



Novice Nurse Experience in Facing Patients With Red Triase Labels in Emergency Department: A Phenomenologic Study

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A B S T R A C T

Novice nurses category will experience fear, panic, not ready and doubts to interact with patients, families of patients and other more senior nurses.

This study aims to describe or explore the burden experience and source of support for novice nurse .

The study used a descriptive phenomenology design involving seven participants who were nurse nurses at the emergency department. Data analysis using Braun and Clark thematic analysis.

The four themes produced in the study illustrate the experience of novice nurses facing patient with emergent condition in emergency department. Required guidance and mentoring process for novice nurses at the beginning of the working period at the emergency department.

Introduction

Patients who are in the red or emergent category are patients in an emergency condition who need immediate treatment, patients experience life-threatening problems or disabilities (Gilboy, 2010). Patients in this category require close monitoring, rapid and appropriate handling that must be done by nurses, so nurses have a significant role in the successful handling of patients with these emergency conditions (Lie, 2013).

In dealing with emergency patients who in the triage category are categorized in red triage labels, effectiveness of team performance determines the success of live saving treatment. Therefore, it is necessary for nurses to be competent, able to communicate well, have critical thinking and have the ability to solve problems in critical conditions quickly and precisely (ENA, 2012).

Nurses often experience stressed when facing emergency conditions in the emergency department. Nurses feel frustrated when they are required to make decisions, think critically and act quickly. Pressure increases when nurses are required to carry out doctor's instructions. The pressure and frustration in the emergency services were felt especially by the novice nurses, the nurses who had just graduate with minimal competencies (Lie, 2013). Nurses with minimal working time, abilities and skills are still considered as a doctor's assistant and cannot contribute as much as a team in the emergency unit (Wilson et al. 2008). The nurse will have feel difficult to contribute as a team member. They need training in the acquisition of abilities and knowledge through special training and programs. The new nurse needs to interpret every process experienced in nursing services to be able to develop more competent and proficient (Glyn and Silva, 2013).

Based on the theory of Novice to Expert Patricia Benner, the proficiency of the ability of a nurse will develop in the nursing clinical practice. The level of development of nurses' skills of acquisition is categorized in the level of service to expert. Nurse novice is the earliest level of nurses who do not have clinic experience and must be encouraged to take action

The novice nurse is a nurse who begins to demonstrate limited actions, does not yet have enough experience to understand a situation and initiate a situation that requires a broad perspective (Tomey and Alligood, 2012). A novice nurse performs tasks based on routines and action guidelines. Based on the level

of nurses issued by the Ministry of Health in 2006, PK I nurses were nurses graduating from D-III who had 2 years of work experience or Ners (Bachelor of Nursing graduates plus professional education) with 0 years work experience, and had PK-I certificates.

Based on the interpretative phenomenology study conducted by Davenport, novice nurses who work in the emergency room consider work as an opportunity as well as an extraordinary experience. Novice nurses will experience fear, panic, lack of preparation and doubts to interact with patients, families of patients and other more senior nurses. Beginner nurses feel unsure about their abilities to deal with the patient's condition, feel cared for and monitored, causing anxiety (Merincavage, 2009).

According to Davenport, when dealing with emergency patients, for example, patients with cardiac arrest who are in the triage category are red triage labels, novice nurses will feel scared and curious at the time of handling these patients. The nurse experienced confusion and doubts whether to avoid the condition or participate as part of the team. The first time they joined, they felt panic, did not know what to do at the same time felt they were not prepared enough to deal with the emergency conditions (Davenport, 2004).

Qualitative studies are needed to find out how the experience of novice nurses dealing with emergency patients with red triage labels. The aim of this study was to explore the experiences of novice nurses in handling patients in emergency department.

Methods

This study used a qualitative research design with a phenomenological study approach. Phenomenology method was chosen because in this study wanted to describe and explore the novice nurse experiences and support system when handling patients with emergency conditions or red triage labels.

The population in this study were all novice nurses in the emergency room of a type B hospital in Yogyakarta. The participants in this study was taken by purposive sampling method. The participants are seven novice nurses with diploma degree and had work experience in IGD less than 2 years. Data collection was carried out at the ED, using interview guidelines. Data analysis uses the Braun and Clark thematic analysis model (2006).

