Experience of nurses from the emergency department management: A qualitative study

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Abstract

Purpose of the study: No hospital can be considered as an ideal treatment center without an active and fully functional emergency room. A significant part of this strong and high performance is related to emergency room management that is affected by contextual factors and conditions. This study was conducted to clarify nurses’ experience of emergency room management from nurses’ point of view.

Methods: This study was carried out through a qualitative approach and content analysis method with conventional approach. Via purposeful sampling, 18 nurses during one year (from November 2009 to November 2010) gave unstructured interviews in two teaching hospitals in Tehran. The gathered data were analyzed by using MAXQDA3 software.

Results: The results of this study indicated that nurses’ experience of emergency room management lay in three main aspects:

Conclusion: Considering the shortcomings and failures in emergency room management, managers should pay attention to nurses’ basic needs. They should support nurses, consider offers, improve education, and try to overcome challenges and shortcomings of management.

Keywords: emergency room nurses, emergency room management, content analysis, qualitative study

(This article is derived from a PhD dissertation in Nursing Faculty of Baqiyatallah University of Medical Sciences.)

Introduction

Emergency room functions as heart of a hospital. Proper performance of this unit can save many people’s lives. No hospital can be considered as an ideal treatment center without an active and fully functional emergency room. In case of such a shortage, other hospital services will also get affected by this major defect [1].

According to the Ministry of Health, Treatment, and Medical Education, in 1384, the results of evaluating emergency rooms of hospitals which were affiliated with Medical Sciences Universities of Iran suggested that most problems of emergency rooms, in order of preference, seemed to be: patients’ long waiting time, lack of determining medical emergencies through triage, and inadequate physical space of emergency rooms [2].

Almast and Lashyng (2002) and Nikbakht (1381) also mentioned poor performance of nursing managers as a factor to reduce nurses’ motivation so that they just stick to the medical orders [3 and 4].

Renea et al, (2008) carried out a study named “nursing care for dying patients in emergency room” in America. The results suggested that there is a vast range of treatment in emergency rooms and many factors are involved in this unit, among them emergency room staff and environment are important ones [5].

Another study was done by Curtis & Wiseman (2008) in Australia as “nursing care in emergency room”. In this study, the relationship was introduced as one of the major factors of treatment in emergency room. Based on this, nurses need to have a good relationship with patients, their relatives and other care providers [6].

In another study, to achieve excellence in hospital services, managers found out that for management improvements and continuous quality, four strategies needed to be done. They included major changes in structure, processes, people and culture [7].

Considering the fact that management is influenced by cultural, economical, and social factors, various problems may occur in the management process. There have been few studies done in our country on management problems in emergency rooms, and the ones...
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which have been carried out were with a proof oriented approach [8]. It is necessary to investigate this process with a holistic and qualitative approach. Therefore, a qualitative study was conducted to explain nurses' experience of management in emergency room.

Method

The present qualitative study was carried out with a content analysis technique to find out how nurses evaluate management problems in emergency room [9]. To analyze the data, a qualitative content analysis was used with a conventional approach. In this method, the gathered data are reduced and then are organized. Interviews with other participants and encoding texts continued and minor codes were classified under more general topics. After that, the codes were classified into categories based on their similarities and the relationship between them was determined [10].

The participants in this study (emergency room nurses) were selected purposefully. These nurses who worked in emergency room were willing and were able to describe their experiences to the researcher. The study was carried out in two selected teaching hospitals in Tehran from November 2009 to November 2010.

The main method of data collection in this study was a deep unstructured interview, using open questions. The Field notes were also used. Interviews were completed with sixteen nurses and two more nurses were interviewed to insure the process. By obtaining participants’ consent, the researcher got their address and phone number at the end of the interview so that they can acknowledge their words or they can be reached for later interviews. In regard to the main research question, interview with nurses started with the following general questions: 1. How long have you been working in this section? 2. Can you please explain your daily routine activities at work? 3. What is the role of managers and management programs in doing these daily activities? After getting the answers, exploratory and deep questions were asked.

The questions are as follow: 1. Can you explain more? 2. What does it mean? 3. Why? As it is crucial to register the data for a successful qualitative study, the interviews were recorded after gaining the participants’ approval and were written down word-for-word immediately or soon after. Eighteen nurses participating in this study had worked in emergency room for at least six months. They were interviewed individually once or twice. Another criterion for attending the study was having at least an associate degree in nursing. The interviews were done at participants’ workplace and each interview took 49 minutes on average. All the interviews were conducted by one interviewer.

