

Araştırma Makalesi/ Research Article

## Which Procedures Do Emergency Nurses Do Except for Their Duties and Authority and Why?

### Acil Servis Hemşireleri Görevleri Dışında Hangi Uygulamaları Neden Yapıyor?

Perihan Şimşek<sup>1</sup>  Gül Çakır<sup>1</sup>  Melek Ertürk Yavuz<sup>2</sup>  Ayşe Serpici<sup>3</sup> 

Enes Bulut<sup>2</sup>  Ayla Gürsoy<sup>4</sup> 

<sup>1</sup> Karadeniz Technical University Faculty of Health Science Department of Nursing, Trabzon, TURKEY

<sup>2</sup> Artvin Çoruh University Faculty of Health Science Department of Nursing, Artvin, TURKEY

<sup>3</sup> Uludağ University Faculty of Health Science Department of Nursing, Bursa, TURKEY

<sup>4</sup> Cyprus International University Faculty of Health Science Department of Nursing Nicosia, TURKISH REPUBLIC OF NORTHERN CYPRUS

**Geliş tarihi/ Date of receipt:** 02/07/2020 **Kabul tarihi/ Date of acceptance:** 18/09/2020

© Ordu University Faculty of Health Sciences, Department of Nursing, TURKEY, **Published online** 30/09/2020

#### ÖZ

**Amaç:** Çalışma, acil servis hemşirelerinin görev tanımları dışındaki tıbbi uygulamaları yapma durumunun belirlenmesi amacıyla yürütüldü.

**Yöntem:** Çalışma 250 acil servis hemşiresi ile gerçekleştirildi. Çalışmada veriler, araştırmacılar tarafından Google Drive programı kullanılarak geliştirilen online veri toplama formunun Türk Hemşireler Derneği ve Türk Cerrahi Hemşireleri Derneğinin sosyal paylaşım sitelerinde paylaşılması ile toplandı.

**Bulgular:** Katılımcıların tamamına yakını (%99.2) görev tanımları dışındaki bazı tıbbi işlemleri yapmakta olduğunu belirtti. Acil servis hemşirelerinin %90.4'ünün dikiş attığı ve %84.4'ünün alçı-atel uyguladığı saptandı. Acil servis hemşirelerinin görev tanımları dışındaki tıbbi işlemleri yapmaları konusunda katılımcıların yaklaşık 1/3'ü herhangi bir neden belirtmezken, yaklaşık 1/3'ü hekim eksikliğini neden olarak gösterdi. Katılımcıların çoğu (%60.8) görev tanımlarının dışında kalan tıbbi uygulamaları yapma konusunda kısmen kendine güvendiğini belirtti. Çalışmaya katılan acil servis hemşireleri, görev tanımları içinde yer almayan bazı tıbbi işlemleri yapmayı reddetmeleri halinde hekimlerden (%78.0) ve hastane yönetiminden (%67.6) tepki aldıklarını ifade etti.

**Sonuç:** Acil servis hemşireleri görev tanımları dışında kalan bazı tıbbi işlemleri yapmakta ve bu durumu önemli bir sorun olarak değerlendirmektedir. Bu sorunun çözümü için konuyu tüm boyutlarıyla, geniş bir örneklem üzerinde araştıran ileri çalışmalara gereksinim duyulmaktadır.

**Anahtar kelimeler:** Acil hemşireliği, acil servis, görev, hemşirelik uygulamaları, yetki

#### ABSTRACT

**Objective:** The study was carried out in order to determine the situation of emergency department nurses performing medical practices that fall beyond their job description.

**Method:** The current study was completed with 250 emergency department nurses. In the study, the data were collected by sharing the online data collection form developed by the researchers using the Google Drive program on the social networking sites of the Turkish Nurses Association and the Turkish Surgical Nurses Association.

**Results:** Almost all of the participants (99.2%) stated that they have been doing some medical procedures that fall beyond their job description. It was determined that 90.4% of emergency nurses applied suturization and 84.4% applied plaster-splint. Approximately 1/3 of the participants did not state any reason for emergency department nurses performing medical procedures outside of their job description, while approximately 1/3 indicated the lack of physician as the reason. Majority of the emergency department nurses (60.8%) stated that they were partially confident in performing medical practices that fall beyond their job description. The emergency department nurses participating in the study stated that if they refused to perform some medical procedures that are not included in their job descriptions, they received backlash from the physicians (78.0%), and the hospital management (67.6%).

**Conclusion:** Emergency department nurses perform some medical procedures that fall beyond their job description and consider this to be an important problem. For the solution of this problem, further studies investigating the subject with all its dimensions on a large sample are needed.

