

Problems of Nurses Working in Emergency Services: A Qualitative Study*

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Abstract

Aim: The research was planned and conducted as a qualitative (phenomenological) type to examine the problems experienced by nurses working in emergency services.

Method: The Demographic Data Form and Semi-Structured Interview Form, which include the characteristics of emergency room nurses, were used as data collection tools in the study. Data were collected using a voice recorder and transcribed into a Microsoft Word file. The data obtained in the study were evaluated using the content analysis method.

Results: It was determined that the problems experienced in the emergency department such as violence, excessive patient density, inadequate security measures, inability to perform nursing practices and care, work accidents, overtime, ineffective triage, excessive staff turnover, inability to ensure patient privacy, lack of/disruption in communication between managers-employees-patient relatives are mainly caused by insufficient staff, inappropriate physical environment conditions, inadequate security measures, inadequate number of outpatient clinics and communication-related problems.

Conclusion: The factors preventing emergency room nurses from providing effective care were identified as excessive workload, redundant procedures and systemic inefficiencies, insufficient staffing, prolonged patient observation times, inadequate physical space, delayed examination results, and systemic issues.

Keywords: Emergency service nursing, professional challenges, nurse experiences.

Acil Servislerde Çalışan Hemşirelerin Sorunları: Nitel Bir Çalışma

Öz

Amaç: Araştırma acil servislerde çalışan hemşirelerinin yaşadıkları sorunları incelemek amacıyla niteliksel (olgu bilim) tipte planlandı ve gerçekleştirildi.

Yöntem: Araştırmada veri toplama aracı olarak acil servis hemşirelerinin özelliklerini içeren Demografik Veri Formu ve Yarı Yapılandırılmış Görüşme Formu kullanıldı. Araştırma verileri, ses kayıt cihazı kullanılarak toplandı ve Microsoft Word dosyasına transkript yöntemiyle aktarıldı. Araştırmada elde edilen veriler içerik analizi yöntemi kullanılarak değerlendirildi.

Bulgular: Acil serviste yaşanan; şiddet olayları, aşırı hasta yoğunluğu, yetersiz güvenlik önlemleri, hemşirelik uygulamalarını ve bakımını gerçekleştirilememesi, iş kazaları, fazla mesai, triyajın etkin

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yapılamaması, aşırı personel sirkülasyonu, hasta mahremiyetini sağlayamama, yönetici-çalışan-hasta yakını arasında iletişim eksikliği/bozukluğu gibi sorunların temelinde personel yetersizliği, fiziki ortam koşullarının uygun olmaması, güvenlik önlemlerinin yetersizliği, poliklinik sayısının yetersizliği ve iletişime bağlı sorunlardan kaynaklandığı belirlendi.

Sonuç: Personel yetersizliği, hastaların müşahede altında uzun süre beklemesi, fiziki alanın yetersiz olması, tetkik sonuçlarının çok geç çıkması ve sistemsel sorunların olduğu, acil servis hemşirelerin bakım vermesini engelleyen faktörlerin; aşırı yoğunluk, prosedürler ve sistemsel işlerin çok olması, personel sayısının yetersizliği, hastaların müşahede uzun süre beklemesi ve hasta yakınlarına bağlı sorunların olduğu saptandı.

Anahtar Sözcükler: Acil servis hemşireliği, mesleki zorluklar, hemşire deneyimleri.

Introduction

Nurses, who work in healthcare institutions and constitute the majority of healthcare workers, face many problems in our country and the world. These problems include low number of employees and high staff circulation, verbal and physical attacks against employees, heavy patient traffic and heavy workload, inadequate training and professional development, and poor inter-team communication¹. In a study evaluating the problems experienced in emergency services, it was determined that there were insufficient staff numbers and frequent changes, verbal and physical violence against staff, excessive patient density and workload, lack of staff training and poor communication between staff². However, these problems lead to several negative outcomes such as decreased job satisfaction, burnout, and increased nurse resignations¹⁻³. Research by Korkmaz and Görgülü showed that more than half of nurses consider leaving the profession in the first five years or less of their careers⁴.

Emergency services are crucial for delivering fast and accurate health care⁵. Overcrowding and the need for quick decision-making complicate management. Additionally, 24-hour accessibility of emergency services and the absence of managers outside working hours can place healthcare professionals in challenging decision-making situations⁶.

Emergency rooms are among the most active, crowded, stressful and chaotic units of the hospital⁷. Unnecessary use of vital units, especially emergency services, increases patient density and makes working conditions in emergency services even more difficult. In this context, patient waiting times are extended, treatment of seriously ill patients is delayed, patient dissatisfaction increases, and emergency services are inadequate⁸.

