

In an emergency – Do you run away or run towards?

M Kutoane,¹ M Botes,² D Quiroga,² L Lai King,³ S de Lange,⁴ R Holliman,⁵ SI Tumusiime,⁶ P Brysiewicz⁷

¹ National Health Training College, Lesotho

² Department of Nursing Education, University of the Witwatersrand, South Africa

³ Division of Emergency Medicine, University of Cape Town, South Africa

⁴ Department of Nursing and Midwifery, Stellenbosch University, South Africa

⁵ Division of Emergency Medicine, University of Cape Town, South Africa

⁶ African Federation for Emergency Medicine, Cape Town, South Africa

⁷ School of Nursing & Public Health, University of KwaZulu-Natal, South Africa

Corresponding author, email: kutoanes@gmail.com

Every day around the world, millions of people experience accidents or acute illnesses that require emergency care, significantly contributing to out-of-pocket healthcare expenses, thus impacting the global burden of disease and the complexity of the healthcare environment. In low-resource environments, emergency care is often limited by the overwhelmed facilities and staff who may not have adequate skills. Capacitating nurses with the knowledge and skills necessary to provide effective emergency care has the potential to reduce mortality rates and improve patient outcomes. This paper aims to promote the World Health Organization (WHO), International Committee of the Red Cross (ICRC), and International Federation for Emergency Medicine (IFEM)-Basic Emergency Care (BEC) training programme as a viable solution to enhance emergency preparedness and response capabilities among nurses, ensuring they are adequately trained to handle emergencies efficiently and appropriately. It seeks to foster a culture of preparedness among nurses by emphasising the need to empower them with essential skills which will assist them in approaching emergencies confidently and competently, rather than avoiding or hesitating when faced with emergency care patients.

Keywords: basic emergency care, emergency care, emergency nurses, emergency preparedness, emergency settings, nurses

© Medpharm

Prof Nurs Today 2024;28(2):5-7

Introduction

Every day around the world, millions of people need emergency care. According to estimates from the World Health Organization (WHO), over four million people were killed by injuries alone in 2019, constituting 8% of all deaths globally, and about 90% of these deaths occurred in low- to middle-income countries.¹ However, with effective emergency care, over half of deaths and a third of disability could be prevented, emphasising the critical importance of strong emergency healthcare systems in these regions.¹

Accidents and acute illnesses happen everywhere, from highly developed countries to low- to middle-income countries, significantly contributing to out-of-pocket healthcare expenditure and impoverishment globally.² Emergency care is not limited to emergency settings and the need may arise in any clinical setting. In addition, emergency care is not just about the medical expertise, and an organised and accessible health system to address it or not, but the timely and compassionate response of healthcare professionals can make all the difference. Among

these professionals, nurses work diligently to provide crucial care when it is needed most. Both Mogbil et al.³ and Macey et al.⁴ argue that nurses are the backbone of every healthcare system, because they provide the majority of direct patient care, advocate for patients, and coordinate treatment across multiple disciplines including emergency care. They make up the largest group of health professionals globally and are central to meeting sustainable development goals (SDGs) and universal health coverage. Nurses spend more time with patients than any other healthcare professionals, play a pivotal role in decision-making, especially in fast-paced emergency settings, and provide essential education to patients and families.⁵

Nurses and emergency care

Healthcare settings pose a range of challenges for nurses, in emergency care, nurses are often the initial healthcare professionals who assess, triage and stabilise patients, perform life-saving interventions, provide wound care, and manage the airway. Nurses working in emergency care have greater exposure to these unique challenges. In contrast,

those in other clinical environments lack sufficient exposure, which can ultimately result in a decrease in their confidence and ability to manage the complexities of emergency care.⁶ Sheerin⁷ argues that nurses have a range of expertise demonstrated when they often have to work autonomously for triaging patients and prioritising care based on the severity of their conditions to ensure that the most critical cases are treated first. Their expertise in managing trauma, acute illnesses, and emotional support for both patients and families is indispensable. They ensure that patients receive timely, compassionate, and effective care during the most critical moments of their lives.⁷ Shin & Yoo⁸ argue that, unlike nurses in other settings, in emergency care nurses are required to provide care to a wide range of patients when a diagnosis has not been made or the cause of the problem is not known. Moreover, to meet their work scope, nurses must care for patients and their distressed families, and integrate knowledge, skills, abilities, and judgement to manage patients appropriately.⁹

The role of nurses in emergency care cannot be overemphasised. However, the adequacy of the emergency care training for nurses across southern Africa remains a pressing concern. As Sheerin⁷ indicated, nurses are required to have essential skills to effectively manage common life-threatening conditions such as severe bleeding, difficult breathing, altered mental status, and shock.

