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The care of patients assessed as not in need of emergency ambulance care – Registered nurses' lived experiences

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ABSTRACT

Aim: The aim of this study was to describe the care of patients assessed as not in need of emergency ambulance care, from Registered Nurse's lived experiences.
Background: Non-emergency patients in need of ambulance care are described as vulnerable and patients in ambulance care have earlier been found to be dependent on the Registered Nurse. However, little is known about the care of non-emergency patients in the ambulance setting, from the perspective of Registered Nurses.
Methods: A reflective lifeworld research design was chosen. Five Registered Nurses with experience of ambulance care were individually interviewed.
Results: The result reveals the essence of the phenomenon as a desire to provide good care in an on-going struggle between one's own and others' expectations. Three meaning constituents emerged in the description; *Being in a struggle between different expectations, Being in a questioned professional role,* and *Being in lack of support and formal directives.*
Conclusion: Registered Nurses' care for patients assessed as not in need of emergency ambulance care, is a complex struggle between different expectations. This may be related to the encounter between the nurse's and the patient's lifeworld.

1. Introduction

The Emergency Medical Service (EMS) provides advanced medical care to out-of-hospital patients [1], within or in direct connection to an ambulance vehicle. In Sweden the assessment of patients' need of EMS is made by the medical dispatch centres, using three priority levels: 1) acute life threatening conditions or accidents, 2) acute but non life-threatening conditions, and 3) other conditions requiring advanced care where it is judged that a longer response time will not negatively influence the patient's condition [2]. In 2014 the emergency medical dispatch centres in Sweden assessed approximately 1.2 million ambulance calls. These comprised 41% Priority 1, 48% Priority 2, 11% Priority 3 [3]. The EMS professional's assessment at the scene may change the initial priority level of the patient [4]. Some ambulance patients are not transported to a hospital after assessment [5], e.g. they may be left at the scene or transferred to primary care [6].

Ambulance transportation to hospital among patients with low-acuity conditions is found to be associated with vulnerable population categories (e.g. older age, psychiatric disease, homelessness) [7]. Non-emergency patients in the EMS are described as being in a state of insecurity and vulnerability due to not knowing what is wrong with them [5]. Hence while not being able to handle the illness, patients perceive that there is no other option than to call for an ambulance [8] and are thus dependent on the EMS professionals [9]. Furthermore, vulnerability in the emergency care setting may be seen as complex, involving psychological, social and/or physical aspects [10]. The caring professionals in EMS internationally are often paramedics and/or emergency medical technicians. However, in Sweden there is a requirement for at least one RN in each ambulance, with an overall responsibility for the care [11]. Usually a Swedish EMS team consists of two Registered Nurses (RNs) or one RN and one Emergency Medical Technician, with different level of training from the RN. Registered Nurses in the Swedish EMS experience their foremost responsibility as focusing on emergency medical assessment and treatment [12]. Initially RNs have to exclude life-threating and/or urgent medical conditions before assessing patients as not being in need of emergency ambulance care [6]. In addition the RNs have to perform medical assessment simultaneously while holistically assessing the patient's unique and subjective situation

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[12,13], which is also stressed by Swedish EMS managers as essential knowledge in pre-hospital care [14]. This demands the competence to autonomously initiate, perform and evaluate nursing care [15]. Taken together the RNs in the EMS have to assess the patient's need of care based on complex needs, and not only focused on medical care and treatment.

Patients' experiences of ambulance care have earlier been found to involve more than just medical treatment and to be related to the encounter with the RN [16]. Hence, care in the EMS may be understood as the establishment of a trustful and caring relationship with the patient [17], acknowledging his/her whole life-situation [12]. Thus, care may be described as incorporating medical care with an existential perspective on the patient [18]. This may be a challenge in the EMS setting, requiring the RNs to balance their medical assessment and the assessment of the patient's unique situation [17]. The challenges of accurate pre-hospital assessments have earlier been found to be related to both life-threatening and non-life-threatening conditions [19–21]. In addition ambulance care is characterized by the ambition to reduce time on scene [22] in order to increase patient survival from serious medical conditions [23].