Job satisfaction is shaped by an individual's perceptions and feelings about their work. Increased workload, absenteeism, complaints, and low morale can hinder quality improvement and decision-making, leading to job dissatisfaction and reduced motivation among healthcare professionals⁹. Physical inadequacy in the emergency department, inadequate secretarial services, language and cultural barriers, and increasing medical records also prolong the patient's stay in the emergency department and cause an increase in the workload of the emergency department staff, thus negatively affecting treatment and care services¹⁰. The relatives of a person/applicant brought to the emergency room in a life-threatening situation may experience uncertainty, anxiety, and fear and may have high expectations of being treated. In addition to the many problems they experience, the relatives of the patient may often blame the emergency

room staff for reasons such as their sick relative not being able to be saved despite the treatment given¹¹.

Unfavorable working conditions, such as excessive workload and insufficient staff, are common stress factors and significant threats to patient safety, as reported in surveys and interviews with emergency service teams. This study was planned and carried out in qualitative type in order to examine the problems experienced by nurses working in emergency services.

Material and Methods

The study data were collected from the emergency department of a public hospital affiliated with the Ministry of Health between November 16, 2021, and February 28, 2022. The sample of the study consisted of 20 nurses who agreed to participate in the study based on literature information¹²⁻¹⁶ and volunteering (two nurses were excluded because they did not want to talk). Each nurse interviewed was given a code name, and these code names were used instead of the names of the nurses in the analysis process.

Data Collection Tools

The data of this qualitative research, which aims to examine the problems experienced by emergency room nurses, were collected using the "Demographic Data Form" and the "Semi-Structured Interview Form".

Evaluation of Data

"Interviews with the participants were recorded using a voice recorder after obtaining their written and verbal consent and were transcribed into a Microsoft Word file. The content analysis method was used in the research by taking three expert opinions. The Nvivo programme was used for content analysis. The main purpose of content analysis is to reach interrelated concepts that can explain the collected data. The basic process of content analysis is to collect similar data within the framework of certain concepts and themes and to interpret them in a way that the reader can understand.

Ethical Aspects of the Research

Ethics committee permission was obtained from Haliç University Non-Interventional Clinical Research Ethics Committee (Decision No: 150) on September 30, 2021, and institutional permission was obtained from Izmir Provincial Health Directorate. "Informed Consent Form" was presented to all participants, and their written and verbal consents were obtained.

Results

Section 1: Individual and professional characteristics of the nurses participating in the study

When the individual and professional characteristics of the 20 nurses participating in the study were analysed, it was found that 95% (n=19) were female, their ages ranged between 23 and 51 years and the mean age was 35.55, 55% (n=11) were married, 10% (n=2) were high school graduates, 30% (n=6) were associate degree graduates and 60% (n=12) were undergraduate graduates. It was determined that the total working time of the nurses participating in the study was between 1 year and 33 years (mean=14.775 years) and the total working time in the emergency department was between 1 year and

21 years (mean=8.41 years). It was found that 10% (n=2) of the participants worked continuous day shifts, 10% (n=2) worked 8-hour and 16-hour shifts, and 80% (n=16) worked 24-hour shifts.

Section 2: Qualitative findings obtained from content analysis

The qualitative findings obtained as a result of the content analysis were presented by identifying four main themes.

Theme 1: Emergency department operational problems

In this study, it was determined that nurses stated the following factors as general problems related to the operation of the emergency department: insufficient staff, patients waiting for long periods of observation, inadequate physical space, examination results coming out too late, physicians' attitudes, systemic and communication problems occurring at equal rates, and long referral times. The opinions of some participants are given below:

“So, the results coming out late or being looked at late in the emergency department. Insufficient space, the patient staying for a long time in observation, the patient in resuscitation not being admitted to intensive care due to lack of space, and the referral taking a long time. In my opinion, the biggest problem here is referral. I mean, sometimes we can keep the patient waiting for four or five hours in resuscitation” (N., 1, 30 years old).

“Our main operational issue is the inadequacy of the space. Working in a small area, we face significant problems with patient crowding, which extends communication with patients and increases waiting times, leading to communication difficulties” (N., 4, 32 years old).

“Nurses and other support personnel accompany the patient during X-rays and transfer to the ward or another unit. Other samples, such as urine and other samples, blood gas are provided by other support personnel. In the meantime, the team in the emergency department decreases. Also, waste collection and changing of stretcher covers should be done more frequently” (N., 17, 45 years old).

