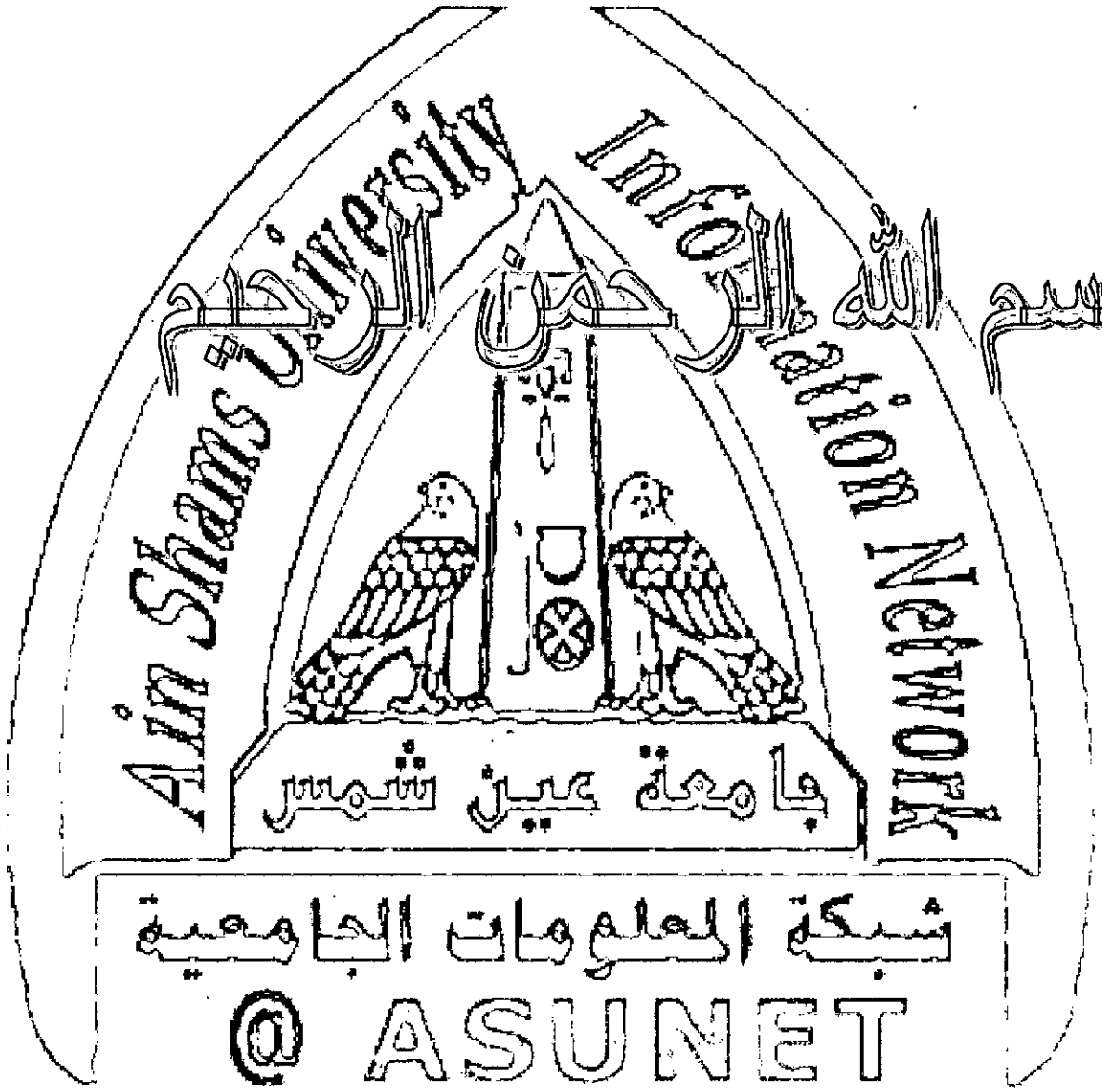
شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد أعدت دون أية تغيرات

## يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار

في درجة حرارة من ١٥-٢٥ مئوية ورطوبة نسبية من ٢٠-٤٠%

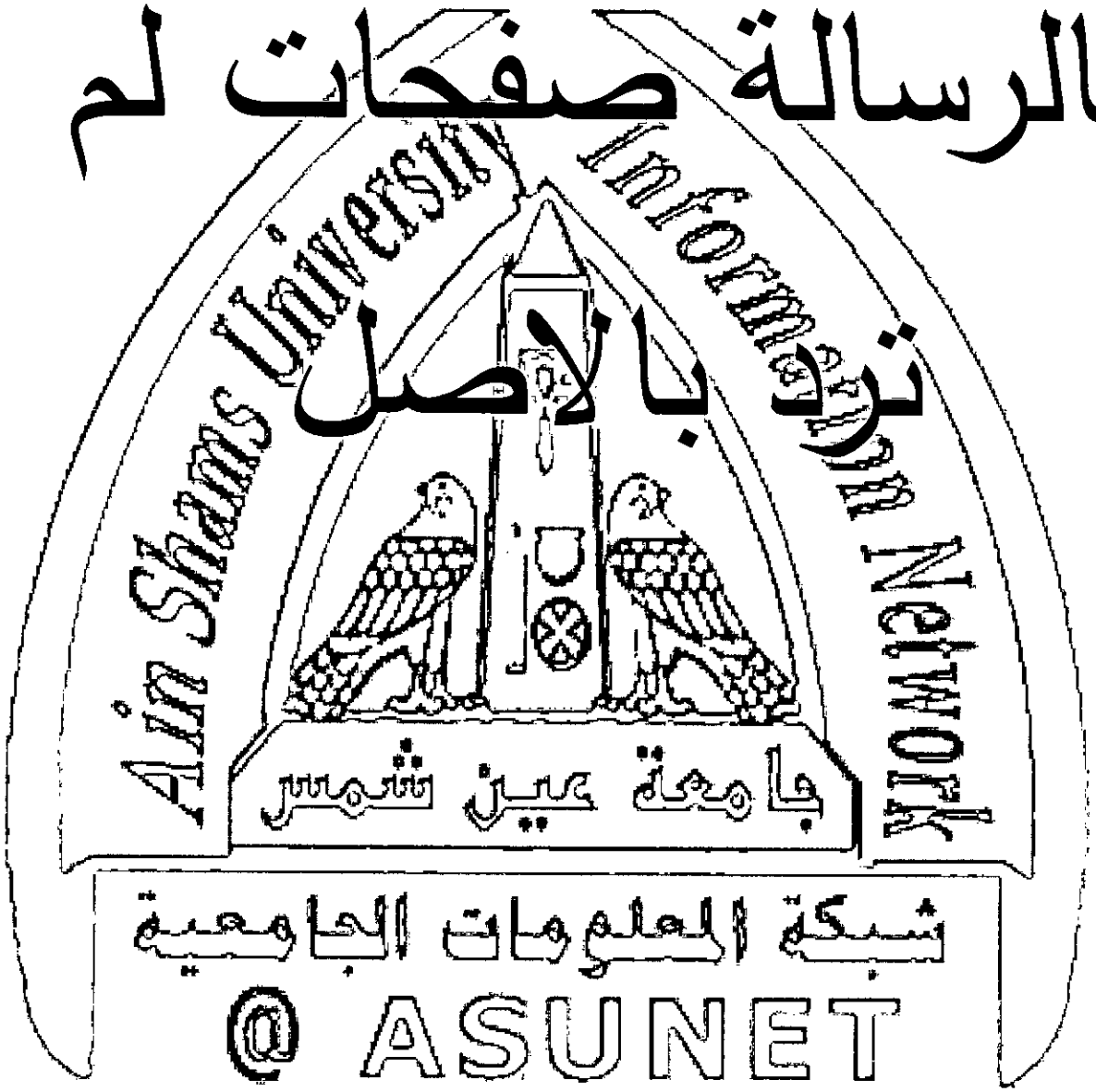
**To be Kept away from Dust in Dry Cool place of 15-25- c and relative humidity 20-40%**

