

## RCEM Lighting

015

**'I ACTUALLY ONLY COME TO WORK FOR THE BANTER':  
A QUALITATIVE STUDY INTO CONTRIBUTORS TO  
EMERGENCY DEPARTMENT CARE PROVIDERS'  
TRANSITORY EMOTIONAL STATE**

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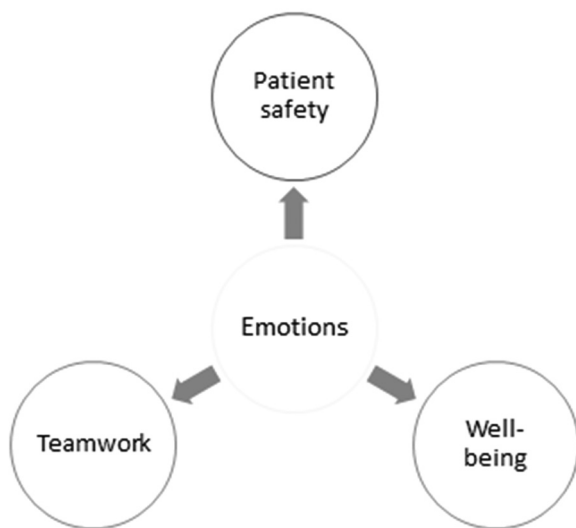
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**Background** Our affective (emotional) state has far reaching and well recognised implications relating to well-being, team-work and patient safety. The aim of this novel study was to gain an in depth understanding of factors that influence the transitory emotions of Emergency Department (ED) care providers whilst at work.

**Method and results** Using a pragmatist theoretical lens, a qualitative methodology was selected to explore staff members' experiences of factors generating positive and negative emotions. Focus groups were facilitated with ED staff from a major acute teaching hospital in Scotland. Purposive sampling

**Abstract 015 Table 1** Themes and representative quotes

Positive	Negative
<b>Theme 1: ED team rapport</b>	
How well one 'gets on' with fellow team members on shift that day; willingness to have fun and engage	
'I only come to work for the banter'	'if you are with people who just don't want to be enjoy themselves and like everything is worst case scenario, no one wants to chat or get a coffee or things like that it is much worse'
'good banter with staff'	
'I think it is who you are working with, peer support'	
<b>Theme 2: Achievement</b>	
Feeling of satisfaction gained from task completion, using skills appropriately, feeling a difference has been made	
'That that sense of satisfaction you get when you have brought something to a conclusion'	'if you just feel like you are pottering along not achieving very much it's not very satisfying'
'being on with people that you feel like you have developed through it I think, you know, if you feel like you've done a fair amount of teaching through it or if you feel that the team has all improved as part of you being there'	'I found quite a lot of that stuff [longer term problems] very unsatisfying because a lot of it was not necessarily problems that could be fixed there and then'
<b>Theme 3: Interpersonal interactions</b>	
Interactions with patients or staff both internal or external to the ED	
'a good interaction with specialities...particularly things such as radiology, things where people listen to you, accept and agree, not that they always have to agree but I think it's very, very useful and makes your day easier and puts you in a bit of a happier mood'	'the point at which someone has been rude or curt to you I find that your confidence just goes'
'If every interaction you've had with any other person has been a positive and helpful one [it makes for a good day]'	'I try very hard to never be rude because I know what a negative impact it has on me'
	'Conflict with patients or professionals... that really colours my day, makes a good day bad'
<b>Theme 4: Equipment/ infrastructure</b>	
Impact of equipment and systems working successfully	
'things working, that would be important to me and the NHS'	'I think another thing which does have quite a big impact is if the environment and the equipment around you is available and working....you end up hunting around you know for 15 minutes trying to find a bladder scanner or what have you because it's been moved somewhere else....that quickly becomes quite frustrating'
'most of the time for me it's [a good day] mainly around whether things have gone to plan'	'we are wasting so much time looking for things it's depressing'
'some days it all goes in sync and I find these most satisfying'	
'if the pharmacy is open, like all the kind of normal things that you expect; if the tannoy works....There are all sorts of things that can make a good day I think'	
<b>Theme 5: The open and the close</b>	
How the day starts and ends inc. personal and departmental business and the attitude of the team handing over	
'Maybe some of it [a good day] has to do with how your day starts and ends so like, what the department that you've been handed over looks like and then what it looks like when you hand it over again at the end of the day'	'it's a bit of the feel that you can get from handover as well...if you come in and it's like "urgh god, it's really busy...it's terrible, it's awful out there" it sets your mind-set'
'I definitely like a bit of time at the end of the day where like I can just like wrap up'	'there is nothing worse than coming in and getting five handovers about what people have not done or not stocked'
<b>Theme 6: A bad day outside work can influence that inside</b>	
The influence of personal life on work life	
'I keep thinking of like HALT you know like hungry, angry, late, tired and like a good day is almost the opposite of those things'	'even you know, taking it back a bit to what is going on in your own life and what is happening at home can influence how you are, how you behave at work, whether you have a good day or you know are in a bad place'



**Abstract 015 Figure 1** Where care provider emotion can impact

was used to recruit participants, with each group containing members of the same or similar grade and occupation. Consultant, higher specialty trainee, junior doctor and nursing focus groups were undertaken. Following transcription, data were coded and thematically analysed to arrive at key concepts.

