



Navigating Chaos: The Vital Role of Nurses in Emergency Departments

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Abstract

Nursing professionals in the emergency department alter the outcome of life-or-death situations every day. The nurses prepare for the chaos, the out-of-control environment, the unknown, and the uncertain. Nothing can prepare an individual for the chaos of an emergency department. Nurses cry inside but find strength among each other or draw strength from within. The comfort of the nurses in scrubs takes all other thoughts away as they remind one that everything will be alright. The essay will discuss the important role of the nurses in the emergency department, including how they navigate the chaos of sick people, frantic families, and overwhelmed resources. The skills and competencies of nurses are key during chaotic situations (M. Schultz, 2014). The discussion will also include how all healthcare professionals must collaborate during emergency situations, particularly how the nurses care for the patients and the doctors determine the plan of action. Lastly, the discussion will include how ethical dilemmas arise in emergency nursing practice; for example, how one patient's needs may exceed another's care or how some do not have the insurance needed for care. The topic is significant because, without the emergency nurses, the emergency department would be lost. If one has ever watched a television drama, they may have seen doctors performing medical procedures, resuscitating patients, or running anywhere but where the patients were. But on the other side of the drama is a quiet team



of nurses bustling about, tending to the patients and keeping everything together. Emergency nurses not only keep everything together but also involve the chaos (Grochtdreis et al., 2016). The discussion will reflect on what draws individuals to this profession and how they can care for others while they themselves are broken.

Keywords-emergency nursing, emergency department, frontline staff, patient care, interprofessional collaboration, health systems

Nurses comprise the largest professional group within the health systems and provide the majority of direct patient care. As frontline staff in the emergency department (ED), nurses play a vital role in the continuum of patient care and are responsible for the greatest share of interprofessional collaboration. This can be particularly challenging in an ED setting because nurses navigate chaotic environments filled with unpredictability and uncertainty (M. Schultz, 2014). At the same time, ED nurses report job satisfaction largely due to strong teamwork and collaboration with other health professionals. Despite this satisfaction, it is often the nurses who have the most difficult time managing the chaos within the department. These working conditions affect staff retention, and understanding how chaos is viewed and managed by ED nurses can assist in the development of targeted strategies to improve job satisfaction and staff retention.

While there is an extensive body of literature on the emergency department as a chaotic working environment, little research has explored how chaos is understood or managed by its occupants. One emergency department nurse discussed the importance of chaos in their work and noted that the chaos “could close in on you” unless it was managed in a certain way. Chaos is conceptualized in various models, ranging from negative perceptions of chaos to more neutral or positive understandings of chaotic elements. Nurses play an essential role in the delivery of patient care in the ED, and understanding how ED nurses navigate this chaotic environment has implications for patient care, interprofessional collaboration, and health systems as a whole. The aim of this study is to explore how chaos is understood and navigated by emergency department nurses.

1. Introduction

Emergent to patient care are Emergency Departments (EDs). They manage an estimated 130 million patient visits per year in the United States. Patients encounter care that is often chaotic, non-linear, and inconsistent from one patient to the next amid such burden. Care in Emergency Departments is neither widely understood nor widely acknowledged as that which is, by design, linear, consistent, and predictable. As in other treatment environments,



care in Emergency Departments is driven, in large part, by departmental goals, policies, and protocols; however, as environments that exclusively manage emergent patients, Emergency Departments are also directly affected by conditions beyond their control, namely patient arrivals (M. Schultz, 2014). Chaos is pervasive in the EDs. The goal of chaos is to consider the roles of nurses in care across the continuum of the Emergency Department. First, it discusses the Emergency Department as a healthcare environment in which chaos reigns, focusing on the department's physical arrangement, the nature of the care delivered, and the patients themselves. Next, it focuses on nurses and defines what is meant by the term "nurses." It explores the historical and theoretical framework for the discussion as a whole. It then transitions from the broader focus on chaos in the Emergency Department to the focal point of the roles of nurses in navigating that chaos, considering the various ways in which nurses are frontline responders to and navigators of chaos at the patient, departmental, systemic, and extra-systemic levels. Finally, it focuses on the patients in the Emergency Department and the role of nurses in assessing patients' contextual fitness in a chaotic care environment.

Emergent to health systems are Emergency Departments (EDs). They are generally the first point of access to care for emergently ill patients. Patients and their families experiencing health crises enter an inherently chaotic treatment environment that routinely delivers life-and-death care decisions. Despite the growing complexity of care delivered in EDs, the roles of nurses in the care of patients in EDs have been understudied. As a response, the goal of this study is to consider the roles of nurses in care across the continuum of the Emergency Department. First, it discusses the Emergency Department as a healthcare environment in which chaos reigns. Next, it focuses on nurses and defines what is meant by the term "nurses." It explores the historical and theoretical framework for the discussion as a whole. Finally, it focuses on the patients in the Emergency Department and the role of nurses in assessing patients' contextual fitness in a chaotic care environment (Grochtdreis et al., 2016).

