Community First Responders – their identity and relationship with patients and the ambulance services: a qualitative interview study

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Background

- Community First Responders (CFRs) are volunteers who contribute to providing prehospital care.
- By 2014, there were more than 2,400 CFR schemes with more than 12,000 volunteers in the UK.
- Previous research focused on CFR contribution to EMS, practices and schemes.
- The identity of professionals is essential for understanding existing and emerging roles within a complex institutional and social identity.
- However, little is known about the volunteer-CFR identities within the CFR functions.

Aims & objectives

This study aimed to understand how CFRs' institutional and social identities are constructed by patients and ambulance staff.

Methods

- We conducted 47 semi-structured interviews with participants from six ambulance service regions in England.
- The participants were purposively sampled from key stakeholders, including: ambulance staff; CFRs and CFR leads; GPs; and patients and relatives.
- We collected data from April 2020 to December 2021.
- We conducted all interviews by telephone due to COVID social distancing restrictions.
- Interviews continued until data saturation was achieved and were analysed using thematic analysis.

Results

The key themes relating to identity from the 47 interviews were: how CFRs see themselves; public recognition of CFRs; awareness of CFRs among ambulance staff; and CFRs' relationship with ambulance staff. CFRs see themselves as part of a, co-ordinated emergency response, particularly in rural areas. Some patients thought CFRs were ambulance crew. Others were reassured by CFRs' life-saving ability. Some ambulance staff were confused by their presence on-scene, but others valued their support. CFR schemes and the ambulance service are raising awareness through better communication with patients and staff, as well as fundraising at community events.

"'I'm not doing it for thanks. I'm doing it to help people through some of their darkest times. They need that help." (CFR, YAS).

"I thought they were part of the ambulance service." (Patient, YAS).

"So getting a first responder though straight away. You do know you've got somebody with medical experience, and it takes the pressure off me for a bit, so I can also reassure my husband that he's being seen two before the ambulance comes." (Patient, EMAS).

"I genuinely think most people are just glad to see somebody who is not perhaps involved in the incident as such. A little bit of distance from the incident, and is trained to deal with what's going on. A lot of reassurance that somebody has turned up." (Ambulance staff, WMAS)..

"We are out as much as we can, particularly during the summer during events. So we'll always support our responders when we know where they're going to be. Otherwise, day today is word of mouth, and getting the message out there that way." (CFR lead manager, SCAS).

"Yeah, I think the patient sees anybody that comes to help them as a paramedic; whether you're a technician, a private ambulance provider, a CFR, whoever you are, the patient goes "Ooh, the paramedic is here!" So that's generalising I suppose. That happens in some cases." (CFR Lead Manager, EMAS).

Strengths & limitations

Our study enhances the understanding of how CFRs and CFR schemes see themselves within the context of emergency and prehospital care. We collected data from six ambulance service regions, which covers most rural communities in England. A limitation was that around three-quarters of the 47 participants were either CFRs or CFR leads. Consequently, this was the dominant perspective emanating from this study.

Conclusion

The identity of CFRs differed from institution to community. Institutions identified CFRs as supplementing the ambulance service. Communities viewed CFRs and the ambulance service as interchangeable. Improved awareness of CFR schemes helped support CFR identity. CFRs attending more patients and working more often with ambulance crews may help to strengthen their identity among both groups.

References

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