
| RESEARCH ARTICLE

Hatid-Kalinga: Exploring Nurses' Interhospital Transport of Critically Ill Patients via Ambulance

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| ABSTRACT

Ambulance as a care setting is characterized by its complexity and unpredictability. Almost every day, individuals witness ambulances on the road, rushing to the hospital with lights and sirens to attend to critical situations and save someone's life. However, there is a lack of awareness regarding what happens inside the ambulance. Moreover, it is not often that people know about the experiences and challenges encountered by the individuals inside these vehicles. This study aims to provide additional knowledge and delve into the different experiences of nurses who transport critically ill patients via ambulance. The researchers utilized a qualitative research design, specifically the transcendental phenomenological method. A self-made questionnaire was used to gather the data by conducting one-on-one in-depth interviews with twelve (12) nurses in four (4) different hospitals in Laguna, who had experienced more than one interhospital transport of critically ill patients and had participated in several emergency life trainings such as Basic Life Support and Advanced Cardiac Life Support. The transcripts were thematically analyzed using the phenomenological method and NVivo software. The results yielded three (3) major themes, including Preparation and Readiness in Critically ill Patient Transport, Navigating Challenges and Adversities during Patient Transport, and Execution and Coping Strategies in Critically ill Patient Transport. It is revealed that nurses usually encounter different barriers and immediately implement coping strategies like prayers as a source of hope. Hospitals that provide interhospital transport services should develop and implement clear detailed guidelines and protocols to ensure the safety of the patient during the transport process.

| KEYWORDS

interhospital, interhospital transport, patient transfers, ambulance, critically ill patients, qualitative

| ARTICLE INFORMATION

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1. Introduction

Ambulance as a care setting is complex and unpredictable, posing risks for medical errors and impacting the emotional well-being of staff (Sjölin et al., 2020; Näsström et al., 2023). In 2019, Morley (2023) highlighted that critically ill patients were frequently transferred between hospitals due to inadequate facilities, staff, and the need for prolonged intensive care. Additionally, interhospital transport is challenging due to the need for advanced care and increased risks from reduced monitoring and patient psychological deterioration during transport (Cournoyer et al., 2023; Eiding et al., 2019).

Nurses face unique challenges when working away from the hospital, dealing with both minor and significant issues. They often work with unfamiliar colleagues and equipment, leading to feelings of anxiety, loneliness, and insecurity (Karlsson et al., 2019).

Despite these difficulties, the quality of care during interhospital transfers must remain consistent with that of an Intensive Care Unit (Dabija et al., 2021). Karlsson and Pennbrant (2020) identified that insufficient experience among staff in transferring critically ill patients poses a significant risk to patient safety. Masanotti et al. 2020 stated that the nature of ambulance care work frequently causes high levels of discomfort among nurses, highlighting the need for specialized knowledge and skills in this field.

Moreover, the Philippine Emergency Nurses Association (PENA) addresses this issue by providing expertise to enhance emergency nursing standards. It supports nurses through various resources and educational programs at local, regional, and national levels, promoting career advancement and improving competencies in emergency nursing. This approach encourages growth and addresses challenges in emergency nursing practice.

The Philippines' Emergency Medical Services (EMS) face challenges in accessibility and public awareness, with the system being neither uniform nor centralized (Padlan & Mesa-Gaerlan, 2018). Despite this, progress is being made in developing EMS and hiring experts. However, hospitals and ambulance services often work independently, highlighting the need for system improvements to enhance service quality and reduce emergency room overcrowding. Furthermore, a 1997 legislation mandated that emergency departments cannot refuse patients. Emergency Medical Technicians (EMTs) and paramedics in the Philippines are pivotal in providing pre-hospital and interhospital medical care (Padlan & Mesa-Gaerlan, 2018). They are trained across various settings, including emergencies and play a critical role in the medical field as highlighted by The Senate of the Philippines (2023).

The Sustainable Development Goals (SDGs)—which seek to ensure universal health and promote well-being—are greatly advanced by nurses, especially SDG 3: Good Health and Well-Being (Fields et al., 2023; The Global Goals, 2023). The need to put nurses' health first in order to improve health outcomes is emphasized by the International Council of Nurses (2017), particularly during important patient transport. Ignoring the health risks to nurses puts their performance at risk, which affects SDG 3 achievement. Improving patient care and the outcomes of healthcare workers both depend on investments in nursing workforce health.

