

# An observational study of emergency department waiting room nurses in action

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## Abstract

**Background:** Emergency department (ED) waiting room nurses (WRNs) have been introduced in some EDs to improve patient care by providing treatment in the waiting room before seeing a doctor. Despite their potential benefits, research on the WRN role is limited, particularly regarding the tasks, skills, and challenges associated with it. This study aimed to identify the activities and actions of WRNs in emergency care settings.

**Methods:** A nonparticipant observational approach was used within a mixed-methods framework, combining qualitative and quantitative data. The study took place in two EDs equipped with WRN roles. Registered nurses in the WRN role were observed over several months, with both structured and unstructured observations conducted. Data were analyzed using descriptive statistics and thematic analysis.

**Results:** The study included eight nurses with varying experience in the WRN role. Common tasks included administering medications, performing interventions like IV cannulation and ECG recording, and conducting patient assessments. Thematic analysis identified four key themes: the impact of nurse experience on patient care, unpredictable workloads and patient needs, delivery of patient-centered care, and challenges related to delays and resource limitations.

**Conclusion:** The WRN role is dynamic and essential to ensuring patient safety and timely care in the ED. Experienced nurses, particularly those trained in triage, were more effective in fulfilling WRN duties, enhancing patient care through ongoing assessments and proactive interventions. However, delays in accessing medical officers and resource limitations hindered care delivery. Further research is needed to address these challenges and optimize the WRN role.

## INTRODUCTION

To address issues such as prolonged waiting times, adverse patient outcomes (Bernstein et al., 2009), and dissatisfaction among patients (Garling, 2012), some emergency departments (EDs) have introduced models of care that provide treatment to patients in the waiting room before they are seen by a doctor. One such model involves the role of a waiting room nurse (WRN), which is distinct from that of the triage nurse but works in conjunction with the triage system. The WRN's responsibilities include conducting post-triage evaluations, initiating early interventions, reassessing patients who are waiting, and enhancing communication with both patients and their families who have not yet been assigned a treatment space within the ED (Innes, Jackson, Plummer, & Elliott, 2015). Research on the WRN role remains limited, with most studies focusing on the operational and technical elements of the position, such as task reporting and its potential impact on reducing waiting times (Cheng et al., 2013; Considine et al., 2012a; Fry & Jones, 2016; Huang et al., 2006). However, despite this focus, no significant reductions have been observed in overall waiting times, length of stay in the ED, or the number of patients leaving without being seen by a doctor (Cheng et al., 2013; Considine et al., 2012a; Fry et al., 2013; Huang et al., 2006).

Moreover, there is a lack of literature addressing other dimensions of the WRN role, such as the reasons for its implementation (Innes, Jackson, Plummer, & Elliott, 2015) and the specific skills, knowledge, and experience nurses need to perform effectively in this capacity. There has been no exploration of the tasks and behaviors exhibited by WRNs in this demanding environment. This study aims to fill this gap by identifying the activities and actions of WRNs in emergency care settings.

## Methods

This study employed a nonparticipant observational approach within the framework of a broader mixed-methods research project exploring the nursing role in emergency department (ED) waiting rooms. Mixed-methods research integrates different data collection and analysis techniques, utilizing the strengths of each to balance the weaknesses (Tashakkori & Teddlie, 2016; Creswell, 2012). The exploratory sequential design used in this study is particularly suitable for topics with limited prior knowledge. It starts with qualitative data collection, followed by quantitative data to better explain and quantify the initial findings (Creswell, 2012). Data gathered in earlier phases inform subsequent stages, allowing the findings from literature reviews and initial phases to guide the observations in this current phase (Creswell, 2012; Creswell & Plano Clark, 2009).

