



## REVIEW

# To handle the unexpected – The meaning of caring in pre-hospital emergency care

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### Abstract

The patient's voice has not been present to the same degree as the professional perspective in caring research in a pre-hospital context. In order to further develop and improve pre-hospital care, it is therefore important to explore patients' situations not only in life threatening but also in non-traumatic situations. This is especially important as these patients might be defined as inappropriate attendees of ambulance services. The aim of this study was to interpret and explain experiences of caring in pre-hospital care situations that are not defined as traumatic or life threatening.

Twenty informants aged between 34 and 82 years were interviewed. The design of the study was exploratory, and it used an interpretative approach in order to understand the meaning of pre-hospital caring.

The findings show that pre-hospital caring can be understood and explained as a matter of interplay between carer(s) and patient with potentials for positive as well as negative outcomes. Our conclusion is that the initial meeting is of vital importance in how patients experience pre-hospital care. It is suggested that general public information on the development of Swedish pre-hospital care received in turn may facilitate the first encounter between patient and carer(s).

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## Introduction

This study is a part of a Swedish project which is focused on non-traumatic pre-hospital care during the time from calling for an ambulance to the arrival at the emergency ward

or other hospital settings. The first study in the project described patients' decisions to call for an ambulance and wait for the ambulance to arrive (Ahl et al., 2006). The present second study directs interest to caring relations between patients and professional pre-hospital caregivers.

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## Background

Swedish health legislation states that ambulance care is a part of the public health and is to provide adequate care in a personalised and humane manner. Moreover, pre-hospital care is defined as care and treatment provided at the scene of an accident or acute and sudden illness in an ambulance, emergency vehicle or helicopter. It includes the whole interval between receipt of a call at an emergency call centre to handing over the patient to the receiving unit (Suserud et al., 2003a,b).

Historically, the ambulance service in Sweden has been viewed as an organization responsible for the transportation of sick people into hospital, but as a result of advances in techniques, resuscitation and pharmacology, this has led to the discipline of pre-hospital emergency care as an important part of the patient's total care. In addition, this development has led to pre-hospital emergency care becoming advanced nursing and an important first link in the chain of care. It has also resulted in the emergence of a new discipline of ambulance nurses and their entrance has gradually changed and developed the ambulance services (Suserud, 2005).

In caring research there are many studies that illuminate patients' lived experiences of caring in different contexts or with a specific diagnosis, such as diabetes (Hörnsten et al., 2005) prostate cancer (Hedestig et al., 2003) or severe mental illness (Nyström, 1999; Schröder et al., 2005). There are also a relatively large number of studies in the field of emergency care from a caring perspective, such as coronary care (Johansson et al., 2003; Nordgren et al., 2008) emergency department (Nyström et al., 2003a; Nairn et al., 2004; Frank et al., 2009) and intensive care (Adamson et al., 2004; Almerud, 2007; Bergbom-Engberg, 1989; Granberg et al., 1998).

Caring research in the field of pre-hospital care emphasizes the high demands on ambulance personnel as they handle both medical and caring interventions in various circumstances (Wireklint-Sundström, 2005). Most of the research studies have, however, been focused on medical issues, such as early treatment of symptoms of myocardial infarctions (Gardtman et al., 1999; Herlitz and Svensson, 2006; Morrison et al., 2000).

Research that investigates care given to non-acute patients in their homes, by paramedics, nurses or emergency care practitioners (ECPs) in ambulance service, most often are based on questionnaires or structured interviews on how caregivers assess and treat patients at scene or, if demanded, take them to hospitals (Gray and Walker, 2008; Halter et al., 2007; Machen et al., 2007; Snooks et al., 2004). These studies show that most patients are satisfied with the care they receive from the ambulance service. Machen et al. (2007) emphasise that being cared for at home also avoids hours of waiting in the emergency department. According to Gray and Walker (2008) patients feel secure with pre-hospital caregivers, particularly if they are informed about where to turn if problems arose. Normally, many patients expect a visit at home from their GP, but yet Halter et al. (2007) suggest that they are sufficiently satisfied with the care received from the ECPs. They do soon overcome any disappointment because of not being visited

by a GP. There are however a sizeable minority of patients who are unclear about the ECPs assessment. Halter et al. (2007) suggest that these patients are more likely to have subsequently sought hospital care.

In depth interviews with patients have not been present to the same degree in a pre-hospital context. One exception is a study by Elmqvist et al. (2008), which aimed to understand lived experiences in patients' first encounter with pre-hospital care. Patients and first responders in traumatic situations were interviewed in depth. This research approach made it possible to illuminate how the concept of lifesaving means more than just supporting vital functions in a pre-hospital context.

University of Borås in Sweden has a pre-hospital emergency research centre, where health care scientific issues are put in focus. Until now, research has neither been on patient's experiences nor caring relations, as most studies have been carried out from mainly a professional/caring perspective. Some examples are assessment and learning (Wireklint-Sundström, 2005), the professional role of the nurse or specialists in pre-hospital environment (Suserud, 1998), emotional reactions among ambulance staff (Jonsson, 2004) and ethical conflicts in pre-hospital emergency care (Sandman and Nordmark, 2006).

In a caring science approach to pre-hospital care, the issue of caring is nevertheless of vital importance. Caring relations have been discussed by nurse theorists since the early 1950s when Peplau (1952/1991) studied interpersonal relations in professional caring contexts. Her findings illuminated the necessity for professional caregivers to reflect on their own behaviour in order to help patients to understand their individual health-related problems. After Peplau, Orlando (1961) among others suggested that nursing/caring is a process based on the interaction at a specific time between a patient and a professional caregiver. During the late 19th and early 20th centuries, theories concerning caring have been further developed and been established in humanistic and existentialistic philosophy (Watson, 1979; Parse, 1981; Dahlberg et al., 2003). Interest in empirical studies within caring science, which is influenced by humanistic and existentialistic philosophy, has increased during the two last decades. Today, caring presupposes a professional caring competence with an ability to deal with patients' vulnerability, anxiety and suffering (Berg, 2000; Almerud, 2007; Björk-Brämberg, 2008).

In order to further develop and improve pre-hospital care, it is therefore important to explore patients' situations not only in life threatening but also in non-traumatic situations. This is especially important as these patients might be defined as inappropriate users of the ambulance service (Hjälte et al., 2007a,b).

A previous study (Ahl et al., 2006) found that the decision to call for an ambulance often was preceded by hesitation and considerations of other options to get to the hospital rather than going by ambulance. The aim of this second study is to interpret and explain experiences of caring in pre-hospital care situations that are not defined as traumatic or life threatening. The specific research question investigates the meaning of pre-hospital caring from the patient's point of view.

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