Qualitative content analysis is defined as a research method which is used for mental interpretation of the content of textual data. The codes and themes are identified in this method through systematic classification process. Content analysis is more than just extracting the objective content from the textual data. In this way, hidden themes and patterns can be revealed from within the content of the participants’ data [10]. In this study, data collection and data analysis were performed simultaneously. All interviews were recorded with the interviewees’ permission. The recordings were transcribed and then reviewed several times. In the next step, the initial codes were extracted. After that, the initial codes which were related to each other and could form the potential categories were put together and the related categories formed themes. Afterwards, each of these potential themes were reviewed and compared with participants’ sayings. Finally, themes were revised and defined.

Throughout the process of data collection and data analysis, whenever any new ideas came to the researcher’s mind, they were written down to be used in the later interviews. In this study, to validate the content, the transcribed notes from the tapes and the extracted expressions (codes) were confirmed by participants. Two independent researchers were also requested to verify the rigor and accuracy of the method [9].
During the study, some methods were used to insure the accuracy and reliability of the data. Credibility, Dependability, Fittingness, and Conformability, which are scientific rigor criteria in qualitative studies [9], were taken into account. One of the best ways for validation is to get involved with the subject for a long time. In this study, the researcher has been involved with the research topic and patients in emergency rooms. The researcher always had proper contact and interaction with participants since he was always present in emergency room as a nurse and an instructor before and during the study. The researcher was a colleague of the participants’ in order to win their trust and create a proper atmosphere for deep interviews. Member Check and External Checks were carried out. To obtain this purpose, parts of the interview with related codes and revealed categories were sent to some supervisors in order for them to investigate the analysis process and discuss their accuracy.

To determine the fittingness, the results were given to a number of nurses who had not participated in the study and they confirmed the findings. Using a maximum variation sampling technique, which helps fittingness or transferability of findings to others or reader, was also considered in this study. Also for conformability and audit of research, the researcher precisely recorded and reported the research steps and process so that further studies are possible for others.

In this study, informed consent, anonymity, privacy, right of withdrawal during the study and other moral commitments were considered. This study is a part of an approved nursing PhD thesis in Baghiatallah University of Medical Sciences, which was confirmed by the university ethics committee. Before starting the project, the administrators’ agreement was acquired. The interview time was also set according to the participants’ suggestions so that their daily programs were not disturbed.

**Results**

Three women and fifteen men included the eighteen nurses participated in the study. Due to the nature of physical activity part in emergency room, and since the studied hospitals were military ones, most of nurses were men. Therefore the majority of nurses chosen to attend this survey were men. The age of nurses ranged between 23 to 44 and the average age was 28.8. They had an average work experience of six years. This study conducted on different shifts by the researcher.

* lack of attention to the basic needs of human resources

In the first stage, over 521 first-level codes

| Table 1: Themes, categories and subcategories resulted from the data |
|---------------------------|-----------------|-----------------|
| Theme                     | Category                 | Subcategory                  |
| Lack of attention to the basic needs of human resources | Inappropriateness of physical structure of the room | |
|                          | Inadequate facilities for patients | |
|                          | Inadequate welfare facilities for personnel | |
|                          | Inadequate salary | |
| Lack of attention towards human resources improvement | Lack of motivation in some nurses | |
|                          | Leaving emergency room | |
|                          | Nurses having a contract | |
|                          | Lack of experience in some staff | |
|                          | Some nurses’ inadequate working | |
|                          | Insufficient number of nurses | |
| Challenges and shortcomings of emergency room management | Basic challenges | |
|                          | Inappropriateness of processes | |
|                          | Lack of instructions | |
|                          | Lack of attention to suggestions | |
|                          | Functional challenges and shortcomings | |
|                          | Delay in performing paraclinical tasks | |
|                          | Lack of support for nurses | |
|                          | Deficiencies in training | |
|                          | Poor control and inappropriate supervision | |
were extracted. After classifying and merging them, twelve categories and seven subcategories were obtained. Finally, they were put into three themes. The resulting themes included: lack of attention to the basic needs of human resources, lack of attention towards the improvement of human resources, and challenge and shortcomings of emergency room management.

One of the fundamental problems in emergency room lay in lack of attention to basic needs of human resources. Due to the large number of personnel as well as its unclear entrance, emergency room faced welfare problems for staff and patients. This theme consisted of four categories of inappropriate structure, inadequate facilities for patients, inadequate welfare facilities for personnel, and inadequate salary.

