer outcomes.

9.2. *Subtheme: Professional nurses' experience of being overloaded and overworked.*

The participants experienced an increased workload when caring for the critically ill inpatient in the ED as well as the new critically ill or injured priority one patients that is arriving. This situation leads to an overloaded ED and causes work overload for the PNs which leave them feeling exhausted after a shift. This then contributes to an increase in absenteeism and resignations from the department. Evidenced by the following quotations:

Focus Group 1 *"I think the impact on us being of course, the overworking bearing in mind that you've got the critically ill patient in the resuscitation area and there are also other critically ill patients who are incoming, who also still need your attention"*

In a study conducted by Matlakala and Bezuidenhout (2014:5) workload as a stressor was indicated to be increased amongst other things the number of patients being nursed by one person. Exposing critically ill patients to high workload/staffing ratios are associated with a substantial reduction in the odds of survival. (Lee, Cheung, Joynt, Leung, Wong and Gomersall 2017:1).

10. Theme 2: Professional nurses experiencing a Lack of Support

The participants experienced a lack of support from various levels of management. When there is an increased workload, but the PNs and other staff members as a team attend to the patients without any adverse event, it is not recognized by management. They have to function with a shortage of equipment as well as a shortage of staff that is caused by the critically ill patient being cared for in the ED whilst waiting for an ICU bed to become available.

10.1. *Subtheme: Professional nurse experiencing a lack of recognition*

The participants states that nursing managers are not acknowledging their effort or show any appreciation and gratitude by verbally making them aware of it. Evidenced by the following quotations:

Focus Group 2 *"No one will ever acknowledge or show some gratitude of…, guys you know what, we understand yesterday was hectic and you tried your best."*

Focus Group 4 "*And another thing I think the fact that the managers they don't appreciate the hard work that we do"*

Zhao, Liu and Chen (2015:378) it was found that when PNs are not recognised by managers, their well-being was negatively impacted. However, the harmonious work environments and recognition by their managers positively impact on their well-being. Miyata et al. (2014:1) asserts that the relationship between recognition, retention, and engagement indicates that when people are recognized for their contributions and feel valued by their organization, they tend to feel satisfied and engaged, increasing the likelihood they will stay in their current position.

10.2. *Subtheme: Experiencing a shortage of equipment*

Participants stated that caring for critically ill patients in the ED contributes to them experiencing a shortage of equipment. The critically ill patient requires continuous haemodynamic monitoring and cannot be disconnected from the ventilator. When a new critically ill patient is admitted into the ED equipment is in use and it forces the PNs to disconnect the patient from the ventilator in order to be manually ventilated by using a bag valve mask (BVM) which is connected to oxygen. The manual ventilation is often done by a junior staff member who needs to be supervised by the PN. Evidenced by the following quotations:

Focus Group 3 *"Sometimes you may find we have three ventilated patients in the resuscitation area, another ventilated patient is in the cubicles with no ventilator available, you have to then manually ventilate the patient with a BVM whilst someone go and ask for another ventilator from 163 (the trauma ED), they are all full. How far is ICU from here?"*

Matlakala, Bezuidenhout and Botha (2014:6-7) states that in order to deliver quality patient care, special equipment such as monitors and ventilators are needed. Reports that equipment is insufficient when critically ill patients are being care for in the ED whilst waiting for an ICU bed can impact on the quality of patient care.

10.3. Subtheme: Experiencing shortage of staff

Participants stated that they are experiencing a shortage of staff that is caused absenteeism and resignations. When a staff member is absent hey are not replaced and the remaining staff on duty has to must carry the workload alone. Evidenced by the following quotations:

Focus Group 2 *"Especially like when you, you like short staffed then you take the very people that is supposed to work by the P2s and P3s so you find now you stucked with all these patients that are coming in and you have to make sure that everything is sorted out and you must still maintain the desk and see that everything is fine. You have to be all over at the same time."*

According to the NDOH's nursing strategic plan for nursing education, training and practice (2012/13/-2016/17:24) the majority of nurses continue to work with challenges of staff shortages and inconsistent staff ratios which impacts on quality care and contributes to low staff morale.

11. Theme 3: Suggestions for Improvement

To resolve or alleviate the challenges experienced by the participants will require a collaborative effort between the staff and the management of the institution. The team should identify contributory factors and finding solutions for issues that impact on patient care. It requires commitment from each team member to implement the solutions identified. Participants suggested the following to improve the situation : debriefing sessions be conducted for PNs , alleviate staffing shortages and its affects, support of staff by management.

11.1. *Subtheme: Debriefing of staff members*

Participants suggested that debriefing sessions should be conducted on a regular basis with staff members. They asserted that if they have somewhere to offload their concerns and voiced their frustrations, it could result in harmony in the unit. Evidenced by the following quotations:

Focus Group 5*: "Talking always help because you find out other people's views, you know how they feel .Their experience and stuff so it always help and I hope that we can find solutions. If you know us venting our problems some solutions can come up"*

A study conducted by Johnson (2016:5) states that debriefings have been proven to increase teamwork and improve team morale. The positive outcomes of improving teamwork described by the Agency for Healthcare Research and Quality (2015:1) include: reduced length of stay, higher quality of care, better patient outcomes, and a greater ability to meet family member needs, improved patient experience scores, and lower nurse turnover. Debriefing can also help to identify process improvements to improve the quality of care provided.