Theme 2: Problems related to nursing practices in the emergency department

Nurses reported that they were unable to provide care due to excessive workload, excessive procedural and systematic work, insufficient staff, patients waiting for long periods in the observation area, and problems related to patients' relatives. When the nurses participating in the study were asked, "Do you think that triage in emergency services is done effectively? Please explain?", The majority of the participants stated that triage was not performed effectively. There are also those who stated that triage is performed partially effectively but in smaller numbers. The number of participants who stated that triage is performed effectively is the lowest. The reasons for ineffective triage include inadequate physical space conditions, excessive workload, attitudes of patients and their relatives, lack of doctors in triage, insufficient personnel and lack of experienced health workers in triage. Some nurses who participated in the study expressed their thoughts as follows:

"I believe the focus is more on treatment than care, with nurses playing a more active role in completing tasks. The goal is to follow orders and perform emergency interventions rather than being patient-focused. Therefore, I don't think nursing care is provided effectively in the emergency room" (N., 5, 35 years old).

"We have problems with procedures. We have very long systematic works related to patient care. Due to the patient crowd, we cannot see every patient in the same way... Some patients do not have relatives and there are relatives who never come. We have difficulty in providing care. We cannot decide freely about patient care because there is insufficient staff and we do not have enough support" (N., 7, 38 years old).

"Partially, yes. Even with effective triage, if there isn't enough space to separately treat green, yellow, and red zone patients, the triage won't be effective. Green zone patients still mingle, get examined in the same units, and wait in the same areas. Frankly, I don't think it's very effective." (N., 4, 32 years old).

Theme 3: Issues related to safe environment in the emergency department

The nurses reported problems they experienced regarding privacy, such as insufficient physical space, watching the patient connected to the monitor with the curtain open, another patient entering the examination room by opening the curtain before the patient leaves, the doctor listening to the patient's complaints in front of everyone, and the patient being examined or treated while the curtain of the examination room is open. Almost all of the nurses who participated in the study determined that sufficient and appropriate physical space was not provided in the emergency department. Most of the participants stated that the area was too small. Some of them stated that the rest rooms were inadequate, while others stated that the seating area was not sufficient. There were also participants who reported that separate ventilation was inadequate, that they had to work closely with patients and their relatives, and that the examination rooms were inadequate. Some nurses who participated in the study expressed their thoughts as follows:

"So when it is very crowded, patients can get very impatient. Like, let the patient leave as soon as possible so we can go in. Or, because the area is small, the patient needs to be monitored with the curtain open. These kinds of things often happen, but of course, we value privacy" (N., 1, 30 years old).

"Sometimes we have had a shortage of protective equipment, and quality materials are not available. For example, instead of a mask with elastics for our ears, it comes with ties, and we have a harder time working with it. We think it does not protect us fully. Sometimes we also have a shortage of materials. The vital meters we use on patients are sometimes missing and not sufficient. The number of monitors can be increased even more" (N., 3, 38 years old).

"I think that no part of our emergency department is adequate. The physical area is very poor; in other words, there are no windows for ventilation. The treatment area is very small, and our restrooms are inadequate and stuffy. For example, the pediatric observation room is very stuffy. There is no ventilation anyway. We work in a very hot environment in the winter and very cold in the summer because of the ventilation. There are such problems" (N., 1, 30 years old).

Theme 4: Problems arising from the working conditions and personal rights of emergency room nurses

It was found that a majority of the nurses participating in the study worked in accordance with their job descriptions. However, some nurses reported working outside of their job descriptions; a portion took arterial blood gases, while others had to call the doctor during consultations, follow up on patient results, and inform the doctor, and one nurse each inserted a nasogastric tube and informed the patient.

When the nurses were asked, "Do you have problems with overtime? Please explain." A significant number expressed that they felt unheard, frequently had to come to the hospital, were overtired, and considered their overtime pay inadequate. Additionally, one nurse reported an increased risk of getting sick, while another mentioned being unable to take leave when desired.

Among the nurses who participated in the study, many reported that their ideas and opinions were not valued. They highlighted an insufficient number of personnel assigned to the emergency department, experiences of mobbing, and issues with hospital management, such as unresolved individual problems and the procurement of low-quality and insufficient materials.

Furthermore, the nurses reported encountering issues with physicians; many indicated problems with communication, medication procedures, consultations, and noted that some physicians were inexperienced. Additionally, several nurses expressed concerns about the lack of individual follow-up on patients and delays in patient examinations.

"We do not work according to our job description here. We try to do everyone's job here. Sometimes the secretary's job comes, sometimes the staff's job comes, sometimes the doctor's job. We try to keep up with everything. Because we establish order here, so we try to keep up with everything" (N., 15, 39 years old).

"Unfortunately, we also have a lot of overtime. We either get extremely exhausted at work due to overtime, we get psychologically tired, or we get physically tired, and we experience many problems such as not being able to rest. In addition, when we take leave, the rest of the staff is left to work overtime, so we cannot rest properly" (N., 4, 32 years old).