**Inappropriateness of the Physical Structure of Emergency Room**
The physical structure of emergency room showed lack of attention to nurses and patients. Firstly, the overall space did not suit the objectives and performance of emergency room which cause nurses to have difficulty fulfilling their duties accordingly. Secondly, the interior space of different sections of emergency room also suffered from this problem. One of the nurses’ comments confirmed this issue.

“There is really little space. You cannot do anything around the patient. There are some doors here and looks like a market. There used to be a problems which was the pharmacy being far away. However, fortunately this was solved after our objection and now the pharmacy is located inside the emergency room. Similarly, the laboratory needs to be close in the emergency room” n 2.

**Inadequate Facilities for Patients**
Another management issue in emergency room in the field of basic needs was inadequate facilities for patients. When critically ill patients were admitted to the hospital, they required facilities, equipment, space and skilled manpower. In case emergency room was not prepared enough to admit the patients, they faced several problems. One of the participants said:

“Patients with heart problems were not monitored in the past or the monitors were portable. If ten ICU patients are brought to the monitoring unit, all are admitted. It means that the patients are exchanged with the female unit so that there is space for ICU patients. Micro set is only for antibiotic injection while here it is used for important drugs such as TNG and dopamine” n 16.

**Inadequate Welfare Facilities for Personnel**
Lack of attention to the basic needs afflicted not only patients but also nurses. Inadequate space for nurses’ rest and few welfare facilities compared to the number of nurses were major issues for nurses. One of the nurses stated:

“Considering the huge number of personnel in emergency room, we do not have the least of services here. Because of little space in pantry, there is always a problem with drinking a glass of water or a cup of tea or having dinner there. Another problem is with the rest room. As there are many personnel here, when you are saying your prayer, there are many people coming and going. These are the difficulties with emergency room which affects personnel’s work. I currently see these problems in emergency room. I am so sorry to say that another problem is with the rest rooms. There are just two of them for the whole emergency room staff such as physicians, nurses, licensed practical nurse assistants, guards, and servant. It is not convenient and there is always a long wait” n 2.

**Inadequate Salary**
Another issue that proved lack of attention to human resources in emergency room was inadequate salary compared to the load of work done. Nurses expected to receive a share of hospital income as they were the ones who generate the income by their work. Participants talked about this issue:

“Salary is really low here. I work elsewhere and the workload is not as heavy as here, but the money I receive is twice as much as here. This is a private hospital and earns a lot more money; however, the salary is low which decreases nurses’ accuracy and speed” n 17.
“Salary is not proportional to the work nurses do. It is at least expected that hospital pays nurses for the income they provide for hospital through their nursing activities” n 15. One of the issues raised by nurses in the field of management was lack of attention to human resources improvement. This theme included six categories: lack of motivation in some nurses, leaving emergency room, nurses having a contract, lack of experience in some staff, some nurses’ inadequate working, and insufficient number of nurses.

Lack of Motivation in Nurses
Another issue in management field mentioned by nurses was related to lack of motivation. They pointed out that there was a financial gap in their workplace. Nurses expressed that financial incentives played an important role for them and could encourage their work. One of the participants said: “The only motivation which is left for nurses is financial incentives. Anyone who says money is not effective is wrong. The point is not the salary itself but it is the amount of salary which makes a difference. Financial incentives are very critical. The gap between doctors and paramedics is so huge that has left no motivation and it should not be denied” n 16.

Leaving Emergency Room
Nurses’ leaving emergency room suggested lack of attention to human resources improvement. Due to the delay in employing nurses and the time-consuming process of hiring nurses, they were recruited and hired by other centers. Moreover, because of the heavy workload and the great number of personnel in emergency room, skilled and professional staff went to other units of hospital and consequently emergency room was always facing shortage of nurses.

“As soon as nurses get acquainted with the system, they go and get employed elsewhere. Employing them takes such a long time that they go elsewhere. Unfortunately, the hospital does not recruit new staff” n 13.

“It is very crowded in general ward. Patients come any time. Several patients are simultaneously brought to general ward. It cannot be predicted how many patients will be there. Therefore, skilled and experienced staff goes to general ward because of these problems. As a result, we lose the experienced staff. This affects the treatment process efficacy. Experienced staff should not leave emergency room and go to general ward” n 2.