Results and Discussion

Results

The four themes produced in the study describe the experiences of novice nurses : (1) Feeling negative at the beginning of the work period because they feel less competent (2) never feel alone in working (3) improving competencies by supportive work environment (4) working on cases outside the authority

1. Feel the negative at the beginning of the work period because they feel less competent

Feelings contain the meaning of desires or mental states when facing (feeling) something. Negative feelings can be interpreted as bad thoughts or circumstances when facing something in this case is the experience of participants when the initial period of work in the ED. The initial period of work in question is the first year the participant starts work at the ED. This theme was built from three sub themes, namely confused, not confident and felt not yet competent when taking action. This can be seen from the participant's statement

"The first time, I'm still confused, and I'm not confident, I'm obviously confused, I'm not confident" (p2)

"The first time the IGD was surprised, was different from the ward" (p5)

The same thing was expressed by other participant *"still confused because the work system is different from the room"*

Partisipan feel confused with various drugs and actions that must be done in the ED, which they have never done before. This can be seen from the participant's statement

"In the past, I was still confused about giving medicines, what kind of medicine is there, what is the lowering of blood pressure or increasing the pulse like what was still confused, yeah" (p2)

Confusion about actions is explained, that participants feel they do not know what to do when they first interact with a patient. This is confirmed by the following participant statement

"How come Pasiene is worsen..what must I do.." (p4)

The above statement shows participants confusion when dealing with patients who are in serious condition, especially when patients experience a decrease in consciousness.

In addition to feeling confused, from the results of the study, it can be seen that at the beginning of the period of work in the ED department felt less confident. Participants feel unsure of their abilities and feel unable to take care of what they should. This is

supported by the following participant statement

"Iam not confident, I am afraid (laughing) still confused like that" (p2)

"Not confident , because what is it, nothing, bro, I can't," (p3)

Other negative feelings that were felt when beginning to work at the ED were feeling unable to take action. The intended action leads to actions that require special expertise such as endotracheal tube intubation. In addition, need more time to able take routine treatment such as insertion of veins catheter. This can be seen from the following participant statement

"How about insertion of vein chateter (laugh), put the IV cath can be done better after a month" (p2)

"If the patient need the intubation, it's rather difficult to bagging" (p3)

2. Never feel alone at work

The second theme is Never feeling alone at work. This theme contains the understanding that a lot of support and assistance is felt by participants as beginner nurses while handling patients in the emergency room. Themes have never felt that working alone was built from three sub-themes : the attitude of both senior nurses, senior nurses who care and help and teamwork, there are always those who help. Participants feel the support from senior nurses and they shown the good attitude. This is indicated by the following participant statement

"Here it's fine, Sis." (P1)

"Oh my goodness, how come this man is really good" (p3)

"The seniors here are nice," (p2)

Participants also told of his experience when forgetting something when going to transfer patients to the ICU. Senior nurses helped him to complete the procedurs so that the transfer process went well. This can be seen from the following participant statement

"The senior nurse facilitated until I make it weel. For the example yesterday when I forgot to call case manager, the senior did it for me" (p3)

"Yes, here they were so care, asked about what happen? Is everything fine? What is our problem" (p2)

The good attitude from the senior made the work environment enjoyable. This can be seen from the participant's statement

"But if he knows I have bad patients he will help, so I never feel here is unpleasant" (p1)

Participants mentioned that nursing services at the ED as team work, always any other who helped, replaced and completed when needed. When dealing with patients with poor conditions with complex treatment, other nurse always provide assistance . This can be seen from the following participant statements.

“Because there is always someone backing up, make feeling safe” (p1)

“We always have someone to help, even if it's the same novice nurse or senior. we always complement each other” (p1)

“Happy in here because works as team” (p2)

“Even Mbak W (Head of nurses), help me if the case was complicated”

Participants also mentioned a quick response from senior nurses to follow up when novice nurses found it difficult to handle patients. This can be seen from the following participant statement

“I was be responded immediately, at that time,” (p3)
Attitude and readiness to help from senior nurses, make beginner nurses feel safe, never feel alone when working.

