



Clinical education

Striving for balance - A qualitative study to explore the experiences of nurses new to the ambulance service in Sweden



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ABSTRACT

New nurses and nurses new to a professional practice go through a transition where they adopt a new professional identity. This has been described as a challenging time where peer support and limited responsibility are considered necessary.

Little is known about the experience of nurses being new to the ambulance service where support is limited and the nurse holds full responsibility of patient care. The aim of this study has therefore been to explore nurses' experiences during their first year of employment in the Swedish ambulance service.

Data was generated from semi-structured interviews with 13 nurses having less than 12 months of experience of work in the ambulance service. The nurses represented nine different districts in Sweden. Analysis was a latent inductive qualitative content analysis.

The analysis resulted in the main category, "Striving for balance during the transition process in the ambulance context".

Transition in the ambulance service was experienced as a balance act between emotions, expectations and a strive for professional development. The balance was negatively affected by harsh, condescending attitudes among colleagues and the lack of structured support and feedback. In striving for balance in their new professional practice, the nurses described personal, unsupervised strategies for professional development.

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1. Introduction

Registered nurses (RN) who enter a new professional practice encounter an array of challenges and emotions (Henderson et al., 2015). Independently of whether it is a case of RNs being completely new to the profession or experienced RNs entering a new speciality, it is considered a vulnerable time, and it is during this time that the majority of clinical mistakes and medical errors are made (Saintings et al., 2011).

Literature describes that nurses new to a professional practice benefit from peer support and limited responsibility during the first

year (Benner, 1982; Henderson et al., 2015).

Little is known about the experiences of nurses new to professional practices where support is limited and where the nurse holds the sole responsibility of acute ill or injured patients from day one.

This study has been conducted in the ambulance service in Sweden, which is described as a professional practice where each situation is unpredictable and the physician most commonly available only by telephone (Hagiwara et al., 2013; Sundström and Dahlberg, 2012). An ambulance team in Sweden consists of one RN or specialist nurse and one Emergency Medical Technician (EMT).

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2. Background

During the first year in a new professional practice, every RN goes through a developmental journey where new knowledge and skills are acquired and a transition to a new professional identity occurs (Schumacher and Meleis, 1994). Transition has most frequently been described in connection with nursing students becoming RNs as a complex “array of emotional, intellectual, physical, sociocultural and developmental issues” (Duchscher, 2008 s. 442). Feelings of stress related to fear of inadequacy, not knowing what to do and work overload are commonly described during this period of time (Chang and Hancock, 2003; O’Shea and Kelly, 2007; Valdez, 2008).

Even experienced RNs entering a new speciality may go through this same transformative journey (Benner, 2001; Chang et al., 2006). RN transition is popularly referred to using the five stages of the Dreyfus model of skill acquisition: Novice, Advanced beginner, Competent, Proficient and Expert, as described by Benner (1982). The RN enters a professional practice as a Novice, where every situation is new and the RN relies on context-free rules to guide their actions. In the following stages, Advanced beginner, Competent and Proficient, the RN gradually develops knowledge, skills and a holistic understanding of what is expected of them in the new practice. At Expert level, the RN has enormous experience and actions are guided by intuition (Benner, 1982). It is considered important during the transition process to limit the amount of responsibility and to provide effective guidance and support to the new RN (Andersson and Edberg, 2010; Duchscher, 2008; Henderson et al., 2015).

In settings such as intensive care units (ICU), primary care units and emergency care units, the experience of being new has been described as sometimes overwhelming and about “surviving” (Farnell and Dawson, 2006; Harrington, 2011; Messmer et al., 2004). In these environments, great demands are made on new RNs’ ability for critical thinking, clinical decision-making and self-confidence (Messmer et al., 2004). Periods of supernumerary time and mentorship are considered essential to assist new RNs to acquire extended knowledge and skills and to transition into competent practitioners (Farnell and Dawson, 2006; Messmer et al., 2004). For example in the ICU, primary and emergency care units, a supportive peer can be summoned, previous medical records of the patients can be collected and additional hands can be asked for assistance in new and challenging situations.

The Swedish National Board of Health and Welfare states that an ambulance must be staffed by at least one person who is qualified to administer drugs (SOSFS, 2009, 10). This has led to ambulances in Sweden being staffed by at least one RN or RN with a specialist degree. RNs working in the ambulance service are expected to work autonomously with limited resources, and to provide advanced care for patients with complex care needs in uncontrolled environments and pressured work conditions (Jensen, 2011; The Swedish Association for Ambulance Nurses and The Swedish Society of Nursing, 2012). Although RNs in the ambulance service can contact a physician by telephone, decisions have most often to be made autonomously. Little is known about RNs’ experience of being new to this context and therefore, the aim of this study was to explore RNs’ experiences of their first year of employment in the Swedish ambulance service.

By exploring RNs’ experiences of being new to a context with limited resources and support this study intends to contribute knowledge in the field of professional development in nursing.

3. Research design

In this study a qualitative approach was used to explore the

experience of RNs being new to the ambulance service.

3.1. Setting

The desired professional competence of ambulance staff varies internationally (Cooper and Grant, 2009; Kilner, 2004). In Sweden, each ambulance is staffed with one RN or an RN with a specialist degree and an Emergency Medical Technician (EMT). An EMT in Sweden holds the profession of an assistant nurse with 40 weeks of supplementary training in emergency care (Suserud et al., 1998). A specialist degree in nursing requires one year of additional training at the university (The Higher Education Ordinance, 1993). Even though a specialist degree in prehospital emergency care nursing is preferred in the ambulance service in Sweden, it is not a mandatory requirement. Other specialist nursing degrees, for example intensive care or anaesthesia, are accepted in the ambulance service as well.

A new RN rotates frequently and rarely work with the same colleague.

3.2. Informants

To identify specialist nurses with less than 12 months of experience in the ambulance service representing different areas of Sweden, a purposeful sampling strategy was used. Experiences may vary in rural and urban areas. By including informants from different geographical areas the purposeful sampling also aimed at obtaining a broad insight into the RNs experiences of being new to the ambulance service. All informants were specialist nurses in prehospital emergency care, except two who had yet to finish a last theoretical assignment before receiving their degree. These two RNs had received dispensation to work in the ambulance service by their employer. The informants will be referred to as RNs in this study. In total 85 possible informants were identified via Human resources and fifteen agreed to participate. Two were excluded due to substantial delay in giving informed consent to participate. In total, 13 RNs from nine different healthcare regions representing urban, suburban and rural areas were included (Table 1). Of the eight informants employed in urban areas four also worked at ambulance stations in rural areas.

3.3. Data collection

To collect in-depth and detailed data of the RNs experiences of being new to the ambulance service individual semi-structured interviews were used. The interviews were carried out at ambulance stations or in the RNs’ homes by the first author. A semi-structured interview guide was used (Patton, 1990), to ensure that the same topics were pursued and still allow flexibility in each interview. All interviews started with a question about the experiences of the first day followed by a question about the overall experience of working in the ambulance service. To allow both positive and negative experiences to be addressed two additional questions were prepared: “Can you tell me about a situation that you felt you were able to handle the way you wanted? And, can you tell me about a situation that you did not feel that you were able to handle the way you would have wanted?” Follow-up questions like “can you tell me more about that?” or “in what way did that affect you?” were asked continuously during the interview to add further depth and detail to the data (Patton, 1990). The interviews were tape-recorded and lasted between 38 and 56 min.

3.4. Data analysis

An inductive content analysis was carried out using the

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