



## RESEARCH ARTICLE

# Telephone nurses' strategies for managing difficult calls: A qualitative content analysis

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## Abstract

**Aim:** To describe telenurses' strategies for managing difficult calls.

**Background:** Telenursing is a growing and complex area and places great demands on telenurses' knowledge and skills and on their ability to communicate and listen. To become emotionally concerned is central to telenurses' experiences of difficult calls.

**Design:** A descriptive qualitative study.

**Methods:** The data were collected during February 2017 through individual interviews with 19 telenurses at call centres and primary healthcare centres. Data were analysed with qualitative content analysis.

**Result:** The analysis revealed an essential strategy illustrated by the theme "to be calm and secure in themselves." Further categories described telenurses' strategies to manage difficult calls, labelled as: "to show commitment and interest," "to have structure in the call and use support systems," "to pause the call" and "to reflect on difficult calls." The results show that telenurses need multiple strategies to help them to navigate difficult calls.

## KEYWORDS

communication, digitization, dwell, emotional intelligence, reflection, telephone nursing

## 1 | INTRODUCTION

Telenursing, which can be defined as nursing practices that include telephone triage, nurse advice and care management, is a growing and complex element of healthcare worldwide and in Sweden (Gidora, Borycki, & Kushniruk, 2019). Due to its complexity, telenursing is regarded as a form of highly qualified nursing care and places great demands on the telenurses' knowledge and skills and on their ability to communicate and listen (Ernesäter, Engström, Winblad, Rahmqvist, & Holmström, 2016; Greenberg, 2009; Moscato et al., 2007). Also, this complexity means that the telenurses encounter people of all ages, from newborns to older adults

and with a wide variety of health problems, for whom they must take action with each new caller (Moscato et al., 2003).

In Sweden, the telephone number 1177, for Swedish Healthcare Direct (SHD), is the national telephone helpline for health care and is available 24 hr a day and 7 days a week (Swedish Healthcare Direct, 2017). SHD can be equated with the NHS 24 service number (111) in the UK, Health Link (811) in Canada and Health Direct in Australia. Telephone contact is often the patient's first contact with the healthcare system, and according to the World Health Organization (WHO), all healthcare provision should be effective, efficient, accessible, patient-centred, equitable and safe (WHO, 2006). Previous research has shown that certain factors, such as the work environment

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and demanding callers, might adversely affect telenurses and can make their communication with the caller difficult (Reinhardt, 2010; Wahlberg, Cedersund, & Wredling, 2003). Furthermore, to become emotionally concerned is central to telenurses' experiences of difficult calls and difficult calls are often accompanied by feelings of inadequacy, uncertainty and anxiety (Eriksson, Ek, Jansson, Sjöström, & Larsson, 2019). Although there is some research in the area of telenursing, little focus has been placed on difficult calls and which strategies the telenurses need to adopt to manage such calls.

## 2 | BACKGROUND

The foundation of telenursing is communication and having good communication skills is a main competence for telenurses. Communication is a process where the understanding and sharing of sent and received messages are transmitted verbally or non-verbally. Verbal communication is the content of the use of words, while non-verbal communication includes, for example, facial expressions, eye contact, body movements and voice position (Barbosa, Silva, Silva, & Silva, 2016). Telenursing implies a lack of non-verbal communication, which complicates the communication process (Eriksson et al., 2019; Holmström & Höglund, 2007; Wahlberg, Cedersund, & Wredling, 2005). This can require that telenurses must develop new communication skills to access and give advice (Snooks et al., 2007) and, further, means that demands are placed on telenurses' interpreting skills (Holmström & Höglund, 2007; Wahlberg et al., 2005). Also, telenurses need to compensate for the lack of visual signs with advanced communication skills (Car, Freeman, Partridge, & Sheikh, 2004; Souza-Junior, Mendes, Mazzo, & Godoy, 2016). Lack of communication, such as failure to listen and not asking enough questions, is the most common cause of medical errors and malpractice claims and third-party communication further reinforces the risk of misunderstanding (Ernesäter, Winblad, Engström, & Holmström, 2012). Moscato et al. (2007) claim that one of the strongest predictors of patient satisfaction with telenursing is clarity of communication and suggest that telenursing education programmes should include content that allows them to expand their interpersonal communication skills.

