Thai Nurses' Experiences of Providing Care in Overcrowded Emergency Rooms in Tertiary Hospitals

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Abstract: Overcrowding in emergency rooms creates difficulties for nurses in providing safe and high quality health services for patients. Investigating the experiences of nurses in overcrowded emergency rooms can build understanding of this phenomenon and help improve the quality of care provided. This Heideggerian phenomenological study explored Thai nurses' experiences in providing care for patients in overcrowded emergency rooms in tertiary hospitals. Data were collected from in-depth interviews with 20 Thai nurses, and the interviews were recorded, transcribed, and analyzed using thematic analysis.

The findings revealed four main themes: *Personal and professional impacts on the nurse*, *Factors contributing to overcrowding*, *Managing overcrowded situations*, and *Expectations for quality care*. Study findings provided rich data that develop a greater understanding of nurses while working in overcrowded emergency rooms. Nurses were unsatisfied with their ability to provide timely, quality of care. There was a shortage of nurses to deal with the high patient load, increased stress, not enough time to teach novice nurses and student nurses, and increased risk to patients who waited long times for admission or treatment. Overcrowding leads to infection risk with patients being in close proximity. Bed shortages in hospitals contribute to long waiting times for patients awaiting admission from emergency rooms. To improve the quality of care, hospitals have to reduce overcrowding by improving patient flow and providing appropriate care for patients waiting for treatment. However, government policies need to be urgently introduced to reduce overcrowding and provide sufficient staffing and equipment. Often patients attended emergency rooms for non-urgent care, adding to overcrowding and inefficient use of resources. Therefore, effective management, collaboration, teamwork, and communication among all healthcare providers need to be undertaken to ensure that ER nurses deliver more efficient care to patients.

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Introduction

Overcrowding in the emergency room (ER) contributes to chaotic situations where emergency staff must use available resources to provide services to excessive numbers of patients.[1] Overcrowded situations

prevent nurses providing patient care to a proper standard, leading to lower nurse satisfaction[2] and is a major barrier to safe, quality patient care. Quality of care is linked to a positive practice environment that contributes to satisfaction for both nurses and patients. An access block is a physical phenomenon meaning that the ER is at capacity for delivering quality care according to available staff and resources thereby increasing ER waiting time. Overloaded nurses are unable to effectively provide the care needed in a timely manner. Delays in processing ER patients also result in overcrowding, making it difficult to provide safe quality care.[3] Increasing ER patients results in an increase in nurses' workload leaving less time to meet patients' physical, psychosocial, and spiritual needs.[4] This time constraint places patient safety at risk, especially when nurses are rushed in completing nursing procedures, communicating with patients, and providing good discharge information.

Many studies have provided evidence about overcrowded ER conditions in different countries and contexts, including studies using qualitative designs, grounded theory, focus groups, and a study using an interpretive phenomenological approach.[5-8] A previous Thai study explored the experiences of ER nurses working in a tertiary government hospital,[9] but did not focus on overcrowding or include nurses working in multiple hospitals. However, little is known in qualitative studies about the actual situation that Thai emergency nurses experience when working in the overcrowded ER at university-affiliated hospitals. While there are many studies on ER overcrowding in a number of countries, in Thailand this problem persists and seems unsolvable, especially in the contexts of university-affiliated hospitals that provide healthcare service at the super-tertiary care level. ER nurses are considered to be at risk of high workloads in emergency care, and at risk of health problems that may develop while working in the overcrowded ERs. Therefore, this study sought to understand the lived experiences of ER nurses working under the overcrowded work environment at university-affiliated hospitals. A phenomenological methodology was used in this research to allow us to obtain critical insights of ER nurses' work-life and their expectations. By expanding knowledge about the meaning and its pattern which nurses identified when providing care in overcrowded ERs, nurses' voices can influence decision-making and policies to improve patient care and outcomes and improve the work environment for nurses.

Literature Review

ER overcrowding is common in hospitals around the world and prolongs patient waiting times for appropriate treatment or for available inpatient beds. The ERs of university-affiliated hospitals also experience overcrowding challenges due to the high volume of referral, usually from remote areas, for complex care and treatment. By and large, overcrowded working environments often result in uncontrolled high workloads that could affect patient safety and contribute to negative personal consequences, such as burn out, for ER staff, including nurses.[8,10]

Nurses' work in ER is organized to achieve its primarily function: to treat whoever arrives for whatever their presenting situation. As such, nurses are assigned to primarily work in one of three areas: triage, holding/observation, or resuscitation. Inevitably, ER overcrowding directly and indirectly impacts nursing practice.[11-18] A direct impact is that nurses cannot provide an adequate standard of care to patients because of time limitations and lack of resources, i.e., insufficient space, equipment, and staff.[3,5] Overcrowding may triage high acute patients to non-monitored ER areas, delaying treatment and increasing adverse events.[11] Evidence has supported that overworked nurses place patients at risk for reduced quality of care, increased complications, and more medical errors, especially among nurses working in holding/observation.[12] ER nurses are trained for short stay visits, not prolonged care that can extend into days waiting for an in-patient

bed.[12] Overcrowding can delay resuscitation efforts as trauma staff are needed for multiple patients at once, affecting clinical outcomes and possibly patient mortality.[13] Indirectly, the pressures of overcrowding mean heavy workload, limiting nurses' ability to provide essential aspects of caring for patients (e.g., comfort, privacy, and safety) as well as reduced efficiency and effectiveness, an increase in frustration, anxiety, and depression, decreased job satisfaction, and a feeling of powerlessness among nurses.[8,10,18]

Heavy workloads play a major part of the overall nurses' work environment as sustained stress leads to negative personal consequences. Nurses feel they are not meeting standards of care, particularly if patients are left without monitoring.[14] Workload stress is a significant factor in lowering nurses' job satisfaction leading to poor job performance, work absence, or resignation. Learning more about the realities of nurses' work experiences in overcrowded ERs can help managers provide social support, adjust work processes and assignments, and help prevent the shortage of ER nurses.