"We are facing issues with not receiving revolving funds for a long time. While our fixed salaries are paid regularly and improved slightly after the last increase, the economic crisis makes it difficult to keep up. Our salaries are not enough, especially since we also support our families." (N., 7, 38 years old).

Discussion

Overcrowding in emergency services, violent incidents, undesirable behavior by patients and their relatives, insufficient staff, inadequate security measures, lack of communication, low salaries, and problems with hospital management affects the quality of life of nurses and cause them to have negative experiences in physical and psychosocial aspects.

Emergency Service Operational Problems (Theme)

In the study conducted by Özbek Yazıcı and Kalaycı (2015), 67.7% of the nurses found the number of nurses in the work environment to be insufficient¹⁷. In the study conducted by Söyük and Arslan Kurtuluş (2017), it was reported that the number of patients and workload were high, circulation in emergency observation was slow, examinations were completed late, physical infrastructure was lacking, triage application was not effective, referral chain was not working, and security was inadequate. In this study, it was determined that nurses stated the following factors as general problems related to emergency service operations: insufficient staff, patients waiting for long periods in observation, insufficient physical space, examination results coming out too late, attitudes of physicians, systemic and communication problems at equal rates, and long referrals. The results support the previous study and literature information^{2,17}.

In the study conducted by Sert et al. (2021); when triage categories were examined, it was determined that 79.7% of the cases coming to the emergency room were determined as green zone (not urgent), 20% as yellow zone (urgent), and 0.3% as red zone patients (very urgent). In the same study; when triage categories were examined by years, it was determined that while green zone (not urgent) applications increased in 2019, red zone (very urgent) applications decreased compared to other years; It was determined that 96.99% of the cases were discharged from the emergency room, 2.24% were admitted to the relevant departments, and 0.77% were admitted to the intensive care unit in the 5-year period¹⁸. When the nurses in the study were asked, "Do you have problems due to emergency department congestion?", it was stated that all participants had problems and that patients without an emergency situation applied too much. In this study, it was determined that unnecessary applications to emergency services were very high. This is similar to the results of other studies in the literature¹⁸⁻²².

In a study, it was determined that one-fourth of the patients in the "intra-city referral" and "out-of-city referral" groups were discharged from the emergency department²³. In a study examining the consent of referred patients, it was determined that only 21.3% of patients were brought in with consent. In the same study examining the patient results after referrals to emergency services, it was found that 78% were discharged, 21% were hospitalized (60.1% to the ward, 39.9% to the intensive care unit), and 1% died²⁴. In their study, Yüksel et al. (2013) found that 59% of the cases were discharged, 27.1% were hospitalized (64.2% to intensive care, 35.8% to the ward), 5.4% were referred, 5.4% refused treatment, and 3.1% were discharged²⁵. The nurses who participated in the study reported that inappropriate referrals were made to the emergency department; inappropriate referrals were made from neighboring district hospitals and polyclinics within the hospital, and outpatient treatment patients were inappropriately referred to the emergency department. When the literature was examined; the limited number of studies, but the result obtained in previous studies indicating that the majority of referrals were discharged, also suggests that they were made inappropriately and therefore partially parallels the findings of this study^{24,25}.

Another issue nurses face is related to laws and regulations. Contract nurses experience a loss of authority and problems due to inadequate job descriptions specific to each institution and unit. While the responsibilities of nurses were outlined in regulations

published in 2010 and 2011, the definitions of duties and responsibilities for various nursing practices may still be insufficient across different institutions and units¹. In a study, nurses doing things outside their duties were stated as reasons such as not knowing the limits of the task (56%), the task becoming routine over time (81%), and not being able to eliminate service disruptions (95%)²⁶. In this study, nurses reported problems caused by legal regulations, including excessive procedures, computer system issues, excessive systematic work, and lack of planning and supervision. These problems prevented them from spending enough time on patient care, treatment, and applications. The findings from this study partially support those of previous research in the literature^{1,2,26}.

Issues Related to Nursing Practice in the Emergency Department (Theme)

Ince and Bingöl reported in their study that nurses understand the care needs of patients who apply to the emergency department, but due to density, workload, and high circulation, they primarily focus on treatment and acute patient issues. For these reasons, it was emphasized that the care provided in emergency departments is inadequate²⁷. Bucco pointed out in her study that the density and overcrowding of emergency departments, inadequate staff and insufficient supplies constitute obstacles to the care provided by emergency room nurses²⁸. In a study investigating the care perceptions of patients and nurses, nurses emphasized many factors that negatively affect the quality of care, such as insufficient nursing staff, excessive workload, and a high number of patients. Other studies on this topic, consistent with the current findings, have shown that a low number of nurses, excessive patient load, workload, and job satisfaction negatively impact nursing care²⁹⁻³¹.