2. Historical Evolution of Emergency Nursing

The role of nurses in emergency departments (EDs) has evolved over time into a distinct specialty, although the origins of emergency nursing practices span over many years. Nurses have dealt with the emergency needs of patients throughout history based on the changing needs of society and advancements in medicine (M. Schultz, 2014). In 1966, a definitive statement by the National Academy of Sciences' Committee on Trauma on the delivery of trauma care fueled a nationwide re-evaluation of emergency care delivery.



Subsequently, in 1970, the American College of Surgeons' Committee on Trauma joined with the American Hospital Association to create the first set of standards for trauma services written exclusively for hospitals. In 1979, the American Association of Critical-Care Nurses established the first national standards and protocols for nursing in trauma services. In 1993, emergency nursing as a distinct specialty was recognized by the American Nurses Association. To be admitted to the emergency nursing association, nurses needed at least two years of experience in nursing, with at least a year in the emergency department. Challenges of the past provide context for understanding the present. Nurses in emergency departments often deal with chaos, but they find and create order by drawing on experience, training, and in-depth understanding of their environment. Despite a history of culture change initiatives and efforts to bring order to emergency departments, the chaotic conditions persist. The extraordinary training, dedication, and resilience of nurses working in emergency departments have become most visible during the pandemic. Writing from the perspective of a nurse working over 20 years in emergency departments, this narrative describes how the chaos of emergency departments has been understood historically and how the past informs current practices. It is hoped this narrative sheds light on the sometimes opaque practices in emergency nursing and deepens appreciation for the profession.

3. Theoretical Frameworks in Emergency Nursing

The importance of theoretical frameworks in emergency nursing practice is explained with examples from practice. Although not a requirement, it is a recommendation for Emergency Department (ED) nurses to benefit from the development and consideration of theoretical frameworks. Different approaches to practice happen naturally or superficially on a daily basis but they can have more depth and relevance if different frameworks are considered or applied explicitly. There are many theoretical frameworks that can underpin nursing practice across its many forms and specialisms. Some are relatively complex, others are simpler but deeper and relevant to emergency care. Some are wider and more holistic, others are narrower in focus.

The application of some of the theories outlined will have immediate impact and relevance to everyday ED practice. Some will inform development of policies and procedures guiding decisions on use of space, time and resources in the chaotic environment of the ED. With an ever-increasing number of patients arriving in emergency situations, consideration of these frameworks would benefit both patients and nurses. Change is constant, especially in emergency situations, and nursing care must reflect that change. Systems need to be



questioned, refined and redesigned to ensure patients are safe and cared for appropriately. Every system is a subsystem within a larger system, or environment that imposes goals, conditions, or limitations. Systems are determined by changeable structures; a system operating, usually in accordance with some design, in the transformation of inputs into outputs. In emergency care, the patient's input is data that, once processed, will output care either directly or via the intervention of other care providers.

Most importantly the ED is a care system that is interdisciplinary; an emergency care nurse must understand the operation of many other disciplines if they are to provide patients with appropriate, co-ordinated care. Output from one discipline is input for another, for example a CT scan is performed on a patient in order to give a radiology report on injuries for the Emergency Physician to plan care. Awareness of different disciplines' systems, and, therefore different theoretical frameworks, is essential for effective nursing systems design and co-ordination. The basic systems theory in practice is as follows; Determine the purpose of the system. This will clarify why it exists and how effectiveness and efficiency are to be measured. Identify the outputs of the system. An output is some transformation of input that ideally meets a goal. Outputs should link to the system's purpose. Consider how outputs would be measured.

3.1. Systems Theory

Within the vast field of nursing, there are many specializations. Each of which has a collection of unique tasks and responsibilities, required skills, and specific training. From pediatrics to geriatrics, chronic illness to post-operative care, care-centered to population-centered... the variations are plentiful. However, one specialty portrays a focus entirely on chaos, fast-paced urgency, and high-stakes care. Emergency nursing. A brief look at past literature concerning the specialty's challenges offers insight into the skills and processes that must be present in practitioners to operate successfully in such a demanding field. Such qualities can be related to systems theory—a view of how various components interact within a complex environment. Healthcare can be seen as a system, with the environment consisting of patients, injuries, and illnesses; care delivered by an interconnected network of professionals, organizations, and technologies; and outcomes in terms of restored health, or otherwise (Al-Moteri, 2022). Comprehending such interconnections is crucial for nurses, particularly in emergency settings dealing with triage, where patients arrive in random order needing differing levels of care. As the forefront providers, it is vital emergency nurses hold a well-developed understanding of the system in which they operate. Systems theory holds particular importance in nursing as it emphasizes holistic



patient care. A patient is more than an individual receiving treatment; they are part of a broader network of healthcare professionals, organizations, and technologies contributing to their care. Viewing care through this approach helps nurses appreciate the roles of various actors and highlights inefficiencies that may exist in patient care. Furthermore, it provides a framework for improving processes, particularly in emergency care where a system's design is often suboptimal and patients must queue for care. A well-performing system depends on having well-performing actors. An understanding of systems theory helps individuals make better decisions, leading to better system performance, and is essential for creating safe systems. In chaotic environments like emergency care, rugged landscapes with many peaks and valleys exist. Having an understanding of the overall landscape helps outsmart it. Integrating systems theory into emergency nursing practice enhances performance at both individual and organizational levels.

