

The Meaning of Emergency Care in the Iranian Nursing Profession

Hosein Mahmoudi,^{1,2} Eesa Mohammadi,^{1,2} and Abbas Ebadi^{1,2}

¹Faculty of Nursing and Trauma Research Center, Baqiyatallah University of Medical Sciences, Tehran, IR Iran

²Nursing Department, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, IR Iran

*Corresponding author: Eesa Mohammadi, Nursing Department, Faculty of Medical Sciences, Tarbiat Modares University, PO Box 14115-333 Nasr Bridge, Tehran, IR Iran. Tel: +98-9121483345, E-mail: mohamade@modares.ac.ir

Received 2016 December 18; Revised 2017 February 20; Accepted 2017 February 22.

Abstract

Background: An emergency department (ED) has multiple patients with a wide variety of conditions that receive care simultaneously.

Objectives: This study aimed at exploring the meaning of emergency care at a hospital emergency department.

Methods: A qualitative research design with content analysis method and purposeful sampling was used to identify the meaning of care. In-depth interviews were conducted with 17 Iranian emergency department nurses from 2 military hospital emergency departments in Tehran, during year 2015.

Results: Three main categories emerged from the data. These categories included (1) accuracy, (2) speed, and (3) comprehensive action and caring attention. These 3 main categories represented the contextual meaning of emergency nursing care.

Conclusions: It was determined that the meaning of care in the studied context was different from other contexts, thus nurse managers must pay more attention to this diversity.

Keywords: Content Analysis, Meaning of Caring, Emergency Room Nursing, Qualitative Study, Iran

1. Background

An emergency department (ED) has multiple patients with wide variety of conditions, who receive care simultaneously. The environment of the ED has been described as a stressful place to work for nurses and other personnel (1). Caring is the core characteristic of the nursing profession (2) and a concept described as intangible, ambiguous, abstract, and invisible in general nursing (3). There are ongoing discussions among investigators on various aspects of care in nursing (4). In a number of literature reviews (2, 5) and analyses of care (6, 7), the meaning of care from the perspective of nurses was explored for nursing practitioners (8-11), there is however, little research exclusively concerned with registered nurses (RNs) at the emergency department.

The study of Ray (1989) revealed that each clinical unit had its own categories and definition of care (12). Chiovitti (2008) showed that care is influenced by social and cultural factors. Several studies have been carried out on the importance of nurses' caring behaviors (5). Walsh and Dolan (1999), while exploring emergency nurses' perception of care, showed that nurses in accident and emergency departments scored lower in the psychosocial and holistic dimensions of care than general nurses (13). Other studies have also reported differences between nurses' and patients' perceptions of care (14, 15).

1.2. Background in Iran

In Iran, countrywide, over 70,000 nursing staff are employed to provide nursing care in Iranian hospitals. Nursing is the largest healthcare profession in Iran responsible for the care of patients (16). Road traffic accidents are considered to be the second cause of mortality in Iran (first cause being coronary heart disease). Head injury was the most common cause of road-traffic-related mortality (66%) in males and females of all ages. There were 8584 (57%) pre-hospital deaths from accidental injuries (17). Although caring is an essential dimension of nursing, there is a general lack of clarity about its definition and process (18). For this purpose, a qualitative research with the content analysis method was used to identify the meaning of care (19). It can be argued that at the emergency department, there is inherent difficulty to provide timely care, considering the unique and diverse characteristics and needs of patients, including those with a military background and with the predominantly of male nurses. The key concern is nurses' understanding of care in such situation. Thus, the purpose of this study was to investigate the meaning of emergency care in an Iranian ED.

2. Objectives

This study aimed at exploring the meaning of emergency care at a hospital emergency department.

3. Methods

3.1. Research Design

It is useful to explore new understandings of the concept of care by a qualitative method. This could be used to create a deeper picture and to generate nurses' understanding of care (20). Thus, in the current study interviews were conducted between the participant and researcher for exploring the nurses' perception of care at the emergency department.