When the literature is reviewed, it is seen that triage is mostly performed by nurses in emergency services around the world³². In the Nursing Regulation published in 2010, one of the duties of the emergency room nurse was stated as ensuring the admission of patients to the emergency room³³. In Turkey, "Emergency Service Triage" research has generally focused on nurses. When international literature is reviewed, it shows parallels to this situation. Therefore, important responsibilities are assigned to triage nurses^{34,35}. In the study by Söyük ann Aslan Kurtuluş, the reasons for the ineffectiveness of triage were reported as inadequate classification, lack of expert triage personnel in the field, insufficient staff, excessive workload, long working hours, and security concerns². In the study, nurses reported that triage was not done effectively, and the reasons for this were; inadequate physical space conditions, excessive workload, attitudes of patients/patient relatives, the absence of a doctor in triage, an insufficient number of personnel, and the absence of an experienced healthcare professional in triage. It can be said that the qualitative and quantitative problems in the structural and functional characteristics of emergency units were effective in the result, which is partially similar to the result of the study by Söyük and Aslan Kurtuluş².

Issues Related to Safe Environment in Emergency Department (Theme)

There are many studies in the literature to determine patient privacy practices in emergency services. In the study conducted by Oruç and Üzel on 180 patients who applied to the emergency services of Afyon Kocatepe University Faculty of Medicine, respect for patient privacy was determined as 91.7%³⁶. In another study conducted by

Mersinlioğlu and Öztürk (2015) on 302 patients who applied to the emergency department in four different state hospitals in Trabzon, patients stated that they were most satisfied with the nurses' respect for their private lives³⁷. Bilir et al. found in their study that 85.1% of emergency service workers believe that it is important to respect patient privacy³⁸. These studies show that nurses and other healthcare professionals in emergency departments generally pay attention to the privacy of patients. In the study, the majority of nurses stated that they had problems in ensuring patient privacy in the emergency department. The reasons for this were determined as insufficient physical space, watching the patient connected to the monitor with the curtain open, another patient opening the curtain before the patient leaves the examination room, the doctor listening to the patient's complaints in public, and the patient being examined or treated by leaving the curtain open in the examination room. This study, which is different from previous studies³⁶⁻³⁹ finds that one of the basic functions of nurses is to ensure patient privacy, and this should be evaluated as a thought-provoking situation that needs to be resolved urgently out of respect for the individual.

In healthcare institutions, inadequate or very strong lighting, noise above 35 decibels, humidity below 30% or above 60%, ambient temperature above 25°C, inadequate ventilation, etc. negatively affect the physical and mental health of employees⁴⁰. The ergonomics of the tools and equipment used in the work environment can reduce potential health problems and negative health outcomes for employees⁴¹. In this study, almost all participants reported that there was not enough appropriate physical space in the emergency department and that the area was too small. They also stated that they had problems with the physical space of the emergency department, such as inadequate restrooms, inadequate seating, inadequate ventilation, working together with patients/patient relatives, and inadequate examination rooms. As a result, this does not coincide with the literature information^{40,42} indicating that the adequacy of the physical structure and equipment is also an important factor in ensuring the comfort of the staff and achieving good patient outcomes, and it reveals that the necessary arrangements should be made in this regard.

In their study, Doğan and Sözen found that the frequency of sharp object injuries was highest among nurses with 69.6% according to occupational category, 4.3% among doctors, and 26.1% among other healthcare personnel⁴³. Olgun et al. reported in their study investigating the frequency of sharp object injuries among nurses in training and research hospital clinics that 75.2% of the nurses were exposed to sharp object injuries⁴⁴. Akgün listed the preventive measures to be taken in his study as follows; dangers in hospitals should be identified and eliminated, participation in training programs should be ensured, the physical conditions of the work environment should be arranged, and regular inspections should be carried out⁴⁵. Dikmen et al. reported that occupational accidents are common among healthcare workers due to factors such as long working hours, insufficient staff, and a large number of shifts. It was emphasized that measures taken to address these issues would reduce occupational accidents⁴⁶. Most cutting/piercing injuries are preventable. It is claimed that 80% of cutting/piercing injuries can be prevented with safe tool use and 90% with training and controls⁴⁷. In the study, the majority of nurses reported that they experienced work accidents in the form

of sharp and cutting tool injuries and falls due to slippery surfaces. Nurses reported that using protective equipment, proper waste management, providing training for employees, increasing the number of personnel, reporting work accidents and improving physical area conditions would prevent work accidents. The study finding that sharp and piercing tool injuries are the most common and the first among work accidents experienced by nurses supports the study findings of Doğan and Sözen; and Olgun et al.^{43,44}. Recommendations for the prevention of occupational accidents are also similar to the findings of previous studies^{45,47,48}.

