

Patient-Centered Care In Emergency Department: The Impact Of Nurse Practitioners On Safety And Quality Of Care – A Systematic Review

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Abstract

Introduction: Emergency department nurses use patient-centered interventions to boost patient safety and quality of care. This study evaluates the effect of emergency nurses using patient-centered interventions in promoting quality and safe care.

Methods: The study embarks on a systematic review on patient-centered care in the emergency department. 10 articles were selected for the review from CINAHL, Cochrane Library, PubMed, and Google Scholar.

Results: 2 articles embarked on patient-centered care in the emergency department. 3 articles embarked on the role of communication as a patient-centered intervention in promoting patient safety and quality of care in the emergency department. 5 articles covered barriers and facilitators to emergency nurses delivering patient centered care.

Discussion: Nurses use patient-centered interventions to promote the health and well-being of emergency patients. These interventions are communication, collaboration, and shared-decision making. In addition, there are facilitators and barriers to these interventions in the emergency department.

Conclusion: Although the study has considerable limitations, patient-centered interventions promote patient care in the emergency department. As such, nurses should embark on standardized framework, teamwork, and knowledge sharing to promote quality of care and patient safety in emergency department.

Keywords: Emergency department, patient-centered care, nurses, communication, interventions, facilitators, barriers
Patient-Centered Care in Emergency Department: The Impact of Nurse Practitioners on Safety and Quality of Care – A Systematic Review

Introduction

Patient-centered care is at the helm of nursing activities in the emergency department [1]. Fast decision-making and the need for urgent and unscheduled care characterize emergency department's nursing activities [2]. As such, nurses focus on patient-centered care to ensure patient safety and quality of care [3]. Patient safety is a collective commitment among emergency room nurses for prioritizing and enhancing care delivery (Petrino et al., 2023). The emergency nurses engage in teamwork, communication, and safety to ensure that emergency patients receive quality and timely care [4]. Therefore, emergency nurses provide effective, compassionate, and personalized healthcare services to hospitalized emergency patients.

However, the delivery of patient-centered care in emergency department has considerable knowledge gaps. Primarily, emergency nurses use patient-centered care to promote patient safety and quality of care [1]. Knowledge gaps arise from the inadequacy of standardized metrics for patient-centered interventions in the management of patients which chronic and complex illnesses [5]. Other issues contributing to the knowledge gaps in patient-centered care provision to emergency patients are nurse shortage, patient surges, and limited resources [6]. These issues create a dynamic power interplay in which one factor may contribute to challenges in the application of the patient centered interventions.

Another fundamental issue in promoting patient safety and quality of care is the integration of patient-centered interventions with emergency health records. This integration provides an enabling ground for boosting shared decision-making and communication in the emergency department [7]. These gaps contribute to the need for extensive assessment of the impact of patient-centered care in promoting quality and safety in the emergency department. This assessment offers a bridge to the existing gaps when promoting patient-centered care in the emergency department. These changes will boost patient safety and quality of care.

Research Question

What is the effect of emergency room nurses using patient-centered interventions in promoting quality and safety at the emergency department?

Research Objectives

General objective: to evaluate how emergency nurses promote patient-centered interventions to foster patient safety and quality of care among hospitalized emergency patients.

Specific objectives:

- To identify key patient-centered interventions that emergency nurses use to promote patient safety at the emergency department
- To explore barriers and facilitators of patient-centered interventions in the emergency department
- To assess how emergency nurses offer quality, safe, and patient-centered care in emergency department

Methods

Search Strategy

The study embarked on an integrative assessment model for literature reviewing on the effect of emergency nurses in promoting patient-centered care among emergency patients to foster patient safety and quality of care. Integrated literature reviews facilitate assessment of research gaps in nursing [8]. Literature search process for this systematic review relied on a PICO question. PICO questions contribute immensely to the development of evidence-based practices in healthcare [9]. In this case, the question is “in the emergency department, does patient-centered interventions compared to usual care, improve patient safety and quality of care?”

