

Healthcare Management In Promoting Role Of Paramedics And Nurses In Critical Care; Review

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Abstract

Healthcare unit managers play a crucial role in promoting the importance of paramedics and nurses in critical care. They are responsible for ensuring the health and well-being of nurses and paramedics, as well as maintaining high-quality care. However, there is a lack of research focused on the actions and organizational strategies employed by healthcare unit managers to support nurses, as well as the specific working environments that facilitate such support. This paper utilizes a mixed methods approach, combining qualitative interviews and quantitative surveys with healthcare unit managers and nurses. The findings highlight the crucial role of healthcare unit managers' accessibility to their nursing staff in promoting nurses. Additionally, the study emphasizes the importance of responsive support from the care unit managers' superiors, administration, and managerial colleagues in creating favorable working conditions. The care unit manager's own support was highly supported by the superior manager, and this support was positively connected with nurses.

Keywords: *Paramedics And Nurses in Critical care.*

Introduction

The health and well-being of healthcare professionals is a critical factor in determining the efficiency with which healthcare services are provided. However, there has been a growing awareness of the prevalence of work-related illnesses among healthcare personnel. Among nurses, there has been a correlation established between increased felt stress, burnout, and reduced levels of job satisfaction. This not only drives up expenses but also has a severe impact on the quality of care that is provided, as well as the capacity of healthcare organizations to recruit and keep nurses they already have. Understanding how healthcare organizations may be handled more effectively to improve the mental health of nurses and the level of job satisfaction they experience is necessary in light of this [1].

Prehospital Emergency Medical Services (EMS), also known as ambulance services or paramedic services, has been defined as an integrated system of medical response that encompasses the entire spectrum of response, beginning with the recognition of the emergency and continuing through the access of the healthcare system, the dispatch of appropriate response, pre-arrival instructions, direct patient care by trained personnel, and appropriate transport or disposition. It is [2].

Patients prefer to utilize emergency medical services (EMS) due to restricted access to primary care and the perception of the urgency of their situation, which is influenced by the opinions of their family, friends, or other healthcare experts. Patients believe that EMS provides the essential resources and facilities for their condition. Additionally, concerned family caregivers regularly contact emergency medical services (EMS) in order to receive quick aid when they detect worrying and unexpected indicators of the advancement of an illness or the impending death of a loved one. Because of this decision, paramedics are now the first point of contact for emergency medical services [2].

Education and training for paramedics are different in different parts of the world. These variables include differences in program

content, duration of training, and entry requirements. The disparities extend to the substance of training programs, the utilization of equipment, and the intensity of the training. Paramedics have differences in their duties as a result of these factors, which have an effect on autonomy, approved procedures, and partnerships with other medical professionals. In general, education and training for paramedics have traditionally concentrated on emergency medicine, with primary care and public health receiving less attention [3].

The amount of study that has been conducted on the subject of nurse turnover is limited; nonetheless, nursing management is a significant determinant. It is estimated that between 14 and 30 percent of critical care nurses around the world leave their jobs. Within intensive care units (ICU), it is not uncommon for there to be a thirty percent vacancy rate for nurses. According to surveys conducted on nurses, employee morale is low, working conditions are deplorable, and one third of nurses would leave the nursing profession if they had the opportunity to do so [4].

There is a persistent scarcity of critical care nurses, which has led to the development of techniques to recruit and retain nurses. Nevertheless, the social reality of nursing is comprised of a variety of complicated contextual difficulties, such as oppression, horizontal violence, bullying and conflict, and gender issues. The proportion of fresh graduate nurses leaving their positions might reach as high as fifty to sixty percent [5].

Review:

Traditionally, paramedics respond to cries for help in an ambulance for injuries or diseases that pose a significant risk to the patient's life. This, however, has undergone a rapid transformation over the course of the past two decades, with a rising number of patients requesting assistance for clinical illnesses that are considered to be of low severity [6]. In many countries, paramedics are now obliged to examine and handle a wide

variety of chronic, social, non-urgent, and mental healthcare issues [7]. In addition to delivering basic and advanced life support, paramedics are now also considered to be "mobile healthcare experts." They are expected to immediately receive, interpret, and continuously re-evaluate both patient and scene information, as well as devise treatment and transport decisions [7]. The function of a paramedic is one that is both unique and challenging. They work in circumstances that are unregulated and unpredictable. In addition to this, their decision-making procedures take into consideration a variety of variables pertaining to resource management and logistics [6]. A paramedic is required to continually evaluate whether or not the decisions they are making for their patients are suitable and safe, and they frequently have limited resources and equipment at their disposal. When dealing with situations that are either urgent or time-sensitive, these decisions, notably the necessity of transporting a patient to the emergency department (ED), are generally easy to understand [7]. On the other hand, transport decisions for patients who appear with clinical problems of lower severity, which are frequently complicated by multiple comorbidities or social demands, can be more challenging, with higher degrees of uncertainty and risk [7,8]. In these kinds of situations, paramedics frequently choose to take the patient at hand to a hospital because they believe this to be the safer alternative. However, this decision frequently results in a transport that is not essential from a medical standpoint [9].