11.2. *Subtheme: Alleviate Staffing Shortages and Its Affects*

Participants stated that the managers should replace sick, staff on leave and absent staff members allowing payment of overtime by the agency as staff refuse to work overtime using the hospital payment system as the payment of overtime could take a few months whereas the agencies pay staff on a weekly basis which serves as a motivator for staff to work overtime. Evidenced by the following quotations:

Focus Group 1 *"You know why am I saying more staff it is easy for the employer or the management to say, if there are no beds what can we do, there is nothing we can do ,therefore if there are no beds ,if we are more staff now it means that today I can for an example can be allocated to work in an ICU setting in the ED* (others laughing). *Not doing an extra resuscitations ,that is why we need now to say ,they cannot alter the infrastructure of an institution because of there's no money and whatever to extend it, however we can change the personnel beef up the personnel to make sure that the patient care doesn't compromise"*

Barata, Brown, Fitzmaurice, Griffin and Snow (2014:277) states that the ED management can optimize supply and demand by proactively planning for peak periods with increased staffing. Salway, Valenzuela, Shoenberger, Mallon and Viccellio (2017:217) asserts that optimizing staffing to ensure that the department is appropriately resourced at times when patient flow is highest is a common sense-solution.

11.3. *Subtheme: Support of Staff by Management*

The participants suggested that the managers need to investigate incidences by gathering information from patients and staff members. Up to now the managers only listen to what the patients say and based on this staff are being reprimanded instead of supported. Evidenced by the following quotations:

"Focus Group 1 "*Yes, we need the support from our managers to make the situation more bearable*"

Focus Group 2*"The managers are always on patients side, like I don't know if the Chief Executive Officers (CEO's) number is on the notice board there but if we call*

,we can't get through to the CEO for some reason, it's difficult getting through to the CEO .But the patients I don't know if they have the number on speed dial but she will be here in a second, if there's a patient complaining, but if we are under pressure like that she won't come and see what problem do we have, but she can come when there is relatives or patients with crisis. She is here today, now, same time."

Gottwald and Landsdown (2014:154) states that an organisation need to develop a culture of supporting employees to report, discuss and learn from experiences and address complaints. In a study conducted by Meisenheimer (2014:104) the participants voiced that they required leaders who are able, supportive and have an active presence at the ED. It could refer to the nurse manager and the operational manager. Chipeta (2014:237) agreed that managers should be holding regular meetings to listen to challenges and staff needs.

11.4. *Subtheme: Review and implementation of policies and protocols.*

Participants suggested that protocols and policies be reviewed on a regular basis and the updated protocols to be implemented as it is adjusted to suit individuals. Evidenced by:

Focus Group 1*:"I would like to see protocols being followed; protocols are saying patients shouldn't be staying in casualty for six hours".*

Focus Group 4*: "I think the management should review this protocol of theirs of diversion of ambulances."*

Mitchell and Esnard (2014:28) states that organizational policies remain a critical aspect of job satisfaction. Specifically, organizational policies are described as the way in which the organisation is managed in a centralized, specialized, and formalized way. These policies contain rules that specify how to complete tasks as well as guide behaviour however; this formalization may result in decreased satisfaction in cases where procedures are too rigid.

11.5. *Subtheme: Diversion of ambulances from the hospital*

Participants stated that instead of having all the patients in the ED. The hospital need to give clear procedure to be followed as well as identify the responsible person to place the hospital on diversion for ambulance. Since everyone is placing the responsibility of deciding to be on diversion for ambulances on another person. Evidenced by:

Focus Group 1*: "The other thing is when eh the management whoever is supposed to decide when we get to be on divert they be looking at okay we have four ventilated patients maybe we can still take one ventilated patient but they don't look at the staff they don't look at the nursing staff they don't look at the doctors, okay if we are not closed (Referring to diversion of ambulances) how many patients do we have already, because what happens because it's all about taking care of the patient. Because now we are trying to create a space for this P 1 that is coming, we already have one so we gonna take some critical patient from the resuscitation bays and we take them outside(referring to the area where P2 and P3 patients are being cared for)"*

Salway at el. (2017:216) asserts that little evidence exist that ambulance diversion actually works, although there is evidence that ambulance diversion causes delayed care. Ambulance diversion is driven by critically ill patients waiting for ICU beds in the ED, and not related to short staff or space in the ED. Lin, Kao and Huang (2015:65) states that ambulance diversion is considered one of the possible solutions to relieve ED overcrowding by reducing the incoming patients. Ambulance diversion is implemented if the ED request ambulances that would normally bring patients to the hospital go to another hospital presumed less crowded instead.