The aim of this study is to provide additional knowledge, particularly individuals working and studying in the medical field, and nurses who have encountered certain challenges from the beginning of coordination, during interhospital transport, until the handoff to the receiving hospitals, as well as the individuals involved. This study also aims to explore the different experiences which may have a direct impact on the lives of nurses such as stress, emotions, and challenges, that come across before, during, and after interhospital transport of critically ill patients, since the Philippines, the healthcare professionals inside the ambulance and providing care to the patients are often nurses rather than EMTs. The objective of this study is to understand the experience of nurses in transporting critically ill patients via ambulance, as it is a crucial nursing area that needs more support and attention. Moreover, this study is beneficial in filling the knowledge gap since the local studies regarding this topic are limited.

In this context, "Hatid Kalinga," which means accompanying a person while providing care, specifically refers to the care given to critically ill patients throughout the interhospital transport process. This begins with coordination at the sending hospital, continues with nurses ensuring patient stability and safety during ambulance transport, and concludes with a proper handoff at the receiving hospital.

2. Literature Review

Ambulances are very important to the healthcare system, as it is used to transport and deliver care to patients who may be sick, injured or critically ill patients in emergency situations (Giri et al., 2020). Patient transfers can occur for various reasons, especially when their needs cannot be met at their current position, including access to the latest treatments, clinical or practical reasons, skilled hospitals, re-evaluation, or changes in treatment plans (Khan et al. 2021; Bergman & De Jesus, 2022). Delivering care inside the ambulance during inter-hospital transfers can be challenging and stressful for nurses, which often results in poor decisions. Aside from the results from the equipment that can be inaccurate due to vibrations from road conditions, it can also be because of the differences from the usual environment. Thus, providing care to critically ill patients inside an ambulance can be stressful and tough caused by limited space, incomplete equipment, and wearing of safety belts (Karlsson et al., 2019; Dabija et al., 2021). Additionally, Becker and Hugelius (2021) proposed that the health of the patient and healthcare professionals is somehow affected by ambulance driving such as motion sickness which is seen in the prehospital time spent during inter-hospital transport. Critically ill patients utilize ambulances to make sure that patients are transported from the hospital to another medical facility (Department of Health in Australia, 2023; Khan et al., 2021).

Registered nurses, with their specialized knowledge and skills, play a crucial role in inter-hospital transport teams due to their training, experience, and advancements in medicine (Esslinger et al., 2022; Wästerhedet al., 2024, and Ha and Sm 2020). Studies show that nurses face challenges during transfers caring for critically sick patients, including working with unfamiliar coworkers and equipment, feeling anxious, lonely, and insecure. Insufficient experience in moving critically ill patients is a risk

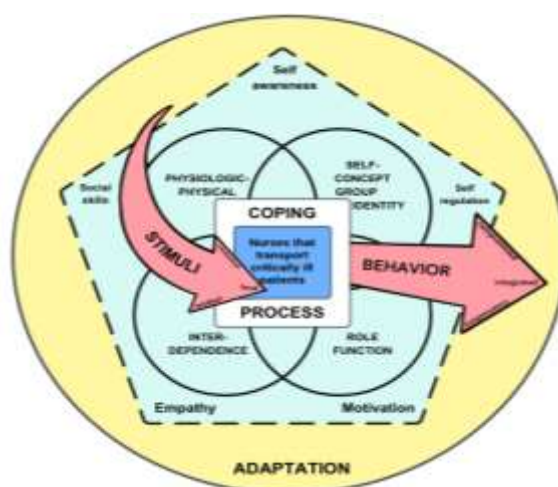
factor for patient safety and medical errors (Karlsson, 2019). Furthermore, Wästerhed et al. (2024) concludes that nurses with less experience in providing care to critically ill patients often experience stress and worry. Besides, when nurses provide treatment to patients inside an ambulance on their own without the supervision of a doctor, they encounter situations which are perceived as distressing. The team inside the ambulance must have gone through meticulous planning and appropriate training such as Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) since providing high-quality care is a must (Martin, 2023; Quinn-Szcesuil 2019; Sawyer et al., 2023; Saquib et al., 2019; and Luster et al., 2017). Glawing et al. (2023) also stated that these nurses must be physically and mentally ready for any critical dilemma that may happen. Nurses must take proper care of their own wellness by adopting proper medical ways to create appropriate workplace conditions to enhance the level of care for critically ill patients (Cecere et al., 2023). Inter-hospital transport has greatly impacted nurses on how their emotions circulate considering all of the time, effort, and energy invested in their demanding and exhausting work which can cause overwhelmed emotions or compassion fatigue (Herrera et al., 2020 and Gómez-Salgado et al., 2019). Additionally, it is proven in the study of Faria et al. (2019) that strong emotional intelligence skills in nursing practice, such as during interactions with patients and other healthcare professionals, are associated with better collaboration, communication, performance, commitment, and care outcomes, as well as a lower risk of burnout.