Recently, a study conducted in Taiwan used a grounded theory approach to explore nurses' perspectives of working in an overcrowded ER found that nurses felt unclear about their roles because of conflicting interactions of their roles, work responsibilities, work environment, professional values, and sociocultural beliefs.[5] Moreover, insufficient space, equipment, and staff limited nurses' capacity for providing care according to required standards of care.[5] As Thailand has its own unique culture and emergency service system, the experiences of Thai nurses working in overcrowded ERs might be different. Continuing concerns about the confounding issues in ER overcrowding that affect nurses' professional values, work environment, and quality care outcome led to development of this study. The purpose of this study was to explore Thai nurses' experiences in providing care for patients in overcrowded ERs in tertiary hospitals (university-affiliated hospitals) in Bangkok, thereby building understanding of ER nurses' experiences and shared practices of working in overcrowded ERs can be managed to promote efficient and effective patient care. Overcrowding in ERs is beyond the control of ER nurses alone. To alleviate overcrowding, hospital management has data available based on nurses' voices to invest attention into this longstanding problem.

Methods

Study Design: This study used a phenomenological approach based on Heidegger's philosophy to investigate the lived experience of a phenomenon to reach a deep understanding.[19] We focused on exploring common meanings and shared practices across participants using Benner's method of data analysis and interpretation.[20] Use of this method was important because Benner suggested researchers must understand that: 1) participants are situated in different circumstances depending on their backgrounds and present contexts, 2) participants comprise a body with knowledge, practices, and skills, 3) their experience is temporary, and therefore involves understanding past experiences and projecting future experiences, 4) the importance of participants in the situation and what was important to participants remains of concern, and 5) participants present the same general linguistic and cultural meanings in terms of prospective problems, agreement, and conflicts among people.[20] Benner's interpretive analysis involves three interrelated processes: 1) selecting paradigm cases, 2) conducting thematic analysis to identify themes from the raw data, and 3) analyzing exemplars to support emergent themes.[20]

Setting and Participants: Five public tertiary hospitals in Bangkok were selected based on the following criteria: having constant ER congestion including having patients who wait to be admitted staying in the emergency room for at least 2 days for admission and each shift consistently reporting at least 50 patients waiting in the emergency room. Participants were recruited using purposive sampling. The head nurse who was a coordinator was informed

about the research project and made announcement to ER nurses and sent the names those nurses interested in participating in this study to the principal investigator (PI). The PI selected eligible participants based on the inclusion criteria: registered nurses with two or more years' experience working in the ER, able to communicate in the Thai language, and willing to participate. Participant selection was rotated among the five hospitals to ensure balanced representation. Twenty ER nurses agreed to participate in this study, four from the university hospital, four from the Thai Red Cross hospital, three from the Ministry of Defense hospital, three from the Medical Service Department hospital, and six from the Ministry of Public Health hospital. Therefore, 20 participants provided an adequate sample size to yield new and rich data to fully understand the study phenomenon.

Data Collection: This was done during November 2016 – July 2017. After gaining ethical study approval, nursing department directors and head ER nurses in each hospital were contacted and informed about the study objectives and methods. They were then asked for permission to contact individual nurses through announcements at staff meetings and notices on bulletin boards. Before data collection began, the researcher introduced herself as a doctoral student and described this study. Individual in-depth interviews were conducted in a private and safe place after working hours, such as the ER meeting room or participants' apartments. The PI gave the opportunity to all participants to explain their perspectives and feelings on their experiences of working in the ER overcrowding phenomenon. Interviews followed the same guide with open-ended questions including: "What is your experience of working at the overcrowded ER?" and "How do you feel about working in an overcrowded ER?" Probing questions were asked for clarification, such as: "Would you please explain more about..." or "What else do you want to share?" Each interview lasted 1–2 hours. The interviews were conducted until data saturation was reached after the 20th interview and the research team determined no new data were forthcoming.[21] Some participants agreed to a second interview that took place 2 weeks after the first interview to verify data. If participants could not commit to a second interview due to time constraints, the researcher completed data confirmation during the first interview. Field notes were taken during the interviews and the researcher wrote reflections after each interview to track the PI's observations and feelings that arose during the interviews. Personal reflection increased her self-awareness and contributed to the transparency of the research.

