



The Emergency Medical Service personnel's perception of the transportation of young children



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ABSTRACT

To our knowledge no previous studies have been made which describe the Emergency Medical Service (EMS) personnel's perceptions of transporting children and the care encounter between the child, the parent and the EMS personnel when separating the child and the parent specifically in an ambulance. The aim of this study was to gain an understanding of how EMS personnel perceive ambulance transport of children. The study was carried out in 2012 at one of three ambulance contractors in Stockholm. Twelve semi-structured interviews were conducted and the content analysis showed that transporting children induces stress and is deemed a precarious task by EMS personnel mainly because children are considered more vulnerable than adults and because of the necessity to separate the child from the parent during transport. There is a conflict between medical- and emotional wellbeing and traffic-safety during the transportation of children and a fear of insufficient ability to care for the child. The EMS personnel's vulnerability is evident in the complicated care situation associated with transporting children in an ambulance. These findings may be considered a first step in assessing if action is needed to improve care and patient safety during ambulance transportation of children.

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1. Introduction

To our knowledge no previous studies have been made which describe the Emergency Medical Service (EMS) personnel's perceptions of the care interaction between the child, the parent and the EMS personnel specifically in an ambulance in connection with the transport situation. EMS personnel are traveling at the highest speeds yet the safety equipment, such as child restraints, in the ambulances are not always used. Previous studies show that the prevalence of ambulance accidents is underestimated (Johnson et al., 2006; Lundälv, 2005; Slattery and Silver, 2009). The aim of this study is to gain an increased understanding of how EMS personnel perceive ambulance transportation of children.

2. Background

2.1. Children suffering from an illness or accident and their parents

Young children, in this study, mainly children under the age of seven, have difficulties in expressing their will and their wishes,

but a feeling of influence and control is fundamental to how a person experiences his/her health (Bischofberger et al., 2004). There are significant anatomical differences between children and adults (Suserud and Svensson, 2009). Concern about their children's condition along with a feeling of not knowing their role as carer is common among parents of children in hospitals. EMS personnel need to take into consideration the fact that parents need to be supported in order to support their children in care situations (Bentley, 2005; Bischofberger et al., 2004).

2.2. Emergency medical service

The EMS is defined by the National Board of Health and Welfare (NBHW) as "healthcare provided by healthcare professionals within or adjacent to the ambulance" (SOSFS, 2013:9). In Sweden all ambulances have a registered nurse for patient care – some with specialist pre-hospital accident and emergency training. All EMS personnel follow national medical guidelines (EMS Medical Guidelines in Stockholm County Council, 2013) containing protocols for procedures, and treatments of specific symptoms and groups of diagnoses.

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2.3. The child and parent's interaction with the EMS

The initial meeting is of vital importance to how patients experience pre-hospital care and the meeting with the health care professionals (Ahl and Nyström, 2011). Transporting a child in the ambulance requires separating the child and the parent and placing the child in a restraint. This separation may lead to conflicts between the EMS personnel, the parent and the child (Bischofberger et al., 2004).

2.4. Patient safety

The Swedish National Board of Health and Welfare (2009) defines patient safety as the identification and prevention of avoidable damage and risks caused by health care professionals, and adequate handling of issues that could have been avoided by health care professionals. Patient safety in pre-hospital care includes medical safety and traffic safety. It includes the ambulance transport and the use of safety equipment, such as child restraint. Traffic safety in this context refers to preventing harm caused by traffic risks and hazards. The non-use of child restraints plays a key role in the risk management for delivering care in the back of a moving ambulance. Swedish law requires the use of seatbelts (National Society for Road Safety, 2011). Children under 135 cm must use special safety equipment. The use of seatbelts reduces the risk of death or serious injury by 50–70%. Ambulances are equipped with child restraints, the PediMate, for children weighing 4.5 kg–18.0 kg (FERNO, 2011). There is no restraint available for children weighing less than 4–5 kg (EMS medical guidelines in Stockholm County Council, 2013). Medical safety in this context refers to the objective of ensuring adequate medical nursing for the critically ill child. Emotional well-being in this context refers to a desire to protect the child and the parent's emotional well-being as expressed by their need to be close to one another (Bentley, 2005; Forsner et al., 2005). Studies show that caring for a child is a delicate and challenging task because children and adults differ in terms of anatomy, physiology and psychology (Bischofberger et al., 2004; Suserud and Svensson, 2009). Studies have also shown that parents need to be supported to be able to support their children and that parents want to be involved in the care of their children to gain a sense of participation (Bentley, 2005; Bischofberger et al., 2004). Since this area in the EMS context appears to be unexplored, the aim of this study is to describe how EMS personnel perceive ambulance transportation of young children.

