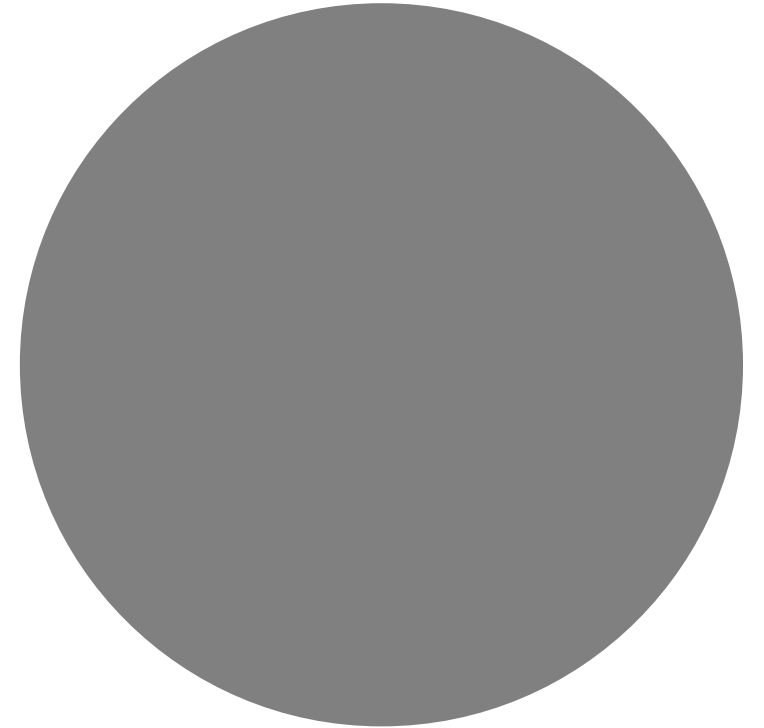


Transition experiences; views of staff working in an Irish Emergency Department reconfigured to a Minor Injury Unit

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Aim & Objective

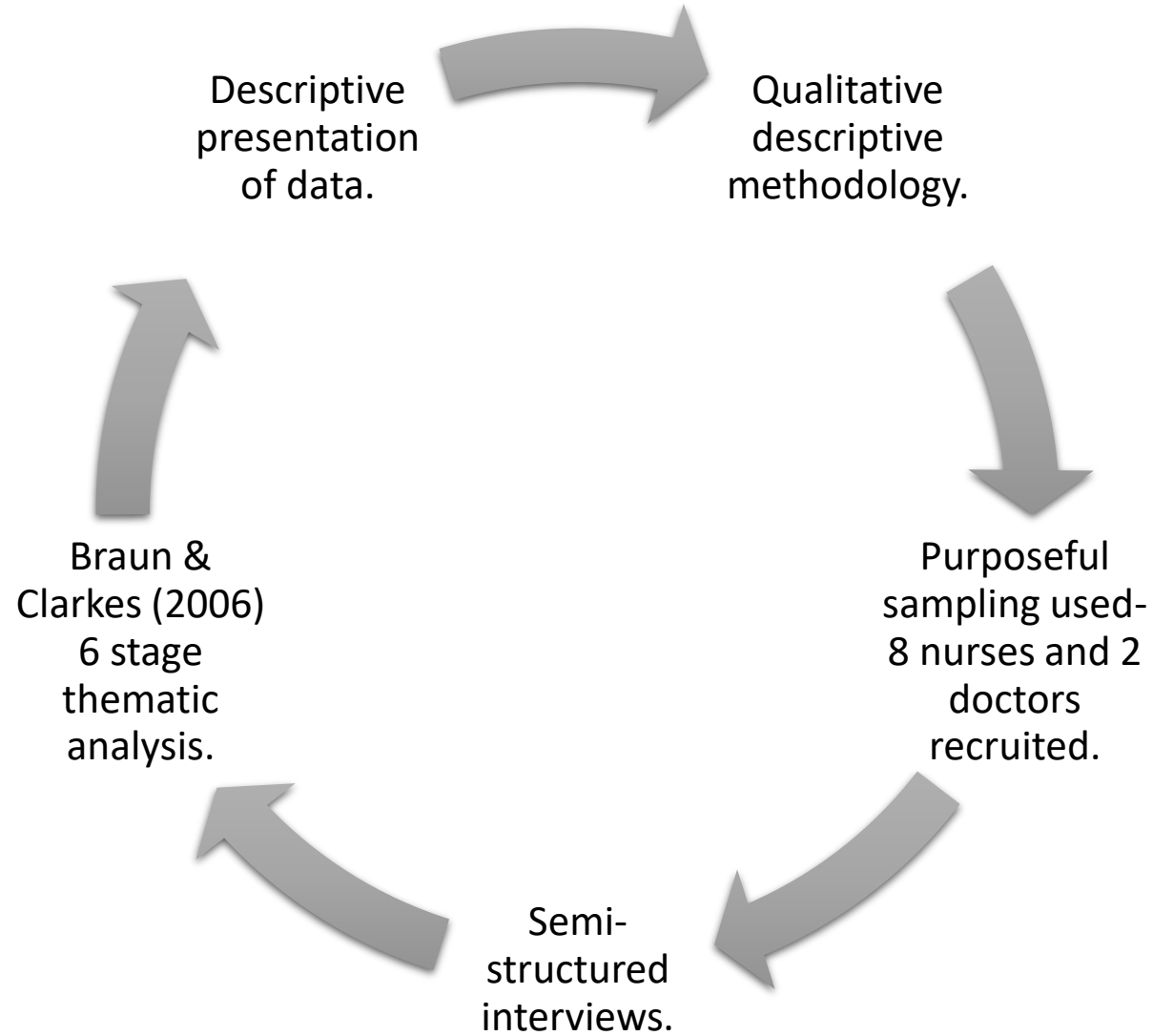
- To explore nurses and doctors experiences of transition.
- Establish the effects of major reconfiguration of hospital services on staff.
- Explore what helps or hinders the process of change
- To contribute to the existing body of knowledge on transition and change in healthcare.