While using a variety of coping mechanisms, support is essential for ambulance nurses. They frequently receive critical care education and training, but workplace support is essential in assisting them in managing these situations (Loef et al., 2021). Martin (2023) stated that critical illness patients pose the greatest risks and require extensive planning, expertise, and teamwork for safe transport, potentially increasing their risk of serious illness and death.

Additionally, the emergency services in the Philippines are improving and it is noticeable every year with the help of improvements of technology, however, disasters and challenges on the road while transferring cannot be avoided such as crowded hospital, inadequate infrastructure, a referral system, a controlled ambulance system, and paramedic line of work (The History of Emergency Services in the Philippines, 2023; Padlan & Mesa-Gaerlan, 2018). Furthermore, even though Ulep et al. (2021) argues that almost 90% of hospitals have an ambulance, the ambulance service in the Philippines is very limited and cannot accommodate many emergencies in one day, especially that accidents frequently occur (Accidents and Emergencies in the Philippines, 2023).

2.1 Theoretical Framework

Figure 1: Theoretical Framework on Exploring Nurses' Interhospital Transport of Critically Ill Patients via Ambulance



The theoretical framework of this study (Figure 1) is utilized by Sister Callista Roy's Adaptation Theory and Daniel Goleman's Emotional Intelligence Theory to gain deeper insights. By applying Roy's theory, the research analyzes nurses adapting to the demanding and dynamic environment of interhospital transport, focusing on their coping mechanisms and resilience. Goleman's theory allows an exploration of emotional intelligence that influences nurses' ability to manage stress, communicate effectively, and render patient care under pressure. Together, these frameworks help identify the factors affecting nurses' experiences and their impacts during the transport process.

According to study of Gonzalo (2023), Sister Callista Roy's Adaptation Model focuses on how a person adapts to changes. In relation to the study, the researchers were able to acknowledge the level of adaptability of the participants. The participants had an idea of how they adapt to certain changes of environment and how they react to certain stimuli and stressors. It focuses on

how nurses respond when they encounter stress and how they respond to a change in environment while transporting a patient in an ambulance. The theory of Sister Callista Roy served as a guide for identifying the "physiological aspects" prior to adapting the body of nurses to the situation and taking action in response to stress; the "self-concept" refers to how a nurse is affected when they fail to meet expectations or do not perform at their best; the "role function" pertains to how they demonstrate their abilities in a situation, as stress can impact their performance or skills; and the "interdependence" regarding relationships through giving and how they evaluate the patient.

As stated in University of West Florida (UWF) (2020), Daniel Goleman's Emotional Intelligence Theory is centered on the emotional intelligence of a person towards a person's leadership. Hence, this helped distinguish what level of emotional intelligence participants were able to show. The participants were able to self-reflect on whether their competence and skills were enough to lead inside the ambulance. Therefore, the awareness of the participants inside of the ambulance are considered to be the most important. For the participants to be capable of judging, controlling, and managing the emotions.

The use of the theory of Sister Callista Roy and the theory of Daniel Goleman served as the guidance for this research on how nurses take care of critically ill patients and the management of emotions for the participants to know their limitations. For this reason, these theories functioned as the foundation of the study.

With these theories in application, the researchers were able to explore the experiences of the nurses in interhospital transport of critically ill patients. Specifically, Sister Callista Roy's Adaptation Theory was employed to explore how nurses adapt to the dynamic and stressful conditions of interhospital transport, emphasizing their ability to cope and respond effectively to changing environments. Additionally, Daniel Goleman's Emotional Intelligence Theory was utilized to understand how emotional awareness, self-regulation, and interpersonal skills influence nurses' performance and decision-making under pressure. Together, these frameworks offered a multidimensional analysis, capturing both the physiological and emotional aspects of the nurses' experiences.

3. Methodology

3.1 Research Design

The research utilized a qualitative research design, specifically transcendental phenomenological method. The fundamental goal of qualitative research design was to learn about an individual's subjective reactions to conditions and events. This study was explored and analyzed using a transcendental phenomenological research method of nurses in interhospital transport of critically ill patients.

This study primarily focused on the experience of nurses in transporting critically ill patients via ambulance. In this study, the researchers explored the emotions that affect nurses, how they balance their lives and work, how they manage stress, and how they provide care to each critically ill patient. This care process begins from the coordination at the sending hospital, continues during interhospital transport inside the ambulance, and concludes with the handoff to the receiving hospitals. Nurses are specifically chosen to gather data specific to their experiences inside the ambulance while transferring critically ill patients and how it affects them, thus, understanding their experience while transporting critically ill patients.