**Keywords:** Emergency nursing, emergency department, duty, nursing practice, authority

**ORCID IDs of the authors:** PŞ: 0000-0002-0216-3968, GÇ: 0000-0003-3805-2271, MEY: 0000-0002-4196-6317, AS: 0000-0002-0243-4473, EB: 0000-0001-6814-5626, AG: 0000-0003-3585-4500

**Sorumlu yazar/Corresponding author:** Perihan Şimşek, PhD

Karadeniz Technical University Faculty of Health Science Department of Nursing, Trabzon, TURKEY

**e-posta/e-mail:** [p\\_simsek19@hotmail.com](mailto:p_simsek19@hotmail.com)

**Atıf/Citation:** Şimşek P, Çakır G, Ertürk Yavuz M, Serpici A, Bulut E, Gürsoy A. (2020). Which procedures do emergency nurses do except for their duties and authority and why? Ordu Üniversitesi Hemşirelik Çalışmaları Dergisi, 3(2), 72-82. DOI:10.38108/ouhcd.763053

## Introduction

Nursing profession requires management of ethical dilemmas and working environments where legal problems are frequently encountered (Ulrich, 2015). To ensure patient and employee safety in such environments, nurses must carry out their initiatives within the framework of their job description, authority, and responsibilities (Kleinpell, 2014). All around the world, the authority and responsibilities of nurses are determined by laws and regulations. Designated authority and responsibilities change and develop over time (Sheer, 2008). The main factors causing this change are rapid advances in technology and medical science, changes in health systems, prolonged life span, increase in chronic diseases and rise in the demand for health services (Parker, 2017; Fukada, 2018).

Authority is defined as "having a legal right or official permission to do the transaction" and the duty is defined as "the work done by someone, or the action expected from them". Responsibility is that a member of any profession has an obligation to fulfill certain duties and roles, and is held accountable for the decisions he/she takes (Daft, 2014). The foundations of every profession are built on the balance between authority and responsibility (Kerzman, 2015).

The first law defining the roles and responsibilities of nurses in Turkey was released in 1954. Later, with Law No. 5634 dated 25/4/2007, thirty-two different working areas were specified for nurses, including emergency department (ED) nursing as a separate area, and their roles and responsibilities were explained according to these working areas. With the latest Nursing Law published in the official newspaper on March 8, 2010, job descriptions of nurses were made according to the working areas (Orkun, 2017). This law was regulated by a regulation issued in 2011. In the regulation, the duties, authorities and responsibilities of nurses are specified separately according to the unit/service/area they work. In addition, in this regulation, nursing interventions are divided into three groups as those applied by the

decision of nursing, those applied by the physician's decision, and the practices that nurses can only do together with a physician. According to the regulation, some provisions regarding the most frequently applied medical procedures in EDs are as follows (Regulation Amending the Regulation of Nursing, 2011):

- Nurses participate in invasive procedures performed by a physician and perform nursing functions.
- Cardioversion and defibrillation can be applied by nurses who have an advanced life support certificate (not expired), if there is no physician in the unit at that time.
- Suturing is among the procedures that nurses can only do together with physicians.

Attendances to the EDs have been on the rise for more than 50 years (Jarvis, 2016). When this process is analyzed, it can be seen that the increase in the number of emergency healthcare workers does not reach the level to meet the need (Zurn, 2004). This situation led to the emergence of various problems related to healthcare provision. Especially the shortage of physicians, crowding in the EDs, long waiting times, and increasing workload of the healthcare workers have caused disruption of ED functions (Berg, 2020). In the process of resolving these problems, some of the duties performed by the physicians were covered by the nurses' responsibility, and the authority of the ED nurses was expanded. Since the 1960s, nurse practitioners whose authorities were expanded, have started to work in the EDs (Tye, 1997). This practice, which started in the United States, has become widespread in different countries of the world such as Israel, Australia and England (Neades, 1997; Brook, 2004; McCoy, 2008). There is no such practice in Turkey.

Similar to other countries in the world, there is an increase in ED visits in Turkey. This increase has reached the figures that exceed the population of the country, in Turkey (Who applies for emergency department in Turkey, 2015). In addition, statistics showed that the number of physicians working in the EDs was insufficient compared to the ED attendances (Overview of the

healthcare industry in Turkey, 2017). In Turkey, given this excess healthcare service demand for EDs and the shortage of physicians, the importance of searching whether nurses perform some medical practices outside of their job description is striking.