Challenges of nurses working in the emergency care

The field of emergency care encompasses a wide range of roles and responsibilities, each uniquely contributing to patient care, while every day presents various challenges for these dedicated professionals. In overcrowded emergency care, nurses face numerous challenges that test their resilience and adaptability. They are forced to navigate through a whirlwind of patients, prioritising those in critical condition while ensuring that everyone receives the care they need.¹⁰ In rural areas with limited resources, they often find themselves working with minimal equipment and support, relying on their skills and ingenuity to provide effective care, while others are still at their early career levels.¹¹ Moreover, the need to effectively manage patient flow, coordinate with interdisciplinary teams, and navigate ethical and emotional dilemmas adds to the complexity of their roles.¹²

Afaya et al.¹³ argue that the shortage of nursing staff, limited specialty training, overwhelming patient numbers, and stressful working environments in emergency care, particularly in Africa, require a competent capacity and quality improvement programmes for emergency care. It is critical that all nurses have a baseline of emergency care skills to handle such situations effectively. Despite the crucial nature of this training, the remaining concern is whether current educational programmes in southern Africa sufficiently prepare nurses for these challenges.

World Health Organization, International Committee of the Red Cross, and International Federation for Emergency Medicine-Basic Emergency Care Course (WHO/ICRC BEC)

Through the collaboration of WHO, International Committee of the Red Cross (ICRC) and International Federation for Emergency Medicine (IFEM), a five-day intensive Basic Emergency Care (BEC) training programme was developed, with blended learning modalities currently being explored. The course was designed by a multidisciplinary team of experts who organised a comprehensive curriculum, and pilot-tested it in various settings. The course follows a “train-the-trainer” model, designed to be taught by local providers who have completed the BEC and an additional two-day train-the-trainer programme, ensuring effective implementation in low-resource environments and allowing for contextual adaptation.^{14,17}

This course aims to empower nurses with the ability to recognise deterioration, stabilise patients and prevent the complication of acute illness or injury which may necessitate a greater burden of care. The WHO/ICRC BEC course covers a wide range of topics, from the approach to trauma, difficulty in breathing, shock and altered mental status.¹⁴ Nurses learn how to assess patients quickly and accurately, identify life-threatening conditions, and initiate appropriate interventions. Through hands-on training and simulation exercises, they develop the confidence and competence to handle emergencies with skill and composure.

While technical skills are indispensable, the WHO/ICRC BEC course also emphasises the importance of compassion and empathy in emergency care. Nurses learn how to communicate effectively with patients and their families, providing reassurance and support during times of crisis. They are trained to treat each individual with dignity and respect, regardless of their circumstances.⁷

The impact of WHO/ICRC BEC on healthcare

The impact of the WHO/ICRC BEC course extends far beyond the individual nurses or classrooms. Training nurses and improving access to emergency health services have the potential to reduce mortality rates and improve outcomes for patients.¹⁵ They become beacons of hope in their communities, providing vital care when needed most. Their improved skills and confidence enable them to manage acutely ill or injured patients effectively, ensuring timely and appropriate interventions. Moreover, by enhancing the use of limited resources and teaching efficient triage methods, the WHO/ICRC BEC course reinforces the overall capacity and preparedness of healthcare systems to handle diverse emergencies, particularly in low-resource settings.

Given the opportunity for emergency care to improve the outcomes of acute illnesses and injuries, and the significance of nurses in emergency units, particularly in low-resourced

settings, the WHO/ICRC BEC course for nurses potentially makes a considerable difference. While Life Support courses are exceptional for trauma care, the WHO/ICRC BEC course provides a more holistic, adaptable, and cost-effective solution for low-resource settings. It addresses a broader range of emergency care needs and promotes sustainable, context-based healthcare improvements.¹⁶ Supported by WHO and ICRC, the course aligns with global health and sustainable development goals, promoting comprehensive public health developments and strengthening overall healthcare systems.

Conclusion

In conclusion, this paper underscores the vital role of the WHO, the ICRC, and the IFEM-BEC training programmes in enhancing the resilience and effectiveness of nurses as frontline responders in emergency care environments. Ensuring that all nurses possess essential emergency care skills is a key component of achieving this goal. With their dedication, compassion, and expertise, these nurses are making a difference in the lives of millions of people around the world. Through a sustainable “train-the-trainer” model and its flexible focus on local adaptation, BEC is an effective solution for ensuring emergency care capacity especially in low-resource environments.

By fostering a culture of preparedness and empowering nurses with essential skills, the WHO/ICRC BEC course ensures that those in need receive timely and effective intervention. Running towards emergencies, with confidence and competence, is not only a professional responsibility but also a significant element in improving global health outcomes.

Conflict of interest statement


The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

Funding source


This research received no specific grant from any funding agency in the public, commercial or not for profit sectors.

