



Need for compassion in prehospital and emergency care: A qualitative study on bus crash survivors' experiences



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ABSTRACT

Aim: To explore the survivors' experiences after a major bus crash.

Background: Survivors' experiences of emergency care after transportation related major incidents are relatively unexplored, with research involving survivors mainly focused on pathological aspects or effects of crisis support.

Methods: Semi-structured telephone interviews were conducted with 54 out of 56 surviving passengers 5 years after a bus crash in Sweden. Interviews were analyzed using qualitative content analysis.

Results: Prehospital discomfort, lack of compassionate care, dissatisfaction with crisis support and satisfactory initial care and support are the categories. Lack of compassion in emergency departments was identified as a main finding. Lack of compassion caused distress among survivors and various needs for support were not met. Survivors' desire to be with their fellow survivors the day of the crash was not facilitated after arriving at emergency departments.

Conclusions: Connectedness among survivors ought to be promoted upon arrival at emergency departments. There is a need for emergency department professionals to be sufficiently educated in compassionate care.

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1. Introduction

Major incidents regularly disrupt communities all over the world and affect the survivors, their relatives, and the society itself. Research on survivors' experiences of major incidents and disasters mainly focus on the pathological reactions of survivors, e.g., psychopathological consequences of disasters (Fullerton and Ursano, 2005) and distress and sick leave after, for example, surviving a tsunami (Wahlström et al., 2009). Research concerning post-traumatic stress disorder (PTSD) is particularly in focus after disasters (Johannesson et al., 2009; Neria et al., 2008), and following major incidents such as bus (Arnberg et al., 2011) or train crashes (Hagström, 1995). Other studies on bus crash experiences primarily study psychopathological consequences, for example, symptoms of intrusion, avoidance, and distress among children involved in a bus crash (Winje and Ulvik, 1998). In addition to PTSD, traumatization can cause a variety of other problems, e.g. depression and anxiety disorders.

On the other hand, the concept of resilience has been recognized as important in research on disaster victims (Bisson, 2007).

Resilience is the capacity to maintain a healthy, symptom-free functioning after a potentially traumatizing event (Bonanno et al., 2006).

Attention is rarely paid to survivors after a major incident with the intention to study aspects other than pathological. The exception is when a disaster occurs and extraordinary efforts are taken to offer the survivors help. An example of this was the Southeast Asian tsunami disaster in 2004, which generated thorough research involving the survivors' mental health and their experiences (Keskinen-Rosenqvist et al., 2011; Råholm et al., 2008). Major incidents which occur more regularly, for example within public transportation, do not attract as much attention, with little research focusing on survivors' experiences. In a study on bus crash survivors' short-term experiences, sleep difficulties, travel anxiety and need for support were presented (Doohan and Saveman, 2014). A study on train crash survivors' experiences showed that all benefited greatly from informal social support (Forsberg and Saveman, 2011). Moreover, when evaluating a rescue operation one generally communicates with the rescue workers and volunteers involved in the response (e.g. Suserud and Haljamae, 1997). Seldom are the actual recipients of the help interviewed. There is a lack of empirical evidence on how survivors perceive the emergency care offered after transport related major incidents. In order to improve prehospital and emergency care further studies are needed. The aim

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of this study is to explore the survivors' experiences after a major bus crash.

2. Methods

2.1. Study design

The study has a descriptive qualitative design and is based on content analysis of telephone interviews with survivors 5 years after a major bus crash in Sweden.

2.2. Study settings

In February 2007, two buses going in opposite directions collided nearly head on. Six of the 62 passengers died instantaneously due to massive injuries. A handful of passengers who sat in the adjoining area of the impact zones suffered moderate to serious injuries while most of the remaining passengers in both buses sustained minor injuries. Four off duty professionals from the emergency services stopped at the scene and initiated a rescue operation within minutes of the crash. Approximately 20 minutes later, official emergency professionals arrived. A majority of the passengers were sent to a nearby gathering place, while a few were transported directly to hospitals. Everyone was subsequently sent to three different emergency departments and the transport time from the gathering place to the emergency departments varied from 1 to 4.5 h (Swedish Accident Investigation Authority, 2008).