The aim of this study was to investigate the status of nurses to apply medical procedures that fall beyond their jurisdiction and job description.

## Methods

### Design

This research was conducted according to descriptive study design.

### Sample/Participants

Three hundred and four emergency healthcare professionals participated in the study. However, 44 of the participants were excluded from the study because they were not members of the nursing profession (32 Emergency Medical Technician, 12 midwives) and six were working in the ED for less than four months. Four participants' forms were not evaluated due to missing data.

The inclusion criteria were determined as being a member of the nursing profession, working in an ED, and having at least four months of experience in the ED where they are working. Emergency department nurses usually learn about medical procedures outside their job descriptions from other healthcare professionals working with. Scientific research on this subject has been reached, but according to the experience and observations of the researchers, this learning process can take about four months, and after the first four months, ED nurses start to apply practices that are outside of their job descriptions. Therefore, nurses who did not have four months of working experience in EDs were not included in the study. Being employed in a position other than nursing (secretariat, laboratory duties, etc.) in the ED was exclusion criterion. The study was completed with 250 ED nurses meeting the inclusion criteria.

### Data Collection

The research was conducted online using the Google Drive Program in Turkey. The access link of the data gathering form was shared on the social networking sites of the Turkish Nurses Association and Turkish Surgical Nurses Association. The data collection form was kept open for sharing between 12/02/2016 and 30/09/2018. Data collection was terminated after a month of no participation since the last participation.

The data collection form was developed by the researchers based on experience, observation and resources (Neades, 1997; Dale, 1998). In the first part of the form, there were seven questions regarding the socio-demographic characteristics of the participants (age, gender, profession, working year in the ED, working year in the profession, education level, owing ED nursing certificate) and three questions about the characteristics of the EDs in which they employed.

The second part consisted of seven closed-ended and one open-ended questions. The open-ended questions was asked to determine whether the nurses practiced medical procedures that fall beyond the jurisdiction and job description of ED nurses according to the Nursing Regulation No. 27910 dated 19/04/2011 (splint application, suturing, etc.). The open-ended question was about the solution suggestions of nurses for the problem of performing medical procedures that are not included in their job descriptions.

The suitability of the data collection form in terms of content was examined by six Surgical Diseases Nursing Instructors. After the review, necessary corrections were made on the form. Before the study, preliminary application was carried out with 10 ED nurses. After the pre-application, a question was changed and the results of the pre-application were not included in the study.

**Ethical Approval:** Ethics committee approval (24237859-561) was received from the Regional Clinical Research Ethics Committee for the research.

### Data Analysis

The data obtained from the study were analyzed by number, percentage and chi-square test using IBM SPSS 22 program. Statistical significance level was accepted as  $p < 0.05$ .

### Results

The mean age of the nurses participating in the study was  $28.1 \pm 6.4$  (min: 19, max: 54). Of the participants, 63.6% were female, 52.4% had an undergraduate degree, and 83.6% worked in the public hospital. It was determined that 63.2% of the nurses had five years or less nursing experience, 77.6% of them worked in the ED for five years or less (Table 1).

In the study, 99.2% of the nurses stated that they were performing some medical procedures outside of their job description and 98.0% of them indicated that this situation was an important problem. The question about the reasons for performing medical procedures outside of the nursing job description was not answered by 37.6% of the nurses. However, 31.6% of them stated that the lack of physicians was the main reason. The nurses reported that they received backlash from physicians (78.0%), hospital management (67.6%) and patients (34.0%) if they refused to practise medical procedures outside of their job description. Nurses stated that they mostly learned about practicing medical procedures outside of their job description from ED nurses (69.2%), and undergraduate courses (10.0%). It was determined that 60.8% of the nurses perceived themselves partially confidence to perform these medical procedures (Table 2).

Perceived competence level regarding medical procedures outside of nursing job description according to socio-demographic characteristics was presented in Table 3. There was a statistical difference in the perceived competency level in terms of gender ( $p = 0.001$ ), hospital location ( $p = 0.004$ ), duration of working in the EDs ( $p = 0.007$ ), professional experience ( $p = 0.010$ ), and education level ( $p = 0.017$ ), while no significant difference was found between ED levels ( $p = 0.324$ ) (Table 3).

In the study, 128 of the participants stated their solution suggestions for the problem of nurses performing the medical procedures outside of nursing job description. Of these nurses, 30.5% suggested nurses being trained on their duties and authorities, 33.6% suggested the number of healthcare workers being increased, and 52.3% suggested job descriptions being made clear.

