

Emergency Room Nurses and Surviving Adversity: Benefits of Resilience Traits

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I have always felt that nurses are able to do just about anything. In a variety of settings, they care for complex patients with different personalities, upbringings, and ailments. In doing so, often times nurses must put their patient's needs before their own, jeopardize their own health, and figure out ways to adapt and "MacGyver" problems into solutions. But what happens when they can't?

I began my nursing career in the emergency room; I knew right away that was where I wanted to be. I enjoyed the fast pace, unpredictability, and high energy environment. I had worked in other monotonous jobs, doing tasks that could be replaced by a monkey. After several years of working in the emergency room, I began to notice colleagues that would leave and go to other areas of nursing; some left the profession altogether. Despite my attempts to reason with them, some "could just no longer deal with certain experiences."

One colleague, I will call her Marilyn, had worked in many different areas of nursing before coming to work in the emergency room. After about nine months in the department, Marilyn was assigned to work Christmas Eve. Although I wasn't there that day with her, I will never forget her story. Every time I share it with someone, I am unable to control my tears. A few hours into the shift, a 2-year-old girl was brought in by ambulance. She was not breathing. She was blue. Her father was with her. He explained that he had custody of his daughter and that he never left her alone with the mother until that morning. He had asked her to watch their daughter for a couple of hours while he ran out for a few last-minute gifts. When he returned, he found his daughter blue in her crib and a pillow over her face. Despite their best efforts, our medical team was unable to bring the child back to life. The father couldn't comprehend how the mother could have done something like this to her, telling Marilyn, "Her hair still smells like strawberry shampoo, I just gave her a bath before I went out. Smell it. Can you smell it? She can't be gone. I just gave her a bath. I smell the strawberries." Every time I give my daughter a bath, I think of his words. They will forever stay with me, always sending a chill down my spine. Moments later, the father grabbed the police officer's gun in an attempt to kill himself. He began yelling, "I let this happen, it is my fault. I never should have let her watch our daughter!" The emergency room physician had to wrestle the weapon away, risking his own life to save the others in the department. Marilyn said she was incapable of doing anything to help as she wondered, was he so wrong? The little girl was his only child, now she was gone. Maybe he was right, he had nothing left to live for.

Unfortunately, stories like this are not uncommon in nursing. Many nurses see things that are hard to deal with on a daily basis. Some have left nursing altogether; some have gone to other areas of nursing and yet others choose to stay. As a result of this insight, I decided to begin my research journey studying the moral distress of emergency room nurses in an attempt to understand how the most distressing experiences impacted their lives and perhaps changed the way they viewed themselves and the world. I was quickly able to grasp that these unsettling stories were endless. Nurses were struggling mentally and wanted to share their stories in an attempt to cope and make sense of these situations-if that was even possible. It became obvious that

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as long as people continued to act in ways that were different from our own values and ethical choices, these stories would continue to negatively affect the psyche of our nurses.

Most people would agree that the environment of the emergency room lends itself to unpredictability and stressful situations that require rapid decisions. These choices have the ability to spread malignantly through the minds of our nurses--leaving some unable to practice in the emergency room and others unable to practice at all. Despite this, some are able to cope with these experiences, live with their choices and "bounce back". They are resilient. Using resilience as a predictor of who might and who might not be suitable for this environment could be of value to nurses, patients they care for, and hospital administrators. Why set these nurses up for failure and compromise patient care?

The cost to train a new nurse, especially one in this environment is substantial. Specifically, each percent increase in nurse turnover will cost the average hospital an additional \$306,400 [1]. The average turnover rate for hospitals' bedside nurses has grown to 17.8%, which is up from the previous year [1]. In addition, the average cost of registered nurse turnover in hospitals is \$4.86 million each year [1]. In 2019, the turnover rate in emergency room nurses exceeded the national average [1]. What is even more surprising is that it takes nearly 3 months on average to fill a staff nurse position and even longer for a specialty position such as one in the emergency department [1]. From 2015 to 2019, emergency room nurses had a cumulative turnover rate of 97.7% and every five years, the average emergency department will turnover their entire nursing staff [1].

Considering resilience as a trait, thorough evaluation and consideration of this quality in prospective nurses prior to hiring could prove valuable for profession of nursing, a profession that is already struggling to keep up with the current demand. Now more than ever, in the midst of the Covid-19 Pandemic, the nursing workforce shortage has succumbed to even more unfathomable patient care

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experiences to add to the abysmal turnover and burnout rates. The American Nurses Association has estimated that by the year 2022, there would be far more registered nurse jobs available than any other profession. More than 100,000 of nurses per year would be needed in order to avoid a further shortage and this estimate could only have increased in light of the current pandemic [2]. It is imperative that we act swiftly with an upstream approach to find ways for our newer nurses to be successful in their new profession as well as keep our current nursing work force in a position to successfully care for their patients.

Competing Interests

The author declare that there is no competing interests regarding the publication of this article.

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