- *Population:* Emergency patients
- *Intervention:* Patient-centred interventions
- *Comparison:* Usual care (No patient-centred interventions)
- *Outcome:* Improved patient safety and quality of care

Search Process

Scientific databases were used to provide quality and comprehensive data on promoting patient safety and quality of care using patient centered interventions in the emergency department [10]. These databases were PubMed, CINAHL, and Cochrane Library. Google Scholar was also used. The search terms were “patient-centered interventions,” “patient safety,” “quality of care,” and “emergency department.” These terms were subjected to their comparative MeSH descriptors and Boolean operators “AND” and “OR” to boost intersectionality. These considerations are essential to boost the acquisition of quality and peer-reviewed resources for the assessment. As such, emergency nurses embark on evidence from scientific findings to promote healthy lifestyle practices.

Eligibility

The searched materials were screened using eligibility criteria. Eligibility determines the materials to include and exclude in a study [11].

Inclusion Criteria

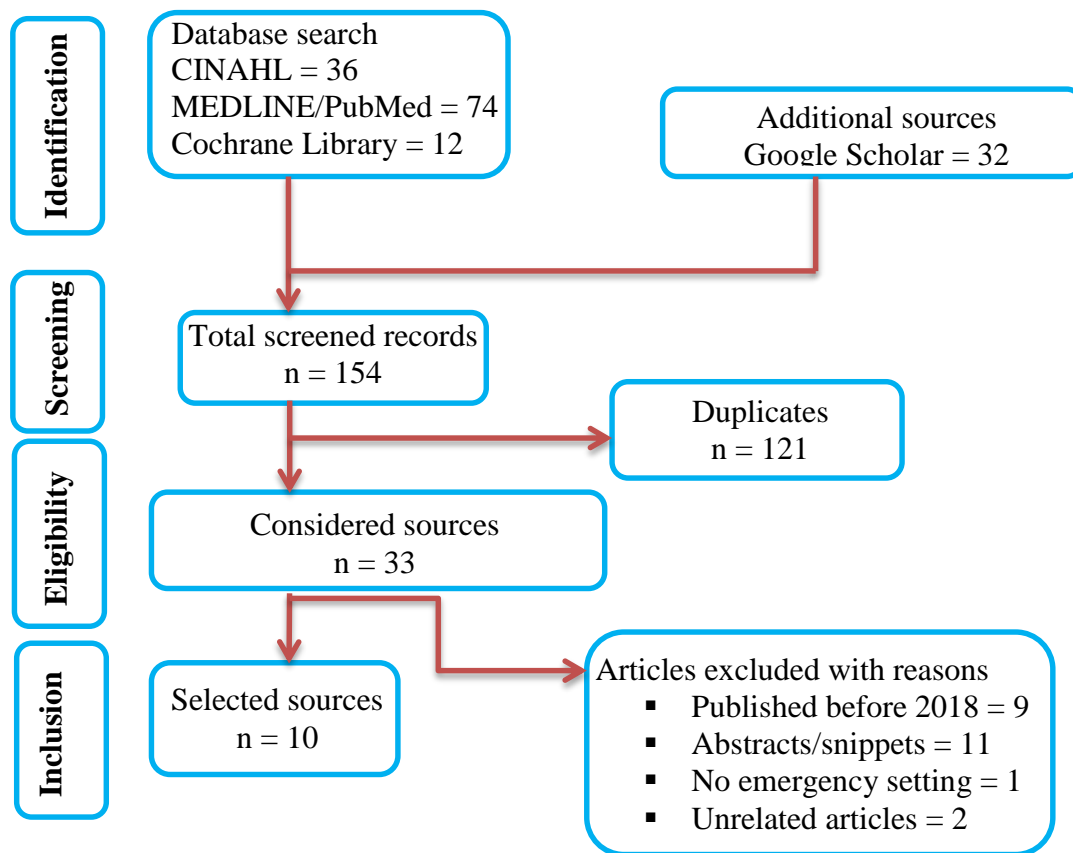
- Articles available in full-text
- English language resources
- Articles published between 2018 and 2023
- Peer-reviewed literature materials
- Sources involving human subjects

Exclusion Criteria

- Non-English language articles
- Non-peer-reviewed articles
- Articles published before 2018
- Abstracts and snippets
- Animal studies

Study Selection

Sources in line with the eligibility criteria were considered for the review. Figure 1 offers a flow chart on the search process for key sources.