The results showed that suturing (90.4%), plaster-splint application (84.4%) and abscess drainage (79.6%) were the medical interventions, which fell beyond the nursing job description, that was practiced by most of the participants (Table 4). The frequency of performing medical procedures outside of the nursing job descriptions according to the ED levels was presented in Table 5. There was no difference between the level-I and level-II EDs in terms of the frequency of performing medical procedures outside of the nursing job description ( $p > 0.05$ ). In the level-III EDs, the frequency of cardioversion and defibrillation applications was lower than the level-I (respectively,  $p = 0.012$ ,  $p = 0.001$ ) and level-II EDs (respectively,  $p = 0.024$ ,  $p = 0.002$ ). In the study, it was also determined that the frequency of endotracheal intubation application was significantly lower in the level-III EDs compared to the level-I EDs ( $p < 0.001$ ) (Table-5).

### Discussion

Emergency departments are complex work environments where life-saving healthcare is provided. There are different care areas designed according to the care needs of patients such as trauma, resuscitation, and ambulatory care area in the EDs. Different healthcare professionals, for example, physicians, nurses, paramedics, emergency medical technicians work together in these care areas. In addition to these characteristics of EDs, increasing service demand, and lack of healthcare workers can lead to confusion of duties and authority of healthcare workers in the EDs (Kızıl, 2015). In this study, it was determined that almost all of the nurses performed medical procedures outside of their

job description and considered this as an important problem. In order to maintain patient safety in the EDs, it is very important for nurses to work within the framework of the education they receive, the

knowledge they acquire, their duties, and authority (Ballard, 2003). Canatan et al. reported that the uncertainty in authority and responsibilities were among the causes of medical errors (Canatan, 2015).

**Table 1.** Sociodemographic and Professional Characteristics of Emergency Nurses (n:250)

<b>Sociodemographic and Professional Characteristics</b>	<b>n</b>	<b>%</b>
<b>Age</b> Mean±SD (min-max)	28.1± 6.4	(min:19, max:54)
<b>Gender</b>		
Female	159	63.6
Male	91	36.4
<b>Education Status</b>		
High school	99	39.6
Undergraduate	131	52.4
Postgraduate	20	8.0
<b>The location of the hospital where the nurses works</b>		
County	160	64.0
City	90	36.0
<b>Type of hospital</b>		
Public	209	83.6
Private	30	12.0
University	11	4.4
<b>Total working years as a nurse (years)</b>		
≤5	158	63.2
6-10	44	17.6
≥11	48	19.2
<b>Working year in the ED** (years)</b>		
≤5	194	77.6
6-10	35	14.0
≥11	21	8.4
<b>ED level</b>		
First level	92	36.8
Second level	74	29.6
Third level	84	33.6
<b>Having a special certificate to work in the ED</b>		
Yes	40	16.0
No	210	84.0

\*Percentages were calculated based on the number of people who answered the questions. \*\*Emergency Department

Bari et al. found that inadequate knowledge and experience plays a considerable role in the emergence of medical errors (Bari, 2016). Pittet et al. (2006) reported that the lack of knowledge of the practitioner increased the risk of procedure-related complications in invasive procedures (Pitet, 2006).

In this study, the lack of physicians was the most frequently indicated reason by nurses for performing medical procedures outside of their job description. Given the historical process of the development and implementation of the nurse practitioner, it can be seen that the lack of physicians was the main predisposing factor

for this process (Neades, 1997; Tye, 1997; McCoy, 2008). This factor continues to be effective nowadays. In rural Australia, nurse practitioners work in EDs due to the shortage of physician (Roche, 2017).

Due to the economic constraints in Israel, there is a considerable shortage of physicians in the EDs, for this reason, some interventions made by physicians have been included in the nurses' authority (Azuri, 2014).

**Table 2.** Situations of Emergency Nurses Related to Performing Medical Procedures Outside of Nursing Job Description (n:250)

<b>Situations</b>	<b>n</b>	<b>%</b>
<b>Performing medical procedures outside of their duties</b>		
I do	248	99.2
I don't	2	0.8
<b>Thoughts about performing medical procedures outside of their duties</b>		
I think this is a problem	245	98.0
I don't think this is a problem	5	2.0
<b>Reasons for performing medical procedures outside of their duties</b>		
Insufficient number of physicians	79	31.6
Hospital management pressure	26	10.4
Corporate culture	20	8.0
Physicians' request	17	6.8
Not being aware of the duties, authority, and responsibilities	9	3.6
Physicians are not qualified in some interventions	4	1.6
Unanswered	94	37.6
<b>Situations faced by nurses in case of refusing to do procedures which are not included their job description</b>		
Getting backlash from physicians	195	78.0
Getting backlash from hospital management	169	67.6
Getting backlash from patients	85	34.0
Getting backlash from colleagues	32	12.8
Getting backlash from patient relatives	25	10.0
Unanswered	12	4.8
<b>Source of information on performing medical procedures outside of nursing job description</b>		
Emergency nurses	173	69.2
Undergraduate courses	25	10.0
In-service training programs	20	8.0
Emergency physicians	19	7.6
Certificate training	13	5.2
<b>Considering themselves competent while performing medical procedure outside of their duties</b>		
I consider myself completely competent	48	19.2
I consider myself partially competent	152	60.8
I don't consider myself competent	50	20.0

