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"A call for a clear assignment" – A focus group study of the ambulance service in Sweden, as experienced by present and former employees

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ABSTRACT

Aim: The aim was to explore the ambulance service as experienced by present and former employees.
Background: Over the last decade, the number of ambulance assignments has increased annually by about 10%, and as many as 50% of all ambulance assignments are considered non-urgent. This raises questions about which assignments the Ambulance Service (AS) is supposed to deal with.
Design/method: Data were collected from three focus group interviews with a total of 18 present and former employees of the Swedish AS. An inductive qualitative analysis method developed by Krueger was chosen.
Results: Five themes emerged in the analysis: "Poor guidance for practice", "An unclear assignment", "Being a gate keeper", "From saving lives to self-care" and "Working in no man's land", which together constitute the AS.
Conclusion: Present and former employees of the AS in Sweden describe their mission as unclear and recognize the lack of consensus and a clearly developed mission statement. Furthermore, expectations and training mainly focus on emergency response, which is contrary to the reality of the ambulance clinicians' everyday work.

1. Background

A more or less universal definition of the Ambulance Service (AS) is an organization that provides advanced medical care to out-of-hospital patients [1,2]. The rationale behind this study is that the Swedish context and legislation contain three somewhat poorly developed definitions; An ambulance is *"a means of transportation designed and equipped for ambulance care and transport of sick and injured individuals/persons"*, the AS delivers *"Health care provided by health and medical personnel in or adjacent to the ambulance"* and finally, prehospital emergency care is defined as *"Immediate medical interventions of health healthcare professionals outside the hospital"* [3,4]. However, nothing is mentioned about the type of assignments, acuity/prioritizations or group of patients allocated to the AS.

Since the 1980s the AS in Sweden evolved from a purely transport organization to an important part of pre-hospital emergency care. Injured or ill persons can be assessed and treated at the scene of an accident or at home as well as during transportation to hospital [5,6]. While in an international setting most ambulance clinicians (ACs) have professions such as paramedic or medical technician (EMT) [7], in accordance with national legislation all ambulances in Sweden are crewed by at least one registered nurse. Some county councils have raised the requirements to at least one specialist ambulance nurse per ambulance. The second of the two ACs can be a registered nurse, a specialist ambulance nurse or an EMT [8].

Nationally the AS is governed by the county councils, creating diversity in how it is structured and operated throughout Sweden. There are, however, some common factors. Most counties issue guidelines including symptoms and diagnosis based standing orders, mainly aimed at the registered nurse/specialist ambulance nurse. Guidelines are often produced by one or more regional senior ambulance physicians. The chief responsibilities of senior ambulance physicians are providing medical supervision, promoting medical advances and taking part in the education of the ACs. It is not unusual for each senior ambulance physician to be responsible for 50–100 ACs. As previously mentioned, their duties also include issuing guidelines as well as investigating deviations [9,10]. A triage assessment tool; the Rapid Emergency Triage and Treatment System has been implemented on an almost nationwide basis by both the AS and Accident and Emergency Departments. The system, which facilitates prioritization on the basis of the patient's medical history and vital signs, was originally developed

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for use in the AED, with the priority level indicated by colour; blue (not used by the AS), green, yellow, orange and red (increasing level of acuity) [11].

In 2014 about 3.5 million calls were made to the Emergency Medical Dispatch Centre, of which approximately 1.2 million were characterized as needing some form of care [12]. The number of assignments has increased by approximately 10% per year, which exceeds the general population growth [4]. According to Ek et al. [13], about half of all ambulance assignments are characterized as non-urgent (i.e., mainly patients prioritized as yellow and green). The increase in the number of assignments together with an increase in the number of walk-in patients to the AED has made it necessary to develop new approaches, such as ambulance referral to a level of care below that of the AED [14,15]. In some places Single Responder units mostly intended for non-urgent patients have been deployed [16].

The somewhat unclear definitions of the AS in combination with a fairly substantial increase in the number of ambulance assignments, especially non-urgent ones, raises questions about the overall mission of the AS.

2. Aim

The aim was to explore the ambulance service as experienced by present and former employees.

3. Methods

3.1. Design

The focus group method, in which data are generated by discussion among the participants, was used in this study. Group interaction during the interview is thus an important part of the method [17]. A focus group usually consists of 3–12 persons who represent the target group, a moderator who leads the discussion and an observer who takes notes. The environment in the focus group should encourage all participants to express their views and why they think in a certain way [18,19].

3.2. Participants and setting

The participants in the study were recruited from a workshop that were hosted by the AS in Helsingborg in Sweden in November 2015. The workshop invited present and former employees of AS nationally as well as teachers and researchers in the field. The aim of the workshop was to gather knowledge to be able to start a national quality register in the field of AS. The participants of the workshop were informed about and asked to participate in a focus group study in order to give their view of what constitutes AS. Participation was voluntary, and all of the participants at the workshop participated in the focus group study. The participants in the focus groups was considered representative of the context and varied in terms of age, gender and years of experience in the AS (see Table 1). The groups included specialist nurses and physicians with clinical or leading positions in the AS. In total, 18 persons recruited from several counties in Sweden were interviewed in three focus groups.

3.3. Data collection

The focus groups were led by a moderator, LB or HR and secretaries AR or JP who observed the interaction between the participants and took notes. The focus group interviews took place at a neutral setting selected by the researchers. A specially developed semi-structured interview guide was employed, which included background questions and an introduction of the subject, thus enabling the participants to discover that they had a common interest worth discussing and clarifying. The main question was; What do you think constitutes the ambulance service? Probing questions were used to deepen the discussion. The probing questions differed according to the response and discussions among the participants in the different focus groups. During the focus group interviews, the moderator and the observer worked actively to ensure that all the participants were able to express their views about the subject. Each of the three focus group sessions lasted for an average of 127 min (range 115–142) and was recorded and transcribed verbatim.

3.4. Data analysis

The analysis was based on the focus group method developed by Krueger [17] and started during the interviews as the moderator attempted to capture the essence of the discussion. Throughout the analysis, by LB and HR, later verified by AR and JP, the researchers were guided by the aim of the study. In the first step the researchers read the transcribed discussions and listened to the interviews several times to gain an impression of the interviews as a whole. In the second step discussions relevant to the aim of the study were identified. The third step involved sorting the data into categories, i.e., the discussions between the participants were sorted into categories. At this stage the material was still in the form of raw data.

The categorized data were then summarized and interpreted in order to deepen the understanding of the discussions. Five themes emerged. The last step was identifying quotations that illustrated the findings.

3.5. Ethical considerations

As the study did not involve patients, ethical approval was not required in accordance with the Swedish Law concerning Ethical Review or Research Involving Humans (SFS 2003:460). Ethical considerations on information, consent, confidentiality and utility were taken into account and are in line with the Declaration of Helsinki [20]. All participants received verbal and written information about the study aim and provided written informed consent.

Table 1
Demographic data of the participants in the focus group study, n = 18.

Variables	Total in focus Groups (n = 18)	Focus Group 1 (n = 5)	Focus Group 2 (n = 6)	Focus Group 3 (n = 7)
Sex				
Female	8	3	2	3
Male	10	2	4	4
Age mean (range)	46 (32–60)	33 (32–52)	48 (42–60)	46 (36–53)
Profession				
Specialist nurse	15	5	4	6
Physician	3	0	2	1
AS work experience in years, Mean (range)	11 (3–28)	8 (3–16)	15 (5–28)	11 (3–26)

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