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## Ambulance nurses' experiences of nursing critically ill and injured children: A difficult aspect of ambulance nursing care

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### ABSTRACT

**Background:** Ambulance nurses work daily in both emergency and non-emergency situations that can be demanding. One emotionally demanding situation for ambulance nurses is to nurse children who are ill. **Aim:** The aim of this study was to describe ambulance nurses' experiences of nursing critically ill or injured children.

**Method:** Eight specialist ambulance nurses were interviewed and the interviews were analyzed using qualitative content analysis.

**Findings:** The analysis resulted in one theme, a difficult aspect of ambulance nursing care, with five categories. The security of both child and parents was considered to be paramount. Ambulance nurses felt relieved when they handed over the responsibility and the child to the receiving unit. The ambulance nurses felt that more training, education and follow-up was desirable in order to increase their security when nursing children.

**Conclusion:** Ambulance nurses are subject to stressful feelings while nursing children. As providing reassurance to the child and its parents is a cornerstone of the treatment, it is important for the ambulance nurses to take the time to build up a trusting relationship in such an encounter. Skill development in the area might lead to increased security and reduce the mental burden resulting from negative stress.

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### Introduction

The work of an ambulance nurse requires high levels of knowledge and skill in order to be able to care for patients outside the hospital. Ambulance nurses have to meet and identify each individual patient's care needs in a variety of environments (Holmberg and Fagerberg, 2010). To carry out treatment and to take action, the ambulance nurse has to establish immediate trust in the relationship with the patient (Bruce et al., 2003b). Working as an ambulance nurse means nursing patients of different ages suffering from a variety of diseases or traumas. One of the prerequisites for an effective emergency medical service is a unique level of team collaboration (Ahl et al., 2005). According to Jewkes (2001) about 10% of all pre-hospital emergency alarms involve children, 5% of which represent a real need of urgent help. Pre-hospital emergency care for children is rare, but when a child falls acutely ill or is

injured rapid and effective response is required. Effective pre-hospital emergency care can reduce the number of deaths in children (Jewkes, 2001).

All ambulance emergencies involving children require specific knowledge because children of all ages have special needs. Ambulance nurses must have good knowledge of, and ability to anticipate, possible scenarios and situations that do not necessarily occur (Bruce et al., 2003a). Children and adults differ regarding anatomy, physiology and psychology, meaning that they have to be treated differently (Gaffney and Johnson, 2001). Ambulance nurses who are primarily trained in the care of adult patients must, therefore, reconsider what is normal and abnormal in the case of children. Management guidelines and equipment designed for adults are not suitable for children. In addition to coping with difference in size, training is needed in managing the equipment as techniques used in treating a child can sometimes differ (Athey et al., 1997).

A sick or injured child elicits many emotions within the family including fear and guilt (Athey et al., 1997). According to Bentley (2005) and Roden (2005) parents want to be involved in the care of their seriously ill child to gain a sense of participation and

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understanding and for communication about the child to be open and honest (Roden, 2005). Noyes (1999) describes how parents of acutely ill children put their own needs in second place, and totally focus on the child and their condition. Most parents think that their responsibility is to protect their child by being involved in the care (Bentley, 2005).

Forsner (2006) describes the fear that ill children experience because they are afraid that the treatment will hurt, that they will get injured by the examination or treatment, or that their feelings are ignored and they are subject to compulsion. Trust in other people may be adversely affected if the child becomes afraid when they require care. According to Athey et al. (1997) children's reactions to illness are affected by age; the younger the child, the more stressed it is likely to become in painful situations. Another aspect is the child's fear of the unknown. Bruce et al. (2003a) show that when communication difficulties with young children occur it is essential that the ambulance nurse cooperate with the child and the parents to create a feeling of safety. This means that the nurse must adapt the care to the child's needs and tell both the child and the parents what is about to happen. According to Houston and Pearson (2010) pre-hospital care of children is a great challenge. As children are so rarely in the pre-hospital emergency care the nursing of them will never be a matter of routine.

### Aim

The aim of this study was to describe ambulance nurses' experiences of nursing critically ill or injured children.

### Method

This study has a qualitative research approach based on semi-structured interviews. Qualitative research aims to develop a rich holistic understanding of the phenomenon being studied (Polit and Beck, 2012).

### Procedure

The heads of one ambulance station in southern Sweden and one in northern Sweden, gave permission for the authors to hand out information letters to those ambulance nurses working in their stations who met the inclusion criteria for participation in the study. In total eight ambulance nurses who met the inclusion criteria were informed about the study and asked to participate, all eight were interested in participating and answered the letter by signing a consent form. The first and second authors then contacted them by telephone and made appointments for the interviews in accordance with the participants' wishes.

### Participants

Eight trained ambulance nurses, three men and five women aged 30–48 years ( $md = 36$ ) participated in the study. The inclusion criteria were: to be specialist ambulance nurses, with at least 2 years' experience of pre hospital emergency care of critically ill and/or injured children aged up to 15 years. The participants' experience of pre-hospital emergency nursing care ranged from 3 to 9 years ( $md = 5$ ) and their prehospital experience of nursing critically ill and injured children ranged from approximately 8 to 100 children/year ( $md = 36/\text{year}$ ).

### Data collection

Data were collected by means of individual semi-structured interviews. The first and second authors each interviewed four

**Table 1**

Interview guide used in the study aimed at describing the experiences of ambulance nurses in nursing critically ill or injured children.

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Please:
Describe your feelings when you receive a call about a critically ill or injured child.
Describe how you prepare yourself on your way to the child.
Describe your experiences of nursing critically ill or injured children within ambulance care.
Describe your experiences of the weaknesses and strengths of different methods for nursing critically ill children within ambulance care.
Describe your experiences of reporting and leaving the sick child at the emergency department.
Describe your experiences of follow-up and reflect after nursing a critically ill child.
Describe your experiences of your education about nursing critically ill children within ambulance care.
Follow-up questions; Explain/describe/develop this more. What do you mean? How does it feel?

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participants and used an interview guide with open-ended questions that met the study's aim (Table 1). Each interview was recorded using a MP3 player; these files were kept secure so that only the authors had access to the data. The interviews were transcribed verbatim by the author who conducted the interview.

### Data analysis

The data were analyzed using qualitative content analysis according to Downe-Wamboldt (1992). Each interview text was read through several times in order to gain a sense of the content as a whole. The entire text for all eight interviews was then read in order to identify meaning units, guided by the aim of the study. The meaning units were condensed and sorted into categories related by content, constituting an expression of the manifest content of the text. All five final categories were then compared and a theme, i.e. threads of meaning that appeared in all categories was identified (Graneheim and Lundman, 2004).

### Ethical considerations

The University Ethics Committee approved the study and the unit managers in the two ambulance stations gave their permission for it to be carried out. Information about the study was repeated orally to the participants prior to starting the interviews. Assurances were given that all data would remain confidential, that participation was voluntary and that the participants had the right to withdraw at any time without prejudice.

### Findings

The theme and categories (Table 2) are presented in the text below and are illustrated with quotations from the interview text.

### A difficult aspect of ambulance nursing care

#### *Emergencies involving children create stress and strong feelings*

Participants described how when they got a call about an ill child they experienced special feelings, such as something like an adrenaline rush. All participants felt stress. A cardiac arrest alarm or an emergency where a child had got something stuck in the trachea were considered difficult, while cases involving a small child with febrile seizures or croup, for example, was considered manageable. Participants perceived that it took a long time to reach the child when what they wanted was to get there quickly. Serious

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