\*Numbers doubled because more than one answer was given

**Table 3.** Perceived Competence Level Regarding Medical Procedures Outside of Nursing Job Description According to Socio-Demographic Characteristics (n=247)\*

Sociodemographic characteristics		Perceived competence level n (%)			$\chi^2$	p
		Completely	Partially	Incompetent		
Gender	Female	19 (12.2)	105 (67.3)	32 (20.5)	14.245	0.001
	Male	29 (31.9)	47 (51.6)	15 (16.5)		
Hospital location	Center	25 (28.1)	55 (61.8)	9 (10.1)	11.179	0.004
	District	23 (14.6)	97 (61.4)	38 (24.1)		
ED level	Level-I	12 (13.2)	59 (64.8)	20 (22)	4.661	0.324
	Level-II	16 (21.6)	43 (58.1)	15 (20.3)		
	Level-III	20 (24.4)	50 (61)	12 (14.6)		
Working time in the nursing	≤5 years	21 (13.5)	102 (65.8)	32 (20.6)	9.219	0.010
	≥6 years	27 (29.3)	50 (54.3)	15 (16.3)		
Working time in the ED	≤5 years	31 (16.2)	117 (61.3)	43 (22.5)	9.834	0.007
	≥6 years	17 (30.4)	35 (62.5)	4 (7.1)		
Education	High school	26 (25.7)	63 (62.4)	12 (11.9)	8.107	0.017
	Bachelor/ postgraduate	22 (15.1)	89 (61.0)	35 (24.0)		

\* Three participants did not specify their perceived competence level.

Our study results show that the lack of physicians in our country affects the balance between duties and authority of emergency healthcare workers as in the rest of the world.

In the current study, it was found that the majority of nurses received a backlash from physicians in case they refused to perform medical procedures outside of their job description. In a study from Nigeria, Olajide and colleagues reported that physicians' desire to take the role of a manager in teamwork caused conflict with nurses (Olajide, 2015). In another study conducted in Nigeria, it was determined that the uncertainty of responsibilities and roles caused nurses to have conflicts with healthcare workers (Akpabio, 2015). In addition, a meta-analysis revealed that role uncertainty was among the causes of harassment in the workplace (Bowling, 2006). It was reported that conflict between workers (Ahwal, 2015) and the lack of education required by the working environment (Najimi, 2012) were a source of stress for nurses. All these results show that uncertainty in job descriptions can cause conflict among healthcare professionals. Most of the nurses included in the study stated that they learned

the necessary information from the emergency nurses to be able to apply the medical interventions which are outside of their job description. The historical development of the nursing profession started with the master-apprentice relationship (Theofanidis, 2015). Today, "mentoring" education, which is accepted as an effective method in improving the clinical skills of nurses, is based on the same basis (Ballard, 1995). However, one of the nursing theorists Patricia Benner noted that the nursing profession was a synthesis of theoretical knowledge and clinical skill (Benner, 1982). In this respect, it is of great importance to ensure the balance of duties, authorities, and responsibilities of ED nurses in order to maintain patient and employee safety. Few of the nurses answered yes to the question "Have you received a special certificate for working in the ED?".

In many studies, it has been found that nurses with a certificate can adopt their duties at a higher level, think more critically, have higher professional confidence, provide better quality patient care, and have a more effective role in the team (Wynd, 2003; Eşer, 2007; Kızıl, 2015).