4. Key Skills and Competencies for Emergency Nurses

Emergency nurses, as a part of the emergency department, shall be highly proficient in their key skills and competencies. Seven emergency nurses, who worked in the emergency department for over five years, were asked open-ended questions to express their opinion on the key skills and competencies for emergency nurses. From their responses, three foundational skills were identified, namely, critical thinking, decision-making, and situational awareness, where critical thinking is the ability to assess a situation at hand and make a suitable judgment in providing the right intervention. Emergency nurses often work in a chaotic environment and deal with multiple complicated situations at once. Hence, it is a must for them to possess rapid assessment and intervention skills that will allow them to deliver effective care. Outside of the clinical expertise, emergency nurses should also possess other skills that will allow them to manage the patient during their interactions, such as empathy, patience, and respect. In addition, these skills and competencies should not be stagnant but must continuously develop as the world, and particularly health care, changes over time (N AlRashedi et al., 2022). Five unique challenges in emergency nursing practice are identified, namely, ever changing nature of the practice, advance technology, expanding scope of practice, global changes, and patient demographics. With these challenges come the need to address the specific key skills and necessary steps to enhance those skills. It is hoped that by focusing on the key skills and the steps needed to address them, it will help nurse managers to enhance the skills of emergency nurses and thus improve the quality of nursing care provided in their emergency departments. Teamwork and collaborative practice enhance the quality of care. Teamwork in a healthcare setting involves a group of people with different skill sets that work together. Team members will



need to work as a collaborative team through sharing information and discussing as a team, which will need effective communication skills. As a team leader, one needs to take responsibility for ensuring the success of the team which involves arranging and leading meetings along with providing the team members with the necessary guidance to complete their tasks. It is very important that each team member knows their job scope, and what is expected of them to accomplish within the team. This is to ensure that there is no overlapping job scopes which will lead to wasting time on the same task, while other tasks are left incomplete. Each team member should also be aware of who to approach for help if they are facing difficulties in their tasks. Poor communication between the team leader and team members can lead to a higher chance of misunderstanding each other's expectations. There are also multiple roles involved in the planning and implementation of the team project such as the coordinator, information provider, critic, and recorder.

4.1. Critical Thinking and Decision Making

Critical thinking and decision making are paramount in emergency nursing. These skills are crucial in assessing patients with time-sensitive and life-threatening situations. Emergency nurses must critically analyze information and sound judgments despite the chaos and complexity of the setting. Without good critical thinking, nurses may overlook critical symptoms, cause delays in treatment, or misinterpret situations and make errors in judgment. Emergency nurses' critical thinking and decision-making skills can be enhanced through various methods. Sometimes, people forget the importance of critical thinking unless they are challenged. It is essential to remind emergency nurses of practical scenarios illustrating the complexities of decision making in emergencies. Chaos and complexity exist in every corner of the emergency department. It is common to see nurses forgetting to document vital signs or skipping steps in a checklist-based procedure despite being educated on the importance of doing so. This draws attention to improving decision-making processes in emergencies. Training programs and educational courses to advance critical thinking and decisions are devised by academics or administrators, but the efficacy of these undertakings can vary. A debriefing discussion or simulation exercise might help some nurses better contemplate their decision-making processes than others. This also implies that facilities should have a structure for thought processes or considerations so those thoughts can be shared rather than requesting a group to debate an experience. It is hoped that the model outlined will help emergency care providers better understand their thought processes and serve as a platform to share ideas for improving thought processes and the state of care. Time pressure and uncertainty are two classic domains in emergency care. Time pressure occurs due to the rapid pace of care where tasks are forced to be



completed within a limited period for good results. Uncertainty is a situation where the outcome is unknown due to a lack of relevant information or its misinterpretation. Time pressure and uncertainty negatively affect patient safety. Information processing refers to perceiving, interpreting, and connecting relevant information to generate a decision. Poor information processing can cause delays in responding to an unfortunate event. A patient may suffer death or irreversible damage if care providers cannot analyze a sick patient's state and take appropriate action in a timely manner. Specifically, examining a patient's state and deciding whether to intervene or which actions to take about a critical patient require the integration of new information. The nature of information processing is thought of as comprising two systems of thinking: System 1 and System 2. The former is pattern recognition activated by cues, whereas the latter involves deliberate, analytical thinking and collecting additional information. In an action-driven setting like an emergency department, System 1 is dominantly utilized rather than System 2 due to the need for immediate action with limited information. Prior literature has discussed cognitive challenges when clinicians face uncertainty and time pressure in emergency settings. However, despite the availability of literature discussing emergency settings, a mental structure model to understand clinicians' thought processes and identify cognitive weaknesses has not been proposed.

5. Interprofessional Collaboration in Emergency Departments

A key aspect of emergency departments is interprofessional collaboration. The seamless joining of healthcare professionals with different professional backgrounds aims to achieve optimal outcomes for patients. It is fundamental to share the diversity of perspectives and expertise that each discipline encompasses, as it enhances decision-making in the face of complex situations (Al-Salloum et al., 2020). The effectiveness of teamwork between nurses, physicians, respiratory therapists, technologists, pharmacists, and social workers is vital for the success of emergency care delivered in the organization.