Problems Arising from the Working Conditions and Human Resources of Emergency Room Nurses (Theme)

In his study on working nurses, Erdem grouped the basic management problems in the data obtained from the nurses under the headings of "injustice, favoritism, lack of communication, judgmentalism, mobbing, disregard, despotism, feeling worthless, being offended, being left alone"⁴⁹. In another study, 79.4% of nurses reported problems due to not being informed about career opportunities when they started working, 77.8% due to not providing the necessary number of personnel for qualified patient care, 71.4% due to not assigning appropriately qualified personnel for qualified patient care, 68.3% due to not observing the nursing standards they learned at school, and 60.3% due to tasks that are not in their nursing job descriptions being considered as the nurse's duties⁵⁰. In the study, it was determined that nurses experienced problems with hospital management, such as not valuing the ideas and opinions of employees, not assigning enough personnel to the emergency department, mobbing, not resolving problems, and purchasing poor quality and inadequate materials. It was also determined that the management did not have a good command of the field, did not make good planning, constantly increased workload, did not value merit, did not distribute revolving funds fairly, did not act solution-oriented, and caused problems in using annual leaves. When the findings of this study and literature studies^{1,2,49,50} are examined, it is seen that hospital managers cause nurses similar problems.

In the study conducted by Ozturk et al., it was stated that physicians had communication problems, such as being insensitive and disrespectful towards nurses, and that physicians imposed their duties on nurses, neglected their duties, and nurses had to cover up physicians' deficiencies¹. Uygur et al. found that nurses have the most problems with doctors among all the personnel in the healthcare team. The reasons for the problems were determined as lack of communication, not being able to reach the doctor on time, the doctor not behaving ethically, not recording the requests on time, and refusing to change⁵¹. In a study conducted by Manisalı with the participation of 490 doctors and nurses, it was determined that the problems experienced between the two parties were due to the perceptions of the nurses regarding their profession and working conditions and the communication and working conditions of the doctors⁵². In the study, it was determined that nurses had problems with communication, medication requests, consultations, inexperience of physicians, not following up on their patients and examining patients late. The findings of this study are similar to literature studies^{1,51,52} and since this has been a frequent problem in previous years, it should be emphasized that work should be carried out in accordance with job descriptions.

Nurses, who make up approximately 60% of healthcare professionals, face many problems, and although some have been addressed over the years, issues such as wages have still not been resolved. It is stated that low wages lead to dissatisfaction with nurse work, burnout, quitting, decreased performance, and decreased organizational/institutional success and productivity^{1,4}. In the study conducted by Ozturk et al., 19% of the nurses working in hospitals reported that they did not benefit from the revolving fund on their leave and sick days, and 14% reported that the revolving fund was not distributed fairly among the healthcare personnel. The result of this study, which indicated that the majority of the employees complained about the inadequacy of the wages and that the salary they received was not enough for them, is parallel to the findings of the studies conducted in previous years^{1,4}. It can be said that the result is due to the general economic policies implemented in our country.

Conclusion

Factors preventing care delivery in the emergency department include staff shortages, long waiting times of patients under observation, inadequate physical space, delayed test results, and systemic problems. In addition, excessive intensity, excessive procedures, excessive systemic work, problems related to patient relatives, and insufficient staff also negatively affect this situation. In order for nurses to provide more effective care to patients, it is recommended to increase the number of personnel, shorten the time that patients are under observation, improve the physical environment conditions, and not burden nurses with tasks outside their job descriptions.

Limitations of the Study

- The research is limited to findings obtained from only one hospital.
- The data obtained from the interviews are limited to the approaches and experiences of the nurses participating in the research; generalizations should not be made.
- Since the interviews were audio-recorded, participants were reluctant to express their opinions on some questions.

REFERENCES

1. Ozturk H, Candas B, Babacan E. Determination of the problems experienced by nurses working in state hospitals, community and family health centers. *Journal of Health and Nursing Management*. 2015;1(2):25-36.
2. Söyük S, Aslan Kurtuluş S. Evaluation of the problems experienced in emergency services from the perspective of the employees. *Gümüşhane University Journal of Health Sciences*. 2017;6(4):44-56.
3. Atman Ü, Tay Z. Physicians' views on performance and quality improvement studies in health services. In: Kırılmaz H, ed. *II. International Congress on Performance and Quality in Healthcare Ankara, Turkey*. 2010:443-457.
4. Korkmaz F, Görgülü S. Nurses' views on nursing in the context of professional criteria. *Hacettepe University Faculty of Health Sciences Nursing Journal*.