Taken together the RNs in the EMS have to assess and care for a variety of complex patients' needs. Patients with low-acuity conditions assessed as not in need of emergency medical care form part of the EMS responsibility. These patients have earlier been described as vulnerable, seeing themselves as not being taken seriously by the EMS personnel. Thus RNs have an overall responsibility for the care of the patient in the Swedish EMS, and not only focus on life-threatening conditions. This requires the ability to assess and care for patients' medical needs as well as their psychological, social and existential needs, covering both acute and non-acute patients. Earlier studies have focused on patients' experiences of non-emergency ambulance care and there is a lack of knowledge based on RNs' perspectives. This knowledge is important in order to both understand the non-emergency care and the role of RNs in the EMS setting.

2. Aim

The aim was to describe the care for patients assessed as not in need of emergency ambulance care, from RNs' lived experiences.

3. Method

3.1. Design

In accordance with the aim a reflective lifeworld research design was chosen [24]. This method is based on the epistemological foundation as described by Husserl [25] and aims to illuminate and describe meanings of phenomena [24].

3.2. Participants and setting

The setting for the study was a Swedish EMS organisation covering a population of approximately 17.000 inhabitants. Contact was established with RNs at the EMS department using a convenient sample. The inclusion criteria required at least five years' of experience working as an RN in the ambulance service. Five years of experience was judged to ensure a variety of experiences from non-emergency ambulance assignments. Seven RNs received both written and verbal information about the study's design, aim and procedures. After one week the RNs were contacted by telephone, asking whether they would consent to participate. In total five RNs agreed to participate and practical arrangements for the interviews were made. Three participants were women and two were men. Their experience of working as RNs in the EMS varied from five to ten years. All the RNs were specialist-trained nurses; two in ambulance care, one in ambulance and intensive care, one in anaesthetic care and finally one as a midwife.

3.3. Data collection

Data was collected with open-ended individual interviews by the first author (CB) in spring 2015. Four of the interviews were carried out at the RN's home and one at the EMS department. The open-ended interviews were introduced with an overall question; "Can you tell me about an ordinary day at the EMS?" Follow up questions were posed such as; "When you say basic care, what do you mean?" Interviews varied between 60 and 90 min, were digitally recorded and transcribed verbatim.

3.4. Data analysis

The analysis commenced with reading the transcripts several times. Subsequently, meaning units were extracted and condensed. Similar meaning units were merged together into clusters. A cluster may be understood as a temporal pattern of meaning units, helping the researcher to identify structures describing the phenomena [24]. A careful and detailed reading followed in which the most invariant parts emerged, and the writing of the essence started. The essence is the essential meaning of the phenomenon and identified while the clusters are related to each other in order to form a new whole [24]. Both authors took part in this phase and while writing the essence variations emerged in the descriptions. Those variations were brought together in meaning constituents. The general structure of the phenomenon is described in the essence together with the description of the meaning constituents.

3.5. Ethical consideration

According to Swedish law formal ethical permission is not required for this kind of study [26]. However, the study underwent an ethical review in advance at the university and was carried out in line with the Declaration of Helsinki [27]. The manager of the EMS department approved the study. The RNs received verbal and written information about the study's aim and were told that they could withdraw at any time without stating reason. They were given one week to consider whether they were willing to participate or not. Before the interviews started the RNs had the opportunity to pose questions and signed an informed consent. The RNs were offered counsellor support after the interviews if needed. However, no one indicated a need for this. During the analysis the interviews were coded and only the first author (CB) had access to the code-key.

4. Results

The essence of the studied phenomenon is *a desire to provide good care in an ongoing struggle between different expectations*. This struggle means weariness and a risk of losing empathy for the patient, being torn between the patient's expectations and one's own expectation of care, and the formal responsibility of being an EMS professional. At the same time, this is balanced with a desire to care for the patient in an unprejudiced way. However, the lack of support and guidelines when assessing the patients engenders a sense of loneliness in this process. A high workload of dispatch calls where the patient is assessed as not having acute emergency needs increases fatigue, frustration, bitterness and the risk of losing empathy. Hence the ambition was articulated to be aware of this and to try to ignore one's own feelings in order not to influence colleagues or create an uncaring culture. However, at times it was difficult to hide a lack of empathy, resulting in rough or unpleasant treatment of patients. On the other hand when finding a meaning in the encounter with the patient the participants experienced joy and pride, which helped them in their struggle.