Nurses having a contract
Another example of lack of attention to human resources in emergency room was that some nurses were under contract or their wages were even paid daily. Limitations in recruiting staff interrupted nurses being officially employed. About 70 percent of nurses were under contract and in case of finding a better opportunity, they would leave hospital. Working under contract also brought about a disadvantage of not working eagerly and efficiently. One of the nurses mentioned: “Another thing I must mention is that this hospital has so many facilities while seventy percent of the staff are under contract and receive daily wages. Accordingly, they do not feel responsible for anything. If staff is officially employed, they fell responsible for deficiencies, object, and try to solve the problems whereas staff under contract just wait until their shift is finished and go” n 13.

Lack of Experience in Some Nurses
Lack of attention to human resources and not employing new staff caused shortage of skilled personnel and lack of experience in some nurses. Lack of clear policies to recruit and retain nurses in emergency room caused inexperienced staff to get recruited. Nurses working in emergency room were often chosen out of two groups. They were either new staff or punitive personnel from other units. Another issue was lack of attention to the quality of emergency room nurses’ work from the side of nursing managers. It was confirmed by nurses.

“During my talks with the hospital's nursing director, I told him, “You send staff to the emergency room as a punishment or to gain experience while here is no place for these things. Staff should gain experience in internal wards or operating room” n 12.
“Emergency room nurses should be revised. There is some staff that is not appropriate for here. Other personnel get bothered too because of their attitude and performance. They have come to the emergency room without any other experiences. When you are on the same shift with them, you should look after them. It is crazy in triage. They have even trouble in Venipuncture” n 11.

Some Nurses’ Inadequate Working
Lack of attention to human resources improvement in emergency room resulted in nurses’ indifference, inappropriate behavior of some nurses, and also not understanding patients’ conditions, particularly disabled veterans and emergency room patients. One of the participants said:
“Sometimes I feel that in emergency room (of any hospitals) some personnel do not work as they should. They may have financial problems or difficulties in life or at work. As a result, they do not respect patients very much. Patients’ reverence, especially of the disabled veterans, should be kept. Since the veterans have aged and suffer from physical and psychological problems, young nurses may not understand their circumstances. It is expected from the older ones, who understand them more, to force themselves and others to efficiently carry out their treatment and care. They should try to at least behave well even if they cannot do anything for them. It is important to have appropriate behavior with people who were at war. I really regret it. If people like me, do not understand their sorrow, who else understands? If they shouted at me, I should not shout louder. This is one of the worst ways. If a patient who had been at war slapped me in the ear, I should tolerate and say nothing” n 6.

Insufficient Number of Nurses
Participants also mentioned insufficient number of nurses as a result of lack of attention to improve and retain nurses in emergency room. Although emergency room is a crowded ward, the number of staff who leaves the room is usually more than the ones who enter it. As a result, patients have suffered major damage. In some cases, due to the shortage of nursing staff, patients died. Participants’ views confirmed this issue.
“Emergency room needs more male nurses. In recent months, four nurses have left here without being substituted” n 10.
“One of our patients had gone to the rest room and had fallen into the toilet. As we did not have enough personnel, the patient had gone to the rest room without informing anyone. After that, we moved him to his bed and took necessary measures but unfortunately to no avail. Another patient arrested on the way to CCU. Of course a nurse was accompanying him but the presence of a Licensed practical nurse assistants could help more. Before a patient is moved to general ward, some preparations are needed and there should always be a nurse with the patient. Shortage of staff results in many problems” n 13.

Insufficient Number of Nurses
Other experiences of nurses in the field of emergency room management were related to the management challenges and shortcomings. This theme included two categories of basic and functional challenges and shortcomings. The category of basic challenges had three sub-categories of inappropriateness of the processes, lack of instructions, and lack of attention to suggestions.

Inappropriateness of the Processes
One of the basic challenges in emergency room was resulted from the existing processes there. For instance, after triage, it was decided that there was no urgent need for doctor’s examination. However, the patient entered emergency room from another door and got examined by the doctor. One of the participants said:
“It happens a lot. We tell our patients that their condition is not urgent. They go but enter another door to be examined by emergency room doctor. There should be a rule that doctors do not examine patients without triage sheet” n 15.

Lack of Instructions
Another basic challenge in emergency room was lack of instructions in various areas of emergency rooms. There were no instructions on staff distribution in different parts of
emergency room. Even officials and managers did not have the ability to move personnel in various parts of the hospitals. One of the nurses said:

“We do not have a legal framework for working in emergency room. We do not have guidelines for triage so we can punish those who act against them. In case of shortage of staff, supervisors should be required to provide them. For example, in the past holidays, there was just one patient in one of the wards with six nurses but the supervisor could not bring one of them to the emergency room” n 13.