PRISMA flow chart

Figure 1: A PRISMA chart for selecting literature materials for the systematic review

Results

Article No.	Article	Study Design	Sample, Sample Size, & Setting	Objectives	Findings	Limitations	Evidence Level & Quality
i).	[1]	Systematic review	Sample: Scientific articles Sample size: 13 articles Setting: Undefined	The objective of this study was to evaluate the use of patient-centered interventions in the emergency department. This creates a basis for understanding patient-centered care components prevalent in the emergency department. It also considers the pervasive benefits and challenges of patient-centered care in emergency department as acknowledged by	The common patient-centered care components assessed were communication, emotional support, shared decision-making, education, respect, trust, care continuity, comfort of environment, and transition of care. The authors noted that the lack of established patient-centered interventions immersed challenges in the emergency	The study relied immensely on qualitative articles. As such, the provided information failed to support effective meta-analysis due to the inadequacy of quantitative evidence. The study also had considerable publication bias since articles focusing on the qualitative data were likely to be published, which did not	High quality Level II article

				nurses and patients.	department. However, patient-centered care evidenced possibility to promote patient satisfaction. This satisfaction relates to patient safety and quality of care in the emergency department.	include opposing arguments. The assessment included English-only articles, which limited access to adequate information presented in other languages. In addition, the study's findings are not generalizable since most of the review articles had small sample sizes.	
ii).	[12]	Qualitative	Sample: Stakeholders Sample size: 53 stakeholders consisting of 31 parents of children diagnosed with autism and 22 emergency healthcare providers Setting: EDs	The objective was to evaluate how autism children hospitalized in the emergency department experience patient and family-centered care while acknowledging the primary barriers and facilitators to patient and family centered care among these children.	The study acknowledged the importance of patient and family centered care in promoting the health and well-being of autism children in the emergency department. However, there were key positive and negative aspects of the assessment. The positive aspects were the use of patient-centered approach, parental consultation, well-informed healthcare providers, and child-focused environment. The negative aspects were system rigidities, inadequate communication, and inaccessible environment.	The study had a small sample size that limited the generalizability of the findings. The overreliance on self-reported data is inadequate to prove the study's objective due to possible bias. Also, the application of grounded theory lacks pre-defined criteria for data analysis	Good quality Level III article
iii).	[13]	Conjoint-based experimental design	Sample: New Yorkers who visited emergency department	The objectives of the study were acknowledgement of the key drivers of communication	The study noted that poor communication contributes to poor quality of care and safety.	The study had generalizability limitations due to the use of only 112 participants.	Good quality Level III article