The study was conducted in two EDs, each equipped with a designated area for the WRN role. This space was close to the triage area and included a desk with a computer, patient assessment tools, oxygen, suction, emergency equipment, and devices for diagnostic and treatment tasks. Both EDs used nurse-initiated policies and standing orders, approved by medical officers, which guided assessments and interventions for various patient conditions. These policies also included nurse-initiated medication and diagnostic procedures such as analgesia administration and X-ray ordering. Nurses in both EDs had autonomy over their work priorities.

The participants were registered nurses who worked in the WRN role. Purposive sampling was used to recruit participants, with nurse unit managers (NUM) from both settings identifying potential participants and notifying them of the study. The observer obtained permission from the NUM to enter the ED and perform observations at prearranged times. Upon arrival, the observer approached the assigned WRN nurses to discuss participation and obtain consent.

### Data Collection

The data collection was primarily observational, as this method provided the most direct insight into the WRN's activities and interactions in the ED. Participant observation is considered the "gold standard" in qualitative research (Murphy & Dingwall, 2003), allowing for real-time assessment of actual practices rather than relying on self-reports (Gold, 2008). The observer, a trained ED nurse, maintained an independent role while engaging in brief, clarifying interactions with participants to ensure accurate interpretation of observed behaviors. These conversations occurred in non-patient areas after nurses completed patient care tasks.

The observations were overt, with participants aware of the study's purpose and that they were being observed. Data was collected over several months, with eight nurses observed across 13 sessions, resulting in data saturation. Both structured and unstructured observation methods were employed, with structured observations focusing on specific tasks like medication administration, while unstructured observations allowed for more detailed notes on interactions, quotes, and the observer's reflections.

An observation tool was developed to guide the data collection process, based on literature reviews and expert interviews. It was pilot-tested in the clinical setting to ensure clarity and usability. The tool was divided into sections for documenting communication with patients and staff, tasks like documentation and diagnostics, and space for reflective notes.

### Data Analysis

Data from the observation tool and field notes were analyzed using both descriptive statistics and thematic analysis. Descriptive statistics were used to summarize observable activities, such as medications administered or interventions performed. Qualitative data from observations and reflections were analyzed using thematic analysis, following the six-phase framework of Braun and Clarke (2006). The data was coded for recurring phrases or patterns, and themes were identified through an iterative process, with co-authors reviewing and refining the final themes.

## Results

The emergency nursing experience of participants ranged from three years to over 15 years, with six of them having completed or were pursuing postgraduate qualifications in emergency nursing. All participants were trained in triage, with two working exclusively as Waiting Room Nurses (WRN), while the other six rotated through this role. Two participants had limited experience, with one being observed on their first shift as a WRN and the other having less than two months in the role. All participants were female.

Descriptive statistics revealed that the most commonly administered medications were paracetamol (31 cases), nonsteroidal anti-inflammatory drugs (18 cases), and oral opioids (10 cases) (Table 1). Common interventions included intravenous (IV) cannulation (34 instances), ECG recording (26 instances), and urinalysis (14 instances) (Table 2).

Thematic analysis identified four key themes: the positive impact of nurse experience on patient care, unpredictable workloads and varied patient needs, delivery of patient-centered care, and the challenges posed by delays and resource limitations. These themes are discussed below.

Although all participants were experienced emergency nurses, their experience in the WRN role varied. The two participants with the least experience in this role were observed to be less confident in prioritizing care and unfamiliar with certain policies, often seeking guidance from other staff, which could potentially reduce their efficiency. Participants with more experience noted that the effectiveness of the WRN role was influenced by the

nurse's experience, with those who were triage-trained being able to make better decisions and requiring less direction from triage nurses. In one instance, an experienced WRN noticed a misallocation in the triage category for a trauma patient, worked with the triage nurse to correct the category, and ensured the patient received timely pain relief and escalated care, improving patient outcomes. However, in some settings, there was resistance to WRNs assisting with triage, despite the occasional need to do so during patient delays.