3.2 Participants of the Study

This study was composed of 12 registered nurses, comprising seven male and five female participants who had experienced more than one interhospital transport of critically ill patients suffering from severe illness that causes vital organ dysfunction or imminent death and have participated in several emergency life training such as Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Five were from Community General Hospital (CGH), three from San Pablo City General Hospital (SPCGH), two from San Pablo Doctors Hospital (SPDH), and two from San Pablo City District Hospital (SPCDH). The participants were selected through a non-probability purposive sampling based on non-random criteria. The researchers utilized participants provided by the hospital as per the study requirements. This selection process ensured that the participants possessed the expertise and training necessary to contribute relevant insights to the study.

3.3 Research Locale

The study was conducted in selected hospitals in Laguna, namely Community General Hospital situated at Colago Avenue, San Pablo City General Hospital situated at Barangay San Jose, San Pablo Doctors Hospital located at A. Mabini Street, and San Pablo City District Hospital situated at General Antonio Luna Street at Barangay. IV-A.

3.4 Ethical Considerations

The researchers strictly adhered to the ethical guidelines while conducting this study by obtaining approval from their research adviser and the Dean of the College of Nursing to conduct this study outside the institution. The research provided a letter to four hospitals to find out which nurses have experienced interhospital transport of critically ill patients. Furthermore, all

participants were informed about the purpose and process of the study, and all the data obtained from the participants was kept confidential. Thus, this complies with the Data Privacy Law of the Philippines and with National Ethical Guidelines Involving Human Participants (2022).

3.5 Data Analysis

The researchers made use of Giorgi's method of analysis, wherein it essentially involves researchers putting aside their own opinions and carefully listening to people's stories about their experiences. This focuses on understanding the deep and detailed meaning, which enables the participants to reveal the specific details of what they went through, which provides in-depth exploration of their personal experience. Furthermore, the researchers utilized NVivo software to analyze qualitative data thoroughly and identify particular trends from the data to generate themes and codes from the participants. The researchers conducted two cycles of coding: descriptive and axial coding. Descriptive coding refers to using specific phrases or words to summarize every response of the participants. It could be a noun or phrase that encapsulates their answers for each question, thereby summarizing the content of the answers for every interview question. Another cycle, axial coding, refers to relating the codes or categories to one another to form links between each code. The codes are categorized accordingly to form various subthemes. This analysis was conducted using thematic analysis to come up with major themes.

4. Results /Findings

The results yielded three (3) major themes with ten (10) sub-themes. The first theme is **'Preparation and Readiness in Critically ill Patient Transport,'** which includes two (2) sub-themes: (1) Clinical Trainings and Certifications, (2) Fundamental Competencies in Critically ill Patient Transport. The second theme is **'Navigating Challenges and Adversities during Patient Transport,'** which includes four (4) sub-themes: (1) Resource Management Concerns, (2) Patient Status and other related concerns, (3) Environmental Challenges, (4) Physical, Emotional, and Psychological Impact. The third theme is **'Execution and Coping Strategies in Critically ill Patient Transport,'** which includes four (4) sub-themes: (1) Frequency and Nature of Transport, (2) Planning and Decision Making, (3) Communication and Documentation, (4) Nursing Ethos and Professionalism.

Figure 2. Visual Representation of the Emerging Themes on Exploring Nurses' Interhospital Transport of Critically Ill Patients via Ambulance



4.1 Theme 1: Preparation and Readiness in Critically ill Patient Transport

Several participants claimed that nurses should possess advanced assessment skills as these will be crucial to determine potential patient outcomes. Participant 3 emphasized the importance of having a keen observational skill when assessing a patient by stating *"yung clinical eye mo dapat magaling.. tingnan mo yung breathing, tingnan mo lagi yung kulay ng daliri.. kung nangangasul ba... clinical eye lang ang pinakamahalaga dyan eh.."* [Your clinical eye should be good... you should look at the breathing, always check the color of the fingers... if it's turning blue... the clinical eye is the most important thing there...] Unlike in the hospitals where there are technologies that can monitor and test patients, nurses who transports patients via ambulance rely heavily on manual assessments and their clinical judgment through their observations.

