An Uneasy Subjection: The Emergency Room Encounters of Health Professionals and Women with Cardiac Symptoms

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Acknowledgements

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Research Questions

- How does the ER encounter serve to construct the identity, understandings and practices for women with symptoms of heart disease as well as health professionals?
- In what ways are the articulated understandings and practices of women with symptoms of heart disease divergent from those of health professionals?
Research Method

“Analytics of Interpretive Practice” (Holstein & Gubrium, 2005)

Discourse analysis

- Combines ethnomethodologic and Foucauldian perspective
Discourse

- Beliefs and practices regarding health and illness are constructed and reinforced repeatedly through discourse.
- Institutions such as hospitals provide resources for this ongoing construction.
Data Collection

- Field observation
  - shadowing of nurses and physicians in their practice
- Interviews:
  - Women who have sought care in the Emergency Room
  - Health professionals working in the Emergency Room
Field Observations

The Emergency Room: The portal through which each must pass
Field Observations

Performance/Construction of Identity that ‘fits’ through the slit in the triage window

CTAS Scoring: A Mechanism of Power
Field Observations

Many Urgent and Dangerous Issues Visibly Hang in the Balance

Constant Threat of Impending Chaos
Field Observations

Constant orientation of health professionals to limited resources
Field Observations

Enduring Professional Dissonance: Surrendering to the Peril
Field Observations

Computer Technology:
A Mechanism of Power
A Form of Constraint
Field Observations

Determinants of Health a little closer to the surface here

And yet...missing in the discourse
Field Observations

Disciplining Patient Presentations
Interviews with Women

*Needing to convey the complexities of their lives*
Interviews with Women

Resistance to accepting new identity as having cardiac disease
Interviews with Women

*Presenting themselves as competent and deserving health care recipients....yet Reluctantly in charge of their precarious health*
Interviews with Women

Orientation to Time: Invoking the Discourse of Biomedicine and Efficiency
Interviews with Women

Protecting their families and significant others
Interviews with Women

Constant surveillance of themselves and their day to day practices:

Constant orientation to their own mortality:

Overwhelming anxiety
Interviews with Women

Outsiders in their health care experiences
Interviews with Women

Losing trust in health care
Interviews with Health Professionals

**Strong orientation to biomedical perspective**

Described ‘good’ practice in terms of efficiency, multitasking, ability to attend to life threatening events efficiently
Interviews with Health Professionals

Continually asked to reflect on and justify their way of practicing
Interviews with Health Professionals

A New Technique of Assessing Patients: Changing the Gaze of Health Professionals
Interviews with Health Professionals

Acknowledging the Peril
Implications for Health Professionals

Have the patients’ lives and circumstances become invisible or irrelevant in the current health care milieu?
Implications for Health Professionals

Have we allowed our practice to be seduced into aligning with the institutional discourse of efficiency?
Implications for Health Professionals

Challenging the discourse of limited resources
Implications for Health Professionals

Ensuring the enactment of “just compassion” in our care

Implications for Health Professionals

What are the larger health policy implications?
Implications for Health Professionals

Optimizing care within the healthcare encounter itself
Implications for Health Professionals

Attention to the roar of the everyday battle in which health is really being managed
Thank you

I invite your comments or questions