



NURSES' EFFORTS OF MAINTAINING CARE QUALITY TO DEALING WITH OBSTACLES IN THE TREATMENT OF PATIENTS WITH ACUTE CORONARY SYNDROME IN EMERGENCY DEPARTMENT

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ABSTRACT

Acute Coronary Syndrome (ACS) requires treatment with timeliness and action accuracy. Delay in providing relief for the patients can lower the safety rate from 7% to 10%. Obstacles faced by nurses when providing care to patients with ACS can potentially reduce the effectiveness of treatment both in terms of time and action. This research aimed to explore nurses' experiences in dealing with obstacles emerging in the treatment of patients with ACS. This research used a descriptive-qualitative phenomenology approach by involving 8 subjects of nurses working in the Emergency Department (ED) of a hospital. The data were collected through 30-60 minute semi-structured in-depth interviews with the researchers as the main instrument. There were 3 themes obtained from the results of the data analysis, namely obstacles faced by nurses, critical thinking demands in nursing, as well as creativity and responsiveness demands in nursing. Since the results showed that the nurses encountered various obstacles in providing care to ACS patients, thus it is necessary to have an education program or training that can improve the nurses' critical thinking, creativity, and responsiveness in treating the patients.

KEYWORDS: Phenomenology, Quality Of Care, Acute Coronary Syndrome, Emergency Nursing.

INTRODUCTION

Acute Coronary Syndrome (ACS) is an emergency case that requires treatment with the right time and action. Patients with a diagnosis of ACS in the subgroup of Acute Myocardial Infarction (AMI) are patients with a high risk of mortality and morbidity. The ability to recognize as early as possible the ACS case is highly critical in making appropriate handling and timing to reduce mortality and morbidity.^[1] Therapy or rescue delay in cardiac arrest cases can decrease the safety rate from 7% to 10%.^[2]

Emergency nursing services play a role in saving patient lives and reducing mortality and morbidity levels.^[2] Timely treatment is also crucial in determining the treatment outcomes of patients with ACS.^[3] The treatment implementation of patients with ACS is sometimes encountered obstacles, both in terms of nursing timeliness and action effectiveness. The results of France, *et al.* (2017) research suggest that there are 6 kinds of factors influencing the delay in handling of ACS

patients, covering; 1. patient socioeconomic factors; 2. clinical factors; 3. ED and hospital process factors; 4. temporal factors; and 6. crowding. Associated with ED process and crowding factors, the delay can be minimized by efforts to improve the quality of hospital services.

Regency Hospital is a hospital located in every regency capital. This hospital accommodates the referral (patient transfer) service from *puskesmas* – Health Care Centres.^[4] Referring to the technical guidelines for facilities and infrastructure of Emergency Departments of Type C Hospitals, one of the prerequisites is to provide good cardiovascular emergency services, either for inpatients, outpatients or those who will later be referred to the Emergency Department of Type B Hospitals.^[5]

Treatment of patients presenting with ACS at *Dr. R. Soedarsono* Regency Hospital cannot be separated from the obstacles encountered while providing services and

the increased potential of waiting time in the ED. This research was conducted with the aim of exploring the nurses' experiences in dealing with obstacles emerging in the treatment of patients with ACS. The results of this research are expected to be used as a policy or reference of nursing skill development in an effort to improve the care quality of patients presenting with ACS in EDs.

RESEARCH METHODS

This research applied a qualitative approach that allows researchers to obtain results that describe the phenomenon of personal experience gone through by participants.

Setting

This research was conducted within 4 months, starting from September to December 2017 at the ED of *Dr. R. Soedarsono* Regency Hospital, Pasuruan, East Java, Indonesia.

Design

A descriptive phenomenological design was used in this research to understand in-depth the nurses' experiences in facing obstacles emerging at the time of handling patients with ACS in the ED.

Population and Samples

Participants of this study were 8 nurses working at the ED of *Dr. R. Soedarsono* Regency Hospital, Pasuruan. The sampling was done using a purposive sampling technique with the following criteria: the nurses are well-experienced in handling ACS patients at least for a year, have a training certificate (at least BLS certificate) issued at a maximum of the last 5 years, and able to speak Indonesian well. The researchers involved a facilitator (the Team Leader) to help identify the participants in accordance with the inclusion criteria. Interviews were done until the obtained data were saturated.

Data Collection Instrument

Data collection instrument used in this research was the researchers themselves. This research was conducted in a team and led by a nurse specializing in cardiovascular nursing.