ORCID


M Kutoane  <https://orcid.org/0000-0001-7724-3543>


M Botes  <https://orcid.org/0000-0001-6645-9031>

L Lai King  <https://orcid.org/0000-0001-5836-5318>

S de Lange  <https://orcid.org/0000-0002-2398-3543>

R Holliman  <https://orcid.org/0009-0004-8421-7959>

SI Tumusiime  <https://orcid.org/0009-0001-5480-7761>

P Brysiewicz  <https://orcid.org/0000-0001-6258-1603>

References

1. World Health Organization. Advocating for emergency care: A guide for nongovernmental organizations: World Health Organization; 2023.
2. Hajjar K, Lillo L, Martinez DA, Hermsilla M, Risko N. Association

- between universal health coverage and the disease burden of acute illness and injury at the global level. *BMC Public Health*. 2023;23(1):735. <https://doi.org/10.1186/s12889-023-15671-2>.
3. Mogbil MSA, Al-Mhlem SAA, Al-Ahmari HRA, et al. Nursing: The backbone of healthcare. *Journal of Namibian Studies: History Politics Culture*. 2023;36:1931–41.
4. Michaeli N, De Luca G, Gitau M, et al. Evaluation of the World Health Organization-International Committee of the Red Cross Basic Emergency Care course for senior medical students. *International Journal of Emergency Medicine*. 2023;16(1):29. <https://doi.org/10.1186/s12245-023-00487-z>.
5. Flaubert JL, Le Menestrel S, Williams DR, Wakefield MK. The role of nurses in improving health care access and quality. In *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. National Academies Press (US). 2021.
6. Riley K, Middleton R, Wilson V, Molloy L. Voices from the ‘resus room’: An integrative review of the resuscitation experiences of nurses. *Journal of Clinical Nursing*. 2022;31(9–10):1164–73. <https://doi.org/10.1111/jocn.16048>.
7. Sheerin L. Emergency care nursing: Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). 2021 Available from: <https://nipec.hscni.net/microsites/emerg-care-nursing>. Accessed 01 September 2024.
8. Shin S, Yoo HJ. Frontline nurses’ caring experiences in COVID-19 units: A qualitative study. *Journal of Nursing Management*. 2022;30(5):1087–95. <https://doi.org/10.1111/jonm.13607>.
9. Baik D, Yi N, Han O, Kim Y. Trauma nursing competency in the emergency department: a concept analysis. *BMJ Open*. 2024;14(6):e079259. <https://doi.org/10.1136/bmjopen-2023-079259>.
10. Sartini M, Carbone A, Demartini A, et al. Overcrowding in emergency department: causes, consequences, and solutions – a narrative review. *Healthcare, MDPI*. 2022;10(9):1625. <https://doi.org/10.3390/healthcare10091625>.
11. Power H, Skene I, Murray E. The positives, the challenges and the impact; an exploration of early career nurses experiences in the Emergency Department. *International Emergency Nursing*. 2022;64:101196. <https://doi.org/10.1016/j.ienj.2022.101196>.
12. Gifford R, van der Vaart T, Molleman E, van der Linden MC. Working together in emergency care? How professional boundaries influence integration efforts and operational performance. *International Journal of Operations & Production Management*. 2022;42(13):54–78. <https://doi.org/10.1108/IJOPM-10-2021-0644>.
13. Afaya A, Bam V, Azongo TB, et al. “We are left with nothing to work with”: challenges of nurses working in the emergency unit at a secondary referral hospital: A descriptive qualitative study. *PLoS One*. 2021;16(2):e0247062. <https://doi.org/10.1371/journal.pone.0247062>.
14. World Health Organization. Basic emergency care: approach to the acutely ill and injured: World Health Organization; 2018. Available from: <https://www.who.int/publications/i/item/basic-emergency-care-approach-to-the-acutely-ill-and-injured>.
15. Kadakia N, Shakya I, Lee J, et al. Implementation and evaluation of the WHO Basic Emergency Care Course in Rwanda. *Prehospital and Disaster Medicine*. 2023;38(S1):s19–s20. <https://doi.org/10.1017/S1049023X23000936>.
16. Kivlehan SM, Hexom BJ, Bonney J, et al. Global emergency medicine: a scoping review of the literature from 2021. *Academic Emergency Medicine*. 2022;29(10):1264–74. <https://doi.org/10.1111/acem.14575>.
17. Kivlehan SM, Dixon J, Kalanzi J, et al. Strengthening emergency care knowledge and skills in Uganda and Tanzania with the WHO-ICRC Basic Emergency Care Course. *Emergency Medicine Journal*. 2021;38(8):636–42. <https://doi.org/10.1136/emermed-2020-209718>.