3. Method

Because the area is underexplored, a qualitative interview method with an inductive content analysis was chosen. If there is lack of previous knowledge about a phenomenon an inductive approach is recommended (Elo and Kyngäs, 2007). Qualitative content analysis describes variations related to differences and similarities in the data. It is an interpretative process, focusing on subject and context (Krippendorff, 2004).

3.1. Settings and sample

The study was carried out in 2012 at one of three ambulance contractors in Stockholm. Sweden has approximately 9 million inhabitants, of which 2 million live in Stockholm. The EMS in Stockholm had 174,161 documented patient assignments in 2012.

3.2. Data collection

Of the three ambulance contractors active in the Stockholm area, one agreed to participate in the study. The contractor performs 41% (n = 71,959) of all EMS documented patient assignments in Stock-

Table 1

Characteristics of the informants (n = 12).

	Interviewed (n = 12)
Age (year)	56 ± 32
Gender	
Female	6 (50.0%)
Male	6 (50.0%)
Work experience (year)	1–30
Personnel categories	
Emergency Medical Technicians	3
Registered Nurses	4
Prehospital Emergency Nurses	5

holm. Of these documented patient assignments, n = 662 (1%) were children between the ages of 0 and 7 years. A repeated request for participation as well as information about the study was sent out via e-mail to all nurses and paramedics, a total of 236 employees and signed consent was obtained from the 12 informants (Table 1) who chose to participate in the interviews. An inclusion criterion was that the informants should have at least 1 year of professional experience, variance regarding gender and experience was sought. Interviews were conducted by the first author between March and June 2012 and saturation was reached after interviewing approximately 10 informants after which two more interviews were conducted.

The informants were interviewed about their perceptions of ambulance transportation of children and the care interaction between the child, the parent and the EMS personnel specifically in the ambulance. The interviews did not cover arrival at the hospital or the collection and handover at the hospital. The interviews were analyzed with an open mind and with an awareness of the first author's prior understanding of the subject matter. The interviews were digitally sound-recorded with one open-ended question in order to collect individual narratives. The question was "How do you perceive the transportation of children?" In order to deepen the informant's narrative, further questions were posed such as "How do you perceive the practical and emotional aspects of the transport?" The interviews took place outside the informants' working hours in an undisturbed part of the contractor's premises and lasted between 12 and 25 minutes.

3.3. Data analysis

A qualitative content analysis was performed on the interviews to improve reliability; the interviews were initially analyzed independently by the three authors. Continuing the analytical process, the research group discussed the findings; this was done to maintain the balance between the researchers' prior-understanding of the subject matter and their openness to the content. Further analysis was then performed until the group reached consensus. The analysis process covers three main phases: preparation, organization and reporting. The first phase was to transcribe the interviews. The aim was to become immersed in the data, by reading through the transcribed interviews several times. The second phase was to organize the qualitative data, including three steps: open coding, creating categories and abstraction. The aim of the analysis was to answer the question "how" in relation to the question, i.e. how do ambulance personnel perceive the transport of young children under the age of seven? The headings described different aspects of the content and were collected on coding sheets. The coding resulted in new insights regarding the content, which led to the identification of similarities and differences of responses. The codes were condensed and then grouped into sub-categories and generic categories and further into a main category (Elo and Kyngäs, 2007). The main category is the most abstract understanding of the research question.

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