During calls, telenurses use a communication process intending to reach a consensus in making a decision and taking action. Greenberg (2009) describes a process containing three phases, gathering information, using implicit and explicit information to identify the callers' needs and translating healthcare information back into a language comprehensible to the client. Earlier research shows that telenurses have different ways of understanding their work and how they communicate, which entails that callers will receive different services depending on which telenurse they talk to and this may lead to variation in both health outcome and patient satisfaction (Kaminsky, Rosenqvist, & Holmström, 2009). From a caller perspective, Winneby, Flensner, and Rudolfsson (2014) show that care seekers who feel that they were taken seriously and listened to experience a feeling of being invited to participate and be allowed to

be a patient. This leads to alleviation of suffering, trust in recovery and the patient's perception that their needs have been met and that no further contact with the healthcare service was necessary.

The use of computer decision support systems (CDSS) can simplify telenurses' work by assuring them that they have asked relevant questions (Holmström, 2007) to complement their knowledge and provide security as well as enhance their assessment (Ernesäter, Holmström, & Engström, 2009) and their credibility (Björkman & Salzman-Erikson, 2018). The model of the process in telenursing and the Swedish CDSS contains approximately 180 medically quality assured decision bases, structured on symptoms based on five degrees of emergency. The medical content of CDSS is continually being tested and updated nationally by a medical expert group (1177, 2017). CDSS can allow for consistency and reliability in the triage process. On the other hand, CDSS can be seen as a fixed measuring instrument, forcing telenurses to reduce the patient's problem to one individual symptom that can be measured (Murdoch et al., 2015) and the linear process dictated by CDSS might miss out opportunities to support the fast-paced decision-making and quick responses required by telenurses (Tariq, Westbrook, Byrne, Robinson, & Baysari, 2017). Another risk is where telenurses have not been sufficiently educated in using CDSS; for example, Holmström, Gustafsson, Wesström, and Skoglund (2019) report that underuse and deviation from the CDSS means that the telenurses collected less information for making well-informed decisions, which might point to patient safety risks. Recent research shows that the domination of biomedical orientation in the CDSS downplays vital aspects of the human condition seen from a broader perspective (Björkman & Salzman-Erikson, 2018). Because symptoms cannot be linked together, CDSS cannot always allow telenurses to capture a holistic view of callers' problems (Holmström et al., 2019). CDSS can thus be considered a complementary tool, as these systems cannot replace telenurses' professional knowledge and competence (Ernesäter et al., 2009).

Computer decision support systems has been described as being both supportive and hindering (Ernesäter et al., 2009). This can cause stress for telenurses and sometimes leads to emotional concern (Eriksson et al., 2019). According to Kaminsky, Röing, Björkman, and Holmström (2017), telenursing is a complex task and requires the ability to perform many tasks simultaneously and multitasking, stress, shift work, exhaustion and under-staffing have all been described as factors linked to reported cases of adverse incidents. Moreover, Röing, Rosenqvist, and Holmström (2013) describe how experiencing problems with technical equipment can cause stress and feelings of not having control. Stress can be seen as a state of imbalance that arises when environmental demands exceed an individual's perceived or appraised ability to cope (Lazarus & Folkman, 1984). Coping has to do with how an individual thinks and acts to manage a specific context that is appraised as taxing or that exceeds the person's resources. Coping has two major functions that include regulating the stressful emotion and altering the person-environment relation causing the distress (Lazarus & Folkman, 1984). More recent research shows that preventive and defusing effects

in stressful situations could be managed through informal communication before, during and after the event (Bohström, Carlström, & Sjöström, 2017).

In a previous study, we described how telenurses experienced difficult calls (Eriksson et al., 2019), which revealed the importance of adopting strategies for managing difficult calls. Thus, the present study aimed to explore and describe further the strategies that telenurses adopt for managing difficult calls.

### 3 | METHOD

#### 3.1 | Design

A qualitative approach with a descriptive design was chosen for the study to gain a deeper understanding of the telenurses' experiences (Patton, 2015). Data were collected through individual semi-structured interviews and then analysed by employing descriptive qualitative content analysis, inspired by Graneheim and Lundman (2004).

#### 3.2 | Sample and recruitment

The study participants were recruited using a purposive sampling strategy, and the inclusion criterion was that the participants had to have had at least one year's work experience as a telenurse to increase the probability of them having encountered difficult calls. The participants were recruited from six primary healthcare centres and two call centres in south-western Sweden. Initially, after the heads of two call centres and nine primary healthcare centres were consulted, three primary healthcare centres declined participation due to staff shortage. The two call centres and three of the primary healthcare centres were publicly run and the other, privately and all centres were located in cities of varying size. A written letter with information about the study was sent to 20 telenurses in total and, of these, 19 agreed to participate. Telenurses who were willing to participate contacted the authors (TB, CBW). They were then given additional verbal information about the purpose of the study, asked to participate in an interview and informed that the interviews would be recorded. The participants were aged 28–65 years and included one man and 18 women; they had worked as telenurses for between 1–35 years, 11 had specialist education in district nursing and 11 worked at call centres and eight at primary health centres.