Lack of Attention to Suggestions
Participants in this study also pointed to another basic problem, that the administration did not heed their suggestions. Most nurses expressed that officials needed to listen to their suggestions and their opinions should be asked about managing the emergency room. Participants’ words confirmed this issue.

“We offer our suggestions to the nurse's office director or the person in charge of emergency room. We repeat them every day or month, but unfortunately no measures are taken” n 13.

Functional challenges and shortcomings were also among the defects of managers’ performance in emergency room. This category included four sub-categories of delay in performing paraclinical tasks, lack of support for nurses, deficiencies in training, poor control and inappropriate supervision.

Delay in Performing Paraclinical Tasks
One of the functional problems was delay in performing paraclinical tasks in emergency room. When various parts of paraclinical including laboratory, radiology room and ultrasound room delayed in their work, it made patients stay longer in emergency room and as a result it became crowded there.

“It takes two hours for the laboratory to announce the test results. Radiology personnel also do not cooperate properly. For example, emergency patients are told to come half an hour later to undergo radiology process” n 15.

“Ultrasound scan should be done 24 hours a day. Patients sometime stay here all night for an ultrasound scan. For example, a surgeon is just waiting for an ultrasound scan to decide what to do. Laboratory should also perform the needed tests quickly” n 1.

Lack of Support for Nurses
Lack of support for nurses was managers’ another functional problem. Nurses stated that they were not supported by management when they needed it. They asserted that if they were supported by the management, they would work more confidently, could deal with the problems, and also would feel more relaxed. Participants mentioned:

“We had a patient who was a sixteen-year-old girl and had attempted suicide with rat poison. The emergency room staff tried for forty minutes, but unfortunately it was not effective and the patient died. The patient’s mother could not control herself and started screaming. She insulted nurses and doctors, ignoring all their attempts. Licensed practical nurse assistants were moving the corpse when they were caught in front of the morgue and were beaten by the girl’s companions. Worst of all, there was no supporting system. Even nurse's office did not support either” n 4.

“It is better not to reprimand and punish nurses if a patient faces problems after triage. System can support them instead. Errors in medical units including nursing are inevitable. This support makes nurses feel comfortable, do their job properly, and in addition to their physical presence, be effective too” n 12.

Deficiencies in Training
Deficiency in training was another management challenge in emergency room. The participants suggested that the trainer of the ward occasionally would test nurses and hold educational programs where nurses needed training.

“If nurses are aware, they work more effectively. There should be someone to give nurses a test, ask them some questions, and check the files to see what should have been done. If there is a trainer, s/he is expected to control the situation. If nurses’ knowledge level is low, it can be strengthened by training” n 8.

Poor Control and Inappropriate Supervision
Among functional challenges which the participants mentioned, there was weakness in control and supervision. Careless and inadequate supervision of the work done in emergency room was one of the major problems of supervision. Moreover, observation seemed to be more like preventive actions rather than providing guidelines. Participants stated that nurses got demotivated as a result of such supervision. One of the nurse’s experiences confirmed this issue.

“Another point in emergency room is little supervision. Our supervisors never came to see how accurately we work, whether the patients are taken care of or not, if the medicine have been really given to the patients. They pay attention mostly to the nurses’ punctuality. It is not important for them whether nurses have really worked or how they have done it. They should come and see if nurses give the right medicine to patients according to the instructions. However, they just check for the date of cannula, or the label of serum. Some of them are so fussy. They do not value supervising on major issues and encouraging nurses. If nurses are encouraged, they work more efficiently. If supervision is exercised properly, other problems will be solved too” n17.

As discussed above, major management problems in emergency room lay in three main areas of welfare, personnel, and basic and functional management deficiencies.

