



Ambulance personnel's experience of pain management for patients with a suspected hip fracture: A qualitative study



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ARTICLE INFO

Article history:

Received 16 August 2014

Received in revised form 23 December 2014

Accepted 30 December 2014

Keywords:

Emergency medical services

Prehospital

Hip fracture

Pain

Ambulance personnel

Critical incident technique

ABSTRACT

Pain management is described to be insufficient for patients suffering from a hip fracture, and the management for this vulnerable group of patients may be challenging due to their medical history (multiple comorbidities) and polypharmacy. Previous research has mainly focused on fast tracks aiming to reduce time to surgery. But the research on how pain management is handled for these patients in the prehospital context has been sparse. Therefore, the purpose of this study was to describe the ambulance personnel's experience of managing the pain of patients with a suspected hip fracture. A descriptive and qualitative design with Critical Incident Technique was used for collecting data. Moreover, a qualitative content analysis was used for analysing the collected data. Twenty-two participants communicated their experiences and 51 incidents were analysed. The main finding in the study was that the ambulance personnel, by using their clinical knowledge and by empowering the patients to participate in their own care, managed to individualize the pain relief for patients with a suspected hip fracture through a variety of interventions.

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1. Introduction

Injuries to elderly people caused by falls are an increasing issue around the world, and the highest rates of patients suffering from hip fractures due to falls are found in North Europe and the United States (Dhanwal et al., 2011). In Sweden, approximately 18 000 patients are treated for a hip fracture annually (National Board of Health and Welfare, 2013). A hip fracture is associated with pain, and the pain is associated with increased risk of complications such as: delirium, depression, sleep disturbance and decreased response to interventions for other illnesses (Abou-Setta et al., 2011). Pain management for this vulnerable group of patients suffering from a hip fracture may be challenging due to their medical history (multiple comorbidities) and polypharmacy. The patients may also be difficult to assess since they may have other signs and symptoms of pain due to ageing (Graf and Puntillo, 2003). There could also be hindrances in communicating the pain due to dementia or acute confusion as a result of the injury (Abou-Setta et al., 2011; Graf and

Puntillo, 2003). Considered together, these factors may limit the choice of suitable analgesics to reduce the patients' pain. Nevertheless, when a patient suffers a suspected hip fracture, it is commonly the ambulance service that provides the initial care. To provide care for these patients can be complex since often painful movements are necessary before transport to the emergency department and final treatment of the fracture. Previous studies confirm these difficulties; the pain management in the prehospital context has been described as insufficient for patients suffering from a hip fracture (Abou-Setta et al., 2011; Aronsson et al., 2014; McEachin et al., 2002). At present there are no specific guidelines describing how to alleviate the patient's pain when the ambulance personnel suspect a hip fracture; the guidelines only give a general description of what should be done when there is pain (Stockholm County of Council, 2012). There have been attempts to improve the treatment of pain in the prehospital context for patients suffering from a hip fracture (Dochez et al., 2014), but the research on how pain management is handled for these patients in the prehospital context is still sparse. Previous studies from a prehospital perspective have instead mainly focused on fast tracks aiming to reduce time to surgery for patients with a suspected hip fracture (Kosy et al., 2013; Larsson and Holgers, 2011) and suggestions on how pain should be managed in trauma overall (Gausche-Hill et al., 2014). Therefore, the purpose of this study was

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to describe the ambulance personnel's experience of managing the pain of patients with a suspected hip fracture.

2. Method

A descriptive and qualitative design in accordance with Flanagan's Critical Incident Technique (CIT) was used (Flanagan, 1954). The study was approved by the medical research ethics committee, Stockholm, Sweden (Dnr:2013/1520-32).

2.1. Context

The regional County Council in Stockholm, Sweden is responsible for the ambulance service, and the service is provided by the organizations within the county and private companies contracted by the County Council. This study was carried out during spring 2014 at two of three companies contracted by the County Council to provide ambulance services. During 2013, the county had a population of about 2.1 million inhabitants and the ambulance services conducted 185 990 ambulance assignments. Out of these ambulance assignments, approximately 5 000 involved patients with suspected hip fracture. The ambulance crew consists of two persons – a Prehospital Emergency Care Nurse and an Emergency Medical Technician, both recertified every other year. All ambulance personnel are required to follow pre-determined medical guidelines (Stockholm County of Council, 2012). In accordance with these medical guidelines, the ambulance personnel should, after assessment and necessary treatment, manage the patients pain with oral or/and intravenous medication if needed.