**Conclusions** Six main themes were identified: ‘ED team rapport’ referring to the personalities and attitudes of those working that day; ‘achievement’ with successful task completion, skill use, being thanked and constructive educational opportunities generating positive emotions and lack of this feeling generating the converse; ‘interpersonal interactions’ where the negative impact of incivility from staff or patients was highlighted; ‘equipment/infrastructure’ showcasing how frustration manifests when either fails; ‘the open and the close’ representing the impact of how the tone set in hand-over influences affect and finally, the self-explanatory ‘a bad day outside work can influence that inside.’

This study illustrates the importance of recognising personal ‘wins’ whether that be a well-managed patient or successfully recognised teaching opportunity. It adds impetus to the campaign against incivility - reaffirming the negative effect rudeness has on affect. On a personal level, it highlights that we can take responsibility to ‘choose our own weather’ as a team member or leader in being a colleague that others enjoy working with. This may improve outcomes for all.

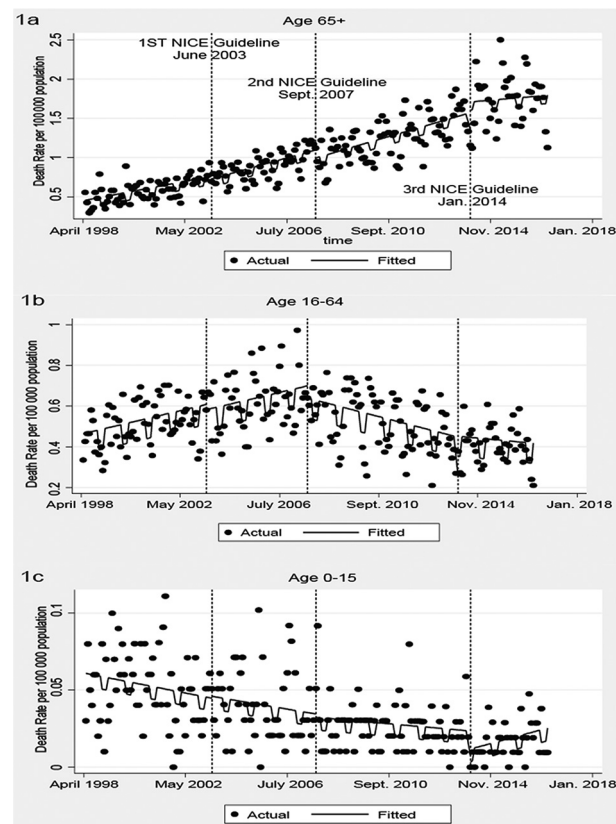
016

#### AN EVALUATION OF THE IMPACT OF THE NICE HEAD INJURY GUIDELINES ON INPATIENT MORTALITY FROM TRAUMATIC BRAIN INJURY: AN INTERRUPTED TIME SERIES ANALYSIS

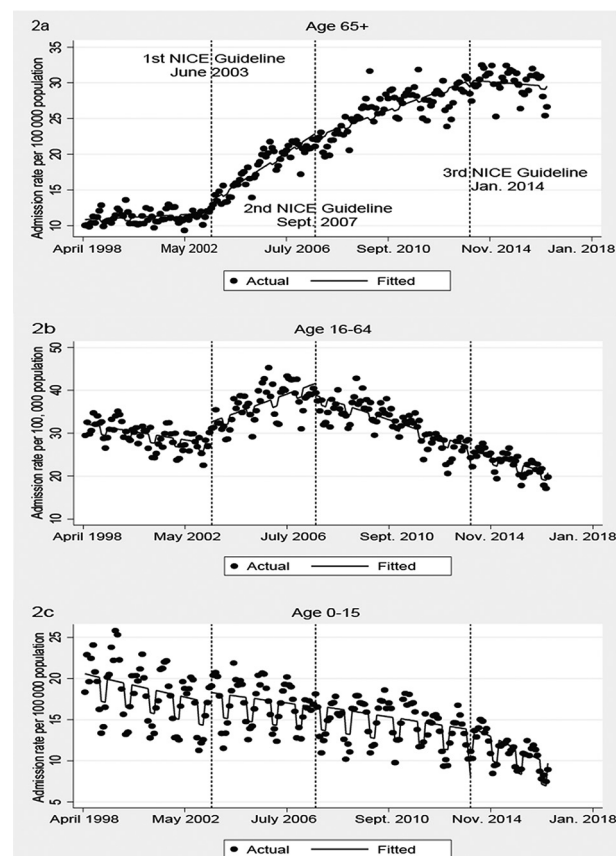
<sup>1,2</sup>Carl Marincowitz, <sup>3</sup>Fiona Lecky, <sup>2</sup>Victoria Allgar, <sup>4</sup>Trevor Sheldon. <sup>1</sup>Hull and East Yorkshire Hospitals NHS Trust; <sup>2</sup>Hull York Medical School; <sup>3</sup>University of Sheffield; <sup>4</sup>University of York

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**Background** Traumatic brain injury (TBI) is the commonest cause of death and disability in UK Citizens aged 1–40. In England three (National Institute of Health and Care Excellence - NICE) guidelines have been implemented to improve



**Abstract 016 Figure 1** The impact of the NICE head injury guidelines on monthly TBI mortality rate per 100 000 population



**Abstract 016 Figure 2** The impact of the NICE head guidelines on monthly TBI hospital admissions per 100,000 population