

Prejudice between triage nurses and emergency medical technicians: is it a big deal?

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To the Editor,

The transmission of information between registered nurses (RNs) and emergency medical technicians (EMTs) during the triage process plays a fundamental role in patient care (1), which usually takes place in a chaotic and stressful environment (2).

Despite their common purpose is to assure patients to get the best diagnostic, therapeutic and care pathway, triage RNs and EMTs hold different points of view during the process, likely due to their heterogeneous background (3). In Italy nursing education is uniform across regions, with 3-year bachelor of nursing science as entry level, whereas EMT training is varied and affected by regional factors (4). For example, in the Lombardia region, they receive 120-hour course. Furthermore, the majority of EMTs performs this activity not constantly and as a volunteer, situation common in many countries, which means that EMTs are not fully dedicated to this job (5). These differences could hampered the communication between EMTs and RNs, also mediated by the Italian nurses' attitude towards EMTs as a healthcare profession without the proper education (4).

One aspect that has not been investigated in the international literature concerns the possible presence of prejudice, meant as a preconceived opinion capable of causing people to adopt unjust attitudes toward EMTs by triage RNs.

To investigate this phenomenon a survey was conducted among 740 healthcare workers (197 triage RNs and 543 EMTs), in 14 hub and spoke hospitals in Lombardia region, Italy, from the 1st to the 31st of October 2019. A four-point Likert scale (completely disagree, partially disagree, partially agree, completely agree) was used and all the personnel on duty was asked to participate. The 53.3% of RNs were females, with a mean (SD) age of 39.6 (10.0) years, whereas the 57.9% of EMTs were males, aged 37.8 (13.6) years. The majority of RNs and EMTs have been working for less than 10 years, 60.9% and 58.3% respectively. The 86.3% of EMTs were volunteers.

Our findings reveal that 21.9% of RNs reported a general negative prejudice toward EMTs while 71% of EMTs perceived negative prejudice from triage RNs. The 62.4% of EMTs reported receiving nonconstructive criticisms from triage RNs on a daily basis, however only 11.2% of triage RNs claim any complaints. In addition, the 28.9% of triage RNs admitted that they did not consider important some of the information reported by EMTs, because they didn't use a proper language usually. The 35.0% of RNs had no clue about EMTs education and skills. These might be the reasons because the 51.2% of EMTs reported that they were often treated superficially by triage RNs.

This survey did not investigate the phenomenon exhaustively but witnessed a slippery scenario that is worth to be further explored. It could be useful to

design shared training meetings between triage RNs and EMTs, in which these two professionals could learn more about each other and how to better perform the handover. However, lack of education of EMTs might be a key finding, and urgent intervention to harmonize entry level for EMTs nationally is required. Future studies should aim to better understand the prejudice between triage RNs and EMTs, also evaluating whether it can affect outcomes in patients.

Conflict of interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

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