Participants with more WRN experience demonstrated advanced clinical decision-making, anticipating patient needs, and proactively coordinating care. This included actions beyond the standard nurse-initiated policies, such as ordering additional tests and consulting early with allied health services.

The workload for WRNs varied significantly, sometimes with no patients in the waiting room and at other times with high demands that surpassed the capacity of a single WRN. When the waiting room became overcrowded, an additional nurse was assigned to assist. Participants were frequently observed conducting thorough assessments of patients, gathering additional information that sometimes led to reassessing the urgency of care and adjusting triage priorities.

Reassessing patients was crucial for ensuring safety, especially when deterioration was detected. On multiple occasions, WRNs identified deteriorating patients in both the waiting room and the WRN space, escalating care promptly. However, WRNs could only administer certain treatments, such as IV fluids, with permission from the nurse-in-charge due to safety concerns and the need for constant monitoring.

Participants also helped manage patient flow from the waiting room into treatment cubicles, often beginning assessments if no other nurse was available. This helped prevent delays in care, particularly for time-sensitive cases like chest pain.

A patient-centered approach was consistently evident across all participants, who worked to address the physical, emotional, social, and spiritual needs of patients. Participants demonstrated respect and empathy when interacting with patients, establishing trust quickly through clear communication. They explained their roles to patients and families, alleviating uncertainty and distress, especially during delays. For instance, one participant reassured a patient about their burns and clarified the ongoing treatment plan.

In terms of emotional care, participants were observed providing therapeutic communication, particularly with patients who were anxious or agitated. This included de-escalation techniques and support for patients experiencing mental health challenges. Participants also addressed patients' spiritual and cultural needs by collaborating with liaison workers to ensure culturally competent care.

Collaboration with triage nurses, medical staff, and allied health professionals was frequent, ensuring that patient care needs were met efficiently. However, the noisy environment in the emergency department sometimes hindered effective communication.

Participants experienced various delays in their work, often due to the inaccessibility of medical officers and the lack of nurse-initiated pathology orders, which caused additional frustration. In some cases, medical officers were also delayed in accessing the WRN, leading to disjointed care. This lack of coordination sometimes required WRNs to piece together information to determine the management plan.

Furthermore, environmental factors, such as privacy concerns and limited access to equipment, often resulted in patients being moved to the WRN space for assessments and interventions. However, this space was frequently used by medical officers without consulting the WRNs, limiting the nurses' ability to assess and manage patients effectively. These issues contributed to delays in patient care and compromised safety during busy periods.

**Table 1.** Oral medications administered

<b>Medication</b>	<b>Frequency</b>
Paracetamol	31
Nonsteroidal anti-inflammatory	18
Opioids (Endone)	10
Ondansetron	4
Panadeine or Panadeine Forte	4
Bronchodilator	2
Antihistamine	1
Aspirin	1
Diazepam	1
Prednisolone	1

**Table 2.** Interventions and diagnostics performed

<b>Intervention</b>	<b>Frequency</b>
Intravenous cannulation (including pathology)	34
Electrocardiogram	26
Urinalysis	14
Venepuncture (including pathology)	7
Wound care	4
Commence oral rehydration therapy	3
Rest, Ice, Compression and Elevation (RICE) of injury	3
Blood cultures	1
Application of a sling	1
Venous blood gas sample	1
Wound swab	1

### Discussion

The study's key findings revealed that experienced emergency nurses, equipped with triage training possessed the necessary knowledge and skills to effectively undertake the Waiting Room Nurse (WRN) role. These nurses' ability to engage therapeutically enabled them to deliver comprehensive, patient-centered care, offering support and providing information to both patients and their families in waiting areas. The WRNs played a crucial role in patient flow, ensuring that patients were efficiently moved from the waiting room into the Emergency Department (ED). Through continuous patient engagement and assessment, they provided an essential clinical safety net.