Procedure

The researchers carried out an approach by 4 times following the morning shift before the implementation of this research to establish the participants' trust. Data collection was done with semi-structured in-depth interviews to explore the nurses' experiences more intensively. The objectives, procedures, and benefits of this research were described prior to the data collection and then followed by the signing of the informed consent sheet. The interviews were conducted in the ED meeting room with a duration of 30 minutes to 60 minutes. The participants' statements were recorded in the form of audio (MP3). During the interview implementation, field notes were also used to help clarify the participants' statements.

Data Analysis

The data of the transcribed interview results were analyzed manually using a data thematic analysis method according to Braun and Clarke theory. The thematic analysis process is as follows: (1) making transcripts of interview recordings; (2) recognizing data of research results by reading it over and over again; (3) encoding by marking important words; (4) categorizing the important words into sub-themes; (5) preparing the themes. Data analysis was done manually, considering that the data of this research contained the nurses' expressions about their experiences that can not be analyzed by software.^[6]

Ethics

This research received permission or approval from Research Ethics Committee of Medical Faculty of Universitas Brawijaya, Malang City with Number: 216/EC/KEPK/06/2017.

RESULTS

The participants (nurses) selected for this research were 25 – 38 aged and had been working in the ED for 1 to 14 years. In the term of education background, it was obtained that 6 participants were DIII-nursing graduates while the other 2 had Bachelor's degree in Nursing. Of all the participants, only 4 participants who have the job status as Civil Servants while the rest 4 participants work as contract nurses (Regional Public Service Agency). All the participants have training certifications of Basic Life Support, Basic Trauma Life Support, and Emergency First Aid because the training certifications become the main requirement for nurses to be placed in EDs. Furthermore, two of the participants also have the training certifications of Electrocardiography and Triage. According to the results of the qualitative data analysis, there are three themes identified based on the participants' answers, covering: obstacles faced by the nurses, critical thinking demands as well as creativity and responsiveness demands in nursing:

Table 1: Themes, Sub-themes, and Statements Supporting Participants' Collaboration Experience.

Themes	Sub-themes	Participants' Statements
Obstacles faced by the nurses	ED situations	I have ever known the guideline, but yaa, you know, sometimes patients in EDs have different characteristics. Whether the ED is crowded (full of patients) cannot be ascertained. So, it is not the matter. If the patient is respectful and obedient to us, we will try to take care of him accordingly with the guideline. But most often, our nursing actions are not in line with the guideline because we tend to behave based on what the doctor instructs to us. (1)
	 moreover, you know, the shift working system can easily make us feel tired. When there is a new patient coming, we try to handle it immediately. (2)
	Facilities and Infrastructure	The lack of facilities and infrastructure actually hampers the care process, especially if there is a sudden need of medical devices such as syringe pumps that actually must be always available as it is highly important for emergency patients. (3)
	Additional duties	Actually, I tend to respond it as a part of the delegation or responsibility that we have to commit. But, it cannot be denied that such duties will increase our workload. This has been the nursing competency that we should keep running and documenting with full of responsibility. If you said that it is heavy, yaaaa, it is indeed heavy. But, we have to always try to enjoy it. (6)
	in addition to medical actions, we are sometimes also responsible for taking transporter actions, and that is very obstructive and difficult (in the implementation of Nursing Care or Askep) (3)
		Nowadays, the ones who make billing are the nurses. In fact, it should be done by the administration (6)
Critical thinking demands in nursing		There are still a lot of obstacles indeed. Our brankar (emergency beds) are still less in number. We often still handle patients with wheelchairs. That is situational indeed. Therefore, critical thought is needed, especially when the number of patients is getting increased from day to day (5)
Creativity and responsiveness demands in nursing	Creativity	Supposing that in the Blood Gas Analysis (BGA) and triage areas, there are one nurse and one midwife on duty, so are in the care facilities of resuscitation, trauma, non-trauma or Invasive Pneumococcal Disease (IPD) but then the current situation is more crowded in the resuscitation, it will be fine that one of those having a duty in the BGA or trauma care facility is delegated or shifted to the resuscitation for providing a help. That is really recommended anyway. Above all, we have to always make efforts accordingly with the situation, or else the patients will feel ignored and more pain. (6)
	Responsiveness	Talking about our responsiveness, sometimes we call off or postpone the delegation or (job taking over) if there is a patient that is considerably needed quick treatment. (7)
	 I think the nurses and doctors here will not question about that. The most important is saving patients' lives. Patients should be immediately handled (8)