**Discussion**

This study seeks to investigate nurses’ understanding of emergency room management in two teaching hospitals in Tehran. The findings show that emergency room management is faced with several challenges in the areas of welfare, human resources and basic and functional management deficiencies. In this study, two of the acquired themes were managers’ lack of attention to human resources in the field of needs and improvement. Beckett et al (2007), in their study, stated that nurses’ lack of time, insufficient number of nurses, low value of the job, and lack of motivation as obstacles for nurses’ effective performance [11]. Among the four factors proposed by Beckett, two factors of insufficient number of nurses and lack of motivation are similar to our study, but nurses’ lack of time and low value of nursing task are different from our study. It seems that the reason of similarity is based on the similar nature of management and the reason for differences lies in different emergency environment in other factors. In addition, in our study, insufficient number of nurses was another management problem in the field of human resources. The studies of Laschinger et al during 1996 to 2001 suggested that insufficient number of nurses was a structural variable which caused their sense of dissatisfaction, lack of control, and lack of power by forcing nurses [12]. Another acquired theme in the present study was basic and functional management problems. Other studies revealed that basic and functional management problems such as increase in treatment costs, reduction in number of skilled nurses, and recruiting inexperienced nurses or other medical staff instead of professional nurses had reverse effects on patients’ treatment [13]. Several other studies also found the same factors in the field of management problems as those of this study. However, various studies reported that workplace conditions, valuing nurses by managers [14 and 16] and teamwork had a major influence on nurses’ performance development [17]. Moloney (1992) also noted that if a person feels that his work was not worth a proper value in the organization or community, their confidence, motivation and performance would decrease [18]. Almost & Laschinge (2002) and Nikbakht (1381) also mentioned poor performance of nursing managers as a factor to decrease nurses’ motivation so that they would stick to the medical orders only [3 and 4]. Upton (1999), Dubouloz et al (1999), and Bennett (2003) mentioned lack of self-confidence as one of key factors limiting evidence-based performance [19 and 21]. Other studies also confirmed the effect of high self-confidence on the sense of empowerment, improving performance,
decision making speed, and nurses’ willingness to practice based on scientific evidence and facts [12, 22 and 24].

Judkins conducted a study in February 2003 in a medical centre in Victoria, Australia. After changes in the physical environment and patients’ general treatment, the participants’ satisfaction level was clearly improved [25]. All of these findings confirmed the necessity for managers to create a favorable working environment, value scientific performance through applying encouraging activities and developing positive monitoring systems.

It seems that personnel problems, insufficient number of nurses, and critically ill patients did not only exist in the present study. They caused stress in other environments too. Bennett et al (2003), Melnyk et al (2001), and Nagy (2004) have also reported that lack of time and large number of patients were major obstacles for nurses to use research evidence in treatment [15, 26 and 27].

In another study carried out by Renea et al (2008) in the U.S. under the name of “nursing are for dying patients in emergency room”, the findings showed that nurses’ heavy workload in emergency room results in low quality of nursing care. Poor design of the physical space of emergency room was also an important factor in this area. Patients’ companions were not familiar with the real meaning of nurses’ task in emergency room. The results of this study revealed that there was a wide range of treatments in emergency room and there were a lot of factors involved in there, among which emergency room personnel and environment are important ones. Therefore, more extensive studies are needed to understand the concept of caring better and more [5].

Other problems related to human resources in the present study were lack of motivation, inadequate working, and lack of experience in some nurses. Kihlgren et al (2005) in Sweden conducted a study by the name of "taking care of elderly patients in emergency room". The findings suggested that emergency room nurses needed to have a deep understanding of the elderly in the society and feel responsible for patients. Furthermore, they needed to be experienced enough in patients’ care and be aware of different needs of patients regarding care [27]. The findings of our study showed that some problems of emergency room management resulted from nurses’ not knowing patients’ position. Lack of motivation and inadequate experience of some nurses in our study also could affect this issue.

In this study, inappropriate processes and lack of instructions were major problems in the field of management. In their study, Selbst et al found out some management problems which decreased the accuracy of night shift nurses. These several factors included being crowded, tension, fatigue, sleep deprivation, high working pressure, and presence of multiple stimuli in the environment. These findings correlate with those of our study. This is due to the similar nature of management problems of emergency room in different environments [28].

**Conclusion**

Findings of this study prove that major management problems of emergency room are related to three main fields of welfare, human resources, and basic and functional management deficiencies.

It would be best if managers try to solve management problems in emergency room. They can reach this goal through creating welfare for patients and nurses in emergency room, solving human resources problems by providing motivation, removing the problem of inadequate number of nurses by employing young nurses, and increasing their salary. Managers can also remove basic problems via defining processes, setting instructions, paying attention to the issue of manager and management and heeding suggestions. To remove functional problems, managers can quicken paraclinical tasks, support nurses, organize affairs in emergency room properly, and develop appropriate training, supervision, and control.

According to the characteristics of qualitative studies, generalizing the results of this study is limited to the studied environment. Therefore, it is suggested that similar studies
are conducted to identify management problems more.

Acknowledgements
Researchers express their gratitude to all participants in this study who patiently and eagerly attended the interviews and shared their experiences and ideas with the researchers.

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