Power dynamics in out-of-hospital emergency care: Understanding the relationship between Community First Responders and Ambulance Paramedics in England, the United Kingdom

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Introduction

CFRs are emergency service volunteers from the local community (1).
They complement ambulance clinicians by being the 'first person on scene' (2). CFRs have been known to improve patient outcomes and response times.

What and how relationships between CFRs and ambulance clinicians affect patient care remains unknown.

Aims

1. To explore the [power] relationships between the CFRs and the ambulance clinicians.
2. To explore whether the relationships are either dominant or collaborative.
3. To understand how these power relations influence patient care.

Methods

Ambulance services/study sites	CFR	CFR leads	Ambulance clinicians
Southeast Coast Ambulance Service (SECAMB)	3	7	1
West Midlands Ambulance Service (WMAS)	3	2	3
Total (19)	6	9	4

Characteristics of study participants

- Anonymised transcripts obtained from CaHRU
- Micro coding using Nvivo-12
- Inductive and deductive approach
- Thematic analysis

Results

1

Difficulties in the relationship: (Un)Awareness amongst ambulance clinicians led to misconceptions about CFR roles. Technological issues in community contexts; disorganised management
Relationship became more positive over time: Appreciative relationship and boundaries of work were established over time.

2

Dominant Relationship:
Limitation: restrictions were placed on CFRs, CFRs funded their own resources and how CFRs were affected by COVID.
Subordination: a dichotomy in the relationship was observed – clinicians were viewed as superior compared to CFRs.

Collaborative relationship:
Ambulance clinicians and CFRs experienced similar situations and the integration of CFRs into the ambulance service.

Shift from dominant to collaborative:
Improved communication and collaboration on-scene.

3

Improving patient outcomes and response times: Clinician led a division of on-scene patient care activities; clinician encouragement motivated CFRs; improved public perception.
Worsening patient outcomes: Dominant relationship led to lack of CFR support, delayed prehospital care delivery; CFRs' dropout from the workforce.

Strengths & Limitations

Strengths	Limitations
Large sample size	Secondary qualitative data
Confirmed findings of existing literature	Participants were only from SECAMB and WMAS
Thematic analysis	Cannot generalise subjective experiences

1. Context: Evidence shows clinicians do appreciate CFRs when they are aware of their role and how they positively influence patient care.

1. "They are a valuable part of the team. They do a really good job especially as it's all voluntary."
SECAMB_Paramedic_01

2. "I just accepted it because I thought I'm just a CFR, if you see what I mean."
SECAMB_CFR_Lead_Manager_02

2. A CFR does not expect management to respond to their complaints such as rude staff towards the CFR. This is due to CFRs feeling a stigma attached to their role. Acceptance provides subordination and dominance to be established.

4. The relationship is becoming positive over time. A factor could be due to improved awareness through clinician training.

3. Lack of awareness leads to a lack of interaction and communication which can worsen patient outcomes

3. "There are lots of ambulance staff, paramedics who haven't seen a CFR before."
WMAS_CFR_03

4. "I think it's great with the ambulance crews, not 15 years ago, but it's very different now"
SECAMB_CFR_01

5. Evidence of where clinicians and CFRs work collaboratively in order to reduce response times and improve patient outcomes.

5. "…I just tell him the important bits. Just summarised what they've told me, what obs I've done."
WMAS_ CFR_03

6. "Quite a lot of them have come up through and started off as CFRs."
SECAMB_CFR_Lead_Manager_06

6. Understanding the CFR role could improve the view of CFRs as clinicians understand management and stereotypes CFRs are faced with. They also may view CFRs as a stepping stone to becoming a clinician. The idea that clinicians are superior to CFRs maintains dominance.

Conclusion

- Further CFR integration needed
- Less inequality and inconsistency within the CFR schemes.
- There needs to be further promotions and joint training sessions.
- This enables clinicians to understand how to utilise CFRs efficiently – increasing trust, reliability and independence towards CFRs.

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Key:
CFRs – Community First Responders
CaHRU – Community and Health Research Unit

References:
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