



No observation without participation: reflections on gathering qualitative data in emergency ambulances

Background

Established methods for collecting data through observation [1] can provide insight into health care work and organisational practice, but as yet are little used in the context of emergency ambulances [2]. As part of the Electronic Records in Ambulances (ERA) study, field researchers conducted observation within four UK emergency ambulance services on the use of electronic patient clinical records (ePCR). We reflect on the benefits, challenges and implications of collecting qualitative data in this way.

1 David E Gray (2004) *Doing Research in the Real World*. Thousand Oaks; Sage

2 Michael K Corman (2018) 'Titrating the Rig: How Paramedics Work in and on Their Ambulance' *Qualitative Health Research* 28:1

Methods

Four field researchers (two paramedics, two non-paramedics) spent 144 hours riding out with emergency ambulance crews and observing their use of ePCR systems. Researchers noted observations using a structured template and digital recorders, and wrote reflective notes. Analysis of notes was undertaken collectively by the field researchers and four other members of the research team.

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Results

Observation gave us direct insight into clinicians' use of ePCR systems, allowing us to observe variation in practice, as well as non-use. Researchers identified a number of issues which highlight the ambiguities inherent in their role, and the challenges of conducting fieldwork in a way which is consistent across sites and maintains an appropriate level of objectivity.

They brought **pre-conceptions** and different levels of **background knowledge**, including existing personal contacts.

They experienced **ambiguities about presentation**, and wearing a 'hi vis' jacket led to assumptions of being part of the clinical team.

All took an **active role** in what was going on, reassuring family members, making tea, fetching bags and so on. The two paramedic researchers both provided clinical input where appropriate.

At times they experienced **marginalisation**, standing back for reasons of space or privacy and so unable to observe practice.

Researchers reflected on their **embodiment**: feeling nausea when travelling backwards in the ambulance; feeling hungry and thirsty as meal breaks were deferred; needing the toilet.

'I'm OK personally in emergencies, but not when I have time to think. I go from practical to feeling ill and emotional.'

Researcher, Site 3

'With a notebook in my hand and writing as they are working, I wondered if [paramedic]'s comment hinted that he thought I might have been covertly spying on them.'

Researcher, Site 4

'As a paramedic, it was difficult not to put my opinion in on the completion of the [record] or suggestions on what may be wrong with the patient.'

Researcher, Site 1

Conclusions

Conducting observation in emergency ambulances presents useful opportunities, but requires a flexible approach in terms of participation and highlights challenges to positioning the role of observer as a passive one.

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