



Patients' experience of being badly treated in the ambulance service: A qualitative study of deviation reports in Sweden



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ABSTRACT

Objectives: The Swedish healthcare system aims to provide the best care possible, thus fulfilling legal and program requirements despite the need for reducing costs. This study's aim has been to acquire deeper understanding of the factors underlying patients' experience of inappropriate treatment and care or personnel's problematical attitudes during their contact with the Emergency Medical Services (EMS) (Ambulance Services).

Methods: This study used a care science perspective. It applied qualitative content analysis, analyzing data for meaning. Data comprised 32 deviation reports or complaints from patients in Stockholm, Sweden in 2014.

Results: Patients at the limits of their self-help experienced acute need for speedy transfer to hospital. Lack of recognition for their suffering caused them to feel badly treated by ambulance personnel.

Conclusion: Patients in this study felt objectified and not treated as individual human beings, i.e. they "suffered from care". Ambulance personnel should avoid patient objectification by establishing an engaged relationship with attentiveness and committal, thus supporting patients' health processes. The aim of this study has been to draw attention to patients' experiences of the healthcare they received, in order to be able to improve and maintain healthcare standards, thus guaranteeing continued quality of care. This may be achieved by increasing the awareness of personnel concerning how their attitudes and treatment can influence patient well-being. Information, education and follow-up lead to increased awareness in personnel. The intended result of personnel's increased awareness is greater well-being and feelings of security for patients.

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1. Introduction

It is challenging for healthcare personnel to comply with the highest standards and provide the best possible quality healthcare to all patients in need. Providing quality healthcare is not just about meeting patients' medical needs, but also about satisfying patients' needs for security based on the caregiver's respect for and genuine interest in each patient's well-being [21]. One of the goals according to Swedish Health Care law is that all personnel must provide as high quality medical healthcare as possible and promote good health. Healthcare must also be provided on equal terms for the entire population. Furthermore, the caregiver must provide care with due respect for the equal worth of all human

individuals. The caregiver must also decide on and prioritize the patient/s most in need of healthcare [22].

Patients' values, expectations and perceptions of care quality cannot automatically be equated with patient satisfaction. Patients' perceptions of care and what signifies good quality care are poorly defined. According to Attree [2], good quality care from the patient's point of view is individualized and focused on the patient. Care must be related to the patient's specific needs and humanistically implemented through a caring relationship. When patients end up in an unsustainable situation where, from their individual perspective, they experience that they have been wrongly treated by the healthcare system or personnel, they feel aggrieved, which implies increased suffering for them. A deviation is a written complaint to the healthcare system. Complaints may be written by patients and/or healthcare providers. We know very little at present about the exact number of deviations involving problems between healthcare providers and patients in the

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Emergency Medical Services (EMS) (Ambulance service) setting. We also know very little about the causes of these deviations. We do know that the number of patients harmed in connection with care and treatment is high. Patient incidents during somatic care in hospitals are estimated in a number of international studies to add up to between 3.7 to 16.6 percent of all cases [3,6,11,16,24,25,28,30,32]. Several studies [2,17,29] show the importance of healthcare personnel having an actively empathetic attitude in patient-caregiver relationships. Despite this, healthcare personnel receive numerous complaints annually about deviations involving the mistreatment of patients.

The aim of this study was to acquire deeper understanding of the factors underlying patients' experience of inappropriate treatment and care or personnel's problematical attitudes during their contact with the EMS.

2. Methods

This research has been carried out in a caring life-world science approach [8], based on documented patient perspectives of deviations. The general aim of a caring life-world science approach has been to describe care that reinforces and supports health [9] and to recognize the patients suffering as the main motivation for care [14,18].