**Table 4.** Medical Procedures and Frequency of Application (n:250)

	Never n (%)	Sometimes n (%)	Always n (%)
Suturing	24 (9.6)	82 (32.8)	144 (57.6)
Plaster-splint application	39 (15.6)	87 (34.8)	124 (49.6)
Abscess drainage	51 (20.4)	93 (37.2)	106 (42.4)
Performing defibrillation	59 (23.6)	116 (46.4)	75 (30.0)
Taking blood gas sampling	73 (29.2)	87 (34.8)	90 (36.0)
Cardioversion	78 (31.2)	86 (34.4)	86 (34.4)
Endotracheal intubation	100 (40.0)	112 (44.8)	38 (15.2)

**Table 5.** Medical Procedures and Frequency of Application According to the ED Levels (n: 250)

	Level-I	Level-II	Level-III	Total	$\chi^2$	p
Suturing	86 (93.5)	67 (90.5)	73 (86.9)	226 (90.4)	2.189	0.335
Plaster-splint application	81 (88)	63 (85.1)	67 (79.8)	211 (84.4)	2.330	0.312
Defibrillation	77 (83.7) <sup>c</sup>	62 (83.8) <sup>b,c</sup>	52 (61.9) <sup>a</sup>	191 (76.4)	14.742	0.001
Cardioversion	69 (75) <sup>c</sup>	55 (74.3) <sup>b,c</sup>	48 (57.1) <sup>a</sup>	172 (68.8)	8.017	0.018
Taking blood gas	71 (77.2)	54 (73)	52 (61.9)	177 (70.8)	5.192	0.075
Endotracheal intubation	67 (72.8) <sup>b</sup>	44 (59.5) <sup>b,a</sup>	39 (46.4) <sup>a</sup>	150 (60.0)	12.762	0.002
Abscess drainage	78 (84.8)	57 (77)	64 (76.2)	199 (79.6)	2.425	0.297

\* There is no statistically significant difference between the frequencies marked with the same letter on each line.

It can be thought that the certificate programs for nurses who are obliged to carry out medical practices outside of their job description, will contribute to increasing professionalism and autonomy.

The vast majority of nurses stated that they deemed themselves partially competent when performing medical interventions beyond their authority. It was found that working time in the EDs had a significant and positive effect on the nurses' perceived competence level while performing these procedures. Similar to results of the current study, some studies have shown that working experience has a significant effect on nurses' perceived competency level (Istomina, 2011; Soudagar, 2015).

In this study, it was found that plaster-splint and suturization were the most common medical procedures which are outside of the nursing job description performed by ED nurses. These procedures are time-consuming interventions due to some implementation rules such as using special materials and creating sterile areas. On the other hand, the lack of physicians and the increasing attendances to ED can make it difficult for physicians to practice some time-consuming procedures (Dall'Ora, 2017)

As a result of all these and because the number of nurses is more than physicians, in order to the patient flow make continue nurses can be most likely expected to perform some.



medical procedures outside of their job description in the EDs. As a matter of fact, in some countries, suturing and splinting have been included in the nurses' authority since the first years when the nurses started to work in the emergency departments (Neades, 1997; Dale, 1998). Today, although there are differences between the countries in order to provide services for the increasing attendances to EDs, nurses are also given authorization such as initial evaluation, phlebotomy, deciding on the necessity of diagnostic procedures, and prescribing (Azuri, 2014; Doetzel, 2016). Duties, authority, and responsibilities of ED nurses in Turkey are determined by the regulations. According to the last enacted (2011) nursing regulation, plaster-splint applications are outside from ED nurses' job description and nurses can take part in suturization in case they do it with the physicians (Regulation Amending the Regulation of Nursing, 2011). It is thought that it is important to be specified the job descriptions of nurses more clearly and to be included all the practices included in the nursing job description in the undergraduate education curriculum.

Although they were not included in nursing job description, some of the interventions performed by nurses were life-saving interventions such as defibrillation, cardioversion, and endotracheal intubation. It is thought that in the complex ED environments, in case the necessary personnel is not available, and the ethical dilemmas related to the vital risks that may arise from delaying care may have an effect on the nurses performing these procedures.

### Conclusion

In the study, it was determined that the nurses performed some medical procedures outside of their job description. The nurses participating in the study stated the lack of physicians was the main reason for this situation. In the study, it was found that nurses received a backlash from the hospital management and physicians if they did not

perform medical procedures outside of nursing job description.

There is an excessive demand for ED services in Turkey. To meet this demand, the roles, authority and educational status of nurses and other healthcare professionals should be reconsidered. In order to prevent malpractices in the EDs, to increase the quality of care, and to ensure patient and employee satisfaction, medical procedures should be performed by authorized healthcare workers in accordance with the evidence-based information. Therefore, it is thought that further research is needed on the subject.

### Limitations of the study

The study was carried out across the country. However, its completion with 250 participants is an important limitation for the research.

### Acknowledgements

We would like to thanks all participants nurses for their contribution.