Data Analysis: Data were analyzed using Benner's method.[20,22] Reflection by the PI after interviews was used to help focus on the meanings of participants' experiences, clarify how to explain these meanings, and determine whether the meanings were grounded in the original data. Data analysis steps included the verbatim transcription of each interview. All transcripts were rechecked against the recordings to verify accuracy. The transcripts were read and reread until the PI understood the whole picture of the data. Data from a participant that contained detailed, solid, and multidimensional aspects were selected as a paradigm case. These data were then coded, and a preliminary analysis was performed and used as initial data to compare with other cases. Each transcript was coded, with coding groups arranged in terms of similarities and differences in meaning. After that, the thematic analysis was conducted with a search for patterns of meaning that were identified from different concrete expressions from each participant. Those patterns were organized into subthemes, which were grouped into the main themes. Simultaneously, data from field notes and reflections were analyzed by coding and grouped with the interview data. Next, data from the second interviews were used to verify data from the first interviews, validate emergent themes and sub-themes, and ensure data saturation was reached. Analysis by the PI was validated by her major advisor with subsequent input from the research team to ensure consensus. In this methodology, data saturation was a key consideration because it was used to guarantee the qualitative trustworthiness and was achieved when no new themes were discovered, and additional data collection yielded similar findings.

Ethical Considerations: This study was approved by the Ethical Clearance Committee on Human Rights Related to Research Involving Human Subjects, Faculty of Medicine Ramathibodi Hospital, Mahidol University. The approval number was MURA2016/510. After the IRB approval, the PI sent data collection permission letters and the research project to all research settings. Nurses who were willing to participate signed an informed consent document and consented to audio recording the interview. This study was conducted in accordance with ethical principles to ensure participants' confidentially, privacy, dignity, and anonymity. Data files were password protected, study materials were kept in locked files, and findings were presented in a summarized format.

Trustworthiness: The strategy outlined by Lincoln and Guba was used to ensure trustworthiness.[21] The PI developed relationships with participants before their interviews and started with an introduction of herself as the interviewer for building relationships with the participants and explaining the interview objectives. Credibility was enhanced through member checking and prolonged engagement by allowing sufficient time for each participant to share their experiences. The PI spent at least 60-120 minutes per interview to build rapport and collect data from the interviewees. Dependability was achieved by audit trail and adequate data were revealed. All interviews were audio-recorded to enable going back and forth to check the data during analysis. Confirmability was ensured through team debriefings to validate the analysis and interpretation of the data, based on consensus. While the findings cannot be applied to other groups, contexts, times, and places, transferability provides rich and contextualized understanding of Thai ER nurses' experiences of providing care in overcrowded ERs in tertiary hospitals. To enhance the validity of the findings, data obtained from field notes and reflections of each participant were analyzed along with each participant's interview data to validate that data reflected the phenomena studied.

Findings

Participants included 20 female nurses aged 31-50 years (mean age of 38.15 years). Most participants had graduated with a bachelor's degree (80%), and the average duration of experience working in the ER was 15 years. Four themes emerged that described the experiences of Thai nurses in providing patient care in overcrowded ER situations. These themes are summarized in **Figure 1**.

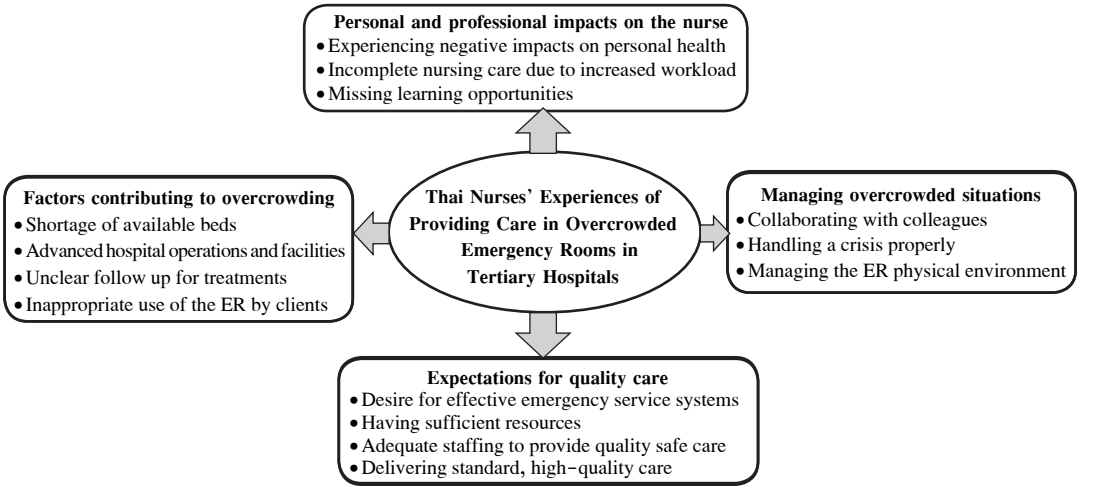

Figure 1 Themes reflecting the experiences of nurses who provide care for patients in overcrowded emergency rooms

Theme 1: Personal and professional impacts on the nurse

This theme was defined as the undesirable consequences of overcrowding encountered by ER nurses. Three sub-themes provided further explanation:

1.1 Experiencing negative impacts on personal health

This sub-theme explained how the constant overcrowded conditions in nurses' work environment negatively affected their health. Nurses identified that overcrowding had physical and psychological effects on their personal health in that they felt tired and stressed with multiple tasks and constant patients' needs. They also experienced physical risk/harm while they worked in the overcrowded ER. Some contracted infections, some were injured by equipment, and others experienced violence from patients and relatives. The following experiences were shared by participants:

