

Experiences of emergency medical service personnel: (A qualitative study)

Mohsen Aminizadeh^{1*}, Rahil ghorbani², Iraj shokohi³, Anis Ormoz⁴, Milad karamoziyan⁵ and Elham amini zadeh⁶

- 1- PhD Candidate of Crisis Management in Health and Emergencies, Research Institute of Shakhsh Pajouh, Isfahan, Iran
- 2- MA of hospital management, School of Management and Medical Information Sciences, Kerman, Iran
- 3- University of Medical Sciences, Kerman, Iran
- 4- Professional doctorate, University of Medical Sciences, Kerman, Iran
- 5- Bachelor of Nursing from Kerman Islamic Azad University
- 6- Student of sport management, Kerman, Iran
- 7- B.S Of nutrition, University of Medical Sciences, Kerman, Iran

Corresponding author: Mohsen Aminizadeh

ABSTRACT:

Introduction: Medical emergencies is an integrated health-oriented management system which is effectively organized with the macro health system and whose employees are of utmost important assets of the system. Their experience serve as the keystone for a better and more efficient system. Empowerment of medical emergencies' staff can pave the way for them to actualize their potentials so as to let the organization crystallize its mission. To do so it is up to the Medical Emergencies Organization to create an atmosphere in which staff can develop their potentials as well as evolving in their workplace. The present study opts to investigate the experiences of the emergency ward of hospitals in Kerman.

Methodology: The present study is a quality study and the sampling was done through targeted methods. The candidates were selected among those with more than three years of experience as technicians in city and road sites in medical emergencies centers. In the present study 15 candidates were interviewed and framework methods were chosen to analyze data. Achievements of the present study "investigation of Kerman emergency ward personnel" include 4 main and 15 subcategories. The first four include individual's hardships, organizational problems, poor coordination and relevant social shortages. Personnel working in 15 center puts behavioral and not technical complaints down to the fact that people are not familiar with the emergency ward duties. **Discussion and conclusion:** People are not evaluated emotionally and this in turn leads to their lack of interest in emergency ward. This also is intensified due to hard work and their poor knowledge of hospital processes. The study suggests that the below-mentioned items could alleviate hardships for the personnel: Psychotherapy team for personnel, Fair allocation of salaries and wages, Job circulation between city and road sites, Recreational facilities and non-financial aids.

Keywords: experience, emergency medical, emergency, pre-hospital.

INTRODUCTION

Accident is one of important problem of public and social health in all around the world that is 12% of world's illnesses and it's third main reason of death in the world. According to the reports of world health organization (WHO) nearly 1.2 million people lose their life in traffic accidents every year and more than 50 million people are injured that is equal with 5 large cities population(1). Accidents not only belonged to developing countries but also for countries which are going to develop as well as they are going to be death reason both in numbers and ages(2). Unfortunately

car accidents cause a lot of victims in our country and after heart and vessels problems, accidents are second reason for death in Iran's medical centers(3). In direction of people's health protection a lot of various organizations are established which are responsible for doing some important parts of this investigation and according to role of moments and minutes for saving human's life, medical emergency and accidents management center are made and duty of this system is giving cure services for ill people in emergency situations and transformation them to cure center if it's necessary (4). Medical emergencies order is important part of cure services in all countries of world. Main target of this order is having satisfied services in a short time and according to world scientific standards. So for this aim personals of this center must learn all part of medical emergency and in other hand they must learn specialized training for emergencies that have more recourse and for this reason all ambulances of 115 must be equipped (5). Medical emergency of social health management system is harmonized by all health control system (6). Employees are most important assets of the medical emergency system, keystone for a better welfare is in employees hand employees of medical emergency who are cooperating in giving services without attention to way of their employing. The experience of human force affection medical emergency system. For this reason they try to have better results for system. Empowerment of medical emergency's staff can pave the way for them to use their potentials to get the organization duty. To do so, medical emergency organization create an atmosphere in which staff can develop their potentials as well as evolving in their work place (3). In the research that studied by Navidian and in 2003 by the heading " Study of work tension and its relation with Public health of nurses in medical emergency of Zahedan Hospital" they achieved : most tension reason in people who are studied in order, at first controlled tension(2.54) and then management tension (2.28) and it was shown more tension in nurses than assistants. Pierson's correlation test shows there is a negative correlation between personnel health and level of their work stress (7). There is another study by Abed Saeedy and et al. that is done in 2011 by heading of " considering atmosphere of staff abilities in medical emergency and managing accident centers". It is needed to payment justice, valu improving, information improving, learning during worke time, team work and developing other abilities (8). According to above, set a program for finding weak and power points and improving medical emergency qualities by using staff experiences of 115 emergency is very important and valuable and they can exchange between staff for growing services qualities and saving more human; So this investigation is done for considering experiences of emergency staffs of prehospital in Kerman.