			<p>in the past one year Sample size: 112 New Yorkers Setting: emergency departments in New York</p>	<p>from healthcare providers in the emergency departments and development of an intervention to promote personalized communication in the emergency departments.</p>	<p>It creates a barrier to patients' satisfaction. There were three recognized mindsets about communication preferences. These mindsets were empathetic, informative, and control-oriented. These considerations necessitated the development of mindset-tailored communications in emergency departments.</p>	<p>The overreliance on a single region also affected generalizability. In addition, self-reported data are likely to promote bias.</p>	
iv).	[14]	Qualitative descriptive	<p>Sample: Emergency healthcare providers Sample Size: 15 emergency nurses Setting: Two hospital emergency departments in South Korea</p>	<p>The objective of the study was to evaluate emergency nurses' communication experiences with patients and their families during the COVID-19 pandemic.</p>	<p>The assessment focused on communication transformation in the emergency department. The onset of the COVID-19 pandemic restricted the overuse of communication approaches such as mobile phones. There were also considerable barriers to therapeutic communication. Some of these barriers were isolation protocols, PPE limitations, and patient and family anxiety.</p>	<p>The study had the potential for self-reported data, which raises considerable bias. There were also generalizability issues since the sample size was small and the consideration of a single country.</p>	<p>Good quality Level IV article</p>
v).	[15]	Qualitative	<p>Sample: Emergency healthcare team Sample Size: 21 emergency department members consisting of 9 emergency nurses, four residents, and eight attending physicians</p>	<p>The key objectives of the study were identifying information needs for emergency healthcare providers, exploring communication interventions and barriers to effective communication in the emergency departments, and</p>	<p>The findings of the study were characterized into five key themes. These themes offered an enabling ground for understanding contemporary communication challenges and mechanisms for improving communication in the emergency</p>	<p>The study had the potential for self-reported data, which raises considerable bias. There were also generalizability issues since the sample size was small and the consideration of a single-site study.</p>	<p>Good quality Level IV article</p>

			Setting: Two emergency departments in tertiary and urban healthcare facilities	strategies for improving emergency department communication.	department. They are information needs of emergency healthcare providers, effective communication methods, barriers to effective communication, and strategies for enhancing communication and the environmental factors affecting communication in the emergency department.		
vi).	[16]	Systematic review	Sample: Scientific articles Sample Size: 19 articles Setting: Undefined	The objective of the study was to assess the barriers and facilitators to effective health promotion among emergency healthcare providers.	The identified barriers were inadequate knowledge, time constraints, and conflicting priorities while key facilitators were patient receptiveness and staff training.	The limitations to the study were publication bias and generalizability issues.	Moderate quality Level II article
vii).	[17]	Semi-structured telephone interviews	Sample: VHA primary healthcare physicians Sample Size: 23 VHA physicians Setting: Healthcare facilities in VHA	The objective of the study was to evaluate the barriers and facilitators to the delivery of patient-centered care for multi-morbid patients.	Facilitators to patient-centered care were access to care, teamwork, coordination, and effective communication. Barriers to patient-centered care were communication challenges and patient reluctance.	The use of self-reported data, small sample size, and single setting creates generalizability challenges and potential bias.	Moderate quality Level IV article
viii).	[18]	Qualitative exploratory	Sample: Hospital management Sample Size: 10 hospital managers consisting of three junior and seven senior staff members Setting: Three healthcare	The objective of the study was to acknowledge facilitators and barriers to patient-centered care while conceptualizing the implementation of measures to promote patient-centered care in hospitals.	Facilitators were leadership and healthcare providers' training on patient-centered care. Barriers were lack of objective to patient-centered care, communication issues, and resource constraints.	The focus on hospitals managers failed to provide real time data on the status of patient-centered care. In addition, single region focus and small sample size limited the generalizability of the results.	Moderate quality Level IV article

			facilities in Ghana				
ix).	[19]	Mixed-methods approach	Sample: Emergency healthcare providers Sample Size: 14 emergency and geriatric nurses Setting: Danish emergency department	The objective was to explore barriers and facilitators to patient-centered care in the emergency department.	Healthcare providers and patients acknowledge the importance of patient-centered care in delivering quality and safe patient care. Barriers to patient-centered care were coordination and organizational structure challenges.	Limited data on the specific barriers, single setting, and small sample size limited the generalizability of the results.	Good quality Level III article
x).	[20]	Qualitative	Sample: Hospitalized patients Sample Size: 25 chronically ill patients Setting: German healthcare facilities	The objective of the study was to assess patients' perspectives on barriers and facilitators to patient-centered care.	Facilitators of patient-centered care were patient-healthcare provider interactions, organized healthcare systems, and financial support systems. Barriers to patient-centered care were communication issues, staff shortages, and administrative barriers.	Small sample size, patient perspectives, and single setting limited the generalizability of the findings.	Good quality Level IV article