Moreover, some participants added that these skills can be acquired, especially if they have been in the field for a long time. With these extensive experiences, nurses can adapt to various situations and become familiar with their duties, which can lead to better patient care. Participant 4 expounded:

"through experience, magkakaroon ka ng skills.. and.. by that skills, mas mataas yung successful rate ng transfer ng pasyente... through experience, tyaka ka lang magkakaroon ng buo ang loob" **[Through experience, one acquires skills, and with those skills, the success rate of patient transfers increases. It is only through experience that one can gain confidence.]**

Aside from acquiring such skills, part of the preparation and readiness in transporting critically ill patients involves being knowledgeable about the patient's information, including their medications and the necessary equipment required for the patient's condition. Additionally, all of the participants stressed the significance of ACLS and BLS training for nurses responsible for transporting critically ill patients, as these programs not only help nurses manage critical situations with composure but also boost their self-assurance in providing excellent patient care. Participants 11 and 12 stated: *"So malaking factor talaga yung may BLS ACLS... hindi ka lang equipped with knowledge.. equipped ka din with trainings"* **[So having BLS and ACLS training is really a big factor... You are not only equipped with knowledge... You are also equipped with trainings.]** p11, and *"dapat alam mo yung basic life support lang.. para anytime na may mangyari sa pasyente kaya mo syang i-CPR, kaya mo yung mga first aid na magagawa mo during nung transport"* **[You should know basic life support... so that anytime something happens to the patient, you can perform CPR on them, you can do the first aid that you can do during the transport.]** p12. While BLS and ACLS certifications are indeed standard in critical care, the context inside an ambulance is uniquely challenging. In a hospital, healthcare providers have a full medical team and advanced equipment, while inside an ambulance, nurses often work independently under time constraints and unpredictable conditions. This theme emphasizes that these certifications are not just requirements but essential tools that help nurses deliver life-saving care under unique and challenging circumstances, especially inside an ambulance. Moreover, maintaining continuous training ensures that these nurses are prepared to adapt to the complexities of delivering care during transport.

Correspondingly, some participants emphasized the importance of updating each training to enhance the quality of care provided by nurses to patients. Participant 10 shared:

"updates of trainings talaga hindi kasi tayo... pwede magstop dito lang... kailangan updated pa rin everytime kasi ano ang profession natin dynamic eh... kailangan natin mag adapt dun sa.. sa sitwasyon natin." **[Updates of trainings are really necessary because we cannot just stop here... We need to keep updating it all the time because our profession is dynamic... We need to adapt to our current situation.]**

4.2 Theme 2: Navigating Challenges and Adversities during Patient Transport

The participants mentioned the inadequacy of materials and equipment in ambulance care settings, especially when using government hospital ambulances. They expressed that the ambulance really lacks equipment, which is why it is necessary for nurses to proactively prepare all necessary items prior to patient transfers. Participant 2 expressed that: *"grabe talaga pag government eh.... yung gamit namin na ambulance pinaka luma... kulang-kulang yung gamit eh... kaya ikaw na lang mag adjust *giggles* mag dala ka nalang ng mga kakailanganin mo..."* **[It's really tough when it comes to government facilities... Our ambulance equipment is the oldest... lacking in supplies. So, you just have to adjust *giggles* and bring what you need yourself...]** Similarly, Participant 12 states that:

"May one time.. may naexperience kaming ganon.. kasi yung— hindi kasi dito yung ambulance na gamit.. sa barangay.. ayun.. nag hanap pa kami.. imbis na mabilis yung byahe namin na diretdiretso.. naghanap pa kami ng mapag-aanuhan.. re-refill ng oxygen yun..." **[One time... we experienced that because the ambulance we used was not from here, but from the barangay... so we had to look for a place to refill the oxygen, instead of having a direct and fast trip.]**

These perspectives show that the incompleteness of the equipment in an ambulance not only affects the condition of patients but also the nurses. Because of this, their ability to deliver care is sharpened, regardless of the circumstances they may face on the road while transferring patients. With this, Participant 10 shares that:

"alam mo yun yung minsan maubusan ka ng oxygen sa daan ahh.. wala continuous bagging nalang ako ahh.. wala din naman akong choice ayun na yung oxygen na pinaka pwede ioffer sa kanya..." **[You know, there are times when you run out of oxygen on the way... I just resort to continuous bagging. I don't really have a choice, that's the only oxygen I can offer to the patient.]** and *"kung ano yung ah.. resources na nandoon sa akin.. yun nalang ang imamaximize ko..."*

pag naubusan ako ng oxygen.. bagging na lang din talaga or...kapag halimbawa naubos yung line.. isstop ko nalang.. **[I will maximize the resources available to me... if I run out of oxygen, I will resort to bagging, or if, for example, the line runs out, I will just stop.]**