MATERIALS AND METHODS

This investigation is quality studying. Participants of this investigation are including emergency staffs in kerman prehospital that worked in managing accident center and medical emergency and medical university of Kerman in 2012. In this research samples are selected for getting source of information and for better considering subject. Open interview was used for gathering information which investigators must start the interview with a general question and interviewer express his opinion directly. In this research interviewers participate in the study with their satisfaction and each interview took 30 minutes to 1 hour long and all part of interview was recorded. For keeping people's name in secret, they used recommending cods. In this research used framework for analyzing data that has 5 levels: Identifying, Identifying a Thematic Framework, Indexing, Charting and Mapping and Interpretation. It was designed a context for each interview then a subjective framework identified according to interviews in indexing level, all differen parts of data are determined and main points were recognized and all relation between main and secondary pivot were analyzed, next level is interpretation of subjects that discussed and interpreted all recognition pivots and related problems.

RESULTS AND DISCUSSION

Results

This study is done for "considering experiences of pre-hospital's staff in Kerman". In this investigation there are 4 main pivots and 15 secondary ones. There are 4 main themes related to experiences of emergency staffs of pre-hospital: personal problems, organization problems, unstable harmony and related problems of society. Main concepts related to experiences of pre-hospital's emergency staff.

Change - over	Sub-themes
Staff problems	Mental problems
	Physical problems
	Family problems
	Unjustice of covering services
	Lake of job security
Organization	Gap of operation staff for choicing group member
	Unclear work load
	Education problems
	Rewarding system problems
	Making relief teams
Unsuitable hormany	In the organization
	Out of organization
Related problem of society	Lace of people knowledge
	Cultural problems

Mental problems: findings showed that important part of staff problems are personals mental problems that including, high stress, mental pressure of work and the other problems that makes staff worry, is complaints stress. Physical problems: heavy duties being continuously and need to high physical power in this job cause physical problems for staffs.

Family problems: the other themes is work affected on family that cause problems in family environment, because accident affects on people mentally and after that on families.

Recognized gap of operation staff as compered with force staff choice: it cause that each operation staff believed that every body in system is not in right position.

Unsuitable harmony internal and external in organization: the other problems is harmony between internal and external of organization like 110 police, fire station and red round that needed to improve.

Lake of people's knowledge: staff of 115 believed that main problems about increasing manner complaints (not technical) from personnel and also increasing dissatisfaction of people from them is lake of people's knowledge about 115 emergency and its responsibilities.

Cultural problems: according to participants opinion, cultural problems cause nerveose pressure in staff and patients.

Discussion and conclusion:

In recent study participants explain unsuitable harmony internal and external of organization as one of sub-themes of unsuitable harmony from main concepts related to experiences of emergency staff in pre-hospital and it is similar to research which is studied by Mousavi and Kaveh Firooz as "relievers and people's in earthquake of villages around Qazvin(Chaghove and Abdareh) in 2010". Because investigators understood that operation of relievers were good in people's opinion but there were some shortages such as lake of harmonizing organ and health problems, lake of facilities cause dissatisfing for people and lake of facilities and suitable connection dissatisfied relievers (9). Also a study has done by Zavareh Khorasany and et al. as "opinion of beneficiary about managing obstacle after event, victims and injured people in Iran" in Tabriz University in 2008, because all investigators got this result: all beneficiary agree about disability and quality of management after event and prevent of effective managing after event and all are including interference of unspecialist, lake of harmony and cooperation, insufficient pre-hospital services and defect in substructure (10). Unsuitable stimulation organ, Recognized gap of operation staff as compered with force staff choice, education problems, rewarding system problems, making relief team, unclear work load, unjustice of covering services were described as organization problems subject that similar to study has done by Abed Saeed and et al. as "study of staff's ability in emergency and medical centers in 2011". These investigators got results that: atmosphere of ability of centers are average. It is needed paying attention to justice in payment, improving value, improving giving information, learning as working, team work and other workers for making abilities(8). Also there is a study that done by Artang and et al. as evaluation of personnel's operation in emergency of pre-hospital" they got a result showed that feeling of lake of justice cause bad mannering and dis behaving in personnel (11). Having managing skill and leadering in emergency position are special roles of emergency staff and lake of programming in unexpected situation with ill people, atmosphere full of stress, less control about people and time frame limitation are causing tension problems for staff of pre-hospital emergency (12). To choice people for work in medical centers in developing countries, special samples are used that has levels such as : measuring mental of volunteers and measuring reasons of their opinion about working in emergency are necessary for continuing work and getting special certificates from acceptable institutes, and accepting from entrance test of practical and scientific and personality and IQ tests are necessary after starting work participating in reviewing classes and getting certificate are necessary too(13). It has done when in Iran choosing people for working in pre-hospital