LITERATURE REVIEW

- 3 themes emerged
 - psychological well-being of staff
 - hospital support
 - strategies for managing change
- Seminal Irish study by O'Shea (2008)
- Dearth of research on the long term effects on staff
- Irish healthcare system has gone through significant reform in the last decade
- Little research found from an Irish perspective



Methodology



Themes

Adjustment



Emotions

Ethical/Moral
distress

Role transition

Supports



Hospital
Management

Relationships

Communication

Responsibilities



Service users

Protocols

Transition
responses

Reconciliation



Acceptance

Reflection

Positivity

Adjustment

Emotions – loss, frustration, anxiety, fear

- P4- “you know the grieving process but it is very much the grieving process, you know you have your anger, very much anger and negativity for quite a long time, there was 1-2 years of negativity”
- P3- “...we all felt shocked because we were so busy, we thought how is the hospital going to run without it, well I was upset thinking you know how was our job going to change, would we have a job and would we have to move to the other ED.

Ethical/Moral distress

- P5 “I worried about the geographical area, you know we really felt we needed an E.D in this area but we didn’t win so we felt we had to let it go then and think to the future on a different line, it was going to be minor injuries”
- P5- “it was good for a lot of reasons, we had paediatrics, maternity and everything coming here, it began to get unsafe really in the end when you think about it

Role transition – job security, confusion, loss/acquisition of knowledge and skills

- P10- “at the time we were told that it is just going to be minor injuries, I was worried and concerned that I would lose my skills
- P8 “Oh I was worried because I felt we were losing our backup and the staffing levels were going to be reduced”



Supports



- **Hospital Management**
 - P10- “we didn’t ever get any support from higher management, they didn’t even discuss it with us, no!”
 - P2- “I think from a nursing management point it was handled by a very experienced person, she had great clinical knowledge herself so I felt she had walked in our shoes and so I felt safe with her”
- **Relationships**
 - P6- “we certainly all supported ourselves anyway.... I would say that nobody felt scared or worried that they couldn’t talk cos there was always someone around to talk to, we were always a good team anyway”
 - P4- “I do think our ANPs have been a positive for the unit through their education and teaching and you know showing us that injuries are so much bigger than we perceive them”
- **Communication**
 - P9- “there was no support, we were never asked what we thought about everything, in the beginning for a few weeks we didn’t have a consultant to ask, you sometimes felt clueless as to what was going on”
 - P2: “once we were informed that it was going to happen and the preparation stated we were involved... we had lots of meetings where we spoke about things”

Responsibilities

- Service users

- P5 "Some of the public were still very bitter and they couldn't understand it and you'd get a little lecture and you had to calm them down"
- P3 "it was difficult, it is difficult to turn patients away at the door and you have seen them for years maybe with the same problem.....it was very hard"

- Protocols

- P7 "You have the same skills but you are not allowed to because of the changes and the policies you know and the criteria for caring for patients"
- P10 "if you were on with her she would say oh bring everyone in (laughs) ...another might say oh no ...straight to the other hospital...grey area"
- P8" there was always the worry....but the pathways helped once we got used to them"