The growing demand for paramedics to manage patients with lesser levels of severity is a phenomenon that is widespread throughout Australasia and the rest of the world. Approximately fifteen percent of the over four million patients who were visited by emergency ambulance services in Australia in 2021-22 were not transported to a hospital [10]. The number of patients who call for an ambulance and are subsequently assessed to have a lesser level of severity can vary, according to research, and can range anywhere from 53 percent to 85 percent. There are a variety of low-acuity illnesses and injuries that paramedics treat, including but not

limited to: minor cuts and soft tissue injuries, musculoskeletal back pain, gastrointestinal symptoms, primary headache syndromes, mild allergic reactions, mild upper respiratory tract infections, epistaxis, and social difficulties [10]. As a result of the growing number of low-acuity cases, it has become increasingly usual for paramedics to refrain from transporting patients to the emergency department during the course of the past twenty years.

Numerous "treat-and-refer" strategies, including guidelines, procedures, triage tools, and flowcharts, have been used by ambulance services in an effort to provide assistance to paramedics in the assessment and management of non-conveyance cases. This is in response to the growing number of non-urgent cases and the overcrowding of emergency departments. As a result of the evaluation of these support tools, various obstacles to their utilization in the field have been brought to light. These obstacles include education and training. It has been discovered that insufficient training is a significant obstacle to the utilization and compliance of paramedics. A large number of paramedics have reported that they do not have the confidence to utilize them or that greater degrees of clinical reasoning are necessary [11]. It has been observed that other healthcare professions experience comparable challenges with decision-making, including a lack of confidence, particularly when they are confronted with novel medical illnesses or scenarios and ambiguity [11].

Researchers have determined that there is a definite need for education and training in order to improve the performance of paramedics and nurses who work in critical areas, to boost confidence in low-acuity and non-conveyance decision making, and to improve the use of non-conveyance guidelines. The purpose of this scoping review is to investigate the existing literature and locate any potential knowledge gaps that may exist in relation to the education and training of paramedics involved in the utilization of low-acuity treatment pathways, which may include guidelines, protocols, or other techniques. It is possible for paramedics to discharge a patient at the scene of the incident and/or send them to another healthcare agency

through the use of these pathways, which allows them to avoid transporting patients to hospitals that are medically unnecessary. Any gaps in the literature that are found will be used to inform subsequent study in this area, which will include the development of low-acuity education curriculum, the examination of low-acuity clinical practice recommendations, and the experiences of paramedics who assess and manage lower-acuity clinical problems [12].

Research on nursing culture is still scarce, despite the fact that there is a widespread shortage of nurses around the world, and there is a need for considerable workforce change. Additionally, nursing is a gendered and segregated vocation, and it is responsible for providing the majority of patient care. The modeling of the workforce, stress, and violence in the workplace have been the primary focuses; however, greater research is required to investigate the contextual and organizational relationships that exist between nurses and nurse managers. In many cases, the collective voice of nurses is not heard and is frequently silenced. within the context of international health care, which is characterized by rising demands and decreasing funds [13,14].

However, complex contextual challenges constitute the social reality of nursing, including oppression, horizontal violence, bullying and conflict, and gender concerns. These tactics have been developed as a result of the ongoing scarcity of critical care nurses, which has led to the development of additional strategies to recruit and retain nurses. Rates of attrition among newly graduated nurses might reach as high as fifty to sixty percent. Instead of focusing on the long-standing issue of low retention rates, the attention that is paid to nursing shortages is frequently directed toward rapid solutions that enable more nurses to be recruited. There is a double oppression that comes with being a female in a world that is dominated by men and being a nurse in a health profession that is at the bottom of the hierarchy. There has not been any investigation of the culture of nursing management from the standpoint of the contextual clinical field, which would involve the interrogation and examination of discourses and practices from the nurses' point of view [15].

Nursing texts are primarily prescriptive in nature, describing the actions that a good nurse ought to take in order to achieve management rank. It has been demonstrated via organizational study that the intuitive political and communicative activity of managers is in direct opposition to the normative duties and responsibilities of planning, regulating, organizing, time management, and budgeting. Interviews or an autobiographical format are used to show the lives of senior leaders who are praised for their remarkable accomplishments. The experience of nurses concentrates primarily on senior leaders. There is a recurrent theme that calls for the improvement of leadership and education in leadership. The male dominant views in most leadership literature depict the successful leader as aggressive, forceful, and competitive depicted geese flying in a "V" formation with the lead bird rotating [16]. Feminist views of leadership advocate for a shared, episodic, consensual, and relational focus, and they contest the male dominant views [16].

Conclusion:

In the context of recognizing potential elder maltreatment and fall hazards during home visits, paramedics and nurses proved their capacity to implement protocols and guidelines. This was particularly relevant in the context of identifying potentially dangerous situations. When it came to protecting elderly patients, they aided other healthcare providers. As a result, they implemented safe procedures for patient transfers, such as adjusting the height of the equipment to take advantage of gravity when moving a patient to a lower surface, ensuring that the workspace is clear and properly positioned prior to the transfer, and making use of available equipment, such as boards or sheets, to reduce friction and make it easier to slide between the patient and surfaces. When it came to deciding whether or not to transport a patient, paramedics and nurses, with the assistance of healthcare management, put a significant amount of importance on their moral and medical responsibilities toward patients. They also attempted to strike a balance between

patient safety and patient choice when making judgments. They made it clear that they do intend to self-report any adverse events or near misses that could potentially compromise patient safety. As a result of their constant actions in the patient's best interests, they took measures to prevent further harm, promote health, and convince patients to agree to transportation, which saved them from the extended waiting times in the emergency room and assisted them in arranging alternate care when it was required. They were able to earn the trust of patients by presenting them with thorough information regarding their evaluation and making certain that they were able to feel at ease and secure before leaving them at the site.

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