3. Improving Competencies Because Of The Supporting Work Environment

Competence in the Indonesian Dictionary Language means the ability to do or determine something. The competencies referred to in this theme are the ability of a novice nurse to do or determine something in terms of handling a patient in an emergency room. It was stated that participants felt comfortable and confident in doing service at the ED because of many factors, including exposure to experience and coaching from senior nurses. This theme is built from the sub-theme of the mentoring process from senior nurses, staff meetings to sharing knowledge and case studies, opportunities to attend training and seminars, there are places to ask questions and various case exposures. The first sub-theme is the mentoring process from senior nurses. The mentoring process can be interpreted as an effort to guide and train. Although there were no specific assignments and authorities given to certain nurses to guide novice nurses while working in the ED, the mentoring process was felt by participants as beginner nurses. When facing complex patients and difficult actions, participants conveyed a lot of guidance and training from senior nurses. This

can be seen from the following participant statements
“In the beginning, my friends, for example, there were cases, especially trauma cases that often taught” (p4)

“they just want to treat fast, right (p1)

Participants conveyed that the mentoring process was also carried out by the head of the nurses. The mentoring can be shown by providing treatment evaluations and explanations when there were new cases

“Mbk win a lot of coaching, evaluation. There was a case she would given explanation directly” (p2)

The second sub-theme is the staff meeting to share knowledge and case studies. The staff meeting referred to here is a monthly meeting held by nurses and emergency doctors. This monthly meeting was felt to increase participant knowledge. It was mentioned, in this monthly meeting, knowledge sharing, the latest science updates on handling emergency cases were conducted.

“Once a month we often hold case study

“(P2)

“The staff meeting is definitely learning new cases” (p3)

“In addition to meeting staff, there must any new knowledge, discussion so that make you learn well and directly from meeting patients” (p4)

Participants said, in the staff meeting there were case studies and knowledge sharing. Nurses who have special expertise will share their knowledge with others

“We will discuss there the case that had happened then we will compare it to how to deal with patients” (p3)

“Also, we are also facilitated here at the emergency room, about the skills” (p4)

“There are in house training, staff meetings, there are new updates, presentations.” (P1)

In addition to the staff meeting, participants said that competency improvement through seminars and training related to handling emergency events was followed. This can be seen from the following statements from participants

“E ... the trainings are often involved when training” (P2)

“Lightning seminars are only one day but that is for example for the neonatal emergency to continue to

have BHD there again” (p4)

“Special training for IGD ho’o, there are also external training” (p2)

Mentioned by participants, the amount of experience facing many diverse cases makes participants become accustomed because there are many things that can be learned from handling these cases. This can be seen from the following participant statement

“Very happy, the cases are many, varied, can learn” (p1)

“Then the case is also like learning, learning” (p4)

“No, excited. Because I’ve never seen that. So it’s like that, so it’s curious, what did this do with the doctor, so it’s interesting” (p1)

“Yes, actually it is precisely for learning, right? So you know, you even remember

“(P2)

“Because you are used to it, you can get used to it, after a while,” (p3)

“Yes, I often find an intimate case of making knowledge j” (p2)

4. Handle cases outside the authority when the ED conditions are crowded

The meaning of this theme is when the number of visitors on the ED exceeds the capacity of nurses who are on guard in the shift. Under these conditions, it is stated that participants must handle their own cases, even cases with complex emergencies that should be outside their authority. This can be seen from the following participant statements:

“It should still have to be accompanied, but sometimes he must alone too” (p1)

“It depends, sometimes it was held with the senior nurse, but if they were busy, i should handle by my self”

“... but the problem is if there are a lot of patients, it doesn’t work, right, we had to handle it” (p3)

“Ho’o, not always in accordance with the authority” (p2)

“if we received bad patients, we want it or not, ready or not, we have to work on this case” (p4)

Discussion

The level of beginner nurses is categorized in the level of novice and advance beginner. Nurse novice is the earliest level of nurses who do not have clink experience and must be encouraged to carry out an act. Beginners have no experience with the situations in which they are expected to perform tasks. “In order

to give them entry to these situations, they are taught about them in terms of objective attributes. These attributes are features of the task that can be recognized without situational experience” (Banner, 1982).