2.1. Setting and sample

In 2014, Sweden had approximately nine million inhabitants. The study was carried out in Stockholm, the capital of Sweden, with two million inhabitants. Then, there were three EMS companies in Stockholm, of which two were privately owned and one was owned by the Stockholm County Council (SCC). SCC regulations stipulate that ambulances must be staffed by at least one Prehospital Emergency Nurse (PEN) and one Emergency Medical Technician (EMT). EMTs are Assistant Nurses with supplementary education in prehospital emergency care at the university level [5,33]. PENs have a Bachelor of Science Degree in Caring Science/Nursing plus a specialist ambulance nurse qualification, the requirements for which are courses totaling 60 credits [31].

Patients treated by the EMS in 2014 and who had written a deviation report or complaint to the ambulance service were included in the study.

2.2. Data collection

In February 2015, an agreement to participate in the study was accepted from Managing Directors and the Medical Directors of Stockholm's three ambulance companies. During this period, the EMS in the Stockholm area had almost 184,000 assignments from which a total of 47 written deviation reports were received. The three inclusion criteria were a) attitude and mistreatment problems b) in the prehospital setting c) from the year 2014. After the first selection (based on inclusion criteria), 32 incoming documented deviation reports relating to attitude problems and mistreatment were selected. Fifteen of the deviation reports were excluded as they covered incidents involving the Dispatch Centre and/or medical equipment.

The ambulance personnel's point of view regarding the deviation reports has *not* been taken into consideration.

2.3. Ethical considerations

The study was designed to meet the ethical principles for research prescribed by the International Council of Nurses [19]. The principles guarantee anonymity, integrity and confidentiality

for the participants. Furthermore, the ethical standards of the Helsinki Declaration [15] were respected.

2.4. Data analysis

A qualitative content analysis applying Elo's and Kyngäs' [12] framework was performed on patients' documented anonymous deviation reports that were received from the EMS, concerning patients' experience of inappropriate treatment and care or personnel's problematical attitudes during their contact with the EMS.

According Elo's and Kyngäs' [12], analysis processes can be divided into three main phases: preparation, organization and reporting. The first phase was to prepare documented anonymous deviation reports. Inductive analysis was chosen to describe the content. The free text was examined in order to get an idea of whether the content was sufficient to constitute data for analysis. The aim was to become familiar with the data, by reading through the free text several times. The second phase was to organize the qualitative data, including three steps: open coding, creating categories and abstraction. To increase reliability, the text was initially analyzed by the three authors independently of each other (VL, MA, and VV). The aim of the analysis was to answer the questions "what" and "how" in relation to the question, i.e. what characterizes patients' experiences and perceptions of receiving inappropriate treatment and care from the EMS in relation to their care needs?

Open coding involved making notes and creating headings in the text while reading. The headings described different aspects of the content. They were collected on coding sheets. The coding resulted in a new kind of thinking regarding the content. This then led to the identification of similarities and differences. The codes were condensed. Then they were grouped into subcategories and generic categories and finally into the main category. The formulation of the categories was based on a caring life-world science approach. The latent content and the most abstract understanding of the research question constitute the main category. Checks were made to ensure that the content had not been corrupted or lost its significance through abstraction. This was done by picking up the codes in the original context of the documented deviation reports received from the patients. Continuing the analysis process, the research group discussed the findings. This is an awareness technique to keep the balance between the researchers' pre-understanding and their openness to the content. Further analysis was then carried out until consensus was reached. The third phase was the conceptual map shown in Fig. 1. The quotations in the result have been directly translated by the three authors (VL, MA, and VV).

3. Results

The essence of patients' experience of the inappropriate treatment and care they received in the EMS was described as "*Unmet prehospital care needs and expectations create 'suffering' from care*". Two generic categories were found to underpin the main category above, initially identified as: "*Needing immediate help leads to dependency*" and "*The caregiver creates 'suffering from care' when the care is not up to expectations*". These two generic categories are presented below with their associated subcategories illustrated by quotations, see Fig. 1.

3.1. *Needing immediate help leads to dependency*

All patients in situations leading to deviation reports perceived their acute illness as serious and that they could not cope, i.e. they were in need of immediate help as their situation had become

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