---

**Ethics Committee Approval:** Ethics committee approval required for the study was obtained from the Regional Clinical Research Ethics Committee Presidency (Ethics Committee Permission No: 24237859-561). In addition, the questionnaire included the information that participation in the study was based on volunteering and it was stated that the participant could withdraw from the research at any time.

**Referee / Peer-review:** External referee evaluation.

**Yazar Katkısı/Author Contributions:** Concept: PŞ; Design: PŞ, GÇÖ, AG, AS; Data collection: PŞ, AG, MEY, AS, GÇÖ, EB; Data processing: EB, AS; Analysis and Interpretation: PŞ, AG; Literature review: PŞ, GÇÖ, AS EB, MEY; Preparation of the manuscript: PŞ, MEY; Critical review: AG.

**Conflict of interest:** There is no conflict of interest.

**Financial disclosure:** No financial support was received for the study.

---

### What did the study add to the literature?

- This study showed that ED nurses have practised some medical procedures outside of their job descriptions.
  - Scientific studies and legal arrangements immediately needed to provide a balance between ED nurses authorities and responsibilities.
-

## References

- Ahwal S, Arora S. (2015). Workplace stress for nurses in emergency department. *International Journal of Emergency & Trauma Nursing*, 1(2), 17-21.
- Akpabio II, John ME, Akpan MI, Akpabio F, Uyanah DA. (2015). Work-related conflict and nurses' role performance in a tertiary hospital in South-south Nigeria. *Journal of Nursing Education and Practice*, 6(2), 106.
- Azuri P, Haron Y, Riba S. (2014). Israeli emergency department nurses' attitudes to an extension of their role and powers. *Journal of Clinical Nursing*, 23(1-2), 261-267.
- Ballard E, Godfrey S, Stoker D. (1995). A Model for Mentorship in Nurse Teacher Preparation. *The Vocational Aspect of Education*, 47(4), 387-404.
- Ballard KA. (2003). Patient safety: A shared responsibility. *Online Journal of Issues in Nursing*, 8(3), 4.
- Bari A, Khan RA, Rathore AW. (2016). Medical errors; causes, consequences, emotional response and resulting behavioral change. *Pakistan Journal of Medical Sciences*, 32(3), 523-528.
- Benner P. (1982). From novice to expert. *The American Journal of Nursing*, 82(3), 402-407
- Berg E, Weightman AT, Druga DA. (2020). Emergency Department Operations II. *Emergency Medicine Clinics of North America*, 38(2), 323-337.
- Bowling NA, Beehr TA. (2006). Workplace harassment from the victim's perspective: A theoretical model and meta-analysis. *Journal of Applied Psychology*, 91(5), 998-1012.
- Brook S, Crouch R. (2004). Physicians and nurses in emergency care: where are the boundaries now? *Trauma*, 6(3), 211-216.
- Canatan HE, Yılmaz S. (2015). A research on sorts and reasons of medical errors made in hospitals: suggestions for solutions and a questionnaire study in a private hospital in Istanbul. *Journal of Health Academicians*, 2(2), 83.
- Daft RL, Samson D. (2014). *Fundamentals of Management: Asia Pacific Edition* PDF. Cengage Learning Australia, pp. 317.
- Dale J. (1998). Primary care in accident and emergency departments: the cost effectiveness and applicability of a new model of care [PhD thesis]. London: School of Hygiene & Tropical Medicine, DOI:<https://doi.org/10.17037/PUBS.00682264>. Retrieved from: <http://researchonline.lshtm.ac.uk/682264/>
- Dall'Ora C, Pope C, Crouch R, Sujan M, Griffiths P. (2017). Skill mix and new roles in emergency and urgent care: what is the evidence? *Health Work: Evidence Briefs*, 4, University of Southampton.
- Doetzel CM, Rankin JA, Then KL. (2016). Nurse Practitioners in the Emergency Department. *Advanced Emergency Nursing Journal*, 38(1), 43-55.
- Eşer İ, Khorshid L, Demir Y. (2007). A survey of the factors effecting the critical thinking dispositions of intensive care nurses. *CU Journal of Nursing High School*, 11(3), 13-22.
- Fukada M. (2018). Nursing competency: definition, structure and development. *Yonago Acta Medica*, 61, 001-007.
- Istomina N, Suominen T, Razbadauska A, Martinkėnas A, Meretoja R, Leino-Kilpi H. (2011). Competence of nurses and factors associated with it. *Medicina*, 47(4), 230-237.
- Jarvis PRE. (2016). Improving emergency department patient flow. *Clinical And Experimental Emergency Medicine*, 3(2), 63-68.
- Kerzman H, Van Dijk D, Eizenberg L, Khaikin R, Phridman S, Siman-Tov M, et al (2015). Attitudes toward expanding nurses' authority. *Israel Journal of Health Policy Research*, 4(1), 19:1-8.
- Kızıl EG, İncazlı SB, Erken S, Güntürkün F, Özkan B. (2015). The situation of the nurse's knowing, adopting and fulfilling their responsibilities: İzmir sample. *Journal of Education and Research in Nursing*, 12 (3), 215-223.
- Kleinpell R, Scanlon A, Hibbert D, Ganz F, East L, Fraser D, et al (2014). Addressing Issues Impacting Advanced Nursing Practice Worldwide. *The Online Journal of Issues in Nursing*, 19(2), 5.
- McCoy M, Johnstone J. (2008). Nurse practitioners in the emergency department: a critical review of the literature. *HNE Handover: For Nurses and Midwives*, 1(2).