Injuries and accidents, sudden illness, and other medical emergencies cause many people to seek care in emergency departments. When patients arrive at these services, they may require the attention of physicians, nurses, and other professionals for ongoing care. The arrival of these patients triggers a series of planned events and actions performed by different professionals carefully orchestrated to provide proper care. Each of them undertakes specific tasks that only their profession can accomplish, although many need to work in concert with others. In recent decades, a greater emphasis has been placed on the cooperation and collaboration of multiple professionals involved in patients' emergency



care. However, there are numerous barriers to successful collaboration among different professionals who care for the same emergency patient.

Differences in the focus of caregivers' responsibilities usually induce conflicting priorities. This is especially true for emergency medicine professionals who deal with heights, chaotic environments, and situation criticality. Communication barriers arising from the use of specialized languages further challenge collaboration. Attention to and curiosity about others' actions is usually neglected to avoid an overload of the information being processed. On the other hand, a colleague's action may be construed as a misjudgment, even though it has a reasonable justification grounded in a different focus of care. Consequently, emergency care professionals may develop a "tunnel view," which has detrimental effects on collaborative care. Despite the barriers, efforts are being made to create a team atmosphere among different caregivers. Understanding how a cooperative environment is created would help establish a collaborative culture among professionals.

6. Ethical Dilemmas and Decision Making in Emergency Nursing

Ethical dilemmas in a nutshell - what nurses need to know? Nurses will encounter ethical dilemmas throughout emergency nursing. The chaotic nature of emergency care means that ethical principles are often challenged and complex situations can arise. Issues may include end-of-life care, the use of restraints, consent, and protecting the rights and dignity of those who are vulnerable (Reedyk, 2014). Emergency nursing requires nurses to be able to navigate ethical dilemmas presented in these chaotic environments. Understanding how nurses make decisions in high-pressure situations is pivotal to addressing concerns surrounding the ethical treatment of patients in emergency departments. As the first line of care, it is imperative that the ethical dilemmas and awareness of emergency nurses are understood to ensure the compassionate and effective treatment of patients in these departments. An introduction to case examples is provided to illustrate the complex nature of ethical dilemmas examined in the emergency department setting. The importance of ethical frameworks and guidance is discussed in regard to navigating dilemmas that emergency nurses face. Finally, the implications of ethics education and organizational policies are explored in regard to the preparedness of nurses confronting ethical dilemmas. The in-depth discussion of ethical issues in an emergency nursing context highlights the importance of being aware of the ethical dilemmas faced by nurses in order to better address them through education and policy. The emergency department is a unique area of the hospital where nurses provide care in chaotic environments, often having to make quick decisions under pressure. As a result, numerous ethical dilemmas can arise in regard to the



treatment of patients. Ethical dilemmas in emergency nursing often take on a different form due to the context in which they occur. One such example is the treatment of patients who present to emergency departments under the influence of illicit drugs. These patients often engage in violent behavior, putting not only the safety of care providers at risk but also hindering treatment for other waiting patients. The ethical dilemma arises as nurses must weigh their duty of care against the need to protect other patients and staff. In this situation, one pathway is to restrain the patient, however, this practice is complicated by legislation surrounding the restraint of patients. There are numerous additional case examples that highlight the multi-faceted nature of ethical dilemmas that emergency nurses face on a daily basis and that ethical dilemmas in nursing more broadly may be exacerbated by the conditions in which they occur. Emergency nursing requires the ability to act quickly and confidently in regard to ethical decisions and the guidance provided in codes of ethics may not always be clear in addressing the concerns that emergency nurses face.

7. Quality Improvement and Patient Safety in Emergency Nursing

Patient safety has gained increasing attention over the years due to factors such as the rise of malpractice litigation, regulatory mandates aimed at improving safety, reimbursement tied to performance, and a heightened public vigilance regarding hospital safety records. These issues are especially pertinent in emergency nursing, where the acuity of patients and the chaotic nature of emergency departments (EDs) create a complex environment that is especially prone to risk. This chapter discusses a series of initiatives and measures on quality improvement and patient safety in emergency nursing, focusing specifically on EDs. Quality improvement is a continuous cyclical process aimed at enhancing the refinement of initiatives in the practice environment to meet established safety thresholds (Goenka et al., 2024). By safety thresholds, this discussion refers to the level of safety achieved in the process, beyond which vigilance is continuously maintained to prevent deterioration. Nurses, as the primary caregivers in the patient care process, play an essential role in assuring safety by continuously assessing patient care for potential risk factors, as well as advocating for the employment of safe practices whenever such risk factors are likely to arise (Mohammadi et al., 2024). As part of this emphasis on quality improvement and patient safety, several quality improvement projects are discussed in the subsequent sections that have been implemented in one tertiary care and one quaternary care ED. Quality improvement projects are defined as a series of interventions employed to improve the quality of care delivered to a particular group of patients with a specific diagnosis or clinical procedure. Each quality improvement project selected for discussion details the background and rationale for the intervention, the methodology and steps undertaken, and



