



FLIGHT ATTENDANTS' BARRIER IN MANAGING IN-FLIGHT MEDICAL EMERGENCIES

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ABSTRACT

Flight attendants have a responsibility to manage some emergency cases on board include in-flight medical emergency. On the other hand, cabin crews have some limitations in performing medical intervention. Furthermore, this study was conducted to explore the barrier faced by cabin crew while managing medical emergency during flight. This study was a Hermeneutic or interpretative phenomenology studies analyzed using Interpretive Phenomenological Analysis or IPA as the analytical method. In this case, the researchers integrated the words spoken by the participants during semi-structured in-depth interview and observing the gesture. The study involved four participants who were included in the established inclusion criteria of the cabin crew who had faced in-flight medical emergency at least once. The result shows that flight attendants were unable to provide further medical emergency intervention. This happen because flight attendants lack of facilities in performing emergency medical management. Having limitations in equipments and personnel make them unable to perform that.

KEYWORDS: In-flight medical emergencies, cabin crews' barrier, in-flight medical emergencies interventions.

INTRODUCTION

Pressurized cabin in commercial aircraft influences human body. The worst effect of that is decreasing blood oxygen saturation. The saturation will decline on 1% in every 300 meters of cruising altitude (West, 2012). Moreover, the difference of cruising altitude also brings physical discomfort. These may lead airplane user suffering medical problems. There are 16 medical emergency cases in every 1 million passengers (Peterson, et al., 2013). This thing should be considered by all people who are using airplane especially the flight attendants. In this way, flight attendants are responsible to maintain passengers' safety and comfort. The main role of flight attendants on board is serving foods and beverages. Besides, they have to perform a quick response while serving the passengers (Damos, Boyett, & Gibbs, 2013). In addition, flight attendants are trained to manage any in-flight irregularities such as in-flight medical emergency although they are not medical staffs. Flight attendants are charged to give basic life support because they also have a role as first responder for instance giving cardiopulmonary resuscitation. They also have to collaborate by establishing effective communication during emergency cases L. Smith (2008). So, they may have some barriers while managing in-

flight medical emergency. This study was conducted to explore flight attendants' difficulties while managing medical emergency on board.

MATERIAL AND METHODS

This study was an interpretive phenomenological research that used Interpretive Phenomenological Analysis or IPA as analytical method. This kind of study enabled researcher in giving meaning on participants' statements. A semi structured in-depth interview was conducted to explore participants' experience. Besides, researcher also arranged interview guidance to assist the research process. Researcher then interpreted participants' statement by analyzing the words that framed an emerging theme (Murray & Holmes, 2014). In this case, researcher integrated participants' words and gestures.

This study involved four flight attendants coming from an airline in Indonesia as participants. A purposive sampling was chosen as sampling method. This method allowed researcher to select the participants based on researcher's criteria. In this way, the criteria were flight attendants who had experience in managing in-flight medical emergency at least once and they agreed to

explain their experiences without any coercion. The research was conducted in East Java, Indonesia during time span April – May 2018. Researcher was interviewing and recording participants' experience before making verbatim transcript. Later, researcher analyzed the data using IPA method.

RESULTS

There is one theme consisted of one sub-theme and two categories as a result of this study. That theme illustrated the barrier faced by flight attendants in managing in-flight medical emergency. The sub-theme is lack of facilities in managing in-flight medical emergency. Besides, the categories are limitedness in accessing medical equipments and needs of having medical staffs on board.

Category 1: Limitedness in Accessing Medical Equipments

This category explains flight attendants' abilities to access the equipments. These are the statements that develop this category.

"...There is a special box that can be opened by medical staffs, another one is aa, aid kit that can be accessed by everyone including cabin crew and passengers..."(P1 line 91).

P1 explained that there is special box on board. A word special means exceptional. It means that only authorized medical personnel allowed to have the equipments on. Contrary, flight attendants do not have any authorization in accessing that box. Another participant stated a similar thing related to special box.

"...So, cabin crew are allowed to access BVM (Bag Valve Mask) and FAK (First Aid Kit) while EMK (Emergency Medical Kit) should be accessed by doctor, nurse and whoever as long as they are medical staffs..."(P2 line 58).

P2 stated that flight attendants only able to manage FAK and BVM but they have no right in using EMK. Those statements indicate that flight attendants only have certain tools while facing medical issues on board. Another medical facility that is on restricted used is bottled oxygen. Basically, some extra bottled oxygen should be used in case of in-flight emergency such as decompression which explained by first participant.

"...Actually, the oxygen is available for ee.. emergency case called decompression, but if there is anyone needs that, it can be applied but in a limited dose..."(P1 line 115).