2.3. Sample

The sampling was purposive and consisted of 54 of the 56 surviving passengers from the bus crash: 21 women and 33 men. The sample population included all survivors from the two buses that crashed, but two survivors were excluded because they were unreachable. Ages ranged from 23 to 69 years (mean 43) at time of interview. Data on the survivors' injuries were collected from an official accident report completed by the Swedish Accident Investigation Authority (2008). The participants' injuries are presented according to the abbreviated injury scale (AIS), where maximum AIS (MAIS) represents the person's injury with the highest AIS value (International Injury Scaling Committee, 2005). Forty-four participants sustained mild injuries (AIS 1), seven of the participants sustained moderate injuries (AIS 2), e.g., concussion and rib fracture, and three participants suffered from serious injuries (AIS 3), e.g., complicated fractures and internal injuries. The deceased passengers sustained thoracic, head, and abdominal injuries as well as multiple internal lethal injuries (AIS 5–6). The two excluded survivors sustained mild and moderate injuries respectively. See Figs 1 and 2.

2.4. Data collection

In 2007 the Swedish Accident Investigation Authority conducted interviews with all survivors 1 month after the bus crash. Data on the survivors were made available to the authors for a previous study (Doohan and Saveman, 2014) and the survivors were contacted again in spring 2012 for follow-up telephone interviews. Information letters were sent out to all survivors and 54 gave verbal informed consent. The authors compiled an interview guide with 19 semi-structured questions covering short and long term experiences of the prehospital response, the emergency care and the support, e.g., "What is your opinion of the care you were given after the crash?" and "What help or support was the most important to you during the first few days after the crash?". The interviewer for both telephone interview occasions was a registered nurse from Umeå University Hospital's Emergency Department with

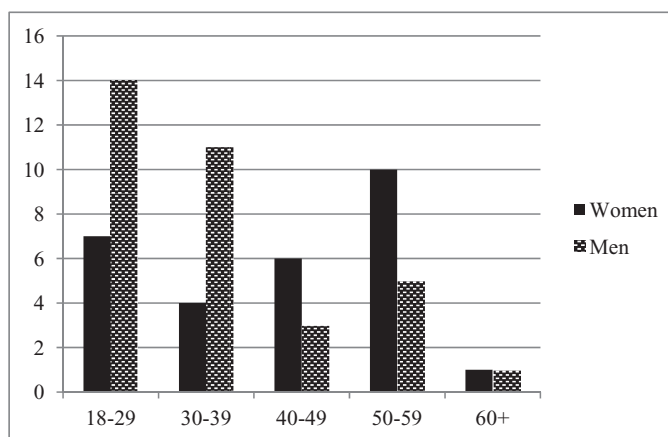


Fig. 1. Age and sex distribution among the passengers (n = 62).

considerable experience in interviewing patients. The interviews were anonymized before they were given to the researchers. Interview length varied from 8 to 75 minutes. The interviews were audio recorded and transcribed verbatim. Written text per participant ranged from 1 to 18 pages with a total of 226 pages.

2.5. Data analysis

Data were analyzed using qualitative inductive content analysis (Graneheim and Lundman, 2004) with an intention to hold back author's preunderstanding. The analysis focused on the manifest content in the material, representing what the text states through visible and observable components, not necessarily the underlying meanings (Graneheim and Lundman, 2004). The interviews were listened to, transcribed and later read through several times to achieve an overall understanding of the material. Text passages from the day of the crash were extracted and constituted the unit of analysis (Graneheim and Lundman, 2004). It resulted in 83 pages of plain text. The rest of the text will be analyzed and reported elsewhere. Meaning units were distinguished from the unit of analysis through a systematic approach. The meaning units were coded and classified by categories, which were developed as the work progressed (Malterud, 1996). The categories were discussed by both authors to ensure rigor. Throughout the analysis, the authors re-read the text and compared it to the original quotes to assure internal validation. Furthermore each quote was assigned a unique identifier to

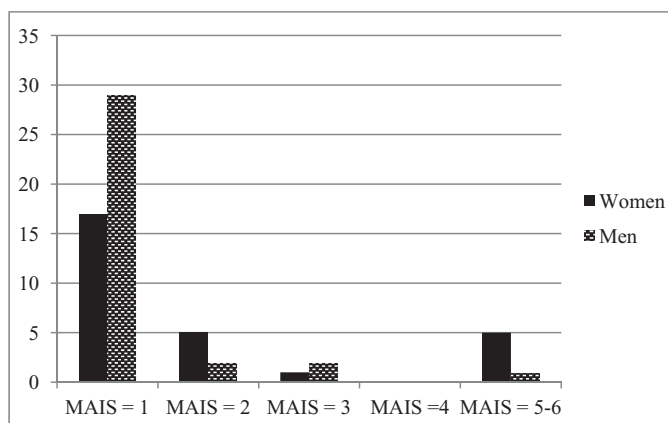


Fig. 2. The participants' injuries according to MAIS (n = 62). Adapted from the Swedish Accident Investigation Authority (2008) data.

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