2010;1:1-17.

5. Sariyer G. Estimating demand in emergency services using time series models. *International Journal of Engineering Research and Development*. 2018;10(1):66-77.
6. Edirne T, Edirne Y, Atmaca B, Keskin S. Characteristics of the emergency department patients of Yuzuncu Yil University Faculty of Medicine. *Van Medical Journal*. 2008;15(4):107-111.
7. Özhanlı Y, Akyolcu N. Patient satisfaction with triage and nursing practices in emergency units. *Florence Nightingale Journal of Nursing*. 2020;28(1):49-60.
8. Ersel M, Karcioğlu Ö, Yanturalı S, et al. Evaluation of the usage characteristics of an emergency department and the urgency of the patients applied from the perspective of physicians and patients. *Turkish Journal of Emergency Medicine*. 2006;6(1):25-35.
9. Sony M, Mekoth N. The relationship between emotional intelligence, frontline employee adaptability, job satisfaction and job performance. *Journal of Retailing and Consumer Services*. 2016;30:20-32.
10. Derlet RW, Richards JR. Overcrowding in the nation's emergency departments: complex causes and disturbing effects. *Ann Emerg Med*. 2000;35:63-67.
11. Kavlu İ, Pınar R. The effects of burnout and job satisfaction on the quality of life of nurses working in emergency services. *Turkey Clinics J Med Sci*. 2009;29(6):1543-1555.
12. Källberg AS, Ehrenberg A, Florin J, et al. Physicians' and nurses' perceptions of patient safety risks in the emergency department. *International Emergency Nursing*. 2017;33:14-19.
13. Ramos RR, Calidgid CC. Patient safety culture among nurses at a Tertiary Government Hospital in the Philippines. *Applied Nursing Research*. 2018;44:67-75.
14. Başkale H. Determination of validity, reliability and sample size in qualitative research. *Dokuz Eylül University Faculty of Nursing Electronic Journal*. 2016;9(1):23-28.
15. Erdoğan S. Qualitative research. In: Erdoğan S, Nahcivan N, Esin N, eds. *Research in Nursing*. 3rd ed. İstanbul: Nobel Medical Bookstores; 2018:131-165.
16. Baltacı AA. A conceptual review on sampling methods and sample size issues in qualitative research. *Bitlis Eren University Journal of Social Sciences Institute*. 2018;7(1):231-274.
17. Özbek-Yazici S, Kalayci I. Evaluation of activities of daily living in elderly patients. *Suleyman Demirel University Journal of Engineering Sciences and Design*. 2015;3(3):379-383.
18. Sert ET, Mutlu H, Kokulu K, et al. 5-Year analysis of patients applying to our emergency department. *Muğla Sıtkı Koçman University Medical Journal*. 2021;8(1):1-4.

19. Aydin T, Aydin S, Koksall O. Evaluation of the characteristics of patients who applied to the Uludag University Medical Faculty Hospital emergency department and emergency department activities. *Academic Emergency Medicine Journal*. 2010;9:163-168.
20. Pines JM, Hilton JA, Weber EJ, et al. International perspectives on emergency department crowding. *Acad Emerg Med*. 2011;18(12):58-70.
21. Gindi RM, Cohen RA, Kirzinger WK. Emergency room use among adults aged 18-64: early release of estimates from the National Health Interview Survey, January-June 2011. *National Center for Health Statistics*. 2012.
22. Çevik C, Tekir Ö. Evaluation of emergency department applications in terms of diagnosis codes, triage and socio-demographic data. *Balıkesir Journal of Health Sciences*. 2014;3(2):102-107.
23. Atilla ÖD, Oray D, Akin Ş, et al. View from the emergency department: patients brought by ambulance and referral consents. *Turkish Emergency Medicine Journal*. 2010;10(4):175-180.
24. Gülen M, Silibolatlaz A, Avci A, Satar S. Analysis of adult patients brought to the tertiary emergency service by 112 ambulance. *Boğaziçi Medical Journal*. 2018;2:51-57.
25. Yüksel B. Retrospective evaluation of applications made to the emergency department of Ege University Faculty of Medicine via 112 ambulance [specialization thesis]. Ege University Faculty of Medicine, Department of Emergency Medicine; 2013.
26. Önerbay S, Sayan İ. Nurses' assessment of their work duties outside. *12th National Nursing Congress (International Participation)*; Sivas, Turkey. 2009:105.
27. İnce S, Bingöl S. Perceptions of nursing care among nurses working in emergency services. *Hacettepe University Faculty of Nursing Journal*. 2020;7(1):23-30.
28. Bucco T. The relationships between patients' perceptions of nurse caring behaviors, nurses' perceptions of nurse caring behaviors and patient satisfaction in the emergency department [doctoral dissertation]. South Orange, ABD: Seton Hall University; 2015.
29. Gül Ş, Dinç L. Investigation of patients' and nurses' perceptions of nursing care. *Hacettepe University Faculty of Nursing Journal*. 2018;5(3):192-208.
30. Raffii F, Hajineshad MO, Haghani MO. Nurse caring in Iran and its relationship with patient satisfaction. *Aust J Adv Nurs*. 2009;26(2):75-84.
31. Burtson P, Stichler J. Nursing work environment and nurse caring: relationship among motivational factors. *J Adv Nurs*. 2010;66(8):1819-1831.
32. Tam HL, Chung SF, Lou CK. A review of triage accuracy and future direction. *BMC Emerg Med*. 2018;18(1):1-7.
33. Durmaz H, Cebeci SP. Triage attitudes of health professionals working in emergency departments. *Anatol J Emerg Med*. 2021;4(2):72-78.