#### 3.3 | Data collection

Semi-structured individual interviews (Brinkmann & Kvale, 2015; Graneheim, Lindgren, & Lundman, 2017) were used to enable the participants to disclose personal experiences from their everyday work as telenurses. An interview-guide with semi-structured and open-ended questions was developed and discussed by all authors, based on previous research. The interviews started with the question: Tell

me, what do you do to manage difficult calls? Follow-up questions were asked about how they manage difficult calls in the telephone situation and what they do to shift a difficult call to something they could manage. Depending on the interview, further follow-up questions were used for clarification when needed, such as "Can you tell me more about that?" and "Can you give an example of a difficult call?" The interviews were conducted during February 2017 by the authors, TB and CBW, who are Registered Nurses with extensive experience of conducting interviews. The participants chose the date and place for the interviews, which were carried out at the participants' workplaces, lasted between 10–45 min and were tape-recorded and transcribed verbatim.

#### 3.4 | Data analysis

The data were analysed in a process inspired by the guidance of Graneheim et al. (2017) and Graneheim and Lundman's (2004) descriptions of qualitative content analysis. All the authors read the interviews several times to ensure that they had a clear grasp of their overall content. Then, meaning units, words or statements, which described telenurses' experiences of how they manage difficult calls, were identified and abstracted by converting the telenurses' expressions into comprehensive units. These comprehensive units were compared and those with similar meanings or which dealt with the same topics were grouped. Groups with similar meanings were then gathered to form categories, which were named with content-characteristic words, as described by Graneheim and Lundman (2004). All of the authors participated in the analysis process; there was a constant movement back and forth between the whole data material and the analysis pieces during the process and the comprehensive units, and the groups, as well as the final four categories and themes, were discussed repeatedly amongst the research group to achieve consensus.

In the results section, these themes, which describe the core meaning of telenurses' experiences of managing difficult calls, are presented first, followed by the categories describing further aspects and nuances in detail; these are illustrated with quotes from the interviews.

#### 3.5 | Rigour

The four aspects of trustworthiness in qualitative research, credibility, dependability, conformability and transferability (Graneheim & Lundman, 2004; Polit & Beck, 2018) have been recognised and applied in this study. The telenurses were guided through the interviews with semi-structured open-ended questions that allowed them the freedom to speak as much as they wanted regarding their experiences. The interviews strived for promoting dialogue and asked for clarification of the narratives to achieve credibility. Furthermore, the analysis process was conducted in a reflective dialogue between the researchers. To accomplish dependability, two of

the researchers conducted all of the interviews. The recordings were transcribed verbatim and quotes from the participants are presented in the findings for the conformability. The findings might be transferred to inform other telenurses' understandings of prerequisites in primary healthcare centres or call centres (Polit & Beck, 2018). However, the individual reader has to assess the suitability of transferring the results.

### 3.6 | Ethical considerations

The study was conducted following national ethical regulations and conforms to the Declaration of Helsinki (World Medical Association, 2013). According to Swedish legislation, ethical approval was not needed for this study. However, the study does comply with ethical standards for research, which means that the four ethical principles of respect for autonomy, beneficence, non-maleficence and justice were considered. The heads of two call centres and six primary healthcare centres gave their approval for the study. All participants were given both verbal and written information about the aim of the study, including its design, that their participation was voluntary, that they had the opportunity to withdraw their participation at any time and the confidential treatment of data. Written informed consent was obtained from all participants.

## 4 | RESULTS

Content analysis of the interviews resulted in one theme: "to be calm and secure in themselves" and four categories embodied therein, labelled: "to show commitment and interest," "to have structure in the call and use support systems," "to pause the call" and "to reflect on difficult calls." The main theme and each of the categories are described in detail below. Quotes are used to exemplify the findings.