Nurse novice is an advanced beginner nurse who begins to demonstrate limited actions, does not have enough experience to understand a situation and take initiative to situations that require broad perspectives. A novice nurse performs tasks based on routines and action guidelines. According to Alligood and Tomey (2017) they apply their knowledge, skills and understanding in care but are still superficial in the face of a population. A novice nurse was explained as a newly graduated nurse who began to be in the nursing clinic service. In emergency nursing services there is a lot of pressure and underestimation felt by novice nurses. The level of novice is the level of the most beginner nurses who have responsibility for clinical services. Based on the level of nurses issued by the Ministry of Health in 2006, novice nurses were equivalent to Nurses clinics I(PK I). novice was nurses who graduated D-III had 2 years of work experience or Ners (Bachelor of Nursing graduates plus professional education) with 0 years work experience, and has a PK-I certificate (Suroso, 2012). The system has actually arranged for career leveling, conditions to reach each career stage and award at every level.

This study identified four themes which describe the experiences of novice nurses: (1) Feeling negative at the beginning of the work period because they feel less competent (2) never feel alone in working (3) improving competencies by supportive work environment (4) working on cases outside the authority. Theme (2) **never feel alone in working** and (3) **improving competencies by supportive work environment** are similar with the themes that identified from the study of Chandler (2012). From the study, Chandler describe new graduates’ perspective of the processes that enabled them to successfully integrate into their new role and identified three themes ““They were there for me,” “There are no stupid questions,” and “Nurturing the seeds.” New nurses know what works for them; educators need to heed their wisdom” (Chandler, 2012). Other study from McDermid et al (2016) about novice nurse story identified many similiar themes. The study identified theme Developing supportive collegial relationships; Embracing positivity; and Reflection and transformative growth. Theme embracing positivity similiar with second and third theme that identified from this study. Theme

Developing supportive relationships describe the mentoring process and the relationships developed with peers and colleagues.

The first theme in this study was negative feelings at the beginning of the work period because they felt less competent. Feelings contain the meaning of desires or mental states when facing (feeling) something. Negative feelings can be interpreted as bad thoughts or circumstances when facing something in this case is the experience of participants when the initial period of work in the ED. In this case, novice nurses feel confused, do not know what to do, feel insecure about their abilities and feel unable to take action. Services in emergency rooms that require fast motion, precise analysis with minimal data and high workload make a stressor for novice nurses. "The heart of the difficulty that the novice faces is the inability to use discretionary judgment. Since novices have no experience with the situation they face, they must use these context-free rules to guide their task performance" (Banner, 1982)

According to Davenport (2004), when dealing with patients who are critically ill, novice nurses experience confusion and doubt whether to avoid these conditions or participate as part of a team. The first time they joined, they felt panic, did not know what to do at the same time felt they were not ready enough to overcome the condition of the emergency. Novice nurses will experience fear, panic, lack of preparation and doubts to interact with patients, families of patients and other more senior nurses. Beginner nurses feel unsure about their abilities to deal with the patient's condition, feel cared for and monitored, causing anxiety (Merincavage, 2009).

According to Lie (2013), nurses feel frustrated when they are required to make decisions and are constantly demanded to think critically and act quickly. The pressure and frustration in emergency services are felt especially by novice nurses, nurses who have just graduated with competencies that still minimal. Nurses with minimal working time, abilities and skills that are still minimal are still considered not able to contribute much as a team in the emergency unit (Wilson et al. 2009). The nurse will have difficulty contributing as a team member. this can adversely affect service, especially in patient satisfaction.

This condition of novice nurse can causes of errors in treat to the patient. Novice nurse may be at greater risk for errors than experienced nursed. The type of errors committed by the novice nurses include medi-

ation errors, patient falls and delay in treatment. The causes of such errors are complex. The novice nurse must be aware to type of errors as first step to improve care by them.

