EVALUATING NURSES’ COMFORT LEVEL WITH EMERGENCY SITUATIONS IN THE CRITICAL ACCESS HOSPITAL SETTING: A PARTIAL REPLICATION STUDY

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Purposes/Aims: The purpose of this study was to explore rural registered nurses’ (RNs) comfort levels intervening and/or assisting in emergency nursing procedures in the Critical Access Hospital setting, and whether nursing certifications (Advanced Cardiac Life Support, Cardiopulmonary Resuscitation, Pediatric Advanced Life Support, Neonatal Resuscitation Program, Trauma Nursing Core Course, and Comprehensive Advanced Life Support) and nursing years of experience were influential variables. This study is a partial replication of the study, Evaluating Factors that Affect Nurses’ Comfort Level with Emergency Interventions in the Rural Hospital Setting (Ross, 2007).

Rationale/Background: Critical Access Hospitals were established to increase health care access to residents living in geographically isolated rural communities. Rural nursing is unique in that it requires more autonomy in caring for patients due to minimal onsite staff/physicians, fewer resources, and limited medical/nursing equipment. Due to the unique rural nursing workflow and responsibilities, RNs may be placed in stressful and uncomfortable situations especially when patient emergencies arise.

Methods: A cross-sectional descriptive research study obtained quantitative data regarding rural RNs’ comfort level intervening in emergency nursing procedures in general and in relation to seven specific emergency situations: cardiac arrest, chest tube insertion, thoracentesis, traumatic head injuries, precipitous vaginal deliveries, rapid sequence intubation, and managing drug overdose. Twenty-six RNs (62% response rate) were surveyed from two CAHs in Northern Nevada and California.

Results: Among the 26 participants, 92% (n=24) reported feeling generally comfortable performing emergency nursing procedures. Participants expressed comfort levels ranging from 1 (very comfortable) to 5 (very uncomfortable). Participants were most comfortable with assisting in intubation (mean: 1.50) and least comfortable with delivering precipitous vaginal deliveries (mean: 3.13). Participants who reported holding basic certifications (CPR, ACLS, & PALS) reported lower comfort levels compared to those RNs who held TNCC and/or CALS; however these differences were not statistically significant. Mid-career RNs (11-30 years) expressed the highest comfort levels, while the most experienced RNs (>30 years) expressed the lowest levels of comfort.

Implications for Research, Rural Health and/or Rural Practice: Considering the unique rural work environment and potential added stress of rural nursing, it is important to recognize areas where assistance is needed and identify interventions that can best support rural RNs in delivering optimal quality of care. Because rural RNs often function fairly autonomously in emergency situations, frequent training and renewal of certifications is important. Also, it is essential that rural RNs are provided with continuing educational opportunities that further develop nursing clinical expertise, and potentially improve the quality of health care delivered in the rural setting.