Discussion

Effective healthcare management is one of the leading issues in healthcare facilities [26]. It relies immensely on the performance and productivity of healthcare providers. However, there are facilitators and barriers that contribute to the effective management of hospitalized patients. These factors are crucial for consideration in shared decision making to ensure that the patients receive quality, safe, and effective healthcare services [7]. In the emergency departments, healthcare providers promote workplace activities that foster effective and timely management and discharge planning for emergency patients. Emergency nurses are at the backbone of ensuring that hospitalized individuals receive quality of safe healthcare services.

Emergency nurses promote patient-centered interventions to offer quality and safe care to emergency patients. Nurses engage in open communication and shared decision-making [26]. It is important to note that nurses use teamwork to improve patient satisfaction at the emergency room. The collaborative approach contributes to effect holistic care [26]. The nurses use non-medical approaches to manage emotional issues affecting the hospitalized patients. Accordingly, the nurses also embark on patient empowerment and education to foster patients understanding of their conditions [21]. These patient centered interventions play a pivotal role in ensuring that nurses deliver quality and safe healthcare services to emergency patients.

Patient-centered care is a holistic approach to care that integrates patient values, needs, and preferences. This approach creates a paradigm shift from the traditional paternalistic model of care to a collaborative approach [1]. As a strategy for meaningful practice, this collaborative approach integrates the healthcare system, healthcare providers, and the patients [1]. Furthermore, the collaboration creates an enabling ground for emergency nurses to integrate patient-centered interventions in caring for emergency patients [1]. Accordingly, Walsh and colleagues [1] pinpoint to open

communication, emotional support, and shared decision making as the key patient-centered interventions for considerations in the emergency department.

The implementation of these interventions contributes immensely to higher patient satisfaction [1]. As such, it is imperative for emergency departments to consider patient-centered interventions in their activities. The failure to consider these interventions blocks emergency nurses from delivering quality and safe patient care. For instance, emergency departments that do not use patient-centered interventions impose unique challenges to hospitalized autistic children [12]. Parents with autistic children experience challenges such as stress and anxiety. Autistic children are at risk of developing long-term complications due to inaccurate treatments [12].

In line with this consideration, emergency nurses embark on patient and family centered approaches to promote patient safety and quality of care [12]. Some of these approaches are teamwork, communication, and respect. These considerations create an enabling ground for emergency nurses to promote the health and well-being of autistic children. On that note, children admitted at the emergency room require advances measures to ensure their receive quality and safe care [12]. Therefore, it is paramount to consider patient and family centered interventions when managing patients with complex and chronic illnesses.

A common patient centered interventions that emergency nurses use to enhance patient safety and quality is open communication. Open communication in the emergency department ensures shared awareness of patients' statuses, proposed care plan, and critical changes to care [15]. Therefore, emergency nurses embark on effective sharing of patient information to promote the provision of quality and safe care. Hettinger and colleagues [15] call for the use of electronic health records to foster open communication and sharing of patient information. Comparatively, Gabay and colleagues [13] support the use of personalized communication in the emergency department.

Primarily, the failure to promote personalized patient communication creates a barrier to effective patient management. Inadequate human connection, low health literacy, and poor support systems contribute to lack of patient-nurse communication in the emergency department [13]. Individualized communication offers an excellent mechanism for promoting patient-centered care. Open and personalized communication creates a basis for verifying crucial information in the emergency department [13]. In-depth communication between nurses and patients in the emergency department during the COVID-19 pandemic provided an excellent way for promoting quality of care and patient safety [13]. Therefore, communication emerges as one of the fundamental patient-centered interventions for delivering quality and safe care.

