Exploration of rural paramedics’ capacity for utilising a salutogenic approach to health care delivery: A mixed methods study

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Methods and Methodology

Is it feasible for rural paramedics to utilise their current skills and unique access to patients in rural and remote settings in a salutogenic approach to healthcare delivery by undertaking assessment of patients’ SOC, GRRs, and SDH?

6 Sub-questions

Survey

Embedded Qualitative Data
84.41% Have knowledge regarding cultural, religious and spiritual beliefs of the community.

96.3% Feel that it is important to address areas of concern and educate or suggest services that may be able to assist.

69.7% Disagree that a paramedic’s role is to respond and treat illness/ injury as they arise and not engage in primary healthcare.

83.3% Would be willing to take additional time during or following a case to contact services to ensure follow-up of referrals.

Quantitative Results

Do you feel it is the role of paramedics to be able to assess the patient in terms of SDH to support general health and resilience?

- **Unsure**: 0.90%
- **Not my role**: 2.80%
- **May be useful to practice**: 18.50%
- **Useful adjunct to practice**: 53.70%
- **Critical part of my role**: 24.10%

**Years of Service**

- <1: 1.8%
- 1-5: 19.3%
- 6-10: 20.2%
- 11-15: 17.4%
- 16+: 41.3%

**Country of Most Practice**

- Canada: 64
- Australia: 37
- New Zealand: 1
- United States: 6
Qualitative Results

"Yes...we are sometimes the only person who sees the patient in their own personal environment where it can be much more difficult to hide what is truly going on compared to a RN asking some questions at the hospital."

"We see them in their day to day lives. Sometimes what they tell other health care practitioners is not what is the truth. We may have a better idea of what the patients really need and if given the tools could use it to empower the patients and their families."

Within reason—time restraints and workloads make it very hard to spend too much time with one person, but I do believe in situations where we feel it’s a matter of urgency, then I think that is well within our responsibilities to further investigate—we have to advocate and assist wherever possible."

“No. I believe there needs to be a clear distinction between using ambulances for life threatening emergencies and utilising other services for non-life-threatening emergencies...I think if paramedics start to provide preventative services then the system will be abused and people will call for trivial reasons.”
Implications for Future Research

Study 1a: Literature Review
What are the enablers/ barriers to healthcare professionals initiating referrals to other disciplines?

Study 1b: Literature Review
What are the enablers/ barriers to patients accessing the referrals they are provided?

Study 3: Survey
What screening tools do other disciplines utilise in their practice? Why?

Study 4: Delphi Group
Assemble a panel of experts to come to a consensus on the appropriate tools to incorporate into the SCHARA tool using the Delphi technique.

Study 5: Paramedic Simulation Trial
Paramedics will be asked to use the completed SCHARA tool to assess the patient during a simulation to determine if the paramedics’ outcome meets the predicted outcome of the tool developers.

Study 6: SCHARA Pilot
Conduct a pilot of the SCHARA. Patient progress should be followed up at approximately 30 days, 90 days and 120 days.