11.6. *Subtheme: Implementation of Electronic Bed Management System (eBMS)*

Participants agreed that an e-BMS booking system could be beneficial in assisting with a lack of available ICU beds. Evidenced by:

Focus Group 1*: "I've read in the newspaper that there is also going to be an electronic beds e -beds system meaning that when this paramedics have got a ventilated patient, they will be able to be informed where is a bed ICU bed available know by who that a bed is available in hospital A or in hospital B or hospital C so that the patient is taken to a facility with the proper resources".*

Qiu (2014:28) asserts that eBMS exist for real –time tracking of patient movements, status of the wards, and bed availability .These systems allow administrative and clinical staff to record ,manage and report on planning, patient movement, patient occupancy, and other activities related to management of beds.

11.7. *Subtheme: Short stay unit fully equipped.*

Another recommendation was that a short stay ward should be opened that is staffed and equipped to provide the care that the critically ill patient needs whilst waiting for a bed in ICU. Establishing a short stay unit will alleviate the workload of the ED PNs.

Evidenced by the following quotations:

Focus group 3*: "A short stay, there is space here there is unit that has closed, it is being renovated. Patients waiting for an ICU bed waiting, for blood results can be admitted there and we can admit new patients."*

A study conducted by Zonderland, Boucherie, Carter and Stanford (2015:21) suggest that the main purpose of a Short Stay Unit (SSU) is to temporarily admit suitable ED patients, in order to 'improve the quality of medical care through extended observation and treatment. Another benefit of an SSU is to act as a temporary holding facility during peak daily demand in the ED.

Galipeau, et al (2015:904) asserts that there is limited evidence regarding the effectiveness and safety of short-stay units. The limited data preclude us from reaching conclusions on the effectiveness of ED-based short-stay units compared to standard inpatient treatment for any particular condition or for treatment more generally within a short-stay unit.

11.8. *Subtheme: Interfacility transfer of patients*

Another suggestion that was made by participants is that since the hospital receives patients from various hospitals as transfers into the hospital. An arrangement could be established whereby the referral hospital accepts another patient in return for the patient being transferred to create space.

Evidenced by:

Focus Group 1: "And then the other thing, I think if like the specialist doctors in case of excepting patient from peripheral hospitals ,they can maybe exchange ,with the patients that are more stable because you get patients from a hospital that could go back to the referral hospital"

The researcher is of the opinion that this could have logistical implications on the patients, relatives and the hospital. The patient might not be from the area where the hospital is based and it will mean visitors have to travel the distance to visit the patient. The interfacility transfer can affect the patient; in route to the other facility the critically ill patient can become unstable at any time. This will mean extra equipment and staff to transfer the patient.

11.9. *Subtheme: Maintenance and servicing of equipment*

Participants suggested that all staff members to take responsibility for equipment, by reporting faulty equipment on time for it be repaired or serviced.

Focus Group 4: "When you see that the equipment is not working, we need to report to the operational manager so that it can be fixed. So, if we do not report that equipment is faulty how will it be repaired? I think it's also our responsibility to report that and then if they don't come and repair it we've done what we are supposed to do."

Mwanza and Mbohwa (2015:308) further asserts that effective and appropriate maintenance practices on the hospital equipment contributes to improved efficiency within the health sector, resulting in improved and increased health outcomes, and a more sustainable health service.

12. RECOMMENDATIONS FOR NURSING PRACTICE, NURSING EDUCATION AND FUTURE RESEARCH

12.1. Recommendation for Nursing Practice

During periods when critically ill patients are being cared for in the ED in addition to new admitted critically ill patients. The staff should be supplemented from staff in the other units or with overtime staff to alleviate the work load and managers should appreciate and acknowledge the effort of the staff.

12.2. Recommendations for Nursing Education

The following are recommendations regarding nursing education.
In-service education and training should be developed in the emergency departments handling conflict, training on assertiveness, decision-making skills and how to support colleagues.

12.3. Recommendations for Research

Further research should be extended to other EDs in academic hospitals in Gauteng to identify if the same results are found. This should be extended countrywide.

13. LIMITATIONS

The study was conducted in one academic hospital. The findings may not be generalized to other academic hospitals. It is not known if the findings would be the same if the study were extended to other academic hospitals where PNs care for critically ill patients in the emergency department.

14. Conclusion

The research study reflected the experiencing of participants caring for critically ill patients in the ED at an academic hospital in Gauteng. Working in an overcrowded ED can impact negatively on the PNs professional work life and the patient outcome. The central theme of this was demoralization. It is the responsibility of management

to ensure a healthy work environment and motivate the staff to improve staff morale and ultimately improve patient outcome.

Theme 1 discussed experiences of frustration. Included as sub-themes was the inability to render care, an experience of been overload and overworked

Theme 2 described a lack of management support. Included was a lack of recognition .experience of shortage of staff and experiences of shortage of equipment.

Theme 3 described the suggestions made by the PNs. These included debriefing of staff, Alleviation of staff shortages and its affects, support of staff by managers, review and implementation of policies, ambulance diversion from the hospital, implementation of an electronic bed management system ,short stay unit ,cross transfer of patients and maintenance and servicing of e

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