Mentioned in Mukhandari et al (2016) research, one of the important indicators in patient satisfaction is the nurse who looks skilled in carrying out nursing actions. in addition, nurses are able to make patients calm with their condition. with various negative feelings felt by nurse novice, it will be difficult to be able to display a skilled and calming performance for patients. They need training in the acquisition of abilities and knowledge through special training and programs. The new nurse needs to continue to interpret every process experienced in nursing services to be able to develop more competent and proficient (Glyn and Silva, 2013). Other than that, According to McDermid et al (2016) novice nurse must to make reflection and transformative growth, based on difficult situations and demonstrating the ability to learn from the experiences and move forward.

In the third theme, novice nurses experience increased competence through a professional environment in the workplace. Mentioned by participants, novice nurses felt confident after being exposed to many diverse emergency cases at the ED. It was stated, when looking at a case that had never been seen before, participants felt interested in knowing the handling that would be done to the patient. Based on the interpretative phenomenology study conducted by Davenport (2004) novice nurses working in the emergency room consider work as an opportunity as well as an extraordinary experience. When facing an emergency patient, novice nurses will feel scared and curious about how to handle these patients. Based of the study, the mentoring process was felt by participants as beginner nurses. When facing complex patients and difficult actions, participants conveyed a lot of guidance and training from senior nurses.

The evolution from novice nurse to a competent nurse can be difficult but also challenging. This transition need development of critical thinking skills, in order to apply their knowledge to patient situations, make decisions and then respond with appropriate actions. Coaching and mentoring in first year for novices is an effective strategy for supporting their transition, increasing their retention rates to be a professional nurse (Jewel, 2013). according to Specht (2013), mentoring process give positif effect to decrease role conflict and role ambiguity experienced

by novice nursing. Mentoring eases the transition of novice by decreasing the degree of role ambiguity and role conflict that they experience.

Exposure to experience makes novice nurses feel capable and confident to take action. This is in accordance with the theory of novice to Expert Patricia Benner, the proficiency of the ability of a nurse will develop in the order of nursing clinical practice on the basis of the knowledge already possessed. The level of development of nurses' skills of acquisition is categorized in the level of novice to expert.

Mentioned in the results of the study, increasing the competency of Novice nurses was obtained through external training and scientific discussions conducted with the emergency nurses. The activity is considered by participants to increase knowledge by knowing the latest handling algorithms. This is in accordance with Glyn and Silva (2013) which states that nurses need training in acquisition of abilities and knowledge through training and special programs. The new nurse needs to continue to interpret every process experienced in nursing services to be able to develop more competent and proficient.

Competence become important in the career path system. This competency test is related to efforts to assess worthy or whether or not a nurse reaches a certain level in the career level system. Level career path is expected to have a positive impact on service quality as a result of increasing nurse job satisfaction. If the career path of professional nurses is based competence is implemented, it will have a positive impact on human resource management nursing (Suroso, 2012).

According to Yilmaz (2017) three intervention to build resilience of nurses to be professional. The interventions divide into 3 part, there is improvement of personal characteristics, workplace characteristics and social network. The personal characteristics that need to be improved such as Cognitive ability, adaptability, positive identity, social support, coping skills, spiritual connection, optimism, self-efficacy, sense of humor, control, competence, hope and ability to find meaning in adversity can be strengthened and learned by educational activities, mentorship and orientation programs. Mentors and team fellows, giving opportunities to reflect upon and to learn from practice and from other practitioners should be planned and applied for improving workplace characteristics. Improving of social network include improving positive and supportive professional relations, building supportive

relationships as well as social support in daily life, having a balance in their lives, having spiritual beliefs, offering options such as exercise, rest, and interests, applying some self-care applications to get away from busy day's stress can be strengthened and learned by educational activities, mentorship and orientation programs.

Conclusion

The four themes produced in the study describe the experiences of PK I nurses in caring for patients in the ED, namely (1) Feeling negative at the beginning of the work period because they feel less competent (2) never feel alone in working (3) improving competencies because of the supporting work environment (4) handle cases outside the authority when the conditions of Emergency Department are crowded.

Suggestion

It is necessary to maintain the guidance and mentoring process for novice nurses at the beginning of the working period at the ED. In addition, further research is needed regarding effective mentoring methods for novice nurses in emergency services

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