A few participants noted that professional experience might influence a nurse's ability to perform optimally in this role. The ED waiting room is often a challenging environment for delivering safe and effective care (Garling, 2012). It is therefore unsurprising that nurses with more experience were seen as better prepared for this role. Given that all participants were considered seasoned emergency nurses, they were more adept at navigating the fast-paced, high-pressure environment typical of EDs (Smyth & McCabe, 2014). Experienced nurses tend to have deeper knowledge, critical thinking skills, and a refined ability to integrate assessment, evidence-based practices, and past clinical experience in their decision-making (Odell, 2007). In this study, nurses with greater experience in the WRN role exhibited adaptability, proactivity, and initiative, often identifying and addressing patient care needs beyond standard protocols. Such capabilities, including the foresight to anticipate patient issues, were especially valuable in the unpredictable nature of the ED waiting room (Rehnström & Dahlborg-Lyckhage, 2015).

A significant finding from the study was the holistic and patient-centered care approach adopted by participants. The ability to build therapeutic nurse-patient relationships enabled WRNs to offer compassionate, responsive care. Establishing these relationships involved being present, attentive, and empathetic toward patients and families (Luck, Jackson, & Usher, 2013). WRNs used appropriate verbal and non-verbal communication to calm and reassure patients, which was particularly important in the stressful and often chaotic waiting room environment (Kamali et al., 2016; Luck et al., 2013; Welch, 2001). This approach was essential for creating a safe and supportive therapeutic environment. The study's findings align with Fry et al. (2005), who highlighted the central role of compassionate care in the success of WRN models.

WRNs were also found to contribute significantly to patient safety by enhancing the quality of healthcare provided. Long waiting times in EDs have been shown to negatively impact patient safety and outcomes (Burke et al., 2017). In EDs with WRNs, patient care begins as soon as they arrive, instead of waiting for a cubicle to become available, thereby improving the safety and quality of the waiting experience compared to EDs lacking this role.

Furthermore, involving patients and families in their healthcare decisions improved safety outcomes, with effective collaboration with the broader healthcare team being another key factor (Australian Commission on Safety and Quality in Health Care, 2012). However, due to the unpredictable nature of EDs, such interactions can be challenging, requiring mutual respect and trust among team members (Clark, 2009). Continuous assessment and monitoring of patients' health in the waiting room were found to contribute to safety by identifying deteriorating conditions early. A study using wireless monitoring devices showed the effectiveness of monitoring patients in the waiting room (Hubner et al., 2013). However, the WRN's ability to monitor patients can be hindered by the reallocation of staff to other duties during busy periods or the limited operational hours of the WRN role. These challenges could potentially jeopardize patient safety during off-hours or when there is a decrease in available resources, particularly in situations of hospital overcrowding (Mason et al., 2009; Australasian College for Emergency Medicine, 2016).

Additionally, WRNs were observed to play a role in improving health literacy by educating patients on managing their health post-discharge. Health literacy, which refers to understanding and applying health-related information, can significantly impact patient outcomes and safety (World Health Organization, 2010).

One previously unreported aspect of the WRN role was assisting with the transition of patients from the waiting room to ED cubicles. This was aimed at reducing patients' length of stay during transitions, thereby potentially improving ED efficiency (Asplin et al., 2003). However, whether this practice truly enhances efficiency is debatable, as it could also divert resources, especially during peak times (Yang et al., 2013). A more efficient approach might involve WRNs remaining in the waiting area to continue assessments and interventions early.

## Conclusion

The WRN role was found to be dynamic and unpredictable, with effective communication and continuous patient assessment being central to the role's success. Experienced, triage-trained nurses were perceived as being more adept at fulfilling the WRN duties, particularly in identifying and responding to patient needs outside standard protocols. The WRN contributed significantly to patient safety by initiating care in the waiting room, conducting ongoing assessments, and enhancing communication with patients, families, and the broader healthcare team. Further research is needed to address challenges such as delays in accessing medical officers, space limitations, and the limited operational hours of the WRN role.

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