3.2. Participants, Procedure and Settings

In-depth interviews were conducted with 17 nurses (age range was 23 to 47 years with an average of 35 years and average work experience of 6 years) by the researcher, who worked at 2 large hospital emergency departments in Tehran. Fourteen males and 3 females were selected purposefully from 110 individuals, who worked 8 hours/day at 2 EDs with 85 beds, and their names were noted in the nursing registry. The research was conducted at the emergency departments of military hospitals where most of the staff and the patients were male.

Triages were conducted by 20 nurses during various shifts. Triage nurses with consulting physicians referred patients to other areas outside the ED.

The participant nurses worked various shifts including morning, evening, and night. In order to make sure that certain information was collected, an interview guide was organized. The criterion for inclusion in the interview study was being a registered nurse, who has served at the emergency department for at least 6 months. Interviews with 15 participants were enough to reach saturation. To ensure authenticity of information, 2 more nurses were interviewed. The participants were considered as a typical population of ED nurses able to answer the questions.

Each face-to-face interview lasted between 35 and 120 minutes and took place in a setting of the participant's choice. Interviews were recorded on mini disk and fully transcribed verbatim. Data collection was continued until data was saturated. A large amount of data was generated and saturation was reached after 17 interviews.

The participants were encouraged to speak freely about their experience and impressions. The following initial question was asked; what is your understanding of caring at the ward? Follow-up questions were then asked based on the informant's previous answers. For example: what did you mean by this answer? Please explain further and why? The interviews were conducted in the meeting room or resting room of the ward.

3.3. Ethical Considerations

University of Medical Sciences local research ethics committee approved the project. Participants were advised that they could leave the interviews at any time. Confidentiality was assured for the participants. Written informed consent was obtained from all the participants. All data were kept anonymous.

3.4. Trustworthiness

For confirmation the primary code of each interview was presented for the participants. If confirmed, it was kept as such and if modified, the change was applied. Also, interviews, codes, and categories were provided for the 2 researchers familiar with the analysis of qualitative research methods, and they evaluated the process of coding.

3.5. Data Analysis

Qualitative content analysis with conventional approach is a defined research method. In this study, data collection, and analysis were performed concurrently. With the permission of interviewees, all interviews were recorded, and were reviewed several times. Then, the initial codes were identified and extracted. The initial codes that were related to each other were placed in a category. Next, relevant categories were placed in themes. Then each of these potential themes was reviewed. Themes with quotations of participants were used as support and approved. Finally, 3 themes predominated. During this study, maximum possible precautions were adopted to ensure the accuracy and reliability of data.

The researchers used the MAXQDA3 software (version 3) for the analysis process (Table 1).

4. Results

In the first step of content analysis, 437 codes were extracted. Initial codes were summarized in 22 categories. Three major categories emerged from these categories, including "accuracy", "speed", and "comprehensive action and caring attention".

4.1. Accuracy in Activities

Accuracy at the emergency department was important because nurses have to deal with patients in critical situations. They were attentive to accuracy in specific dimensions or aspects related to their work and consciously reported to the professionals working at the emergency department. These aspects of accuracy included: "accuracy in Triage patients", "accuracy in reporting", "accuracy in communication", and "accuracy to protect patients".

Table 1. Analysis from Text to Category

| Meaning Units | Codes | Category | Another Category | Main Category |
|--|---|------------------------------|---|---------------|
| In accidents, with patients having open wounds and open fractures, before transferring these patients, we should perform splinting. Deliveries of patients from ambulance are more comfortable because primary work has been done. However, patient transmission from personal vehicles is difficult and requires to be done more carefully. If the patient is on the stretcher, transport is easier and quicker. | Existence of sensitive patients in the emergency department. The need to protect patients. Accuracy necessary in patient transport. | Accuracy to protect patients | Accuracy to protect patients; Accuracy in triage patients ; accuracy in reporting and accuracy in communication | Accuracy |

4.2. Accuracy in Triage Patients

Based on everyday experiences of the participating nurses, accuracy in the Triage patients is a procedure performed at the ED. They had felt that inaccuracies in the triage could lead to negative effects on patient care in the later stages, delay receiving care and even death of the patient.