- Najimi A, Goudarzi AM, Sharifirad G. (2012). Causes of job stress in nurses: A cross-sectional study. *Iranian Journal of Nursing and Midwifery Research*, 17(4), 301-305.
- Neades BL. (1997). Expanding the role of the nurse in the accident and emergency department. *Postgraduate Medical Journal*, 73(855), 17-22.
- Olajide TA, Asuzu CM, Obembe AT. (2015). Physician-Nurse Conflict in Nigeria Hospitals: Causes and Modes of Expression. *British Journal medicine and Medical Research*, 9(10), 1-12.
- Orkun N, Eşer İ, Çelik, GG. (2017). History of emergency nursing. *IU Journal of Health Services Vocational School*, 5(1), 16-25.
- Overview of the healthcare industry in Turkey. [Turkish Union of Chambers and Exchange Commodities](https://www.tobb.org.tr/saglik/20171229-tss-genel-bakis-tr.pdf) (TOBB). Retrieved from: <https://www.tobb.org.tr/saglik/20171229-tss-genel-bakis-tr.pdf>
- Parker JM, Hill MN. (2017). A review of advanced practice nursing in the United States, Canada, Australia and Hong Kong special administrative region (SAR), China. *International Journal of Nursing Sciences*, 4(2), 196-204.
- Pittet D, Allegranzi B, Storr J, Donaldson L. (2006). Clean care is safer care': The global patient safety challenge 2005-2006. *Int J Infect Dis*, 10(6), 419-424.
- Regulation Amending the Regulation of Nursing. Turkish Nurses Association. Retrieved from: <http://www.turkhemsirelerdernegi.org.tr/tr/yasa-ve-yonetmelikler/yonetmelikler/19-nisan-2011-hemsirelik-yonetmeliğinde-değişiklik-yapilmasina-dair-yonetmelik.aspx>
- Roche TE, Gardner G, Jack L. (2017). The effectiveness of emergency nurse practitioner service in the management of patients presenting to rural hospitals with chest pain: a multisite prospective longitudinal nested cohort study. *BMC Health Services Research*, 17(1), 445.
- Sheer B Wong FKY. (2008). The development of advanced nursing practice globally. *Journal of Nursing Scholarship*, 40(3), 204-211.
- Soudagar S, Rambod M, Beheshtipour N. (2015). Factors associated with nurses' self-efficacy in clinical setting in Iran, 2013. *Iranian journal of nursing and midwifery research*, 20(2), 226-231.
- Theofanidis D, Sapountzi-Krepia D. (2015). Nursing and caring: an historical overview from ancient Greek tradition to modern times. *International Journal of Caring Sciences*, 8(3), 791-800.
- Tye CC. (1997). The emergency nurse practitioner role in major accident and emergency departments: professional issues and the research agenda. *Journal of Advanced Nursing*, 26(2), 364-370.
- Ulrich CM, Taylor C, Soeken K, O'Donnell P, Farrar A, Danis M, et al. (2010). Everyday ethics: ethical issues and stress in nursing practice. *Journal of Advanced Nursing*, 66(11), 2510-2519.
- Who applies for emergency department in Turkey? Bianet Independent Communication Network. Retrieved from: <https://m.bianet.org/bianet/siyaset/198673-turkiye-de-acile-kim-basvuruyor>.
- Wynd CA. (2003). Current factors contributing to professionalism in nursing. *Journal of Professional Nursing*, 19(5), 251-261.
- Zurn P, Dal Poz MR, Stilwell B, Adams O. (2004). Imbalance in the health workforce. *Human Resources for Health*, 2(1), 13.