> *"I felt so tired. I worked against the clock, so I had no time to rest. And the workload was overwhelming. I am a nurse and had multiple tasks at that time, so I didn't have a chance to have lunch or dinner break. I drank only one bottle of water."* (Participant 3: P3)

> *"I have dyspepsia, so I have stomachaches. I can sense when I am stressed, so I can feel that my stomach is churning ...in working under over-crowded situations, we need to hurry up..."* (P14)

> *"There was a patient [that] presented with cough, dyspnea, and fever. While he was waiting for the laboratory tests for 3-4 hours in the ER, the result showed that he had TB* (tuberculosis). *It might have spread to nurses, clinicians, and other patients. Sometimes patients who had TB inevitably stayed in front of the nurses' counter in the ER for 2-3 days before being transferred to the negative pressure room."* (P19)

1.2 Incomplete nursing care due to increased workload

This sub-theme captures the negative professional impacts on nurses. Nurses stated that they had to do much more work than was normally required. During overcrowding, the nurse-to-patient ratio was decreased and they could not provide care according to Thai patient care standards. Time constraints limited their attention to providing all aspects of safe quality care nursing. Caring for large numbers of patients and having to finish tasks on time led to nursing care being incomplete or missed. For example:

> *The workload is beyond our potential. While five nurses were providing care for 50 patients, there were two cardiac arrest cases simultaneously. It was an unbearable task. We must complete our nursing care even after working hours..."* (P9)

> *"We were stressed because of the patients' needs. They wanted to get examinations quickly... Then, new patients constantly came in and needed continuous care. We had a lot of work to do such as following previous laboratory tests, but I didn't complete a new medical order. I was worried that we couldn't finish them in time."* (P1)

1.3 Missing learning opportunities

The ER nurses reflected on missing learning opportunities, stating they were not able to focus attention on teaching and mentoring novice nurses who depend on experienced nurses for guidance role-modeling. This sub-theme reflected the loss of learning opportunities during which ER nurses have opportunities to learn and share new knowledge with colleagues to expand new nursing knowledge and skills. Time constraints and a heavy workload prevented the teaching and training novice nurses and nursing students who could only observe what senior nurses did during ER overcrowded situations. Participants stated:

"It's very busy. Sometimes I tell novice nurses to stop, give me a moment and leave me alone. They [novice nurses] were confused and didn't know what to do next." (P18)

"...From patients' diseases, we can learn many things. Unfortunately, we don't have time to discuss knowledge with colleagues." (P13)

Theme 2: Factors contributing to overcrowding

This theme had four sub-themes that clearly explain those factors that lead to overcrowding:

2.1: Shortage of available beds

There were not often enough available in-patient beds to accommodate ER patient admission. Many patients had long waits on trolleys to receive treatment and care. Patients referred from other facilities were also held in ERs for observation, admission, or treatment:

"Patients who need to be hospitalized stayed in ER overnight because we couldn't transfer them all to an inpatient unit. There were no available beds left." (P6)

"I think overcrowding is caused by a limited number of beds making patients wait in the ER. Also, in the case of referrals, patients have to wait if there are no beds available and other cases may be coming in..." (P8)

2.2: Advanced hospital operations and facilities

This sub-theme reflected positive factors regarding modern operational procedures, structure, systems, and hospital policies for how space, staff, patient care, and resources were allocated and managed. The overall contexts of the hospitals drove a community perception that attracted more people to use ER services because of the positive reputations. The characteristics of tertiary hospitals created trust among patients increasing demand for ER services. Participants shared:

"Nowadays, patients' expectations are to be treated the same as high care in super-tertiary service from the public hospital. They came from all over the country to seek ER services by themselves without a referral process. Patients who had already visited private hospitals and needed more additional treatments would come to [a] public hospital, which resulted in overcrowding." (P3)

"Our emergency medical service is a master in this area. In the cases involving emergencies within this area, the [complex] case will come to a big hospital like us." (P9)

2.3: Unclear follow up for treatments

This sub-theme described about obscure follow up treatments after long waits and little attention to discharge. Normally, it took time and effort to get an accurate differential diagnosis, and so laboratory investigations were carried out step-by-step before treatment. As a result, patients stayed in ERs longer. Participants explained:

"...the patient has a fever...then [having the order to take] hemoculture...It will be ok in case we make hemoculture and give Cef-3 [Ceftriaxone – an antibiotic] then the patient gets better and be able to go home. But [there is another order] to investigate more for the drug sensitivity." (P7)

"...When the doctor investigates patients with abdominal pain, the doctor asks for an ultrasound or CT scan... In the ER it does not has the specific radiology room for ultrasound or CT scan and a request must be sent to the radiology department. So, it takes time to get a case done." (P1)

2.4: Inappropriate use of the ER by clients

This sub-theme relates to the improper use of the ER by patients. Patients often used ER services for convenience when their signs and symptoms were not urgent. Participants shared that:

"...Some patients are not emergency cases, but they choose to arrive at the hospital at night because of nowhere to go so they request to get the treatment at that time..." (P1)

"Medical patients who were low-acuity cases said that they want to see the doctor because they are a big fan of this hospital." (P15)

"At the triage...patients think their symptoms are critical... After being screened, some of them are not...Everyone understands that if they are coming for an emergency check, the examination should be accelerated..." (P8)

Theme 3: Managing overcrowded situations

This theme encompasses how nurses worked with chaotic situations and sought to overcome and resolve the resulting problems. Nurses had to provide the best possible care and treat life-threatening conditions despite overcrowding. Three sub-themes described this theme.