34. Tarhan MA, Akin S. The roles of nurses in triage practices. *Celal Bayar Univ Health Sci Inst J.* 2016;3(2):170-174.
35. Abdulwahid MA, Turner J, Mason SM. Senior doctor triage (SDT), a qualitative study of clinicians' views on senior doctors' involvement in triage and early assessment of emergency patients. *Emerg Med J.* 2018;35(7):440-446.
36. Oruç OA, Üzel H. Satisfaction levels of patients applying to the emergency department. *Kocatepe Med J.* 2014;15(2):131-136.
37. Mersinlioğlu G, Öztürk H. Satisfaction level of patients applying to emergency department with nursing services. *J Health Nurs Manag.* 2015;2(2):70-82.
38. Bilir Ö, Şişmanlar D, Ersunan G, Ayaz T. The perspective of emergency service workers on patient rights. *Konuralp Med J.* 2015;7(1):28-33.
39. Topal FE, Şenel E, Topal F, Mansuroğlu C. Patient satisfaction survey: Satisfaction levels of patients applying to the emergency clinic of a state hospital. *Cumh Med J.* 2013;35(2):199-205.
40. Kocaman G, Yürümezoğlu HA, Uncu S, et al. Development of healthy work environment standards for nurses in Turkey. *J Educ Res Nurs.* 2018;15(1):30-38.
41. Aydemir İ, Yaşar GY. The effect of ergonomic design on health care worker and patient safety. *J Health Nurs Manag.* 2016;3(3):174-184.
42. Rôlo B, Santos B, Duarte I, Pires L, Castro C. Humanization of nursing care in the emergency service: a systematic review. *Ann Med.* 2019;51(1):204-204.
43. Doğan H, Sözen H. Evaluation of sharp object injuries in healthcare workers. *Ege Univ Fac Nurs J.* 2016;32(2):35-43.
44. Olgun S, Khorshid L, Eşer İ. Investigation of the frequency of sharp object injuries and affecting factors among nurses. *J Ege Univ Fac Nurs.* 2014;30(2):34-48.
45. Akgün S. Work accidents in the health sector. *J Health Acad.* 2015;2(2):67-75.
46. Dikmen AU, Medeni V, Uslu İ, Altun B, Aycan S. Evaluation of occupational accidents reported by healthcare personnel working in a university hospital in Ankara. *TTB Occup Health Saf J.* 2014;14(53):22-29.
47. Korkmaz M. Sharp object injuries in healthcare workers. *Firat Health Serv J.* 2008;3(9):17-37.
48. Hamdan M, Hamra A. Workplace violence towards workers in the emergency departments of Palestinian hospitals: a cross-sectional study. *Hum Resour Health.* 2015;13(1):1-9.
49. Erdem İ. Managerial problems of nurses: a research on working nurses. *Ahi Evran Univ Soc Sci Inst J.* 2021;7(1):151-162.
50. Ozturk H, Sule K, Serin GM, et al. Problems of newly employed nurses in hospitals. *Acibadem Univ J Health Sci.* 2016;(4):189-201.
51. Uygur E, Kaya N, Kaya H, Karaman N. Health team service perceptions of nurses working in a state hospital and the problems experienced. *IU Florence Nightingale Sch Nurs J.* 2008;16(62):102-113.
52. Manisali A. Causes of Conflict Between Physicians and Nurses [master's thesis]. Istanbul, Türkiye: Haliç University, Health Sci Inst; Istanbul; 2013.