The interhospital transport of critically ill patients presents significant challenges and safety concerns. The primary focus is on the inadequacy of materials and equipment within ambulances, but there are additional challenges during the journey to the receiving hospital. These challenges include delays and poorly maintained roads which can compromise patient safety and care quality. Participant 6 said: *"Syempre po tinitingnan po natin yung pasyente, kasi malubak na daan.. kasi alam nyo naman mga daan dito sa pilipinas malubak.."* **[Of course, we monitor the patient closely, because the roads are bumpy... you know how the roads here in the Philippines, they are very bumpy.]** Furthermore, Participant 5 expressed that: *"pag nakakita kayo ng mga ambulance sa ibang bansa, diba ito yung traffic, kapag may ambulance, lahat yan tumatabi. Sa Pilipinas, hindi"* **[When you see ambulances in other countries, right? When there's an ambulance, everyone moves aside. In the Philippines, they don't.]** Likewise, Participant 9 explicated:

"kasi sa atin sa SLEX kahit na alam nila na may ambulansya.. talagang di ka basta makakadaan.. parang minsan mapapamura ka sa galit.. kasi di nila binibigyan ng daan yung mga ambulansya.." **[Even on the SLEX, even if they know there's an ambulance... you really can't just pass through... sometimes you get so angry... because they don't give way to the ambulances.]**

4.2 Theme 3: Execution and Coping Strategies in Critically ill Patient Transport

The participants articulate that one of the main reasons for patient transfers is the patient's inability to afford medical expenses. Hospitals may transfer patients who are in critical condition and close to death due to financial constraints. They also mentioned that the need for medical treatment that may or may not be offered in the current hospital is another consideration in hospital transfers. This is because some hospitals may fail to provide the kind of treatment or medical services essential for the patient's conditions, as well as the need for a more specialized medical team. P11 expressed that: *"tinransfer kasi, kulang sa financial yung.. yung patient.. so.. nag decide silang ipatransfer sa.. *other hospital*.. so yun yung worst kasi talagang parang anytime, bibigay ang patient.. during.. during transportation.."* **[The patient was transferred because of financial constraints, and they decided to transfer the patient to another hospital. This is the worst-case scenario because the patient is really at the brink of giving up, especially during transportation.]** Furthermore, Participant 4 shares that:

"lalo na kung sa province ka naka admit kailangan mo ng special care, at sa maynila lang yun available, dun nagkakaroon ng biglaang transport." **[Especially if you are admitted in a province, and you need special care that is only available in Manila, that's when you suddenly need transport.]** and *"wala dito yung doctor na kailangan mo, during your disease process and kung kailangan mo nun, lilipat ka din biglaan sa ibang hospital."* **[The doctor you need is not here, during your disease process, and if you need that, you will also be transferred suddenly to another hospital.]**

In the preparation for patient transfer, whether planned or ad hoc, a referral letter is typically composed prior to the patient's transfer to the receiving hospital. The purpose of this referral letter is to ensure the patient's admission to the receiving facility by providing essential information about the patient's condition and care needs. Moreover, the resident on duty as well as the supervisor of the current hospital are the ones who arrange patient transport through phone call coordination apart from the letter referral. Participant 2 expressed: *"meron tayong referral.. referral letter from this hospital to other hospital tha— yun yung dadalhin tas ipapakita nandon kasi yung summary ng... ng yari doon sa pasyente..."* **[We have a referral... a referral letter from this hospital to the other hospital that— that will be brought and shown there because it contains the summary of... what happened to the patient...]** and *"emergency or planned.. same lang... ahh.. May referral.. referral slip."* **[Whether it's an emergency or planned transfer, it's the same... Ahh... There is a referral... a referral slip.]**

In the process of interhospital transport, not everything could go as planned because incomplete data may be given during the endorsement process to the receiving hospital, especially if the patient is not completely associated with the endorsing hospital's care and specific information is missed. P3 stating: *"Yun lang ano...yung may— sa may mga tanong kang hindi masagot sa endorsement.. nalimutan mo.. lalo na unat— unang una hindi mo talaga hawak yung pasyente na inendorse lang din sayo, yon yung mahirap..."* **[That is all... when there are questions that cannot be answered during the endorsement... you forget... especially when— first and foremost, you truly do not have direct control over the patient who has just been endorsed to you, that is the challenging part...]**

"supervisor na ang mag-tatawag interhospital then kapag nag agree ahh... ROD to ROD endorsement then gagawa ng referral ang ROD.. yun lang bitbit ko yung referral at tyaka mga paraphernalia." **[When the supervisor calls for an**

interhospital transfer, and once they agree, the ROD (Resident On Duty) will make the endorsement, and then the ROD will create the referral. That's all I need to bring, the referral and the necessary equipment.]