# شبكة المعلومات الجامعية

# التوثيق الالكتروني والميكروفيلم

بعض الوثائق
الأصلية تالفة
Ain Shams University Information Network
جامعة عين شمس
شبكة المعلومات الجامعية
@ ASUNET

# بالرسالة صفحات لم ترد بالأصل



Assiut University
Faculty of nursing

# Factors Affecting Nurses' Performance In Caring For Trauma Patients

*THESIS*

Submitted for Partial Fulfillment of the Requirements for the Master Degree in Adult Nursing

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# *LIST OF ABBREVIATIONS*

ED : Emergency Department

MOF : Multiple Organ Failure

CPR : Cardio Pulmonary Resuscitation

EDNA : Emergency Department Nurses Association

ECG : Electrocardiogram

EMS : Emergency Medical System

EMSS : Emergency Medical Services Systems

ALS : Advanced Life support

BLS : Basic Life support

ABCs : A = Airway, B = Breathing, C = Circulation

ECM : External Cardiac Massage

IV : Intravenous

CNE : Continuous nursing education

CVP : Central venous pressure

US : United State

Sign : significant

NS : Not significant

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## Abstract

Trauma is a major cause of death and disability, Trauma has become a significant health and social problem. Traumatized patients arriving with serious injuries involving multiple organs, they often require extensive and complex nursing care (Hudak, Gallo, and Morton, 1998).

Aim of the study: To assess the factors that affect nurse's performance in caring for trauma patients. Material and subjects: Nurses; All nurses working in trauma unit (N=29). Patients; patients admitted in trauma unit (N=100). Tools of data collection:- Questionnaire sheet, performance chick list, observation chick list for environment and routine work, and patient's assessment sheet. Results: In the present study most nurses with in the age of 20<40 year, male, married, had Diploma of nursing, and their experience ranged between 1<5 years and 5<10 years (75.9%, (mean ± SD 23.4 ± 5.82 respectively), 65.5%, 58.6 %, 89.7%, 37.9% respectively. Some nurses absent from work related to problems such as transportation, and family obligation. Most of the nurses are satisfied in the work but some of them are not satisfied due to problems, that affected the knowledge and performance in the trauma unit such as lack of facilities, lack of training programs,...etc. These are considered the most important factors that reflected on the quality of nursing care on the traumatized patients. Most patient with the age of 20<40years, male, married, not educated and not received nursing intervention. The design (place) and facilities are not ideal according to standardized. Some of routine work were not done such as performing triage system, written color code for system carry out patients from all health teams, and standardized guide lines protocols. Recommendations and conclusions: In conclusion many factors that effects nurses' performance in Assiut university Hospital (human and non human) . Most of these factors can be stored out with good cooperation between different personals of trauma team. Encourage nurses to improve performance and up to date their knowledge through continuous nursing education and training program.

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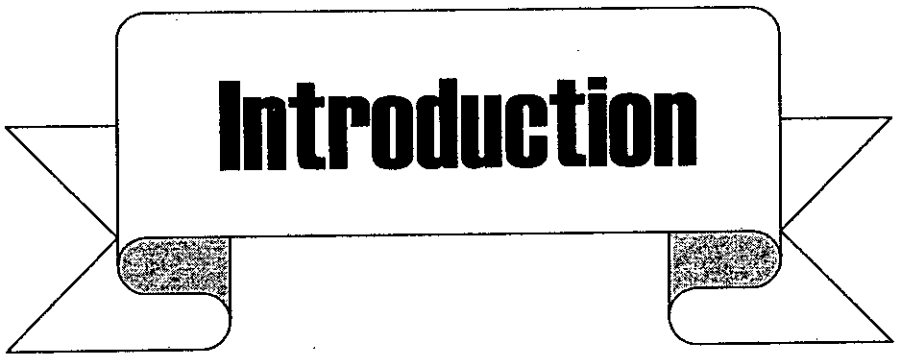
Introduction

## Introduction

Trauma is a major cause of death and disability, Trauma has become a significant health and social problem. Traumatized patients arriving with serious injuries involving multiple organs, they often require extensive and complex nursing care (Hudak, Gallo, and Morton, 1998).

