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Telephone Nursing

Stakeholder Views and Understandings from a Pediatric and a Gender Perspective



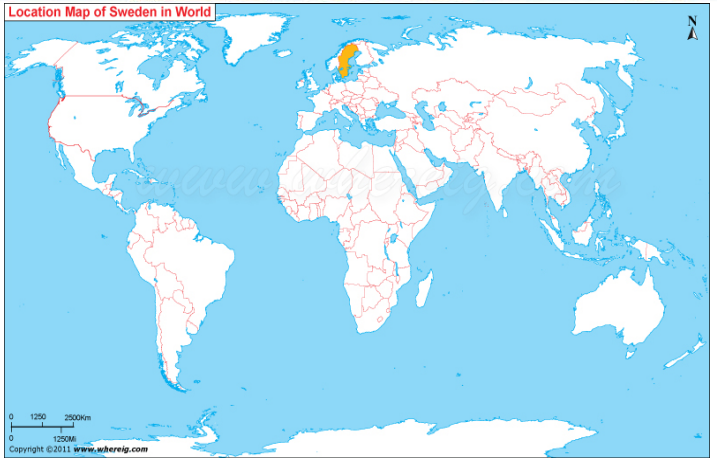
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Sweden

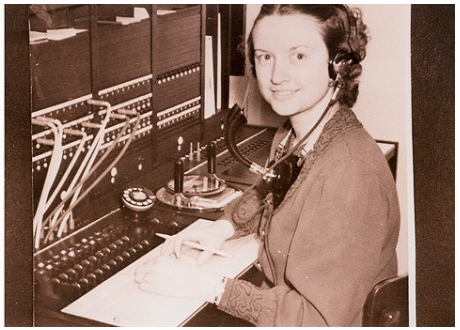
Swedish Healthcare





- 9.6 million Swedish citizens
- Swedish healthcare tax financed
- The Swedish State overall responsibility for healthcare policy
- The local and regional authorities responsible for the provision and financing of care

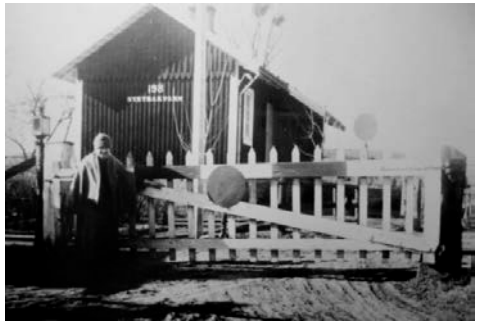
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Background Swedish TN

- Nursing care via telephone since the 60's
- New actor, Swedish Healthcare Direct (SHD) 1177
- Each county council /region responsible their area
- Nationally coordinated

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Background Swedish TN

- First line healthcare – RN directly, 'gatekeeper'
- ~ 1500 RNs, 33 working places/ 23 managers
- > 6 million calls/year ~ half pediatric issues
- Recommended call time 7-10 minutes (6-8 calls/hour)

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Background Swedish TN

What is the goal of the TN work?

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- According to the SHD website (www.1177.se) the RNs *"answer caller questions, assess callers need of care, give advice or refer to appropriate care level"*

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Background Swedish TN

What is the goal of the TN work?

- According to the SHD website (www.1177.se) the RNs *"answer caller questions, assess callers need of care, give advice or refer to appropriate care level"*
- General SHD goals: *"increased healthcare access, increased security for citizens, making healthcare more efficient and perform safe assessments"*

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Background Swedish TN

Healthcare or advice?

(RN license / Patient record/ Law regulation)

The Swedish Healthcare Act (1982:763)

'good health and care on equal terms'

and 'prevent ill health'

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Teoretical Framework

- Competence theory

- Gender theory

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  Phenomenography – studies the variation in how a group of people understand a phenomenon: here the TN work.

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  Phenomenography – studies the variation in how a group of people understand a phenomenon: here the TN work.

- Gender theory

  Studies the hierarchically structured power relations in society, constantly replicated within the current gender system. Increasingly used to explore differences in how women and men are treated in healthcare.

  Applicable to Telephone Nursing, where a majority of employees and users are women.

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Outset for the Thesis

- ”New” national telephone healthcare service
- A large number of RNs – A large number of calls
- No work description
- Discrepancy TN profession – organization?
- Pediatric health call characteristics and parent views?
- Different perspectives contribute to development
- Local policy and guidelines – Central laws and requirements - *place for health promotion & equitable healthcare?*



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Overall Aim of the Thesis

To describe **Telephone Nursing** from the three stakeholder viewpoints:
Telephone Nurses,
Parents calling for their Children and
the SHD Operation Managers,
as representatives of the organization.



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Study I

Kaminsky, E., Rosenqvist U. & Holmström, I.
Telenurses' Understanding of Work: Detective or Educator?
Journal of Advanced Nursing, 2009;65(2):382-90.



Method: 17 interviews - analysed with qualitative phenomenographic analysis

(Sandberg,1994; Åkerlind, 2005).

Opening question: What is the core of your TN work?

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Outcome space – ”work map” *Kaminsky et al., 2009*



5. Facilitate the caller's learning		
3. Strengthen the caller	4. Teach the caller	
2. Support the caller		
1. Assess, refer and give advice to the caller		









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Conclusion

The TN work can be understood in qualitatively different ways, which, according to competence theory, means that work is also likely to be performed in different ways.