3.1: Collaborating with colleagues

The ER nurses worked together and across healthcare teams, but this was reported to be challenging, especially when patients had prolonged stays in the ER. Some participants said:

"...We have the first case of CPR (cardiopulmonary resuscitation) and then another case coming so we should have staff from another area to help because all three staff working in [the] resuscitation room are occupied..." (P3)

"I think it is about having a good team, which means everyone is helping one another. It is good when the doctor came to take care of the patient right after being notified. So, it would make the work flow." (P9)

3.2: Handling a crisis properly

This sub-theme described the appropriate strategy to deal with a crisis of ER overcrowding in a manner that minimizes harm to patients or to the organization. The strategies participants described as working well during a crisis were about reducing ER patient flow, having communication with others from pre-hospital or referral, and managing within a guideline. For example:

"ER crisis...we call this when the situation in ER is extremely overcrowded...the number of stretcher patients staying at ER more than 40 and over six cases in the resuscitation room. We can't take any more patients. According to the hospital guidelines in ER crisis, the message about ER crisis was broadcasted throughout the hospital, this will make other departments aware and stop sending patients to ER..." (P1)

"...We coordinate with [another] EMS (emergency medical service) *center to inform them that we are under an overcrowded situation and ask if they can send patients to another hospital by checking the patients' healthcare schemes."* (P12)

3.3: Managing the ER physical environment

This sub-theme captures the way nurses arranged the emergency area during overcrowding, for example, by rearranging the stretchers, nurses could have better access to patients, add more stretchers, and manage equipment. Participants said:

"We need to move them [patients on stretchers] to the left and right, keep it close to the wall to have more space in the middle so we can bring the third stretcher in..." (P20)

"For additional stretchers, we try to keep them in other rooms...a treatment room, a room for casting...We can take them to wait there, but they remain under our care." (P11)

Theme 4: Expectations for quality care

This theme relates what participants felt would enable them to deliver safe, quality care to meet patients'

and nurses' expectations in terms of quality of service. It comprises four sub-themes:

4.1: Desire for effective emergency service systems

This sub-theme describes an effective system of admissions, managing beds, and resources to support quality of care and alleviate overcrowding in ERs. Participants hoped that:

> *"...It will be better if we don't separate by the department...if the hospital has 100 beds, divided by each department for 20 beds each but the patients come with different symptoms so there might be possible that it will be full in some departments. I wish we could take all patients without limiting the number of patients in each department, would this be possible?"* (P3)

> *"I think we should have more beds; all we can do is increase short stay beds, but that would be similar to opening a new section."* (P2)

4.2: Having sufficient resources

This sub-theme reflected the goal of having sufficient supplies and equipment to support quality care despite the challenges of overcrowding. Participants shared:

> *"Here we try to get things organized to ensure we always have enough equipment to work...if any is found damaged, we send it for repair and follow up. If we do not have enough equipment, we will report to the supervisor and make a purchase request."* (P12)

> *"We wish to have good equipment enabling us to check vital signs more quickly. This will help facilitate our job."* (P9)

4.3: Adequate staffing to provide quality safe care

It was clear there were inadequate nurses to provide effective and safe quality care. As patient census increased, the nurse to patient ratio increased beyond prescribed levels considered safe according to the Thai Nursing Standards. With overcrowding, nurses felt they did not have the ability to provide safe care appropriate to patients' needs. Participants said:

> *"I just want to have more human resources because we have an increasing number of patients. So, we can provide thorough care... We can't meet the patients' needs when the number of patients is rising...but the number of staff is the same number as the past."* (P8)

> *"It needs to be balanced with nursing manpower. Seriously, this is what you have to do if you want to make it efficient. The number of patients should be balanced with the number of nurses..."* (P6)

4.4: Delivering standard, high-quality care

This sub-theme described the nurses' expectation of providing good, safe, high-quality nursing care to every patient. Participants explained:

> *"ER nurses are required to be observant and sensitive for patients' deterioration along with excellent bed side care in order to prevent complications. They are also required to provide holistic care and discharge planning to patients' family to reduce ER readmission."* (P12)

> *"...We think we have done our best. Like the end-of-life cases...we block the area for them with curtains. Then, we allow relatives to stay with patients."* (P13)

Discussion

Overcrowding in the ERs is a serious problem to patient safety in almost every country and it is the main challenge of ER nurses who work at university-affiliated hospitals. This study, illuminates the experiences of Thai

nurses working in overcrowded ERs. The significant finding is the negative personal and professional impacts from working with constant time constraints, limited workspace, inadequate resources, and staff limitations. These impacts on ER nurses are similar to the findings of other studies. Clopton and Hyrkas showed that ER overcrowding led to overwork because nurses were required to provide care to a high number of patients each day.[23] Nurses experienced common physical effects working in overcrowding situations such as fatigue from too much work and the effect of having no time to eat, especially when meal breaks were often postponed to complete urgent requirements.[24] Nurses who are tired cannot provide effective and comprehensive care for patients, reducing the precision needed for safe quality care.[24] Psychologically, most ER nurses experienced that they felt stressed while caring for patients during overcrowding especially working with complex, critical patients, congruent with the findings of Chen et al.[5]