### 4.1 | To be calm and secure in themselves

To be calm and secure in themselves is an essential strategy for telenurses when managing difficult calls. This is described in terms of a strategy striving to be engaged and show interest in the caller and to be responsive to their expectations of the call. Another strategy to allow the telenurses to feel calm and secure in themselves was to have structure in the calls by using the CDSS and by basing their practices on evidence-based knowledge in counselling. To have the opportunity to pause the call is described as being a strategy for staying calm and feeling secure. This was especially important if the callers behaved badly towards them, even if they understood that such a response could have its basis in the callers' emotions, such as worry and fear. They described that they tried to talk calmly, use a friendly voice and listen to the caller to create trust. Reflecting on

difficult calls with colleagues is also described as a strategy for feeling calm and secure in oneself.

### 4.2 | To show commitment and interest

The telenurses described that one strategy to manage difficult calls is by being committed and showing interest in what the caller is saying. They showed their commitment by asking probing questions to help the caller phone in and find the core of their problem and thus avoid misunderstandings. The telenurses used the same words as the caller did when making their summary of the call to show that they were listening and to show that they wanted to try to understand the caller's perceived health problems:

*You can only listen to what the patient says ... and then it depends on how much they say ... so it is, but I can only listen to the information I get and try to ask questions so that I get what it is.*

The telenurses experienced that they showed interest by focusing on the here and now and by motivating the callers. They did this by asking questions that focused on the present, such as "How can I help you now?" and "What can I do for you?" They could use the caller's life experience as a basis for how they might see the problem and what they can and cannot do themselves so that the telenurses convey a certain perspective in the call. Furthermore, they described that by modifying the advice provided to each caller's situation and then asking them to give their views, they can agree:

*You tell me that ... then you try to find the core point and then I try to write in the meantime. You ask and want them to start new in what it is that makes them feel bad. Confirmation to the caller all the time. Makes them think outside the box and maybe they can do something themselves for their situation.*

The telenurses described that managing difficult calls implies motivating and strengthening the caller's self-care ability. This means that they need to make a plan for the caller based on how that particular individual can be motivated and supported. Sometimes this implies calming the caller with information that the problems are transient, but describing how that process might look going forward. The telenurses described how information about decisions and self-care advice may need to be repeated to make the caller understand and to reduce concern. They also described that it was important to ask the caller what their expectations were for the call. In difficult calls, where the caller had unrealistic expectations, the telenurse tried to get the caller to think about the situation from several different aspects and thereby try to find possible ways to manage it. The telenurses experienced that it could be difficult to find solutions when the calls were about long-term health conditions and they know that these persons often call. These callers often have many

healthcare contacts/providers but often none of these have overall responsibility for the caller's care. Therefore, if they strive to refer the caller to the correct level of care, this can often be found to be difficult.

#### 4.3 | To have structure in the call and use support systems

The telenurses had a strategy for managing difficult calls by structuring them based on the model of the process in telenursing using the SHD 1177 CDSS platform and web pages such as Pharmacological Specialties in Sweden (FASS) and SHD 1177, which gave them the confidence to manage these calls correctly. They described that the call process provided structure to the calls by opening the conversations calmly and listening. Then, it was important to ask the caller if they were able to summarize what they had been told and to show that they understood the callers' situation correctly. It was crucial that they agreed on what the situation was and then the telenurse asked exploratory questions so that they could decide how to manage the situation. They asked for permission to inform and explain to motivate the caller to reach a consensus:

*... I'm going back to the model of the process in telenursing and I check that I follow it. Then you get a structure in the call and it is much easier to come to good summary when I have help with the structure.*

When the telenurses did not reach an agreement with the caller, they were careful to follow the organization's routines and guidelines. They described that they worked following evidence-based knowledge, such SHD 1177 CDSS and used web pages, such FASS and The Public Health Agency of Sweden (communicable disease control), to gain access to the latest knowledge in the field. The telenurses described that they ensure that they work following evidence-based knowledge when making decisions and documented when the callers were not satisfied with their decision:

*After all, I can rely on the decision support system and if I have asked the questions I should ask and asked again, I must trust that it is right. I motivate my answers on why I advise as I do.*

To develop a strategy for managing difficult calls, the telenurses described how, together with a call coach, they could review calls they had handled, to discuss the structure of the calls and the decision support they had followed. They also had the opportunity to follow up on calls where they could see in the medical record how things were going for the patient and get confirmation that they had managed the calls correctly.