emergency is different because they need people who studied in courses like nursing, ingenuity or medical emergencies, participating in practical and scientific tests at first of work (without special standards) participating for allowing to work annually (it is done differently in cities) and participating in re-leaving classes during the year(14). It is not paid attention to mental of people in medical emergency work in Iran that cause problems in different people in pre-hospital emergency for its difficulties and lack of knowledge of people with work condition in pre-hospital emergency(15). And lack of systematic test in country for accepting people in system makes problem for people who want to work in these places in different parts of country (also for people who are employed officially working and exchanging to other places have less problem) and lack of practical learning for personnel during education in university is one of the problem in emergency parts (that is shown in medical emergency students) also it is not defined different level of work in pre-hospital emergency in Iran, it is not possible rising in pre-hospital emergency system(16,17)

According to investigation findings it is suggested that making massage center between relief organs by increasing doctors number in pre-hospital emergency, making telephone lines for consulting out of 115 system for 24 hours, mixing work hours with number of official workers for improving work shifts, making mental cure team for personnel, harmonize payments making different jobs between city and road centers, giving reaction facilities and other willing of staffs such as encouraging personnel when they succeed giving knowledge for people about services and describing emergency responsibilities by media. Making interest in staffs and reminding importance of work, for using their creativities, experiences, abilities for giving right job position to them.

REFERENCES

- AbdSaeedi G, Mozaffari p, Pazargady M and Alavi-Majd H. 2009. The atmosphere of employees empowerment in emergency medicine and disaster management centers in.
- Artang M, Ghaderi M and Dastgerdi Ghasemi AR. 2005. Performance evaluation of pre-hospital emergency staff, isfahan.
- Barnameye amouzeshe modavem va badve estekhdam baraye moteghaziane kar dar urzhanse Esfahan.(cited 3 March, 2011). Available from: <http://www.ems.mui.ac.ir>
- Beck R. 2005. Intermediate emergency care and transportation of sick and injured. 1st ed. Boston: Jones and Bartlett Publishers.
- Cogdill KW. 2003. Information needs and information seeking in primary care: A study of nurse practitioners. J Med Libr Assoc. 2003 Apr; 91(2):203-215.
- Dadgar MA and Taraghi F. 2008. An attitude on nursing care and triage in emergency ward. Proceeding of the 3th international congress of cure and health and crisis management in disaster; 2007 Aug 22-24; Tehran, Iran. Pub med.
- Dehqan R, Hashemi KS and Shahmoradi S. 2004. Guide managers to improve quality in emergency medicine, professor of publications Tuesday, the first, Tehran, 128.
- Fathali Pursaluei A. 2000. Criminal and civil liability arising from traffic accidents, varagh Press, second edition: 2000. (in Persian).
- Haqqani F and Sadeghi N. 2011. Training in pre-hospital emergency care, realities and needs, Iranian Journal of Medical Education. 2011;10(5):1273-1280.
- Mehrabian F, Kavooosi I, Mohammadi J, Fazel Tulami I and Mohammedan S. 2005. Time to reach the scene by emergency 115 Gilan province in.
- Mousavi M and Zeinab KF. 2008. Views of the earthquake disaster victims and relief workers around the villages in Qazvin (Changurehandabdash).
- Navidian A, Masoudi GR and Mousavi SS. 2002. Of job stressor and their relationship with public health nurses of the Emergency Medical Journal, Journal of Research and Medical Sciences, Kermanshah.
- Shahrami R, Shirzad H, Shahrami A and Nadifar M. 2008. Department of Health and Medical Education, Emergency Relief, Press Simindaughter, fourth edition.
- Shams M, Rashidian A, Shojaei D, Majd Zadeh SR and Montazeri A. 2008. A taxi driver in Tehran's dangerous behavior: attitudes, behaviors, self-report and observational, quarterly monitoring.
- Zavareh Khorasani D, Khankeh HR, Mohammadi R and Laflm L. 2008. Management of traumatic injury victims of road accidents in Iran. Stake holders view on barriers, Tabriz University.
- Zendehkar A and Abdi I. 2007. Examine the pattern of referrals to emergency 115 province-based diagnostics from 2004 to 2006, Journal of Medical Sciences, Kerman (Proceedings of the Second National Conference on Preventing injuries and promoting safety in the accident), Volume XVI, No.17.