Findings in this study revealed that nurses could not complete care as usual due to increased clinical workload during providing care in the overcrowded environment in the ERs. Likewise, patients awaiting admission in overcrowded ERs required inpatient care even through still in the ER. Long waits for inpatient beds contributed to inadequate care because nurses did not have sufficient time to complete prescribed nursing care.[19] Patients waiting for a long time due to overcrowding of ERs are more likely to abandon the wait without being seen or assessed so that diagnosis and appropriate treatment was further delayed.[4] This issue is compounded by the critical deficit of ER nurse-to-patient ratios; there simply are not enough eyes to observe patients nor enough hands to provide complete care according to standards, leaving care incomplete[25] or missed.

Teaching is a central function and responsibility of university-affiliated hospitals. Researchers have reported that supervising novice nurses or nursing students increase nurses' workload although it is part of the workload of nurses in university-affiliated hospitals to be responsible for them to be able to work as competent nurses in the future.[27] Nurses reported they were not able to adequately provide learning opportunities for novice nurses and students due to time constraints of overcrowded ERs. Senior nurses were typically expected to work with novice nurses to provide guidance and mentoring, particularly for complicated tasks; however, when they were pressed for time to ensure that patients received effective, timely treatment, and this creates uncertainty about essential supervision for the continued development of novice nurses.[26] Supervising nursing and medical students at university-affiliated hospitals increases the workload of ER nurses who have to train them because they are part of ward workforce, even though as the students' progress they are able to assist in patient care.

Overcrowding leading to limited space and patient proximity also increases infection risk when patients presented with infectious diseases or other infections.[28] Additionally, nurses and other health professions who care for these patients face an increased health risk/harm of contacting an infection such as airborne infections including tuberculosis and influenza. Most ER nurses in this study experienced feelings of fear and stress from the increased risk of infections. Their ethical professional obligations, however, require they work on the front line of patient care, despite knowing the health risks. Kim found that nurses working closely with patients with airborne infections reported they felt stressed, insecure, and fearful of getting infected.[29] Treatment could put ER nurses at risk for contracting infection themselves or becoming a carrier to their families.[30]

Several hospital operational factors affected ER nurses' work experiences. A shortage of bed availability blocks patient admission, limiting flow through the ER.[4] A systematic review documented ER overcrowding as causing lower nursing care when compared to approved guidelines, and delays in pain medication and antibiotic administration.[2] Nurses believe that they could more effectively manage to care for patients in ER overcrowding

situation if they had sufficient and available human resources and equipment. One approach is relocating nurses from one location to another in crowded ER areas to help other nurses to keep the work going. Borrowing equipment from other clinical wards is also one way to prevent the logjam of ER overcrowding and limited resources. This finding is congruent another study in that the ER leader can make a different by acquiring and allocating human resources, providing adequate equipment or supplies, and maintaining care standards during time constraints.[31] Similarly, ER nurses providing emergency care with inadequate equipment simply borrowed equipment from other wards or patients' relatives supplied what was needed.[32]

Lack of clear follow up instructions affected patients with a long ER stay. One study found laboratory tests were overused in teaching hospitals because of uncertainty, lack of experience, practice routines, insufficient educational feedback, or unawareness of laboratory costs.[33] Another study found that patients waiting more than two hours for laboratory results predicts overcrowding in a university hospital.[34] To reduce wait times, ER nurses in this study were encouraged to order laboratory tests as soon as possible, quickly transporting specimens to the laboratory, following the laboratory report, and using point-of-care-testing. Experienced nurses and other health care providers were more able to work efficiently in managing care and laboratory tests in reducing overcrowding.

Inappropriate use of ER by patients with non-emergency conditions is a vital factor associated with overcrowding. Nurses described that patients misused ER services because they preferred the ease of after-hours treatment without taking time away from work. Some believed they could more quickly access referrals to expert physicians. This finding was similar to another study that non-urgent patients wanted to be cured quickly, needed a doctor's opinion, and wanted treatment from a specialist.[35]

For the non-urgent patient, the ER is an avenue for patient admission to tertiary hospitals. This was not the reality, however, because ER wait times were compounded by hospital overcrowding and limited bed availability, the system for calling specialists to help diagnose and treat complicated illnesses, and access to ancillary services (e.g., imaging, lab tests, or diagnostic services). Previous studies shared this finding in that some patients bypass primary care going directly to ER while others perceived their minor illness as sufficiently serious to require emergency care.[36] This phenomenon is prevalent in many parts of the world. Importantly careful triage and redirection of non-urgent patients is a must to help avoid overcrowding in ERs.[37] Therefore, public education on appropriate use of emergency services, first aid courses to improve self-care, community clinic access, and ER fast-tracks to improve flow of non-urgent patients are major recommendations.[36]