#### 4.4 | To pause the call

The telenurses described another strategy for managing difficult calls was by pausing the calls. Pausing the call could mean that they asked the caller to hold for a short period or asking if they could call back later. By asking the caller to stay on the phone, they could consult with colleagues so that they could obtain support for their decision-making. A prerequisite for being able to consult with others is that several telenurses sit in close proximity to each other, for example, in the same room. They also consulted other professions, such as physicians or physiotherapists. Pausing the calls means that the telenurses have breathing space and can feel their own emotions and become aware of emotions that are aroused that can make the call feel difficult:

*No matter what you feel is difficult when sitting on the phone, it is probably important to just pause, maybe talk to someone else for a while, as well as get energy // when you feel that now I cannot cope anymore.*

The telenurses also used the strategy to call the patient back to follow up on how the patient felt. They used this strategy when their assessment of symptoms conflicted with each other, when patients were emotionally agitated, or when they gave self-care advice, despite the caller asking for a care appointment time. Further strategies were to establish the security of the caller and to strengthen their self-care ability by giving concrete advice and instructions on what should be done before they might call back. To pause the calls was experienced as giving the telenurses time to, for example, gather facts or check care appointment times and also give the caller time to calm down.

The telenurses also stressed the importance of making sure that the caller understood that waiting for a while to then resume the call did not mean they were facing a closed door to health care but was instead a way to have a good conversation with each other:

*I will call you back in an hour, do this and so and we will hear again in an hour. Many times when you call after an hour it has turned and it is good // when you suspect that many of the symptoms are about worry. There it can be a safety for them to know that I am doing this and she will call again later. It calms down the situation.*

The telenurses experienced that they manage difficult calls better when they have energy and are attentive during the calls. Prerequisites that strengthen their ability to be attentive include understanding that time on the phone is limited, that pauses will be added and that there is a period of other work in between contact with the caller. When they have been working for long periods of time and become tired, they experienced it as being harder to be engaged and focused on each call.

#### 4.5 | To reflect on difficult calls

Telenurses described how they learn strategies for how to manage difficult calls by engaging in reflection. They critically reflect on how their actions affected what happened during the calls and can thereby review their concerns about errors in decision-making. These reflections help them to reach a sense of acceptance for how the calls became difficult and allow them to become familiar with themselves and how they work:

*You go through it later afterwards in your mind, could I have said so or would I have stepped in or would I have interrupted there. You feel it as a failure and you try to learn from it. That's the positive thing about difficult conversations is that you get training, you never become fully educated.*

The telenurses cope with calls that they experience as difficult and callers who remain in their consciousness by talking about them with colleagues, managers or outsiders who have a duty to maintain confidentiality, such as deacons. Often, sharing and learning about colleagues' different experiences can be a supportive mechanism. Becoming familiar with other colleagues' ways of managing similar calls and consulting with others in the working group to reach an agreement on how to manage calls where the caller, for example, might require an urgent medical appointment but where the telenurse's medical assessment contradicts this, can provide more tools to employ and a sense of security in how to manage difficult calls. Telenurses were aware that they need to end difficult calls, otherwise they absorb the energy and concentration ability needed for the work that follows:

*It depends on what kind of person you are, what you carry with you as well. It is probably just as important that you make clear about yourself as well as how you manage things. So that you become strong and confident in yourself.*

These reflections acted as a strategy for the telenurses to gather themselves and to be aware of their own feelings and knowledge, which were basic elements for becoming strong and secure in oneself.

## 5 | DISCUSSION

This study reveals that an essential strategy employed by telenurses is to be calm and secure in themselves to manage difficult calls. To stay calm and secure in themselves, telenurses use four other strategies, which, in different ways, help the telenurses to manage difficult calls. The strategy of showing interest and being engaged in what the caller says, as well as the strategy of having structure in the calls and to competently use CDSS, seem to be strategies that they strived to use in all difficult calls. In contrast, the strategies of pausing the call and reflecting on difficult calls were used as and when they were

needed. The telenurses were aware that they need to be calm and secure in themselves to manage difficult calls. When telenurses fail to be calm and secure in themselves, they can become emotionally concerned (Eriksson et al., 2019) which made it hard to manage difficult calls. Digitization supports telenurses in complex situations and helps them to navigate difficult calls and support the patient. Previous research shows that it is important that nurses behave respectfully and in a calm and friendly manner, to make the patients feel confirmed (Derkx et al., 2009; Holmström, Nokkoudenmäki, Zukancic, & Sundler, 2016; Kaminsky et al., 2017; Ström, Marklund, & Hildingh, 2009) and invited to participate in the communication (Winneby et al., 2014). The way telenurses and callers communicate together is crucial for creating positive care outcomes, which is the basis for safe care.