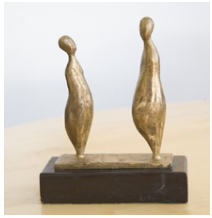


Kaminsky Nursing&Healthcare 2014

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Study II

Kaminsky, E., Carlsson, M., Höglund, AT. & Holmström, I.
Paediatric Health Calls to Swedish Telenurses: a Descriptive Study of Content and Outcome.
Journal of Telemedicine and Telecare, 2010;16(8):454-457.



Method: 110 randomly selected authentic pediatric health calls between parents and telephone nurses - examined with descriptive and comparative statistics

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Results *Kaminsky et al. 2010*



Top three contact reasons

1. Ear problem
2. Skin problem
3. Fever

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Who called and for whom



Mothers 73% and fathers 27%

for 47% daughters and 53% sons,
age 5 days – 14.5 years

Call length 4.38 minutes (1.7-19 min)

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Percental Word distribution

	parent/nurse %
All calls:	51/49
Self-care advice:	47/53
Referral:	56/44

No gender difference

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Outcome of calls

Self-care advice 48%

Referral district nurse 3%

Referral child-welfare centre 2%

Referral primary care emerg. dep. 29%

Referral GP 8%

Referral pediatric emerg. dep. 4%

Referral specialist physician 3%

Referral home physician 3%

Uncertain result 1%

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Most remarkable…

The likelihood of a father to receive advice for a referral to other health services was almost twice as high as for a mother, who instead, to a corresponding extent, received self-care advice.

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For what reason?

Do fathers call for more severely sick children?

Do fathers call when mothers have been ’hindered’?

Are fathers more assertive to receive a referral?

Is it easier to understand & to talk to mothers?

Are mothers easier to convince to ’wait and see’?

Are RNs and families influenced by traditional gender norms?

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Conclusion

Parental gender appears to play a role for who makes pediatric health calls and what calls result in.

Mother majority, contact reasons and the number of calls leading to self-care (~ 50 %) is congruent with internationally described pediatric health calls.



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Study III

Kaminsky, E., Carlsson, M., Röing, M. & Holmström, I. K.
'If I Didn´t Trust Swedish Healthcare Direct, I Would Never Call' – Views of Making Pediatric Health Calls
Clinical Nursing Studies, 2013;1(3):57-69.



Method: Interviews with 21 strategically selected* parents, that had called SHD för their child during the last 6 months - analysed with qualitative content analysis (Graneheim & Lundman, 2004).

(*age, ethnicity, number of children, residency, education and work situation)

Opening question: *Tell me about an occation when you called SHD for your child*

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Findings

An intertwined theme of worry and trust was expressed by parents, from before making a call, to long after the call was closed.

The theme contained seven categories *(divided in before/during/after)*:



Before the call

- Hesitation and/or determination to call
- Preparation for common TN questions
- Predetermined reasons for being the caller

During the call

- Individualized and professional dialogue
- Impact of worry and trust

After the call

- Following telephone nurses recommendations or not
- Parental learning reduces need for future calls

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Conclusion

Parents displayed high competence as caregivers; expressed a wish to be carefully listened to and to be met with respect from telephone nurses.



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To have needs and understanding of the situation explored was stated to reduce parental worry, increase learning and gain trust in the SHD service and strengthen concordance regarding received recommendations.



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There are parents that trust telephone nurses to such an extent that, despite a continuing strong worry for their child, they would not seek healthcare unless it was expressly recommended.



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Study IV

Kaminsky, E., Carlsson, M., Holmström, I. K., Larsson, J., Fredriksson, M.
Goals of Telephone Nursing Work - the Managers' Perspectives: A Qualitative Study on Swedish Healthcare Direct.
BMC Health Services Research, 2014;14:188

Methods: 23 interviews with *all* employed operation managers at SHD - analysed with deductive directed content analysis (Hsieh & Shannon, 2005).

Opening question: *What do you consider to be the goal of TN work?*

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Findings

Operation managers at SHD expressed four themes for what they consider as the primary goals for the telephone nursing work:

- to establish security
- to achieve patient safety
- to assess, refer and give advice
- to teach the callers

Health promotion was not considered to be included in the TN work while equitable healthcare was viewed as an important issue.

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Conclusion

The SHD organization needs to clarify its goals in relation to the Swedish healthcare legislation.

Lack of time as an obstacle for telephone nurses' health promoting work should be looked upon critically, since the consequence might be counterproductive to the efficiency goals of SHD in that callers will seek treatment elsewhere.

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Overall conclusions

To assess, refer and give advice, are concurrently reported by telephone nurses and operation managers as a base for TN work.
Time for health promotion is likely to save time elsewhere, in other healthcare sections.

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Managers' teaching dealt with informing callers to seek healthcare at the right level of care and health promotion was, in contrast to the Swedish Healthcare Act, not considered to be included in TN work.

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Continuing overall conclusions

Gender norms play a role in pediatric health calls and the service would benefit from increased focus on gender aspects.

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Parents have a strong reliance in telephone nurses' recommendations, telephone nurses 'safety netting' is thus crucial.

The results give opportunities for critical review and development of the TN work which a future TN work description could take advantage of.



Thank you

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