Although hospitals are generally expected to accept patients in any condition, several participants have reported instances where hospitals and nurses decline patient transfers, particularly in critical situations where the patient is intubated and there are issues with coordination with the referring hospital. Participant 3 expressed that: *"depende kasi talaga kung may tatanggap na hospital eh.. kasi ka— karamihan pag intubated ang pasyente na.. wala na talagang natanggap na hospital.. lalo't... posibleng abutin na sa daan yung pasyente..."* **[It really depends on whether there is a hospital willing to accept the patient... because most of the time, if the patient is intubated... no hospital really accepts them... especially if the patient might die on the way...]** Participant 9 also said that: *"minsan hindi lahat pumapayag na mag-conduct lalo na kapag medyo critical talaga na alam mong di mo kakayanin..."* **[Sometimes not all hospitals agree to conduct the transfer, especially when it's quite critical and you know you can't handle it.]** Furthermore, Participant 5 explicated:

"kung hindi talaga icocoordinate yun.. wala talagang tatanggap na hospital sa kanila kapag ganon. Lalo yun pag for dialysis, maraming doctor ang involved, like PTCs Nephrologist and Anesthesiologist and Internist..." **[If it is really not coordinated, no hospital will accept them if it is like that. Especially if it is for dialysis, there are many doctors involved, like the nephrologist, anesthesiologist, and internist.]**

The transfer of a critically ill patient presents substantial challenges, encompassing not only the logistical aspects of the transfer itself but also the meticulous preparation and safety considerations involved. Several participants noted that when a patient is transferred between hospitals, the nursing staff, in collaboration with the attending physician, often employ prayer as a coping strategy to ensure the patient's safe transport and successful arrival at the receiving facility. Participant 11 stating: *"Actually... bago ako umalis, nag pray ako... during transportation, nag pray pa rin ako... and nagpe-pray talaga kami ng doctor, na at least matransfer namin ng safe"* **[Actually... Before I leave, I always pray... then I continue to pray during the transportation, and we were truly praying with the doctor, hoping that we could at least make the transfer safely.]** Participant 12 also expressed that: *"Hm.. sasamahan ng dasal *laughs*.. Pag nag tatransfer.. ano yun bago ka umalis.. mag pray ka muna.. sana matransfer mo yung pasyente mo ng maayos.. walang aberya..."* **[Hm... accompanied by prayer *laughs*... when transferring... before you leave... you should pray first... hopefully, you can transfer your patient smoothly without any issues.]** To top it off, Participant 4 shares that:

"Wala naman tayong ibang gagawin kundi prayers.. Talagang lahat ng santo natawag ko na.. during my first experiences nung ako mag tatransfer ng pasyente..." **[All we could do was pray... I honestly called on all the saints... during my first experiences of transferring patients.]**

These nurses who transport critically ill patients face significant pressure, yet they maintain their professionalism and adhere to ethical standards throughout the process. This includes effective communication with colleagues, advocating for patient needs, and following established protocols and guidelines to ensure patient safety and well-being. Participants emphasized that nurses must remain calm and focused during transports, as their composure instills confidence in relatives and demonstrates their competence. Increased anxiety can hinder clear thinking, underscoring the importance of concentrating on delivering essential patient interventions. Participant 2 stated *"Hindi din ako na stress.. more on ang ano ko talaga dyan.. focus ka.. mag focus ka lang... tapos gawin mo lang yung mga kaya mo as a nurse di ba?"* **[I'm not stressed... I just focus on what I need to do. You just need to focus... and do what you can as a nurse, right?],** *"Tas focus ka dun sa kung anong problema ng pasyente... halimbawa kung nahihirapan huminga, edi ayusin mo yung posisyon niya. Tas oxygen..."* **[Then focus on what the patient's problem is... For example, if they are having difficulty breathing, then adjust their position. Then provide oxygen.]** and *"Kung may relative diyan, wag mong papahalata sa kanya na natataranta ka... kahit natataranta ka na sa feeling mo..."* **[If there are relatives present, don't let them see that you're panicking, even if you feel like you are.]** Furthermore, Participant 9 mentioned:

"Dapat kalmado ka lang kasi eh... basta gawin mo lang yung kailangan ng pasyente.. hangga't maaari palagi mo icheck vital signs niya..." **[You should stay calm because you just need to do what the patient needs. As much as possible, always check their vital signs.]** and *"Hindi pwedeng 'Ahh' sisigaw ka rin ng ganon.. ikaw nurse.. Kumbaga calm ka lang, steady ka lang.. gawin mo lang yung mga kailangan mong gawin..."* **[You can't just go 'Ahh' and shout like that. You're a nurse. You need to stay calm and steady. Just do what you need to do.]**

5. Conclusion

Based on the indicated findings, the experience of nurses involved in interhospital via ambulance were influenced by these factors: preparation and readiness in critically ill patient transport, navigating challenges and adversities during patient

transport, and execution and coping strategies in critically ill patient transport. The participants of the study were able to establish different perspectives based on their experiences and understanding.