DISCUSSION

The care implementation of patients with ACS in EDs plays an important role in determining the patient care outcomes. However, the treatment of patients with ACS sometimes encounters obstacles, both in terms of nursing timeliness and action effectiveness.^[3] The results of the interviews showed some obstacles expressed by the participants such as the exploded number of patient visits and the shift working system that caused the nursing guideline for ACS patients could not be consistently

implemented, the lack of medical tools or devices, the great number of delegation tasks causing increased workload, additional duties outside nursing responsibility such as taking transporter actions and handling administrative duties that automatically can inhibit the provision of optimal nursing care to the patients. The results of Deaton (2016)'s research revealed that in the nurses' practice of caring patients with ACS in 10 hospitals in the UK, the nurses also encountered some obstacles yet still showed a high level of responsibility

for patients by maintaining their care quality despite those emerging obstacles.^[7]

Furthermore, nursing practice requires the ability to think critically. Critical thinking is a deliberate process of thinking at a higher level to define client issues, review evidence-based nursing practice, and make choices in service provision.^[8] According to Paul & Elder (2006), critical thinking is a process by which the Thinker improves the quality of his thinking skillfully by taking over the structure of thought and implementing the intellectual standards he possesses. Good critical thinking is pointed out by these following steps; 1. formulating questions to identify appropriately the issues, 2. collecting and evaluating relevant information, 3. establishing reasonable conclusions and solutions, 4. viewing the issues open-mindedly, 5. determining alternatives to issues, and 6. communicating with others effectively to seek a solution to complex issues.^[9]

Another opinion argues that certain skills are greatly required for effective critical thinking to be then applied in caring patients through a framework called as Nursing Process. The skills required are: (1) Interpreting, a skill of understanding and explaining the meaning of information, (2) Analyzing, a skill of investigating actions based on the objectives and data, and (3) Evaluating, a process of assessing the credibility and relevance of information obtained.^[10] Some of the literature that has been described above shows the importance of nurses to have the skill of thinking critically. Facing an acute case such as ACS requires this skill to immediately decide appropriate relief measures to be taken.

Creative thinking can be defined as the whole set of cognitive activities done by individuals in accordance with certain objects, problems, and conditions, or attempts toward a particular event and issue based on individual capacity. In creative thinking, an individual tries to use his imagination, intelligence, insight, and ideas as he encounters certain situations.^[11] This sub-theme illustrates that at the time of providing emergency nursing services for patients with ACS in EDs, nurses often encounter obstacles while, on another side, they remain in demand to provide optimal services. The importance of critical thinking skills is supported by the literature revealing that creativity is an important skill in solving problems and generating new ideas.

Nursing is a profession that often deals with unexpected situations and responsible to take care of patients with different backgrounds and health conditions. Thus, nurses need to have creative thinking skills to make profitable decisions and optimize the provision of nursing services.^[12] The skill to think critically can be built from schools or training. In schools, there are four strategies for improving students' creative thinking, namely learning with diversity, learning with freedom, learning with confidence and learning through teamwork.

It is recommended that in designing training for students to think creatively, educators provide activities, tasks or problems that allow students (recipients of the materials) to use their creativity freely.^[12]

In addition to creative and critical thinking, nurses are also required to think and act responsively. According to KBBI, responsive (*tanggap*) means immediately knowing a situation and paying attention earnestly. Nurses' responsiveness is an important factor in patient care experience during hospitalization which can affect patient satisfaction.^[13] Unresponsive nurses lead to patient dissatisfaction in the hospital and automatically will affect subsequent patient visits. According to Press Ganey (2008), a positive experience will drive a stronger customer (patient) base and increase market share. In addition, patients with negative experience may not return to the hospital or re-experience the facility.^[14]

The themes and sub-themes in this research are in accordance with the review of some literature. Nurses are required to think and act critically, creatively and responsively in providing services to patients with ACS. These three things are not only necessary to have in dealing with the existing obstacles but also in all situations so as to generate the optimal services for the patients. These skills can be developed through programs such as carrying out case studies that require nurses to use their reasoning skills and organizing forums or joint discussions of complex cases.^[15]

CONCLUSION

The care implementation of patients with ACS in EDs plays an important role in the patient care outcomes. Timeliness and action accuracy in providing services to ACS patients are highly important. Based on the results of this study, the nurses encountered several obstacles in treating ACS patients, resulting in the non-optimal care implementation in the patients. The obstacles include the exploded number of patient visits and the shift working system that caused the nursing guideline for ACS patients could not be consistently implemented, the lack of medical tools or devices, the great number of delegation tasks causing increased workload, additional duties outside nursing responsibility such as taking transporter actions and handling administrative duties. According to the exploration results, the nurses are able to take actions to solve the problems or obstacles they encounter by thinking and act critically, creatively and responsively. Efforts to improve nurses' skills of critical thinking, creativity and responsiveness can be supported by hospital policies of routine programs such as complex case studies that require nurses to use their reasoning skills in joint discussions.

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COMPETING INTERESTS

The authors declare that they have no conflict of interests in this research and this article writing.

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