'Some time ago a cardiac patient was brought to the emergency. The triage nurse referred the patient to hospital clinics. Clinic nurse took electrocardiogram (ECG) and saw that the patient had an extensive myocardial infarction (MI). A few hours later the patient was sent back to the emergency, and was then transferred to the coronary care unit (CCU). The patient died in the CCU. Cardiologist's opinion stated that the cause of death was delay in treatment. If the patient was referred on time, his life could have been saved' (Nurse, 10-year experience).

4.3. Accuracy in Reporting

Accuracy in reporting patient's status to the physician and to the person responsible for the shift is another important task that nurses carry out routinely in emergencies.

One of the important procedures performed by emergency nurses for critically ill patients is evaluation and reporting of patients. Accuracy in reporting to physicians and other colleagues is a way to improve patient care and to save the patient's life.

'We sent the patient to the ICU and I went to the ICU with the patient. The anesthesiologist asked me to give details of my patient. I carefully gave a description to the doctor. The doctor suspected hypoglycemic shock. The glucometer machine showed that the patient's blood sugar was 19 (Nurse, 14-year experience).

4.4. Accuracy in Communication

One of the main categories of emergency department care, based on the everyday experiences of nurses, is the need for accuracy in direct nursing care. Nursing jobs are related to patients' needs in different ways and dimensions. One of these aspects of nursing care is a good relationship with the patient.

'A few days ago a patient came, and he spoke very loudly. I thought about what I should do with this patient. Then I told a joke to the patient. Then I said to him: 'We are afraid of you', and then the patient laughed. Appropriate relationship with patients is very important' (Nurse, 22-year experience).

4.5. Accuracy to Protect Patients

Critically ill and physically disabled patients admitted to the ED cannot manage their own safety as they do not have the capacity or physical ability to move or communicate. Nurses have a sense of this situation in emergency care and the need to be accurate with patients, who are in such a vulnerable state, especially in unconscious patients and patients with open fractures. They sense and show this accuracy in the transfer of the patients from the beginning when the patient enters the emergency department, as indicated by the following quotation.

'In accidents, with patients having open wounds and open fractures, before transferring these patients, we should perform splinting' (Nurse, 17-year experience).

4.6. Professional Speed

This Category also underlies an understanding of the nurses' contribution in certain relevant emergency situations and the critical conditions they face while caring for patients. Although understanding the need for speed is a general perception in the ED in terms of emergency

situations and sense of time, however, nurses did not express this speed with a sense of acceleration or irrationality. However, they had mixed understanding during sensitive situations, which required professional attention in different and important aspects of their work. Thus, they meant and understood 'speed' in the following way, to be quick in caring actions, to be quick in calmness and reducing stress in the patient and accompanying person, and to be quick in coordination.

4.7. Speed in Caring Actions

Based on everyday experiences of nurses participating in this study, speed in caring actions is another aspect of the work carried out at the ED.

The best activity rate was one that saves the patient. If the nurse did not act quickly enough, the patient would die. The existence of speed in some actions of nursing in the ED is therefore very important.

'One day a 7-year-old child was brought to the emergency department, an eraser was stuck in the trachea of the patient. The child was cyanosed. Firstly, I carried out a compression with Heimlich maneuver. The eraser was thrown out. Well if I didn't act quickly in this case the child was to die as the golden time is 6 minutes' (Nurse, 28-year experience).

4.8. Calmness and Reducing Stress in the Patient and Accompanying Person

Nursing care is related to the patients' needs in different forms and dimensions. One of the aspects of nursing care and being quick in nursing care is calmness and reducing stress in the ED. Therefore, nurses in calm situations can do their jobs faster and more accurately.

'In emergencies, we must first handle the crowd quickly, and then reach the sick person' (Nurse, 15-year experience).