Teamwork, communication, and collaboration with colleagues are important in managing the impact of overcrowding. Collaboration and cooperation with other providers help to move patients through the system of care to admission or discharge and improves workflow.[38] Effective interprofessional teamwork can encourage the active participation of each profession in patient care, which will improve care outcomes, decrease medical errors, start treatment quickly, reduce healthcare costs, and enhance staff relationships.[39] ER nurses and team members must work together cooperatively, communicate with one another meaningfully, and collaborate in making good health care decisions together.[40] Effective teams can promote coordination among ER nurses and other health care professions/specialists in delivering the best care to patients in overcrowded ERs.[40]

Handling crises properly is an important and challenging task for ER nurses to be able to provide effective nursing care. Re-examining management strategies to question routine practices and assumptions facilitates innovative solutions for the challenges of overcrowding.[2] Participants from two tertiary hospitals in this study indicated their hospital made crisis

announcements to inform hospital departments, external agencies, and other hospitals of the need to refer non-urgent patients elsewhere for prompt treatment. This finding is in line a describing managing ER crowding.[41] Several solutions involve having flexibility of hospital's ER rules as found in this study (placing patients with no direct nursing care in hallways and who were very ill in the waiting room and moving more nurses from other wards to help the ERs), providing care only to emergency patients, stop admitting patients in the ERs when maximum conditions were met (some patients were placed in hallways, treatment room, observation rooms, storage rooms, and annexes), extending nurse' roles to be hallway care, which was less complete and lacked privacy and space.[41]

Although the overall ER space cannot be expanded in terms of structure, careful planning can improve the use of space and make patient monitoring easier.[42] For example, bed trolleys can be arranged to improve nurses' access to patients and patient safety.[12] Crowded spaces also mean that patients lack privacy. In addition, long stays on bed trolleys put patients at higher risk for skin injury, falls, and other adverse outcomes.

Regarding expectations for quality care, nurses want to deliver quality care for all patients, but hospital systems and policies drive the flow of work in the ER. Therefore, ER nurses need to be part of policy on process improvements to develop effective bed flow systems, clear criteria for hospital admission, discharge planning, and staffing models that impact the time patients wait in the ER.[43] More patients require more equipment and resources, and nurses need to have input into resource allocation to assure adequate workable equipment and supplies or policies for equipment sharing across units to reduce treatment delays.[44]

In this context, resources include human resources; nurses need leadership training to lead complex systems such as the ER and manage effective staffing to match patient flow and assignment to triage, resuscitation, and holding/observation zones.[31] Situation monitoring can move nurses to areas of greatest need.[43] It is also important to accommodate continuous learning for nurses, so they have the required skills and competencies for the situation, and balance senior and novice nurses.[31] Other factors requiring attention are appropriate nurse-patient ratios to maintain quality care, attend to patient safety, and monitor conditions (e.g., skin injury, medication administration, rapid deterioration, and fluid management).[45] According to the Thailand Nursing and Midwifery Council, the nurse staffing standard for tertiary hospitals reveals that the nurse-to-patient ratio in the ER should be 1:10. The ER is divided into specific care areas, such as a resuscitation zone, an observation room, and examination rooms.[46] The nurse-to-patient ratio in the resuscitation zone is the same as intensive care unit nurse staffing (1:2), whereas the ratio in the observation room is 1:4, which is the same as inpatient unit nurse staffing.[46] It is necessary to communicate with and provide information to relatives and patients, especially about their health and effective use of ER services.[47] Nurse leaders need training and flexibility so they can effectively monitor the environment and support nurses having difficulty managing the stressors of overcrowding. This will contribute to the care of both patients and nurses.

Limitations

This study provides a rich picture of nurses' lived experiences working in overcrowded ERs. Findings contribute to increased understanding and insights about ER nurses' feelings, needs, and expectations, which will help in developing strategies to solve these problems. However, this study was limited in that it was the descriptive experiences of Thai nurses working in overcrowded ERs in selected tertiary hospitals in Bangkok and findings may not be transferable elsewhere. In addition, study participants were all female even though many ER nurses are

males whose experiences may be different. Future studies should include other types of hospitals, including rural, and male participants.

Conclusion

This study provides empirical knowledge about Thai nurses' experiences of providing care in overcrowded ERs in tertiary hospitals. The findings reflect the negative impact on nurses including poor health, inability to complete their work as intended, experiencing insecurity at work, and the stress of overwork. Factors contributing to ER overcrowding included insufficient bed availability, hospital structures and systems that attracts people to use ER service, unclear follow-up of treatment, and improper patient use of ERs. Participants developed strategies for managing overcrowding such as working in collaboration with both the nursing team and the interprofessional team, dealing with a crisis appropriately, and managing the physical environment of ERs. Expectations for quality care were identified as an efficient emergency service system, sufficient resources, effective team assignment, and following high quality care standards. Importantly staff shortages impact the quality of care and contributed to the negative effects on the physical and psychological health of the nurses. This knowledge will help us to consider how we can support ER nurses working in the context of the ER overcrowding situation and how to improve patient care in this crisis situation.

