

## WHO CARES FOR THE EMERGENCY NURSE?



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I recently watched a TED Talk video by Dr Paul Rosen discussing empathy as the next revolution in health care.<sup>1</sup> Rosen described the experience of a family member who felt that he was provided with effective and competent clinical care but did not feel that he was treated like a person during his care. Rosen discussed the need for empathy in health care and proposed some strategies that can be implemented to create patient-centered health care experiences.<sup>1</sup> Some of the strategies included were as follows: system changes to reduce delays in care, improving the flow of patients from the emergency department to inpatient areas, maximizing comfort for patients, reducing suffering, decreasing fear and anxiety, providing current and accurate information, and embracing patient- and family-centered care.<sup>1</sup>

As I listened to the TED Talk, I was nodding my head—yes, these are all important strategies for improving the quality of care and patient experience in the emergency setting. The examples also resonated with me as a patient. I have been in the emergency department as a patient and received clinically competent care, but I did not feel like I was treated with compassion during my visit. Being an emergency nurse myself, I began to wonder why some emergency nurses seem to lack empathy in their nursing practice. I found myself pondering why bright-eyed, new nurses

come to the emergency department excited about the future and become nurses who suffer from compassion fatigue, burnout, and inability to offer compassionate care.

There are many definitions of empathy. Levett-Jones et al<sup>2</sup> conducted a systematic review of the literature and defined empathy as involving “the cognitive ability to comprehend what another person is feeling, an emotional resonance with those feelings, and the willingness to respond appropriately to the person's needs.” Bourgault et al<sup>3</sup> conducted a study to examine shortfalls in pain management in the emergency department. A secondary objective of the study was to evaluate the levels of psychological distress, well-being, and empathy in emergency nurses. The study findings, although limited, pointed to emergency nurses having higher levels of psychological distress and lower levels of empathy than nurses in other areas of nursing practice, and also compared to the general public.<sup>2</sup> Why is this? I have worked beside hundreds of emergency nurses, and I know that they chose nursing with a desire to help others and ease human suffering. What causes emergency nurses to have less empathy over time? Interestingly, there is little known about the facilitators of or barriers to building and maintaining compassion resiliency and empathy in emergency nurses.

A study conducted by Enns and Sawatzky<sup>4</sup> found that caring continues to be a core value in emergency nursing and is often manifested through providing holistic care and advocacy. Nurses in this study discussed variables that impeded their ability to provide compassionate care for patients including workload, lack of time, staffing issues, lack of support from leadership, shift work, and lack of self-care.<sup>4</sup> The work of emergency nurses is difficult and often chaotic. The daily responsibilities of emergency nurses include bearing witness to tremendous suffering. In addition, while addressing pain, human suffering, and crisis, emergency nurses must continually prioritize the care they provide and often miss opportunities for simple acts of self-care, including taking a mental and physical break. They are faced with a constant influx of people who are in distress, suffering, scared, and sometimes hostile or violent.<sup>4</sup> What does it take to maintain the ability to empathize with others despite bearing witness to a constant flow of human suffering and being subjected to violence? How do emergency nurses care for themselves in these circumstances? Given the nature of the work environment for emergency nurses, it is no surprise that 25% to 30% of emergency nurses meet the criteria for burnout.<sup>5,6</sup>

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According to Blomberg et al<sup>5</sup> and Gómez-Urquiza et al,<sup>6</sup> burnout in nursing has 3 dimensions, including emotional exhaustion, depersonalization, and feelings of low personal accomplishment. Emotional exhaustion is characterized by a lack of emotional reserves. Nurses may experience feelings of being physically and emotionally drained.<sup>5</sup> Depersonalization involves the development of negative attitudes, cynicism, and judgment of patients and coworkers.<sup>5</sup> For example, jokes about patients, negative or biased statements, or being insensitive about presenting problems may be seen in nurses who are experiencing compassion fatigue and burnout. For some nurses, distress related to not being able to provide a safe level of care or being too exhausted to invest in personal growth and development may lead to burnout and feelings of low personal accomplishment.<sup>4</sup>

