

Patients at emergency departments regarded as 'symptoms'

November 26 2014, by Krister Svahn

The healthcare work of providing care at Emergency departments is medicalized and result-driven. As a consequence of this, patients are regarded as "symptoms", and are shunted around the department as "production units". These are the conclusions of a thesis presented at the Sahlgrenska Academy.

What is central for Swedish Emergency departments are short waiting times, efficient care processes and a balanced budget. The healthcare work is dominated by a medical perspective. This gives limited opportunities to satisfy the individual care needs of the patients.

These are the conclusions of a thesis presented at the Sahlgrenska Academy, University of Gothenburg, in which research student Henrik Andersson describes observations and/or interviews with 12 doctors, 24 nurses, 23 assistant nurses and seven managers at two Emergency departments in western Sweden.

Training limited by economy

One of the managers interviewed says: "Providing nursing care and explaining why the patients must wait, or how long the wait will be...there's no time for those... medical measures must come first."

The results presented in the thesis show that both managers and practitioners desire more training, but the amount available is limited by

economy. This affects the opportunities for the practitioners to develop the necessary competencies.

"This leads to tension between the professional groups that work at Emergency departments. As one nurse puts it in an interview: Courses are often extremely expensive, and it's obvious that nurses have a greater chance of taking a course than assistant nurses," says Henrik Andersson.

Limited mandate

The result also shows that managers do not always regard it as their sole responsibility to manage and develop the competencies of the practitioners. The managers themselves state that they have a limited mandate to control the healthcare work, and this limits their freedom to act and their ability to develop healthcare work at the department.

One manager says: I believed when I became a manager that I would be able to develop the work. I find, however, that I am extremely limited by economy, structures and the organization.

Knowledge about traditions

The studies have given Henrik Andersson new and useful knowledge about the traditions and perspectives that control the healthcare work at an Emergency department in practice.

"This knowledge is important, since these traditions and perspectives determine whether the patients are offered the care they need or not. In order to revolutionize the medicalized and result-driven Healthcare work at Emergency departments, [managers](#) is required who have the courage needed to critically examine and evaluate the structures, power balances and perspectives that influence the healthcare [work](#) at Emergency

departments."

The thesis *Medicalized and Result-driven Healthcare Work in the Emergency Department - a Study Based on Practitioners' and Managers' Perspectives* will be defended at a disputation on 12 December.

More information: The thesis is available online:
gupea.ub.gu.se/handle/2077/36907

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