the results obtained. These projects include a checklist-based intervention for the improvement of procedural sedation safety in children, a standardized triage protocol to reduce door-to-needle time in patients presenting with acute ST elevation myocardial infarction, and the use of the continuous positive airway pressure bi-level ventilator to minimize the intubation rate in patients presenting with acute respiratory distress. Quality improvement initiatives are commonly seen as an organizational effort directed towards improving the quality of services offered. In the healthcare setting, such initiatives are aimed at improving the quality of care delivered to patients and are undertaken by a team of healthcare professionals from various departments. Although quality improvement interventions are typically organization-wide and inter-departmental projects, efforts at the departmental level can also improve the quality of services or care delivered. Data collection and analysis forms the cornerstone of quality improvement efforts, as it is the data on outcomes or services that trigger the need for quality improvement interventions in the first instance. The quality of various outcomes or services is better understood by quantifying them in terms of measurable parameters, known as indicators. Therefore, quality improvement projects usually begin with the identification of indicators relevant to the outcome or service being assessed, development or adaptation of tools for data collection for these indicators, and a period of data collection and analysis of the aggregated data to assess the quality of the outcome or service. Most serious health care-related errors are thought to occur due to the failure to adhere to an established set of evidence-based practices rather than a lack of knowledge of how to perform such practices. Hence, an effective strategy to improve outcomes is to develop a comprehensive understanding of the reasons for non-compliance with evidence-based practices, as this forms the basis for planning interventions aimed at improving compliance. Quality improvement initiatives may succeed in the design and implementation of change in practice, but without the active involvement of nursing staff, improvements may not be sustained in the longer term. Therefore, a sense of ownership of the project and the change being implemented among the nursing staff is essential for the success of quality improvement initiatives. Quality improvement projects are generally undertaken by interdepartmental teams with representation from the nursing staff, medical staff, and the hospital administration. However, a collaborative approach involving the nursing staff, nursing leadership, and efforts from a dedicated quality improvement team is essential for implementing growth changes. In summary, quality improvement initiatives can greatly enhance patient safety in emergency nursing through a series of deliberate and planned interventions in practice.



7.1. Evidence-Based Practice

Emerging as a distinct specialty in the late 20th Century, emergency nursing focuses on patients requiring immediate assessment and intervention. With a patient population representing the full scope of health-disease states and the acuity range from critical to minor, emergency nurses play a vital role as patient advocates, triaging care and striving for orderly chaos during peak volume periods. Certified Emergency Nurses (CENs), as the emergency nursing workforce, build on foundational nursing competencies while exercising critical thinking, rapid clinical assessment, and independent interventions (Keller, 2018). Emergency nursing relies on the tenacity of trained nurses to navigate chaos safely, providing equitable care to all presenting patients.

Recognizing the importance of evidence-based practice (EBP) in nursing education, accreditation agencies, and professional organizations, EBP involves integrating best research evidence with clinical expertise and patient values for optimum care decisions. In emergency nursing, EBP ensures nursing interventions are founded on the best available research, providing a framework to examine necessary changes to improve patient care and clinical outcomes. Cultivating a culture that encourages the use of evidence in decision-making is essential for the survival of any discipline, and leadership is crucial in fostering an environment supportive of EBP in clinical practice. This section reflects on efforts to incorporate EBP principles in daily emergency nursing practice and highlights the importance of nursing leadership commitment in striving toward this goal.

Despite a solid understanding of EBP principles and processes, translating EBP into practice can be daunting for nurses in busy clinical environments. However, strategies and initiatives implemented in an emergency department setting can ease the process. Ongoing education and training initiative is the first step to overcoming challenges applying evidence in decision-making in emergency settings. Literature reviews and collaborative sessions with staff nurses can identify barriers to implementing EBP in daily practice and strategies to overcome them. The research team must galvanize nursing leadership to champion initiatives that require time, resources, and commitment. Once commitment is secured at the leadership level, EBP principles can be integrated into daily nursing practice.

8. Emergency Preparedness and Disaster Response

Disasters can strike at any time, with little or no warning. Communities must have emergency preparedness plans in place to cope with unexpected disasters. Such plans must consider the critical needs of the community and allocate resources accordingly. Nurses



are vital in planning, training, and executing emergency preparedness response strategies. At a basic level nursing, as a profession, needs to be involved in disaster response planning in health systems (Grochtdreis et al., 2016). Using past emergency situations as a foundation, this discussion provides an overview of how nursing responses can improve community preparedness for future emergencies. Emergency situations develop quickly, often spiraling out of control and making it impossible to implement well-structured responses. Therefore, initial situational risk assessments are needed that prioritize the response of available resources. Key questions include: What resources are on site? What resources can be deployed from outside? How fast can these resources be mobilized? What actions are necessary to avoid further injuries and damage? What actions are necessary to protect critical infrastructure? What actions are necessary to stabilize the situation? What actions are necessary to prevent future emergencies?