- Transition Responses

- P10 "I found it all quite stressful to be honest... made me kind of anxious thinking I don't know what to say, they can't come in and then they are getting cross"
- P8 "I felt some of the blame myself, don't know why, I felt a bit degraded at the end of the day"
- P1 "You felt compassion for them...we would like to have been able to give them the service but it was out of our hands"



Reconciliation

- Acceptance

- P1 “once you come to terms with the loss ...we have embraced it I suppose so ...the outcome has been good”
- P6 “Stress levels dropped down a hell of a lot, they’ve improved a lot ...we do a better job now”

- Reflection

- P1 “If we had been more involved in the change process it would have taken the fear of the unknown out of it”
- P5 “there should have been better planning, such a rush, that was really bad and should never happen again to any unit”
- P3 “someone should have been delegated to help deal with the public, that was the hardest part”
- P9 “I would have upskilled everyone in minor injuries before the change happened”

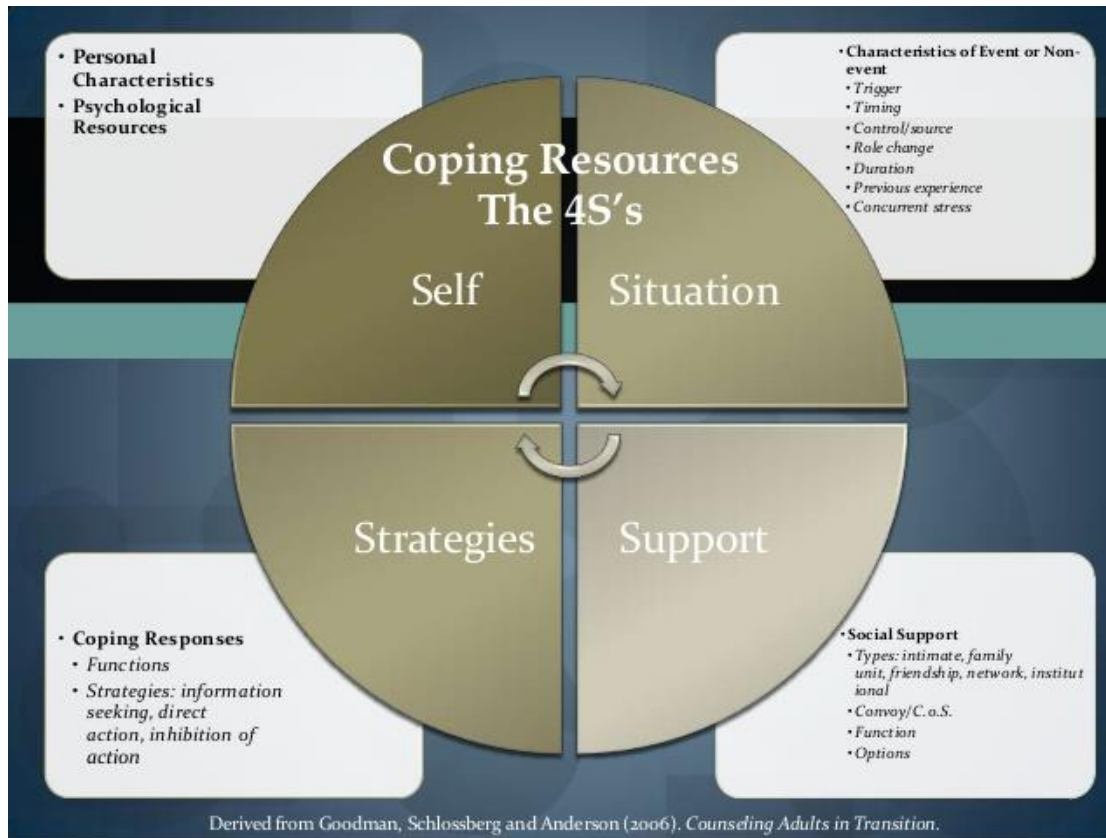
- Positivity

- P7 “you see the patients are happy with the service and that makes me feel happy and satisfied”
- P2 “I have learned new skills ...and we have a service that we can be proud of, we could not have said that before”



Transition “ Any event or non event that results in changed relationships, routines, assumptions and roles”
(Schlossberg, 1984)

- Kotter (2006) 8 steps to change management



Missed Care, Care Left Undone!!!

Emergency Department



Minor Injuries Unit



Implications/Recommendations

- Inclusion of key stakeholders from the outset
- Strong leadership a pre-requisite to re-configuration of services
- Preparation and education
- Debriefing sessions for staff to help deal with moral/ethical distress
- Creating positive attitudes towards the future roles of staff- ANPs/
Nurse managers
- Media coverage should be extensive and prolonged
- Further research warranted in other hospitals that have undergone re-configuration of their services

Questions

