



Home Care Nurses' Appraisals and Coping Strategies in a Critical Incident

A thesis presented by Lisa Bower

Introduction

- Nursing is a stressful profession.
- Critical incident stress is a particular type of stress in nursing.
- Stress from a critical incident can potentially interfere with professional and personal life of the nurse.
- The perception of a critical incident may differ by practice setting.

Research Objectives

- Identify what events home care nurse appraise as critical incidents.
- Identify the reactions home care nurses have to events appraised as critical incidents.
- Identify how home care nurses cope with events perceived as critical incidents.
- Identify the effect critical incidents have on home care nurses both personally and professionally.

Definition

“A critical incident is an event a person experiences that results in an exceptional emotional and/or physical response that exceeds a person’s usual coping abilities”.

Fraser Health Authority, 2002

Literature Review

- Stress identified by home care nurses in both Canadian and international studies.
- Sources of stress included: work overload, uncooperative family members and clients, unfamiliarity with situations, and inability to reach physicians (McQuigg and Evans, 1992; Steward and Arklie, 1994).

Lit Review Cont'd

- Palliative care can potentially be a specific source of stress in home care.
- Sources of stress in palliative care included: poor family dynamics, workloads, client and/or family's denial of possibility of no cure, and inability to provide adequate symptom relief (Wilkes and Beale, 2001; Wilkes, Beale, Hall, Rees, Watts, and Deene, 1998).

Lit Review Cont'd

- Critical incidents occur in nursing.
- Categories of critical incidents include: moral distress, lack of responsiveness from a health care professional, violence towards a nurse, emergency situations, patient death and actual or potential contact with infectious body fluids (Appleton, 1994; O'Connor and Jeavons, 2003).
- Critical incidents are self-defined (Burns and Rosenberg, 2001).

Methodology

- Descriptive, cross-sectional, retrospective design.
- Self completed surveys
 - 1. Demographic profile (Appleton)
 - 2. Critical Incident Form (Appleton)
 - 3. Emotional Appraisal Scale (Folkman and Lazarus)
 - 4. Ways of Coping Questionnaire (Revised) (Folkman et al.).

The Sample

- Participants were home care nurses employed in one of the seven community health centres in Vancouver Community.
- Investigator presented research at nurses' meeting to encourage participation.

Data Collection

- Potential convenience sample of 165 home care nurses: 125 permanent and 40 casual.
- Respondents had three month period to complete survey and return questionnaires to investigator by internal mail.

Sample Demographics

- 25 nurses made up sample: 21 female, 2 male and 2 questionnaires left gender question blank.
- Respondents ages ranged from 24-62.
- 80% participants had been nursing for more than 10 years.
- 60% worked permanent full-time.

Events Appraised as CIs

- Participants experienced the critical incident anywhere from one day ago to over fifteen years ago.
- 88% of incidents happened on a weekday day shift.
- Descriptions of critical incidents were subjected to content analysis and six categories were identified.

#1. Patient Death

- 24% of critical incident involved patient death.
- Includes incidents where a client death was particularly stressful or significant to the nurse either because of the circumstances surrounding the death or the reactions and emotions of the family and friends.
- Five of the six deaths involved palliative clients.

#2. Abuse

- 20% of critical incidents involved abuse.
- Includes incidents in which the nurse was subject to verbal aggression, physical threats, or written intimidation from a client or other members of the client's family.

#3. Sexual harassment

- 16% of critical incidents involved sexual harassment.
- Includes incidents in which a client or family member displayed behaviours with overt, unwelcome sexual connotation.

#4. Urgent Situation

- 16% of critical incidents involved urgent situations.
- Includes incidents in which a nurse experienced an unexpected event that required the assistance of emergency personnel due to the haste required to react and the limitations of the nurse's own abilities.

#5. Organizational limitations of care

- 12% of critical incidents involved organizational limitations of care.
- Includes incidents associated with ethical distress when the nurse's ability to provide appropriate client care was negatively impacted due to organizational factors that exceeded the control of the nurse.

#6. Potential threat to personal health

- 12% of critical incidents involved potential threat to personal health.
- Includes incidents in which a nurse is in actual or potential contact with infectious bodily fluids.

Incidents involving palliative situations

- Patient death 5/6
- Abuse 1/5
- Sexual harrassment 1/5
- Urgent situations 1/4
- Organizational limitations 3/3
- Threat to personal health 1/3

Physical Reactions to Critical Incidents

- 18% reported nausea
- 18% reported headache
- 55% reported fatigue
- 55% reported insomnia
- 18% reported other physical symptoms such as anxiety, nervousness, teariness
- 12% reported no physical reactions.

Emotional Reactions to Critical Incidents

- Emotions measured using Folkman and Lazarus's Emotional Appraisal Scale.
- Emotions experienced with the most intensity included: disgust, anger, frustration and disappointment.
- Emotions experienced with the next greatest intensity were: worry, fear and anxiety.

Coping with a Critical Incident

- Coping measured with Ways of Coping Questionnaire (Revised).
- Four subscales of coping used most by participants:

#1. Seeking social support

-talking to someone who could do something concrete about the problem.

-accepting sympathy and understanding from someone.

Coping Cont'd

#2. Planful problem-solving.

- I knew what had to be done, so I doubled my efforts to make things work.
- I made a plan of action and followed it.

#3. Self-controlling.

- I tried to keep my feelings to myself.
- I kept others from knowing how bad things were.

Coping Cont'd

#4. Positive reappraisal.

- Changed or grew as a person in a good way.
- I came out of the experience better than I went in.

Effects of Critical Incidents

- 16% of home care nurses reported the incident had a negative impact on their relationship with their work colleagues.
- 20% reported the incident had a negative impact on their relationship with their family and friends.
- 20% reported they considered leaving their position due to the critical incident and one respondent did leave her position.

Limitations

- Surveys distributed during summer when workloads may be heavier and home care nurses on holidays.
- Critical incident may have been too traumatic for home care nurse to relive by documenting it.
- Home care nurse may have been on leave due to a critical incident.
- Small sample size.
- Lack of generalizability.

Implications for Nursing Education

- Promote awareness in nursing students about the potential for critical incidents regardless of nursing practice.
- Nursing educators in home care to discuss potential for critical incidents during orientation for new employees.
- Nursing educators to be knowledgeable in resources to assist nurses who have experienced critical incidents.

Implications for Nursing Administrators

- Acknowledgement that home care nurses deal with death and dying but it is still a potential source of CIs.
- Clear policy and guidelines surrounding the role of home care nursing after a nurse has experienced abuse or sexual harassment.

Implications for Nursing Research

- Multiple settings within numerous health authorities would increase the generalizability of findings, including more rural settings.
- Longitudinal studies may assist in exploring the long term effect of critical incidents on home care nurses.
- It may be valuable to study nurses that have stopped practicing as a result of a critical incident.

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- Questions?

Comments?