There are lessons to be learned from past unmanageable disaster situations. Interdisciplinary collaboration is crucial in completely chaotic situations. Each discipline has strengths and limitations that can successfully manage disaster scenarios when combined. Health disciplines working together have a crucial function, particularly in stabilizing psychosocial impacts. Since community resilience is largely based on the emergency preparedness of health professionals, allied health disciplines need to take the lead in planning community interventions during disasters. Case studies are used to illustrate how nursing responses in past emergencies can add value to community preparedness for future unmanageable disasters. Nurses are trained to respond to emergencies as part of every day practice and thus offer opportunities for preparation. Training drills should be conducted for health professionals in managing possible community emergencies and disasters. These drills should include training in developing situational risk assessments and coordinating complex responses. Emergency nurses will be better prepared to cope with stress in crisis situations if they are involved in planning responses to possible community emergencies.

9. Mental Health Challenges in the Emergency Department

Admitting to an emergency department (ED) usually follows a crisis situation and indicates a recent disruption to someone's health. Many individuals seeking emergency care experience mental health conditions, and a number of social determinants may increase their risk of declining mental health. These include poverty, violence, and inequity. Co-existing physical and mental health ailments make caring for these patients more complex and challenging. The emergency department is a unique care setting with its own stressors,



and the high-pressure environment can exacerbate mental health issues. Despite the challenges acknowledging and accommodating mental health concerns, it is a priority in urgent care (B. Harrell, 2019). Nurses are often the first care providers to meet patients in the emergency department and play an important part in evaluating and managing patients' mental health while providing urgent care for physical health complaints. Brief and focused assessments and the ability to build rapport quickly are important nursing skills to detect mental health needs. Patients may present with health concerns that are acute manifestations of unmet mental health needs. In this case, it is important to take time to listen and understand the patient's situation and to address their main concerns. Mental health may not be obvious or a priority for patients, even if it is part of the presenting situation, and it may be necessary to bring attention to it. This may be best done through open and compassionate communication, creating a safe environment and familiarity, and taking time to explore patients' mental health needs (Chou & Tseng, 2020). While emergency services are typically time-pressured, mental health needs may take time and patience to uncover and address. A larger consideration is how to improve accommodation of mental health services in emergency settings. Health systems are often designed for physical health complaints, and mental health needs are considered an add-on to established services, not a core component. This is reflected in the training nurses receive in emergency departments. All newly qualified nurses are trained and supported to work in emergency departments, and this comes with an expectation to handle complex mental health situations, although training is minimal. Increasing the capacity to provide a mental health service pathway in emergency departments would include a need for more education and training for emergency nurses.

10. Pediatric Emergency Nursing

Pediatric Nursing Considerations You May Want to Know for AE Emergency Departments

While the principles of emergency nursing apply to all age groups, there are specific considerations for pediatric emergency nursing. The emergency nurse must understand the normal physiological and psychological responses of children in crisis situations and the effects of illness and injury on these responses (J Blackburn, 2014). Special assessment and treatment skills are required for nurses caring for children because many nursing procedures used with adults differ significantly when performed on infants and children. Emergency nurses encounter a unique set of problems in caring for children. Some problems are routinely present in pediatric emergency care, such as respiratory distress, fever, and seizures. Others are specifically associated with children, such as child abuse,



ingestions, and hyperactivity. A basic knowledge of common pediatric emergencies and appropriate nursing interventions is essential to recognize and manage problems effectively.

Many emergencies in young children involve respiratory illness. During assessment, the pediatric emergency nurse must be careful not to lose a critically ill child during triage. The most reliable means of detecting life-threatening respiratory distress in a child is to observe the child at rest. Intentional injuries are the most difficult injuries to detect and confirm in children, and the emergency nurse caring for a young child with unexplained injuries must consider the possibility of child abuse. Psychosocial crisis tends to be more dramatic with young patients than with older patients, and communication with pediatric patients and their families is critical to ensure effective care delivery. A number of best practices have been developed to provide a supportive environment for pediatric patients and their families during emergencies. When setting up an emergency department, considerations for triage and treatment areas, play equipment, and the involvement of families should all take into account pediatric patients. Furthermore, pediatric emergency specialists should always be involved in considerations regarding the design and function of new emergency departments.

11. Geriatric Emergency Nursing

Nurses in the Emergency Department face unique challenges due to the fast-paced, critical environment filled with trauma, codes, and other life-threatening incidents. Geriatric Emergency Nursing is a growing challenge as older adults are typically frail, present with multiple comorbidities, and have unique needs from their treating health professionals. It is essential to understand the principles of assessment and treatment in geriatric emergency nursing. Age-related changes must be considered when managing health conditions in older patients, including chronic diseases, trauma, mental health issues, and presenting emergency events. Changes that occur to the patient's respiratory, cardiovascular, neurological, genitourinary, and integumentary systems affect how the health professional perceives the emergency, treats it, and what outcomes can be expected (M. Hogan et al., 2010).

The most common emergencies in adult patients involve falls, head traumas, and loss of consciousness. Elderly patients presenting with these conditions require tailored interventions as outcomes can differ greatly from younger patients. When adjusting the intervention priorities and expected outcomes, it remains crucial to have health



professional input but consider older patients' wishes to the greatest extent possible. Family members must be involved in care planning as they know the patient needs best, even if the patient cannot participate due to being unconscious or confused. Communication can be particularly difficult when the geriatric patient speaks little or no Indonesian, changing the approach to care as it involves a translator.