Several participants highlighted the importance of fundamental competencies and clinical training for safe and efficient interhospital transfers. They believed that these skills and training enable nurses to adjust during patient transfers and manage the complexities involved while ensuring optimal care and security. The training and skills were seen as enhancing their ability to handle various transfer situations by meeting the specific needs of patients and anticipating potential outcomes during ambulance transport. Furthermore, participants' responses are saying that training should be updated and that skills alone are not enough for caring for the patient in an ambulance. Participants also reported encountering various challenges during the transport of critically ill patients, including resource limitations, managing patient status, environmental challenges, and the physical, emotional, and psychological impacts of the process.

In relation to the second theme, a pivotal discovery that emerged is the prevalence of resource deficiencies in ambulances, prompting nurses to prepare their own equipment boxes for transfers. The responses revealed that the equipment and resources should also be improved as equipment is very important in transferring a patient. Fortunately, the residents on duty are responsible for arranging patient transport through phone call coordination, in addition to the letter referral. This preparation helps them respond effectively to various scenarios and manage patient status on the road. However, environmental challenges beyond nurses' control can hinder the transport process. Negative patient outcomes can physically, emotionally, and psychologically affect nurses, with some reporting fatigue and the need to separate their emotions from their work to maintain performance and patient care.

Despite these challenges, most participants recognized that managing these complexities enhances the efficiency, safety, and quality of interhospital transfers. The study also highlighted the execution and coping strategies used by nurses, such as planning, communication, decision-making, and professionalism. Nurses develop their abilities through daily work experience, which helps them adjust during patient transfers. Effective decision-making in ambulances, supported by medical expertise, is crucial for patient outcomes. Nurses' practical knowledge and experience from various healthcare settings enable them to handle transfer challenges confidently and proficiently. Training helps nurses manage stress and provide high-quality care even in difficult situations, with adaptability being essential for overcoming unavoidable factors like traffic and road conditions.

Moreover, the study findings correspond to the assumptions of the study stating that

- 1 Nurses involved in interhospital transport of critically ill patients encounter different barriers during transportation.
- 2 Nurses involved in interhospital transport of critically ill patients have strengthened their trust in God, in the hope of a fast recovery for their patients.

This study's findings illustrate the barriers that nurses encounter during transportation. The participants encounter barriers such as lack of communication, medical equipment, or delays in transportation agreements. Nurses also face physical, emotional, and psychological difficulties. On the other hand, every time an individual experiences a stressful situation, they immediately implement coping strategies. For nurses, they increased their trust in God and built the idea that faith can positively affect them. This implies that during challenging situations, nurses use prayers as a source of hope.

6. Recommendations

The study conveys several recommendations aimed at enhancing the efficiency and safety of interhospital transport of critically ill patients via ambulance. For nurses involved in these critical transfers, a significant suggestion is to prepare all necessary equipment before the transport process begins. This includes ensuring that ventilators, medication, monitoring devices, and backup supplies are ready and in optimum working condition. Additionally, nurses are advised to coordinate closely with other healthcare professionals involved in the patient transfer. This coordination includes transport discussions with physicians, paramedics, and receiving hospital staff to ensure a smooth handover and clear communication about the patient's condition and specific needs. Efficient communication is another crucial aspect emphasized in the study. Nurses should clearly express important information to both the patient and their relatives, providing them with an understanding of the transport process and addressing any concerns they may have. Familiarizing themselves with several cases of critically ill patients is also recommended, allowing nurses to better manage various scenarios that may arise during transport. Furthermore, constant professional development is essential; nurses should attend training sessions, seminars, and workshops to update their knowledge and acquire additional skills and certifications. This current education helps nurses stay updated with best practices and technological advancements, ultimately improving patient care during interhospital transfers.

Moreover, for hospitals providing interhospital transport services, it is recommended to develop and implement detailed guidelines and protocols to ensure patient safety during transport. In addition, ensuring the readiness and completeness of ambulance resources needed for transport and conducting regular inspections of the ambulance to maintain its condition is also

recommended. For nursing educators, the researchers suggest integrating interhospital transport scenarios into the curriculum and lectures to enhance nursing students' quick decision-making skills. Nursing students are encouraged to actively seek practical experience, observe various transfer scenarios, and apply their skills in future transport situations.

Lastly, the researchers encourage future researchers to include this study in their literature reviews and explore areas not emphasized in this study. These may include examining the perspectives of other healthcare team members during patient transport, assessing patient transport outcomes, and reviewing existing policies and protocols on interhospital transport to foster a more comprehensive understanding of the field.

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