4.9. Speed in Coordination

Speed in the coordination of providing nursing care for the ED patient was another task identified based on everyday experiences of the respondents. Lack of speed and coordination causes delays in carrying out essential medical procedures. Speed, with a coordinated aim for doing tasks is inherent in emergency activities.

'A cardiac patient recently died at 4 am; if he was quickly referred to the section of the heart's emergency room, the story would be of another kind. The patient was waiting for a GP visit for half an hour. The doctor prescribed an injection of diazepam and after that an ECG was taken' (Nurse, 7-year experience).

4.10. Comprehensive Action and Caring Attention

The third main category emerged from 2 categories: "Therapeutic actions" and "Management practices". The meaning of this theme is that although the ED and the acute conditions and special needs of patients call for nurses that provide care with problem-based and cross sectional approaches, yet, there is also a need to focus on comprehensive actions. A nurse pays attention to perform all of his or her responsibilities in health and management aspects.

4.11. Therapeutic Actions

This sub-category was reflected in the participants' belief that they should provide for the wider therapeutic needs of the patients at ED.

Nursing in emergency comprises of a wide range of actions. Nurses were worried about this issue.

'Our caring at the ward includes continuing treatment, medication, monitoring, calming the ward, and supportive care, such as lifting the rail bed. Monitoring the patient until transfer of the patient to another ward or until discharged' (Nurse, 2-year experience).

4.12. Management Practices

Participants felt that they also carried out management practices for patients at the ED.

Management practices of nurses included a wide range of tasks for example checking facilities and equipment, checking tasks that are completed, checking remaining work, and coordination in various fields.

'First, we deliver the shift. Also we deliver the equipment. At first, we do the remaining tasks. If a new patient comes, we coordinate the graphs and charts...' (Nurse, 9-year experience).

5. Discussion

In this study, the nurses working in the ED expressed their perceptions about care. From these perceptions, the meaning of care in the ED was focused on the 3 main categories, including accuracy, speed, comprehensive action, and caring attention, which demands that nurses should be knowledgeable, able to assess and understand the patient's situation, and be responsible.

Nystrom et al. (2002) reported that the concept of care in the general ED from views of nurses and patients was applied in practical interventions only. It seemed that practical interventions are in accordance with the speed category, and utilitarian knowledge appeared to be in accordance with the accuracy theme in our study (6). Chiovitti (2008) showed that protective empowering was the basic

social and psychological process that represented registered nurses' caring of patients in acute psychiatric hospital settings. Nurses accomplished protective empowering through 6 main categories (5).

It seems that protective empowerment in Chiovitti's study was the means, which motivated nurses for taking action after the understanding of the status of the patient.

Because psychiatric patients are fragile and the time they are referred to ED is at the peak of their psychological problems, therefore, nurses must first protect the patients.

In another study, nursing from an Islamic perspective showed that balance in the 5 dimensions of a human being is the core category in the theory of care (21).

It has been reported that caring in pre-operative dialogue can be understood as a solemn promise: the nurse's vow not to abandon the patient (22). This vow offers the nurse and patient the possibility to create communion in a world they share. This vow can be realized through continuity of wholeness. There is no consensus about the content of care in different situations and the concept of care in recent studies is different to what we found in this study. Therefore, these findings were not harmonious, mainly because of the diversity of nursing care and highly dynamic and stressful environment of ED.

Thus, it seems that caring in emergency is different from the meaning of care in other clinical settings or in different wards. It may be that caring in ED is more based on work and duty. The reason is the nature of the ED, which included overcrowding, manpower shortage, high workload, and the specific features, and urgent and immediate needs of some patients to have immediate care. The characteristics in the environment of this study were impressive as the nurses in the ED encountered heavy workloads, crowding, stress, and disharmony. It maybe that the meaning of care in this study differs from other studies as the background conditions are different. Therefore, we can say that the meaning of nursing care from the views of nurses is based on philosophy, beliefs, and their individual motives, and also perhaps on the background conditions and the organizational setup, which play important roles in shaping the meaning of care.