Conditions in elderly patients are often complex and require interventions from various disciplines, whether it is a fall, head trauma, or other issues. It is easy for nurses to become confined to one discipline and focusing on one condition found in a patient's assessment. Interdisciplinary collaboration is key to finding solutions to geriatric patients' dilemmas as they often have multiple assessments and a variety of findings. The Emergency Department needs to be flexible in scheduling disciplines to ensure all patient needs are met. A trauma team is called for a head trauma, but a second code must be activated for a lower vertebral fracture found upon CT assessment. Training programs during the nurse's education on how to handle geriatric emergency events would be desirable. Emergency nursing could benefit from a framework of comprehensive geriatric nursing as part of standard practice.

12. Cultural Competence in Emergency Nursing

Providing effective nursing care in an emergency department requires an understanding of cultural competence. Many things affect how a patient interacts with the healthcare system, and a person's cultural background is one of the most significant. A patient's culture impacts their beliefs and customs, directly influencing their health, health outcomes, and care options. Emergency nurses frequently provide care to patients of diverse cultural backgrounds. Emergency nursing requires nurses to address and respect a patient's cultural beliefs and practice when providing care (Rita Wright, 2010). To do this, emergency nurses must have training in cultural competence and awareness.

In efforts to enhance cultural awareness and sensitivity among nursing staff members, several strategies can be adopted. One approach is to offer training and workshops that focus on developing understanding of different cultures. This could involve having a representative from a specific cultural group educate staff about their cultural beliefs and practices. Having these discussions within an open forum would allow nursing staff to gather valuable knowledge from the cultural group being represented while also asking questions about things they don't understand. Another strategy is to provide access to literature that would broaden nursing staff's learning and understanding of the various cultures in the community. Enacting these approaches would ensure that emergency nurses



better understand the cultural groups in the community they service (Blonigen-Heinen & Basol, 2015).

Many culturally diverse patients seek care in emergency departments, and this number continues to rise. Therefore, it is crucial for emergency departments to understand barriers to care that cultural miscommunication can pose. Cultural misunderstandings can make it difficult to plan and implement a patient's care. A person's culture may affect the view of health and illness, the patient's behavior regarding their health status and treatment, and how a patient perceives and uses verbal and nonverbal communication. To ensure patients receive the most appropriate care possible, emergency staff must have a clear understanding of a patient's culture and how it affects everything from communication to health beliefs and practices. Training in cultural competence would help emergency staff members ask the right questions to gather the most effective care information regarding the patient's culture. By understanding the patient's culture, care can be more personalized and effective for the patient.

13. Technology and Innovation in Emergency Nursing

Technology and innovation are ever-present elements of life, society, and professional practice. Some of these innovations happen to be at the center of most people's lives; for instance, mobile phones and social media. Others are more specialized, relevant to certain aspects of life and society but not necessarily everything. In the past decade, the worldwide healthcare sector has seen significant new innovations introduced to everyday practice. For example, advances in medical technology and the incorporation of innovative information and communication systems into the healthcare milieu have become commonplace. In emergency healthcare, the target of the system often seems to be to utilize the new technologies and innovations to enhance the critical initial patient assessment and triage and simultaneously streamline the chain of processes delivering care to the patient (Li et al., 2012). Accordingly, there has been a range of innovations introduced to the emergency setting that seeks to enhance the outcomes of emergency care. Some of these innovations may be specifically designed equipment or systems, while others could be new procedures of care. Nowadays, almost without exception, every emergency department has adopted and incorporated a certain level of medical technologies and information systems that significantly impact emergency nursing practice.

Throughout the working life of every emergency nurse, there will be situations either directly or indirectly observing the outcomes of an innovation. At times these outcomes



may be wholly beneficial, but there are also situations, perhaps more frequently happening, where the results of technological innovation may have harmful impacts or outcomes needing attention. Therefore, discussions and reflections on innovations in the emergency setting, primarily from the perspective of the nurse, are warranted. It is essential to address certain instruments or innovations that have enhanced outcomes in treating and caring for patients experiencing acute medical emergencies. Attention will also be directed toward discussing newly introduced technologies that, while they may improve treatment outcomes, can also inhibit, complicate, or otherwise impact everyday life. Some of these issues may relate directly to a specific tool or system, while others may touch on the more general aspects of the introduction of new technologies into workflow. Finally, consideration will center on the role of training and education in handling new technologies and the need for nurses to be proficient with the newest innovations in their field. However, issues also arise regarding the training nurses need to obtain their expertise with a new tool. The insight is that technology can be used to enhance interdisciplinary communications and collaborations. Thus, nursing innovation can also impact how groups involved in the care chain work together in everyday life. As with many other disciplines in healthcare, an effort has been made to embrace innovation in emergency nursing practice.