2.2. Data collection and participants

CIT is described to be a flexible set of principles applied to gather information about how experts act in a specific situation and the meanings they attach to the situation (Flanagan, 1954). Observations of human behaviour that are considered to have definitive positive or negative effects on defined situations are collected with this inductive method (Flanagan, 1954). CIT can be used to find solutions to real practical problems and is also useful to reflect on professional practice by either direct observation or by obtaining participants' described memories of a specific incident (Hettlage and Steinlin, 2006). Because of this, CIT was considered to be a feasible way of collecting data to achieve the aim of this study. The participants were ambulance personnel, working in the ambulance services and with at least three years' of clinical experience in the prehospital context. A convenient selection of participants was conducted (Patton, 2002), since all personnel working in the ambulance services for more than three years have taken care of several patients with a suspected hip fracture. The participants were asked during their shift if they would share their experiences of caring for patients with a suspected hip fracture, and those who answered 'yes' were included and received written information about the study. Twenty-two interviews were considered to be sufficient and manageable for a qualitative content analysis (Patton, 2002). Among the included participants, the experiences from the prehospital context varied from 3 to 34 years (mean 13 years). Both Prehospital Emergency Care Nurses ($n = 18$) and Emergency Medical Technicians ($n = 4$) were interviewed. The age varied from 29 to 57 years (mean 43 years) and both men and women participated in the study. Face-to-face interviews were conducted, with the time and place selected by the participant. All the interviews started with an overall discussion that occurred naturally and were not tape-recorded. When recording started, the participant received instructions and information about the aim of the study. To ensure that all participants received the same instructions, a pre-written text was used. The participants were then encouraged to select a

patient with a suspected hip fracture, from their own experience, and describe how they cared for the patient. In accordance with Flanagan's descriptions of CIT, the respondents were encouraged to describe both positive and negative incidents that they perceived as being significant for the caring of the patient (Flanagan, 1954). Twenty-two interviews were conducted and each one lasted from 6 to 17 minutes (mean 12 minutes). All interviews were transcribed verbatim in connection with the interview. Memos were also written to improve the interviewers' recall of each interview.

2.3. Analysis

The data analysis was conducted using qualitative content analysis as described by Hsieh and Shannon (2005). The first part of the analysis consisted of listening and transcribing the interviews. During the transcription, reflections derived from listening to the interviews were noted and compared with the written memos. Issues that had been raised in the memos were answered by listening to the interviews and the questions that arose from the transcripts were answered via the memos. The second part of the analysis consisted of reading all the transcribed material several times to obtain a sense of the whole. The next step consisted of identifying the described critical incidents and collecting them into an electronic spreadsheet. All the incidents were numbered in order to identify each incident and associate it with a participant. Out of the 22 interviews, a total of 51 critical incidences were included for further analysis. Next, coding of the incidents was done. According to Hsieh and Shannon, the coding is a summary and a reflection on the incident (Hsieh and Shannon, 2005) (an example is in Table 1).

After the coding of the incidents, a coding sheet with all the codes was created and then further categorized into sub-categories. The sub-categories with similar content were then grouped together as main categories (see an example in Table 2).

The first author read the transcripts and evaluated the classification of codes and sub-categories several times in order to be true to the ambulance personnel's descriptions. Then co-assessment during the analysis was conducted by all the other authors aiming to refine

Table 1

Illustration of the coding describing ambulance personnel's management of pain.

Interview	Described incident	Code
Number X	During the transport of the injured patient: "On the stretcher, I raised or lowered the patient's knee when the patient wished. I put a towel under the patient's back to relieve the pressure on the injured hip during transport to the emergency department. This made it a little bit better and less painful for the patient. But I needed to be very careful and make very small positional changes otherwise it may have led to worse pain for the patient"	- Facilitating transport to the ED - Careful position changes

Table 2

Illustration of the process from coding, sub-category to a main-category.

Code	Sub-category	Main-category
*Combining medicines with different effects	Strategies of selecting pharmacological analgesia	Care based on the individual patient needs
*Selection of medicine based on duration and onset time		
*Selection of analgesic based on patient's previous medical history		

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