Nurses in this study emphasized on the need to quickly induce calmness and reduce stress in patients. Emergency nurses need to make many decisions in their work and some are more difficult than others (7). As nurses, they must accept and bear the consequences of their decision-making. Emergency nurses added that they must also use their imagination and ability to clarify the situation. Thus, the atmosphere, in which they meet and deal with patients, is an important element. The other activity that nurses perform is inducing calmness and reducing stress in the ED. It seems that emergency nurses are working in

a state of tension between an idealistic and realistic situation, in an organization that prioritizes medical care. It is reasonable to believe that if emergency nurses cannot cope with working in this state of tension, there is a risk that they might feel dissatisfaction and become burned out.

A further major finding of this study was that although caregivers can feel threatened and experience fear, they do not avoid expressing their feelings (6).

These views are in accordance with our study. The reason for this agreement is perhaps the same nature of ED's indifferent places. The nurses in this study were trying to make peace quickly.

The majority of participants in this study felt that they had accuracy in reporting patient's status to the physician and the person responsible for the next shift, which is what nurses do in emergencies. It has been reported that emergency nurses link their feelings of responsibility, both implicit and explicit, to good care (7).

All of participants experienced accuracy in all aspects of care to be important, which included communication with patients, accuracy in triage, protecting patients, and accuracy in reporting to physicians and those with shift responsibility.

It has been emphasized that common public expectations of ED care includes communication with patients, appropriate waiting times, triage process, information management, and good quality care (23).

Additionally, one of the activities that emergency nurses carry out was being associated with the patient. Harmonious relationships with patients, between health-care providers, the organization, and the community were dependent on effective communication (24). This concurs with the views expressed in our study.

Although ED nurses are extremely busy, a large proportion of their time is spent on communication with patients, thus good communication is an essential aspect of care (25). This is in agreement with our findings. It seems that this agreement reflects the similar environment of the ED indifferent places.

Our findings showed that participation in emergency care had to do comprehensive care and consider all aspects of care. Other researchers suggest that care of older patients in emergency department needs improvement and that the standards of care for them should be better developed. These standards or clinical practice guidelines should address, for example, triage, trolley waits, pain relief, and attitudes towards ageing (26). Our results are also in agreement with these findings. For example in comprehensive theme, our participants affirmed to provide emergency care to all groups that came to ED including the elderly.

The participants highlighted that accuracy in handling

triage patients, which is another task is carried out in the ED. According to Emergency department nurses association's standards for emergency nursing practice, a registered nurse should always perform a "triage" when a patient arrives at an ED. On meeting the patient, it is the responsibility of the 'triage-nurse' to determine priorities of care based on physical as well as psychosocial needs (27). Our results are also in accordance with the above guidelines.

5.1. Conclusions

The findings of this study indicate that emergency nurses understand the meaning of care in 3 main categories, including accuracy, speed, and comprehensive action and caring attention. Overall, further research is suggested to specifically investigate the meaning of caring in different contexts of nursing profession.

Therefore, managers should attempt to provide such conditions and try to develop and realize the meaning of care. Based on these findings, management education for nurses, empowerment of nurses, and principle and scientific caring are favorable outcomes. According to the characteristics of qualitative studies, generalization of the results of this study is limited to specific environments of an emergency ward, and therefore more studies are recommended to identify the process of care in other ward.

Acknowledgments

The authors are very grateful to the participants for their co-operation in this study, and thank the Baqiyatallah University and trauma research center for their support.

Footnote

Authors' Contribution: Hosein Mahmoudi: study conception and design, data collection and analysis, and drafting of the manuscript. Eesa Mohammadi: study conception and design, critical revision for important intellectual content, drafting of the manuscript, and supervision. Abbas Ebadi: substantial contributions to analysis and interpretation of data, critical revisions for important intellectual content, and final approval of the version to be published.

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