One of the categories shows that telenurses can learn how to manage difficult calls by taking time to pause during the calls, giving them time for reflection and presenting an opportunity to consult with colleagues or other professionals. This could, according to Cook, Thompson, Thomas, and Thomas (2009), be seen as a skill relating to clinical performance and professional behaviour. Reflection enables the telenurses to identify their roles and responsibilities in an interdisciplinary context (Pangh, Jouybari, Vakili, Sanagoo, & Torik, 2019). Unfortunately, some research seems to indicate that there are organizational demands that act as barriers to using reflection in everyday work (Gustafsson & Fagerberg, 2004; Johnson, 2013). It is therefore important to discuss this on the basis that earlier research shows that reflection enables the nurse to support the patient more effectively and to have a more prominent role, despite a lack of resources and a high workload (Pangh et al., 2019). Reflection can also be a way to dwell on an experience and Todres and Galvin (2010) describe that to dwell is to come home to the situation, to hear what is there, to abide, to linger and to be gathered there with what belongs there. It is a form of being grounded in the present moment, supported by a past that is arriving and the openness of a future that is calling (Todres & Galvin, 2010). To be able to dwell on reflections seems to be an efficient way to help telenurses to develop strategies to manage difficult calls. Furthermore, in our study, when the telenurses developed strategies to allow them to be calm and secure in themselves, they seem to be able to dwell on the calls. Todres and Galvin (2010) describe that dwelling is a description of a relationship of belonging between a human being and the environment. When dwelling is experienced in an embodied way, there is a sense of comfort and of being skilled.

The telenurses in this study cope with difficult calls by using different strategies that support the regulation of stressful emotions and, to this end, they develop and use emotional intelligence. Emotional intelligence provides us with the ability to recognize our own and others' emotions and also to manage emotions in ourselves and in our relationships with other people (Boyatzis & Sala, 2004). Enhancing their emotional intelligence skills could help telenurses to cope with the emotional demands that arise in difficult calls. Emotional intelligence should be viewed from the nurse's

perspective and from an understanding of the patient's emotions and the nurse's use of these perceptions to achieve effective management of complex situations (Dawn & Theodore, 2004). Our findings confirm the correlation between nurses' emotional intelligence ability and clinical performance (Al-Hamdan, Oweidat, Al-Faouri, & Codier, 2017).

The present findings show that one strategy that telenurses adopt to manage difficult calls was to use and rely on the communications process, which helps them to manage these calls. By being calm and listening to the callers, they first gather information and then summarize what the caller has told them to be sure that they understood correctly. When they agreed on the situation, then, in the second step, the telenurses gather implicit and explicit information, for example, asking exploratory questions to identify the caller's needs so they can decide how best to manage the situation. The third step, as a conclusion to the call, the telenurses translate healthcare information by explaining this in a comprehensible language to motivate the caller to reach consensus. The telenurses seem to follow Greenberg's (2009) theoretical model, which can be described as a dynamic three-phase telephone nursing communication process. They also use their voice to show the callers that they are calm and secure. Using this theoretical model as a structure, together with using the quality of their voice as an instrument, for example, conveying the seriousness of the advice (Pettinari & Jessopp, 2001), seems to be an efficient way to manage difficult calls. Greenberg's (2009) theoretical model seems to have not yet been evaluated, which might be a topic of focus for future research in telenursing.

## 5.1 | Limitations

As with all qualitative studies, the transferability of our results to a similar context and to other countries must be valued and assessed by the reader. This study was performed in a Swedish context, which might be a limitation. Some of the interviews were short, which can also be considered as a limitation; however, they were rich in content. Four of the authors had experience working as telenurses in primary health care; to reflect on and to manage these preunderstandings, all authors regularly discussed the potential influence of this during the whole of the study process.

## 6 | CONCLUSIONS

This study reveals the importance of providing telenurses with opportunities to develop strategies so they can remain calm and secure in themselves to be able to efficiently manage difficult calls. To work as a telenurse is an advanced task, demanding highly developed skills in communication and having emotional intelligence as well as an ability to employ computer-based programs. Telenurses need to unite two different worlds, themselves and the technology,

which becomes quite complex. The changes in society, with fast-paced technological development and increased digitization, places growing demands on telenurses to maintain their knowledge and skills. This suggests that telenurses should be given opportunities for reflection where they can dwell and develop their emotional intelligence as well as take part in continuing education and training programmes in digitization and technology.

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## CONFLICT OF INTEREST

The authors declare no conflict of interest.

## AUTHOR CONTRIBUTIONS

TB, CBW: collect the data. IE, MW, TB, CBW, ML: Data analysis and preparation of manuscript for submission. All authors have read and approved the final manuscript.

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