The success of these interventions relies on the available facilitators and barriers. Some of the facilitators are commitment to a patient-centered culture, the use patient centered tools, effective teamwork and communication, and streamlined processes [16],[20]. Emergency departments invest heavily in resource allocation, training programs, and policies that foster patient-centered practices [18]. These investments enable emergency nurses to promote patient-centered care effectively and efficiently. These nurses also use electronic health records, decision-making aids, and communication platforms to empower hospitalized emergency patients [19]. They also implement effective workflows to maintain access to quality and safe care among patients in the emergency department.

However, the nurses experience robust barriers in the emergency room that reduces their effectiveness in delivery quality and safe care. These barriers are fragmented care, resource limitations, anxiety, and cultural barriers [16]. Emergency departments create systemic and patient-based barriers to patient-centered care. These barriers disenable nurses from promoting the availability of safe and quality care. In addition, failure to address these barriers blocks emergency nurses from imposing positive effect to hospitalized emergency patients [17]. Therefore, emergency departments develop effective measures to boost the facilitators while diminishing the barriers to foster patient-centered care.

Limitations

A rigorous and comprehensive systematic review provides reliable and actionable evidence on the role of emergency nurses in promoting patient safety and quality of care through patient-centered interventions [22]. However, there is a possibility of key limitations in this systematic review. One, the study evidences possible bias in the search strategy. The overreliance on a limited number of databases and the exclusion of grey literature evidenced possible publication bias and exclusion of valuable insights. Two, heterogeneity and study selection issues are likely to affect the review. For instance, the operationalization of patient centered interventions, measurement heterogeneity, and variations in emergency settings are likely to cause inconsistencies, inaccuracies, and comparison challenges.

Three, the systematic review also has the possibility of methodological limitations of included studies. Some studies had low quality characterized by methodological flaws that are likely to compromise the reliability of the findings. Limited study design and publication bias are considerable methodological limitations that affected the review. Four, there are interpretation and generalizability limitations. These limitations are contextual factors, limited applicability, and attribution bias. These considerations necessitate the development of effective measures to overcome in future studies. They call for actionable measures to ensure that systematic reviews address the root cause of a problem without considerable challenges and limitations.

Recommendations

Recommendations pave the way for future nursing practice and research work. They provide an enabling basis for strengthening the impact of emergency nurses in promoting quality of care and patient safety in the emergency department [23]. They facilitate the development of effective and sustainable patient-centered interventions. A fundamental consideration is that nurses should engage in the development of a standardized framework for promoting patient-centered care in the emergency department. This framework will not only promote consistency in nursing research but also foster collaboration in practice. It should include outcome measures, implementation strategies, and intervention components. Another consideration is that emergency departmental leaders should foster teamwork and knowledge sharing. Collaboration is at the backbone of ensuring that emergency nurses communicate openly [24]. The collaboration and communication create an enabling ground for boosting shared decision making when taking care for patients in the emergency department. Due to the demanding nature of the emergency department, the shared decisions foster patient-centered care. This care attribute is at the center stage of ensuring quality and patient safety. Another fundamental issue in the emergency department is the development of an effective intervention to address resource limitations [25]. This consideration creates an enabling ground for overcoming the challenges emerging from limited resource in the emergency department. As such, leaders in the emergency department should develop scalable and cost-effective interventions to promote patient-centered care. These considerations will contribute immensely to emergency nurses ability to provide quality and safe care through patient-centered interventions. The facilities will gain immensely in ensuring that patients receive quality and safe healthcare services regardless of the challenges.

Conclusion

The implementation of patient-centered care in the emergency department holds immense potential for enhancing patient safety and quality of care. Although the fast-paced nature and inherent challenges of this setting pose unique barriers, addressing the knowledge gaps is crucial to bridge the divide between aspirations and reality. This necessitates a multifaceted approach that tackles the establishment of measurable indicators and overcoming resource constraints. It is also important to integrate patient-centred interventions seamlessly into electronic health records. This move will foster shared decision-making, improve communication, and allow for better tracking and evaluation of their impact on patient outcomes. Therefore, emergency nurses use patient-centred interventions immensely to promote quality of care and patient safety among emergency patients.

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