Trauma is the leading cause of death in people between the ages of 1 and 44 years, in people over 44 years, trauma is surpassed only by cancer and cardiovascular disease. The cost of trauma in terms of potential lost years of productive life (Hudak et al., 1998).

Trauma care is ideally provided in institutions that specialize in trauma. Most trauma patients are assessed, stabilized, admitted, or transferred by emergency department (ED) in non trauma centers. Emergency nurses in these facilities are challenged by trauma situations similar to those seen in designed trauma centers (Newberry, 1998).

Every day as many as 140 000 people are injured on the world's roads. More than 3 000 die and some 15 000 are disabled for life. Each of those people has a network of family, friends, neighbors, colleagues or classmates who are also affected, emotionally and otherwise. Families struggle with poverty when they lose a breadwinner or have the added expense of caring for disabled family members. Current figures are alarming enough. Even more alarming are trends. If they continue, by 2020, the numbers of people killed and disabled every day on the world's roads will have grown by more than 60%, that making road traffic injuries a leading contributor to the global burden of disease and injury. This burden falls most heavily on low-income and middle-income countries. Today, they account for 90% of the deaths and disabilities

resulting from road traffic injuries. Soon, that will rise to 95%. It is estimated that in 2002 road crashes killed 1.18 million people and injured about 20 to 50 million more. Millions were hospitalized for days, weeks or months. Perhaps 5 million were disabled for life. By the year 2020, if current trends continue, the annual numbers of deaths and disabilities from road traffic injuries will have risen by more than 60% to number three on WHO's list of leading contributors to the global burden of disease and injury. They were at number nine on the list in 1990 (World Health Day, 2004).

According to Egyptian Ministry of internal affirmation, 29000 motor car accidents occurred in 2003 year, 13000 were died and 23100 injured and most of them injured patient are handicapped. People died due to motor car accident in the last 10 years were more than these who died in the 20 century wars (Montaser, 2004)

According to trauma unit Statistics at Assiut university hospital, year 2003, the numbers of motor car accidents admitted and discharge from the unit were 7251 and 7003 respectively, Deaths were 248 cases (Assiut University Hospital Record, 2004).

Nursing is an art and science involving many activities, concepts and skills related to basic social, and physical sciences, ethics, contemporary issues, and other areas. Nursing is unique profession because it addresses the response of individuals and families to health maintenance, and health problems (Potter and Perry, 2001).

Satisfactory outcomes for injured patients are strongly influenced by the initial care delivered particularly in the so called (golden hour). Approximately 60 %of all hospital deaths from trauma occur during this crucial period and inadequate assessment and resuscitation may

contribute in some series. Successful trauma care depends on preparation of the ED and staff. Each ED has architectural strengths and weaknesses that require creative solution for maximum use of space and efficiency of personal. Components conceded in the creation of trauma reception area include size, equipment, and radiograph capabilities. Equipment should be available to asses and treat immediate life-threatening problems such as tension pnumothrax, airway compromise, and blood loss (Newberry, 1998).

The trauma patient has a higher chance of a positive outcome if definitive care is initiated with in the first hour after injury. Trauma care consists of non operatively management of stable patients. To observe the patient effectively, The nurse must be aware of potential injuries and associated signs and symptoms. Identification injuries missed during treatment of life-threatening problems. Knowledge regarding the mechanism of injury is necessary. Psychosocial problems are also addressed during this phase. The patients should be monitored for the development of complication. Death caused by trauma can be divided into three phases: immediate (with in minutes ), early(with in hour ), and late (days to weeks after the injury). Most immediate and early deaths caused by central nervous injury or hemorrhage, whereas late deaths are mostly due to sepsis and multiple organ failure (MOF). The critical care nurse must be aware of these phases and related risk factors. Such as prolonged extrication, prolonged hypothermia, respiratory or cardiac arrest, massive fluid resection, or massive blood transfusion (Hudak et al., 1998).

Accident and emergency departments require emergency nurses to make rapid decisions based on their knowledge and experiences (Cioffi, 1999).