I agree with Dr Rosen that health care delivery needs to be patient centered and empathetic. I would like to see all patients and families treated with respect, dignity, and an understanding of their unique human needs. However, for health care providers to remain empathetic while continuously witnessing human suffering, they must be cared for themselves. Emergency nurses must be treated with respect, dignity, and understanding. When my cup is empty, I have nothing to share with my coworkers or patients. Nurses must have a way to keep their cup full to experience empathy for others. Keeping the nurse's cup full requires safe, healthy work environments, and the ability to engage in self-care. Emergency nurse leaders and emerging leaders should work to identify unhealthy workplace practices, improve staff and patient safety, ensure adequate staffing, and provide psychological support for the frontline caregivers who serve as the safety net for patients around the world.<sup>7</sup> Emergency nurses are expected to bear witness to extremely painful events and rapidly move on to the next patient. Perhaps, this is not a reasonable expectation. Maybe rather than teaching emergency nurses to shake it off and move on, we should be teaching them to nurture their inner caregiver and acknowledge the suffering they experience.

I have been an emergency nurse for more than 20 years. During this time, I have witnessed countless heartbreaking events, and I was expected to be fine and move on. I understood that breaking down or showing distress would be viewed as a weakness. Rather than honestly sharing my grief with coworkers, I held those painful moments in my heart, and at times, the weight was more than I could bear. I did not always know how to care for myself, and there was no system in place to identify that I needed help to address compassion fatigue and burnout. Patients and nursing leaders expect emergency nurses to be a limitless fountain of empathy and compassion as they navigate through some of the most challenging situations one can imagine.

If providing compassionate, patient-centered health care is the goal, the nurses on the frontline need empathetic care, too. After all, who cares for the emergency nurse?

In this issue of the *Journal of Emergency Nursing*, there are several articles that highlight the suffering emergency nurses experience in practice, as well as some strategies that can be used to combat compassion fatigue and build compassion resiliency, including mindfulness practices. Dols et al<sup>8</sup> completed a descriptive study exploring existing processes for identifying, assessing, and intervening with victims of human trafficking. This is 1 example of how emergency nurses witness human suffering in their daily practice. Larivière-Bastien et al<sup>9</sup> conducted a qualitative phenomenological study to explore the perspectives of women who experienced a miscarriage and received treatment in an emergency setting. Findings included the need for improved communication and resources.<sup>9</sup> This is consistent with Dr Rosen's recommendation to improve accurate and timely information to patients about their care plan and treatment options.<sup>1</sup> Cullen et al<sup>10</sup> conducted a survey of emergency nurse leaders exploring strategies for improving the quality of care of patients who present with deliberate self-harm. These studies illustrate the wide range of human suffering that emergency nurses are exposed to in their daily practice.

Although evidence exists that emergency nurses experience secondary trauma,<sup>11</sup> compassion fatigue, and burnout,<sup>12–14</sup> little is known about the long-term exposure to high levels of occupational stress or the effectiveness of strategies designed to prevent compassion fatigue and subsequent burnout for emergency nurses. Wilson et al<sup>15</sup> conducted a study exploring the emotional stress reactions of emergency nurses following a traumatic event and found that experiencing a traumatic event resulted in an increase in negative stress. These findings are not surprising to many emergency nurses. It is reasonable to assume that emergency nurses are emotionally and physically affected by traumatic experiences. Additional longitudinal studies are needed to expand this work and explore the long-term impact of experiencing trauma on the well-being of emergency nurses. A prospective consecutive study conducted by Saban et al<sup>16</sup> evaluated the impact of mindfulness on triage accuracy and patient satisfaction and found a beneficial gain in triage accuracy associated with nurses' trait mindfulness, and a positive gain in patient satisfaction scores was associated with collective mindfulness under high workload conditions. However, beneficial gains were limited under extreme workload conditions.<sup>16</sup> Further large-scale studies are needed to examine the relationship between work stressors; extreme and rapidly changing workload; self-care strategies, such as mindfulness; and the short- and long-term well-being of emergency nurses. For emergency nurses

to continuously provide compassionate care and demonstrate empathy, they must be cared for themselves.

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