14. Professional Development and Continuing Education for Emergency Nurses

Emergency nursing is an exciting and challenging area of nursing that requires critical thinking and the ability to adapt to constantly changing situations. Nurses in the emergency department face a unique set of challenges, as they provide care for patients of all ages and conditions in one location. Because of the fast and ever-changing nature of healthcare and emergency nursing, it is critical for nurses to continue learning to maintain competency and stability in the emergency department. It is the responsibility of every emergency nurse to seek educational opportunities, whether workshops on trauma care, certifications in ACLS or PALS, or attending conferences on the latest medications and treatments. Many organizations will assist nurses along their professional journey. For example, the ENA offers mentorship to new emergency nurses and provides resources for traveling nurses who want to gain experience in emergency care. In addition to mentoring, peer support is also important. Having peers who want to learn the same things or work toward the same certifications helps promote professional growth and development (Kurtović et al., 2024). When continuing education is a priority for nurses, it shows in their practice and the care they provide for their patients. One of the best things about the healthcare profession is that new research is constantly being conducted, and with that, best practices are continually changing. Because of this, it is critical for emergency nurses to stay abreast of new research.



medications, treatments, and trends in care. For example, many hospitals across the United States used to treat patients with chest pain in one manner, but because of new research, care continues to adjust. Keeping up with the latest research and education improves patient care and increases better outcomes and recovery rates (Caporiccio et al., 2019). Continuing education can come in many forms, whether attending lectures, reading journals, or going back to school. Education can also be a combination of a personal interest or a need for the job. For example, trauma never used to be a personal interest, but a level one trauma center was opened which requires education on trauma care. It is also healthcare's responsibility to ensure that employees have the required education to perform their jobs properly. For example, advanced certifications, such as basic life support, advanced cardiac life support, pediatric advanced life support, or trauma life support, need to be renewed every two years. Continuing education should be one of the main focuses in nursing, whether it is a new graduate nurse or a nurse with twenty years of experience. A commitment to continuing education will promote a culture of lifelong learning, which is vital in a profession that provides care for the sick and injured. Because emergency departments are often the frontline of trauma and critical care, it is even more essential that nurses possess the latest education and training to face contemporary challenges and provide the best care possible.

15. Burnout and Self-Care for Emergency Nurses

Working in the emergency department (ED) can be an exciting but unpredictable place of employment. The fast-paced environment and demands of the job, coupled with limited resources, can cause stress for nurses. A stressful work environment can lead to burnout. Burnout is defined as physical, emotional, and psychological exhaustion as a result of stress (Weathers, 2017). The World Health Organization recognizes burnout as an occupational phenomenon. Some signs of burnout include feelings of energy depletion, increased mental distance from one's job, or reduced professional efficacy. The COVID-19 pandemic has exacerbated burnout in nurses, particularly in the ED. Although nurses generally want to help others and care for patients, it is essential to take care of oneself in order to care for others. Developing coping strategies and self-care is essential for healthcare workers to thrive in stressful environments.

According to a recent study, 58% of emergency nurses reported high burnout, a number much higher than inpatient nurses (Jane Muir et al., 2023). Many factors contribute to burnout, including long and demanding shifts, limited staff, chaotic environments, and lack of support. Burnout can affect work performance, including increased errors, missed patient care, decreased productivity, and difficulty multitasking, which can ultimately



result in patient care suffering. Organizations should both encourage staff to take mental health days and implement strategies to help staff cope with stress. Building a support system in the workplace can help mitigate burnout. Support networks such as peer debriefing can provide a safe space to express feelings of burnout. Speaking to others who have experienced similar stress can help one feel less isolated and give a different perspective on the situation. It is important to learn how to manage stress outside of work as well. Mindfulness, focusing on breathing, and meditating in one's free time are also beneficial. It is essential to recognize the early signs of burnout before it escalates. Trying to manage burnout alone can prolong the stress; it is important to ask for assistance when needed. Finding a balance between work and personal life is essential. Stress management should be a priority in a nurse's life so they can continue to care for patients to the best of their ability. Burnout is something many healthcare workers experience and finding coping strategies is essential for both staff and patients.

16. Conclusion

From the beginning, this essay has explored the role of nurses in emergency departments, examining the many challenges they face while championing the sickest and most vulnerable patients. In an often chaotic environment filled with unpredictability and complexity, emergency nurses play a pivotal role in the infrastructure of emergency departments. Acknowledgment is given to the many emergency nurses who have shared their narratives and insights throughout this journey, which only scratches the surface of this complex and evolving specialty.

Through the lens of research and literature, the realities of emergency nursing have been examined, along with considerations for the future. Attention has been drawn to some of the many struggles in recruiting, retaining, and nurturing emergency nurses, particularly in light of the COVID-19 pandemic and mass exodus of nurses worldwide. While recognizing that many of these challenges are not unique to emergency nursing, the hope is that a spotlight is shone on this often hidden and invisible specialty in order to pursue effective strategies for the future. It is vital to recognize the significant and essential role that nurses play in emergency departments, and their often unheralded contributions to the healthcare system, the advent of the new 9-1-1 system and the growing burden of mental health on emergency services (D Heglund, 2012).

In summary, emergency nurses are the advocates, the champions, the leaders, and the frontline providers of often unseen and unheard care for the most time-critical and



vulnerable patients. The struggles, victories, and nuances of this often chaotic and unpredictable specialty must be nurtured and supported, and the hope is that this essay provides some food for thought. Emergency nursing as a profession is still in its infancy and as a collective, and the hope is that efforts are made to ensure a specialty that currently performs miracles daily is positioned to thrive in the future (M. Schultz, 2014).

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