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An Interview Study Of Ambulance Nurses' Experiences As The Only Caregiver For Critical Care Ill Patients During Lengthy Ambulance Transports

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Abstract:

Long commutes and the occasional dearth of resources are challenges when working in rural areas. In order to reach emergency medical facilities, ambulance nurses must make quick, independent decisions and give critically ill patients prolonged care during lengthy ambulance transports. During long ambulance transfers in rural areas, this study intends to shed light on the experiences of ambulance nurses serving as the primary caregivers for critically ill patients.

Method: Semi-structured interviews were conducted with fifteen nurses who worked for an ambulance service in rural areas with low population densities. A qualitative content analysis was performed on the gathered data. Conclusions: The results highlight the need for careful preparation and flexible thinking when caring for critically ill patients in situations involving prolonged transport. The task may become difficult if there are no auxiliary resources available. Participants did, however, report a natural calmness that helps them stay focused while performing their duties.

Keywords: Ambulance Services, Critical Care, Emergency care, Nursing.

Introduction

Many patients in sparsely populated areas have a worse prognosis than their urban counterparts due to long ambulance response times, prolonged hospital stays during transport, and delayed symptom seeking by rural patients. Notably, rural and urban areas differ significantly in terms of ambulance care duration and arrival times. Long care times during ambulance transport are a result of the significant distances between pickup locations and emergency hospitals, as well as the state of the roads, for nurses employed by ambulance services in sparsely populated areas (Mathiesen, 2018).

A high degree of competence is required for ambulance missions involving critically ill patients during lengthy ambulance transports to the closest emergency hospital. The patient's current health status and the urgency of their needs must be taken into consideration when providing prehospital care. To provide safe and efficient care, emergency medical service (EMS) clinicians must be well-versed in a variety of care areas and have a working knowledge of technical equipment (Ungerer, 2020).

When medical personnel are involved in trauma cases, the prehospital survival rates of patients are improved. Long wait times for support from assisting units and worries about losing control of the situation can result from EMS clinicians being left without such resources for extended periods of time. Stress can influence decision-making in addition to the delay in assistance; EMS clinicians frequently have to make snap decisions in unpredictable situations, which raises the possibility of making poor decisions. During long ambulance transfers in rural areas, this study intends to shed light on the experiences of ambulance nurses serving as the primary caregivers for critically ill patients (Alanazy, 2020).

Emergency Medical services:

The distance between the patient's pickup location and the emergency hospital where they are taken is frequently significant in sparsely populated areas. This implies that EMS physicians have to spend a lot of time in the ambulance tending to critically ill patients. Compared to urban areas, long distances can worsen a patient's condition and raise their risk of dying. Being mentally prepared for unforeseen circumstances is necessary when providing prehospital care in an ambulance. When an ambulance responds to a critical patient, there is no guarantee that assisting units will be nearby or available. Consequently, even though it would be more convenient to have a colleague, EMS clinicians occasionally find themselves caring for the patient alone while being transported to the emergency hospital. They believe that everything depends on them, and they have a big duty to make sure the critical patient receives safe, excellent care. Ambulance staff members are more stressed as a result of this increased responsibility (Gunnarsson, 2009; Graneheim, 2004).

Healthcare Profession:

Most people agree that working in the healthcare industry is one of the most stressful jobs. Staff members who work in ambulances run the risk of developing post-traumatic stress disorder (PTSD). EMS clinicians undergo a stress surge during a call to a serious event, which is characterized by elevated blood cortisol levels and an elevated heart rate. Work may suffer as a result of this discomfort, which may last for a long time after a serious incident. Having worked in demanding environments before gives one a sense of security when transporting patients. However, stress can also be triggered by past experiences in difficult situations when they recur. The participants believed that there was not enough time set aside for introspection because debriefing sessions were almost always held following significant events. Following less serious events, inexperienced participants indicated a desire for similar sessions. For ambulance clinicians, the chance to debrief was extremely valuable (Sundström, 2012; Lindström, 2015).

During the interviews, the phrase "rare events" was coined to characterize infrequent circumstances that are hard to practice but demand a high degree of skill because they don't happen often. Situations involving critically ill children were especially stressful. When cared for during long transports, even children who are not in critical condition may experience stress. Stress levels might rise if EMS clinicians had to care for the children on their own without help if they were very sick. One of the most difficult and stressful situations paramedics deal with on the job is caring for critically ill children (Mikkola, 2018; Wihlborg, 2014).

Newly hired ambulance nurses:

Working with more seasoned coworkers gave newly hired ambulance nurses a great sense of security. For recently hired ambulance nurses, it was considered crucial to have a reliable, seasoned colleague. The lack of support from other ambulance units highlighted how crucial teamwork with a colleague is. Work became more difficult and patient safety may have been compromised when team communication was subpar. One major contributing factor to medical errors is a breakdown in team communication. It became very difficult to develop situational awareness as a team and work toward a shared patient-focused objective. To maintain patient safety, effective teamwork and communication are essential, especially in trying circumstances (Maddock, 2020; Svensson, 2008).

Recommendations:

The authors were able to depict the experiences of ambulance nurses in providing care for critically ill patients during lengthy transports from various perspectives by interviewing ambulance nurses with differing degrees of education and experience. The study was carried out during a pandemic when masks were required, which might have had an adverse effect on how the results were interpreted because facial expressions could only be partially seen. Furthermore, for the same pandemic-related reasons, some of the interviews were done over a computer connection rather than in person, which may have resulted in the loss of subtleties expressed through gestures and body language. Additionally, only one Swedish region was included in the study. However, because it covers multiple ambulance stations, the study still manages to achieve transferability.

Conclusion:

In Conclusion, According to the study, providing extended care for critically ill patients in rural areas presents substantial challenges for ambulance personnel, which can result in feelings of isolation and increased stress. Previous education and experience boost professional confidence. When resources are limited or nurses are undertrained, trust in one another becomes essential. Addressing difficulties requires reflective time, particularly for participants with less experience.

The significance of thorough education and knowledge for EMS clinicians in sparsely populated areas is highlighted by key findings. For patient safety, "rare event" handling training is essential. By speaking with ambulance nurses with different degrees of training and experience, the study offers a range of viewpoints.

More research is required because there isn't much information available on rural ambulance services. Future research could concentrate on stress management techniques during lengthy transports, training, knowledge improvement, and evaluations for lone ambulance nurses. Internal prehospital care training for a safer workplace and improved patient safety, required hospitalization days for organizational understanding, and special reflection time for new hires are among the recommendations.

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