What can nurses learn from patient feedback in the ED?

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Ever-increasing stresses placed on emergency departments (EDs) can make it hard for nurses to dedicate the time and attention to each patient that they might want – especially when winter pressures kick in.

However, listening to people about their experiences can offer insight on what visitors to the ED value and provide tips for nurses to incorporate into their practice.

Catherine Welsh, whose name has been changed, has a number of roles representing the interests of patients, including as a lay representative on a national healthcare body and in her day job working in patient participation in local primary care. She was also recently a patient in an ED, where, she says, she felt more like a number than a person.

‘There was a tick box approach,’ she says. ‘They were not actively listening to the patient’s narrative because they were so busy concentrating on filling in forms.’

Shared decision-making

Ms Welsh says no one explained the process she would be going through: ‘I worried about going to get a drink or food because they might have thought I had left. The process of shared decision-making is important, but this didn’t happen. There were poor listening skills throughout the whole process.’

Although she said she came away feeling that in general she had not been at the centre of the care she received, one nurse stood out to Ms Welsh for giving her personalised care. ‘She shared something about herself and was able to engage in conversation and made me feel like I was viewed as an equal,’ she says.

Most complaints from patients relate to a lack of communication from staff according to Helen Francis-Wenger, lecturer in advanced clinical practice and advanced clinical practitioner in emergency medicine at the University of Plymouth.

‘It comes down to patients not being prepared for what the process will entail. We give them so much attention at the start of their time in the ED with a rapid assessment, so they may think that everything will happen quickly,’ she says.

‘Patient feedback is at the core of understanding what nurses can improve, she adds.

‘It is intrinsic to us as human beings to understand how the world sees us,’ she says.

‘We should welcome advice and comments from patients and use it for our own personal development.

‘One reason it is important to properly consider patient feedback is because attitudes are constantly evolving and practitioners are so busy that they can lose sense of the patient’s perspective over time.’

‘We need a wider systems review that holds the experience of the patient involved at its centre’

Julia Gamston, emergency and urgent care consultant nurse

Ms Francis-Wenger acknowledges feedback can sometimes be given in a negative fashion, which makes it more difficult to take on board. But it is important nonetheless to try to use it in a productive way.

‘We should use feedback to influence our peers, rather than seeing it as a punitive measure.’

While patient feedback may be useful to nurses in their own personal practice, it can...
also inform service design and improvements.

Involving patients and their carers can lead to huge improvements in service delivery, says Imperial College Healthcare NHS Trust emergency and urgent care consultant nurse Julia Gamston.

To that end, a fundamental change to how we learn from adverse events in healthcare is being introduced across the UK. ‘The Patient Safety Incident Response Framework will replace the current clinical incident reporting process and will include patients and relatives from the outset,’ she says.

Focusing on errors

‘We tend to focus on individuals and errors. Once these have been identified, an action plan is put in place to prevent the same thing happening again. But unfortunately, it often does.’

‘Healthcare practitioners feel awful after a negative event and it can be really damaging. We work in an incredibly difficult environment and do such a good job for such a big proportion of the day to mitigate risks,’ Ms Gamston says. ‘But we tend to only remember when things go wrong, which is compounded by our current process.’

The new framework, Ms Gamston adds, will involve timely face-to-face conversations with practitioners when something has gone wrong to hear their account and details about the context with a suitably qualified senior staff member in safety investigations.

The framework will involve more gathering of detailed information that looks at the incident with a systems-wide approach, she adds. ‘Rather than a simple statement of facts, such as timings, events and interactions, there will be a deeper understanding of the circumstances and the impact of these on the practitioner, with the goal of real learning,’ Ms Gamston says.

It is important for ED nurses to engage with the reporting process and, although sometimes time-consuming, to complete incident reports as required. These reports are shared at higher levels in the organisation and aid understanding of the daily challenges in the ED.

Pressure on nurses

While it is crucial that lessons are learnt from feedback and errors, it is also important for patients to consider the pressures that ED nurses are under, Ms Francis-Wenger says.

With EDs stretched, nurses may not get to spend as much time with each patient as they would want, but there are also societal reasons that may contribute towards patients feeling like they are not being listened to, according to Ms Francis-Wenger. ‘Patients’ expectations have changed over the past 20 years with the rise of immediacy, we can get information fast so they can have greater expectations.’ Sometimes those demands may be just too great.

‘I have heard of staff pretending to be on the phone so no one will interrupt them for a moment – just finding tricks to protect themselves,’ Ms Francis-Wenger says.

‘Patients do also hold some responsibility for their behaviours and conduct while in the department. This feedback should work both ways,’ she says.

Further information