Implications for nursing

Understanding factors contributing to ER overcrowding and the impacts on nurses' work will inform improvement strategies to identify and alleviate unsafe working conditions, improve systems of care delivery, and foster teamwork and collaboration among providers. System redesign can help manage nurses' roles and responsibilities that use nurses' skills and training. Cross-department communication to improve bed flow management can also speed patient admissions and shorten ER stays. Educating patients and the public about appropriate use of ER services can help direct patients to the most appropriate service provider. Finally, nurses need continuing professional development to advance their clinical knowledge and skills. Development of interpersonal relationships will empower nurses to negotiate and communicate with patients, relatives, staff, health care teams, and others. Nurses also need coping strategies to support them in complex work situations in overcrowded ERs, and need to be involved in policy making to alleviate ER issues and staff shortages.

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ประสบการณ์ของพยาบาลไทยที่ให้การดูแลผู้ป่วยในห้องฉุกเฉินที่แออัดเกินไปในโรงพยาบาลตติยภูมิ

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บทคัดย่อ: ความแออัดเกินไปในห้องฉุกเฉินสร้างความยากลำบากให้กับพยาบาลในการให้บริการด้านสุขภาพที่ปลอดภัยและมีคุณภาพให้กับผู้ป่วย การศึกษาประสบการณ์ของพยาบาลในห้องฉุกเฉินที่แออัดเกินไปสามารถช่วยให้เข้าใจในปรากฏการณ์นี้และช่วยปรับปรุงคุณภาพการให้การพยาบาลได้ การวิจัยเชิงปรากฏการณ์วิทยาตามแนวคิดหลักปรัชญาของมาร์ติน ไฮเดกเกอร์นี้มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ของพยาบาลไทยที่ให้การดูแลผู้ป่วยในห้องฉุกเฉินที่แออัดเกินไปในโรงพยาบาลระดับตติยภูมิ ข้อมูลได้รับการเก็บรวบรวมจากการสัมภาษณ์เชิงลึกกับพยาบาลไทยจำนวน 20 คน ที่ปฏิบัติงานที่ห้องฉุกเฉินของโรงพยาบาลระดับตติยภูมิในกรุงเทพมหานคร การสัมภาษณ์ได้รับการบันทึก แล้วถอดความและวิเคราะห์ด้วยวิธีการวิเคราะห์แก่นสาระ

ผลการวิจัยเปิดเผย 4 ประเด็นหลัก คือ ผลกระทบส่วนบุคคลและทางวิชาชีพต่อพยาบาล ปัจจัยที่เอื้อต่อการเกิดความแออัดเกินไป การจัดการกับสถานการณ์แออัดเกินไป และความคาดหวังในการดูแลที่มีคุณภาพ ผลการศึกษาได้ให้ข้อมูลที่สมบูรณ์ซึ่งทำให้เกิดความเข้าใจพยาบาลที่ทำงานในห้องฉุกเฉินที่แออัดเกินไปได้ดีขึ้น พยาบาลยังไม่ค่อยพอใจในความสามารถของตนเองที่ให้การดูแลที่มีคุณภาพและทันเวลา มีการขาดแคลนพยาบาลที่ต้องจัดการกับจำนวนผู้ป่วยที่เพิ่มขึ้น ความเครียดที่เพิ่มขึ้น เวลาไม่เพียงพอในการสอนพยาบาลจบใหม่และนักศึกษาพยาบาล และการเพิ่มความเสี่ยงให้กับผู้ป่วยที่รอรับการรักษาหรือเข้าพักรักษาในโรงพยาบาลเป็นเวลานาน ความแออัดเกินไปสามารถนำไปสู่ความเสี่ยงในการติดเชื้อเมื่อผู้ป่วยได้รับการจัดให้อยู่ใกล้กันมาก การขาดแคลนเตียงในโรงพยาบาลยังส่งผลต่อเวลาที่รอนานสำหรับผู้ป่วยที่รอพักรักษาในโรงพยาบาลจากห้องฉุกเฉิน ในการปรับปรุงคุณภาพการดูแลโรงพยาบาลต้องลดความแออัดเกินไปด้วยการปรับปรุงกระบวนการไหลของผู้ป่วยและให้การดูแลที่เหมาะสมแก่ผู้ป่วยที่รอการรักษา อย่างไรก็ตาม จำเป็นจะต้องมีนโยบายของรัฐบาลอย่างเร่งด่วนเพื่อลดความแออัดเกินไปและจัดหาบุคลากรและอุปกรณ์ที่เพียงพอ ผู้ป่วยเข้าห้องฉุกเฉินเพื่อรับการดูแลที่ไม่เร่งด่วนพบได้บ่อยครั้ง ทำให้เพิ่มการใช้ทรัพยากรมากเกินไปและไร้ประสิทธิภาพ ดังนั้นการจัดการที่มีประสิทธิภาพ การทำงานร่วมกัน การทำงานเป็นทีม และการสื่อสารระหว่างผู้ให้บริการด้านการดูแลสุขภาพทุกราย จึงจำเป็นต้องมีเพื่อให้แน่ใจว่าพยาบาลที่ห้องฉุกเฉินสามารถให้การดูแลผู้ป่วยได้อย่างมีประสิทธิภาพมากขึ้น

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คำสำคัญ: ประสบการณ์ชีวิต ความแออัด ห้องฉุกเฉิน การพยาบาล ความปลอดภัยของผู้ป่วย ปรากฏการณ์วิทยา คุณภาพการดูแล

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