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Client-Centered Emergency Care

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Since Florence Nightingale, nurses have agreed that care should be individualized for each patient. Emergency care is no different and texts on this subject instruct the nurse to involve the client in his own care and to recognize that being an emergency victim is physically and psychologically difficult for the client.[1] But just what is client-centered emergency care and are clients getting it?

A client is brought to the emergency room, unconscious, with severe head trauma resulting from a motorcycle accident.[2] In this instance client-centered care consists of the nurse reacting swiftly and probably unemotionally. It is not in the client's best interest at this time for the nurse to try to ascertain that person's values and life views. Here client-centered care is compatible with the values and views of both the nurse and the institution.

There are times, however, when an emergency does not require such swift, automatic response, yet care is still not client-centered. Injury-centered emergency care is most familiar to and less emotionally draining for the caregiver. This non-personalized care includes only the values of the caregiver since no attempt is made to ascertain the values of the victim. Becoming personally involved with the victim is the only way the nurse can ascertain the values and lifestyle of the client. And in those instances when the nurse cannot become personally involved with the victim, it is, nevertheless, the nurse's role, as coordinator of care, to see to it that somebody does become involved.

A young man who has experienced traumatic amputation of his foot requires care to his injury and supportive care tailored, as much as possible, to his particular values and lifestyle. This might be accomplished in different ways: by letting a friend or relative remain with the client, or assigning a staff member — nurse, aide, orderly, etc. — to listen and respond to the client's emotional needs and concerns. If the situation is so hectic that the nurse providing care is able only to attend to the injury, she may at least acknowledge verbally to the client her awareness that he may have emotional needs, fears, etc., to which she is unable to respond at that time.

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The key to any form of emotional support to the client is that it be client-centered. Through client-centered emotional care, the caregiver begins to establish contact with the client that helps bring him into decision-making regarding the care; the care becomes a response to the client's values and belief systems, not to those of the caregiver or the institution.

Robinson says that emergency nurses frequently find themselves in the double-bind of trying to function efficiently in response to the presenting injury while being expected to act as "mother hens," showing the client attentiveness and concern. He believes that this is an unrealistic demand which nurses may respond to by "withdrawing their involvement in patient care, perhaps a little at a time . . ."[3] It is in this withdrawal that nurses start substituting their own values by giving care rather than going through the potentially emotionally draining experience of making true personal contact with the client. The problem lies in the emergency nurse trying to meet all of

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