"...So, the maximum usage of the oxygen on board is only 4 liters... The limit for medical purpose is 500psa..."(P2 line 83).

There are some keywords told by the participants which are oxygen, decompression and limited dosage. This means that the amount of oxygen for medical emergency purpose is also limited. As a result, flight attendants do not have proper sort of equipments in managing medical emergency on board.

Category 2: Needs of Having Medical Staffs on Board

"...We do have limitations, indeed. As long as we do not have doctors on board, we cannot perform any clinical decisions..."(P1 line 213).

The word limitations means restricted in having action. In this case, P1 tried to figure that flight attendants got finite permit in some clinical issues. So, they need medics' presence on board. A participant emphasized that flight attendants need additional personnel on board to help them managing some issues and one of them are medics.

"We really need some additional personnels, Miss aahaha. We wish some companionships which are not only medical staffs but also police, military personnel even firemen...In case of emergency those personnel will be the first person we asked..."(P4 line241).

That statement established while the participant was asked about the meaning of medics' presence for the flight attendants. P4 thought the presence of medics and security personnel on board is really important. They can be the trustworthy helper during emergency cases. So, those participants' statements above illustrate their needs of in-flight medical staffs.

Flight attendants must face the limitedness in accessing medical equipments and need to have in-flight medical staffs prove that they lack of facilities in managing medical emergency on board. So, they are unable to perform further medical intervention. This process is illustrated by the scheme below:

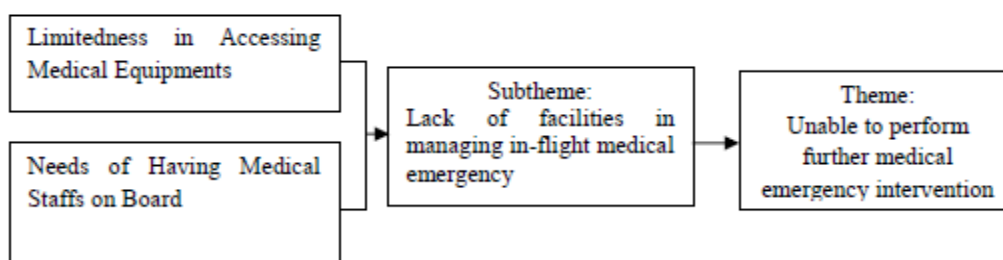


Figure 1: Scheme of Theme Development.

DISCUSSIONS

One of the limitations mentioned by the participants is medical equipments. Two participants explained about limited oxygen usage for medical purposes. A preliminary research explained that additional bottled oxygen is available on board for decompression and medical emergency purposes. Amount of oxygen that can be used for medical purposes should cover 2% of total passengers in a flight (Ruskin, 2008). Oxygen is a kind consumable good with a restricted utilization. Besides, another tool with a restricted permission is medical tools.

There are three kinds of medical equipment available on board in the study site's airlines. Those equipments are FAK, BVM and EMK. Those three equipments refer to three different box with different purposes. The policies of those equipments maybe vary in some other airlines. In a brief, there are three kinds of tools brought on board by the airlines. First, FAK or First Aid Kit which consists of general medicine for instance paracetamol, wound dressing or burn cream. This kit can be accessed by both of flight attendants and passengers. Second, emergency first aid kit that contained rescue and survival kits. One of those kits is BVM or Bag Valve Mask. This is an equipment for cardiopulmonary resuscitation purpose which can be accessed by everyone on plane. Third, medical or doctor's kit that only can be accessed by medical staffs. This kit consists of advance medical emergency equipments such as intravenous line kit or emergency drugs. In this way, flight attendants have no permission in opening this kit (Lateef et al, 2003).

Flight attendants who need doctor kit should ask for medics' permission. Furthermore, participants said that they themselves may access the doctor kit after getting permissions from captain, flight service manager and in-flight medical staffs. They have to make a documentation of the permissions before taking further actions by opening doctor's kit. In Indonesia, flight attendants who need medics' companionship will announce that by using in-flight interphone. Actually, there is no official airlines medics' on board. Consequently, flight attendants must rely on their fortune for having passengers with medical background. Poorly, some medics' on board may hide their identity to avoid doing medical intervention on board due to medical litigation (Lateef et al, 2003).

In conclusion, even the airlines has a standard medical emergency precaution by providing some rescue and first aid kits on board, flight attendants still hold a restricted action. They cannot access all kind of medical equipments since they do not have any medical liability. It means that flight attendants facing a barrier while managing in-flight medical emergency. So, they are unable to give further medical intervention in helping people with medical issues.

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