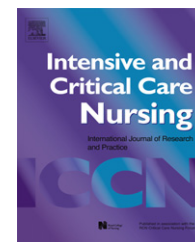




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## ORIGINAL ARTICLE

# Worries and concerns experienced by nurse specialists during inter-hospital transports of critically ill patients: A critical incident study

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### KEYWORDS

Inter-hospital transport;  
Worries and concerns;  
Managing;  
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### Summary

**Objectives:** Inter-hospital patient transports are required around the clock. During these transports it is the responsibility of the accompanying nurse specialists to ensure their patient's safety, while at the same time providing optimal nursing care in an unusual and often stressful situation. The aim of this study was to explore and describe the nurse specialists' cause of worries and concerns (WaC) and how they manage these.

**Design:** An explorative and qualitative design based on the critical incident technique was used. **Data collection:** Interviews were conducted with 30 nurse specialists within the fields of anaesthetic, intensive and pre-hospital care in the south of Sweden.

**Results:** WaC felt by the nurse specialists were based on being unable to influence their work situation, or carry out their tasks as expected. Their responses to these unusual situations were resolved by using internal (acquired knowledge and experience) and external resources (consulting colleagues having different competences).

**Conclusion:** A safe working environment improves the possibility to deliver a satisfactory work performance. Shared experiences and communication between colleagues should be encouraged; teamwork should be enhanced by the implementation of local and national training courses, and unambiguous work guidelines should be given.

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## Introduction

Nursing care and treatment of severely and critically ill patients must be provided at any hour of the day or night during inter-hospital transports. However, these constitute an element of risk for patients as described (Beckmann et al., 2004), as they involve fewer staff who are able to provide any care and treatment in case of problems

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(Lightenberg et al., 2005). Any decision concerning moving critically ill patients from well-staffed and well-equipped intensive care units (ICUs) must be based on careful consideration of any possible gains from the transport, as opposed to any possible risks which may occur (Warren et al., 2004). Reasons for transports may be, for example, the need for specialist care which is only available at other hospitals (Mackintosh, 2006; Warren et al., 2004), or the lack of available space or capacity in the ICU.

The structure of transport nursing teams varies, internationally as well as nationally. A team consists of a doctor and a nurse caring for the patient, or a specifically trained team, which is usually the case in paediatric emergency cases (Giardino et al., 1998). A nurse specialist or a doctor together with the ambulance staff can also be a team. At least two of these should be with the patient during the transport (Warren et al., 2004). When long distance transports are involved, aircraft or helicopters can be used, and there are different criteria for these (Wallace and Ridley, 1999). Some organizations use purpose-built vehicles for intensive care transports, which allow more space for staff and the installation of permanent intensive care equipment; however, the most often used are standard ambulances, which normally operate in pre-hospital accident and emergency situations (Lightenberg et al., 2005). These are supplied with the required equipment based on the needs of the patient. However, installations of any advanced monitoring systems must be minimized due to the limited space available in these vehicles (Warren et al., 2004).

The Swedish National Board of Health and Welfare (SOSFS, 2005:24) has determined that every ambulance should be staffed by a qualified nurse. Specialist training is provided for these nurses focusing on pre-hospital care, the ambulance being the normal working environment for these nurses. However, those nurse specialists, working within the fields of anaesthetic and intensive care, who have their daily work in operation theatres or ICUs, are unaccustomed to this ambulance environment (Giardino et al., 1998). The transport is often an emergency and critical situation, allowing very little time for any preparation for the nurse specialist who will be caring for the patient during their time in the ambulance. These immediate transports are only one of many different circumstances nurse specialists must be able to respond to, but they can be stressful, which may give rise to worries and concerns (WaC) (Crommett et al., 2002). The response to stress plays a very important role in the life of all human beings, both physically and mentally, since it is a natural reaction to demands made on the individual (Caine and Ter-Bagdasarian, 2003). Sudden changes and unexpected situations are perceived as physical or mental threats, challenging the individual's possibility of controlling the situation. Any situation which creates an emotional impact overpowering the individual's usual coping strategies, may give rise to both anxiety and apprehension in otherwise mentally balanced and healthy individuals (Caine and Ter-Bagdasarian, 2003; Jonsson et al., 2003). Feelings of WaC shown among ambulance staff can be related to specific types of emergencies, and their working environments (Svensson and Fridlund, 2008). Symptoms which can be compared to post-traumatic stress disorder (PTSD) have been observed among 15% of ambulance staff when relat-

ing their accounts of traumatic situations (Jonsson et al., 2003).

During inter-hospital transports the patient is removed from a relatively safe and well-known environment, and this leads to stress in a patient who is awake and conscious. The nurse's initial task is to establish a feeling of safety and security, as well as providing optimal care in this stressful and unusual situation (Wireklint-Sundström, 2005). What do the nurses consider to be critical situations? How do they manage? There are few, if any studies which have researched and described this area. The aim of this study was to explore and describe the nurse specialists' cause of WaC and how to manage these critical situations during inter-hospital transports of critically ill patients.

## Method

### Design

This study, which was based on an explorative design used a qualitative approach (Sharoff, 2007) has been conducted according to Flanagan's Critical Incident Technique (CIT). This involves the collection of real and well-defined situations, which are meaningful to the human reactions and behaviour which is the object of study. A critical situation is an important situation which affects those involved either in a positive or negative way. This approach involves the collection and documentation of critical situations through personal interviews, group interviews, questionnaires and observation instruments (Flanagan, 1954). The use of interviews allows clearer expressions of any possible psychological factors, which are difficult to obtain by using any other methods of data collection (Andersson and Nilsson, 1966).

### Ethical considerations and guidelines

This study was conducted according to the principles stated in the Ethical Guidelines for Nursing Research in the Nordic Countries (Sykepleiernes Samarbeid i Norden, 2003). Sweden does not require any special approval by an ethical committee unless the study involves physical and/or mental interventions concerning the persons being investigated (SFS, 2003:460). The study was carried out following written consent being obtained from those supervisors and managers whose units were involved. Personal consent from each participant was received and documented by the authors at the time of the interview. The participants were informed, both verbally and in writing that their participation was voluntary, and that they, if they so wished, could leave the study at any time without giving any explanation, and that all their personal information would be treated as strictly confidential.

### Participants

Data was collected from participants at one central hospital and two county hospitals in the south of Sweden. The selected participants were 30 nurse specialists within the fields of anaesthetic, intensive and pre-hospital care.

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