International Emergency Nursing xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

International Emergency Nursing

journal homepage: www.elsevier.com/locate/aaen

Review

Doctors' and nurses' perceptions of military pre-hospital emergency care – When training becomes reality

Sten-Ove Andersson [a,b,*], Lars Lundberg [b,c], Anders Jonsson [b,c], Pia Tingström [d], Madeleine Abrandt Dahlgren [d]

[a] Linnaeus University, Department of Health and Caring Sciences, SE-391 82 Kalmar, Sweden
[b] Swedish Armed Forces, Centre for Defence Medicine, Box 5155, SE-426 05 V Frölunda, Sweden
[c] Borås University, School of Health Sciences, SE-501 90 Borås, Sweden
[d] Linköping University, Department of Medical and Health Sciences, SE-581 83 Linköping, Sweden

ARTICLE INFO

Article history:
Received 2 February 2016
Received in revised form 11 January 2017
Accepted 22 January 2017
Available online xxxx

Keywords:
Military pre-hospital emergency care
International mission
Learning
Training
Qualitative method

ABSTRACT

The aim of this study was to identify physicians' and nurses' perceptions of military pre-hospital emergency care before and after an international mission. A qualitative empirical study with a phenomenographic approach was used. The results after pre-deployment training can be categorised as (1) learning about military medicine and (2) taking care of the casualty. The results after an international mission can be categorised as (1) collaborating with others, (2) providing general health care and (3) improving competence in military medicine. These results indicate that the training should be developed in order to optimise pre-deployment training for physicians and nurses. This may result in increased safety for the provider of care, while at the same time minimising suffering and enhancing the possibility of survival of the injured.

Contents

* Corresponding author at: Linnaeus University, Department of Health and Caring Sciences, SE-391 82 Kalmar, Sweden.
E-mail address: stenove.andersson@lnu.se (S.-O. Andersson).

http://dx.doi.org/10.1016/j.ienj.2017.01.001
1755-599X/

1. Introduction

Doctors and nurses face a complex task when they take care of casualties in the field. Casualty care in austere environments is context dependent. It is not possible to transfer civilian guidelines to the military environment without the necessary adjustments to these guidelines, in order not to cause problems [1]. After finishing their pre-deployment training, the doctors and nurses end up directly in reality. There are no opportunities to obtain clinical training in the actual context, as would be the standard in civilian health care. For this reason, education and training are of major importance in pre-deployment preparation. This can be seen from the perspective that both nurses and doctors perform dual professional roles in civilian and military health care [2]. It is therefore important to understand how they perceive their training and how it is consistent with the reality they encounter. For natural reasons, it is difficult to study the practice of acute emergency care in a combat situation and this study is therefore based on the doctors' and nurses' experiences.

This paper is part of a comprehensive research study in a Swedish context; aiming to identify the area of knowledge, pre-hospital care in a military environment, through a study of what doctors, nurses, medics and officers learn about military medicine while preparing and exercising. The studies found that they learned military pre-hospital emergency care through various skills from interaction, action and reflection [3–5]. The aim of this study was to identify physicians' and nurses' perceptions of military pre-hospital emergency care before and after an international mission.

The Swedish Armed Forces conduct a number of international missions within the United Nations and the EU. The interventions may be more complex and can include humanitarian assistance, peacekeeping operations and mid-intensity warfare [6].

The Swedish Armed Forces send physicians and nurses who have limited experience of military pre-hospital emergency care on a variety of international missions. The majority of the doctors and nurses who serve on these missions are recruited from the civilian sector and are given short military pre-deployment training [7].

The conditions and requirements imposed on the training of medical personnel may differ internationally. Even though conditions for training vary across national contexts, there are some general aspects of this issue that are of interest to the international research community focusing on military medical training. The conditions of military pre-hospital emergency care differ from those of civilian pre-hospital emergency care in several respects and it can be assumed that they impact the way training should be designed [8]. One aspect is the obvious difference in environmental conditions and safety. Pre-hospital emergency care in the battlefield context is provided in a contested, chaotic environment, which means that doctors and nurses are exposed to the same risks as regular soldiers [9]. The extent to which military pre-hospital care can be provided is based on the opportunities the environment and the tactical situation offer [10].

The tactical situation has an important effect on the outcome of a casualty's survival [11]. The doctors and the nurses are under the command of the tactical officer who is responsible for the emergency care on the battlefield. Leading emergency care on the battlefield means emphasising the relationship and importance of co-operation between military and medical judgement, because their missions have different goals [12].

There are no standardised conditions for military pre-hospital care; on the contrary, all actions and interventions need to be adjusted to match the prevailing conditions in the actual situation. This means that improvisation and the use of temporary available resources are part of the professional medical action repertoire on the battlefield. In addition to the risks related to the battle itself, additional factors affect medical care; there are large numbers of injured soldiers who may rapidly overburden the available resources, the patients are in an unsafe area, the available medical equipment is limited, the individual providing care is often alone, the disposal phase is usually prolonged and evacuation is frequently delayed [13]. In addition, the pre-hospital care can take place in darkness, extreme cold or heat, which further complicate the implementation of pre-hospital care.

Worldwide, ATLS (Advanced Trauma Life Support) is a common trauma-training programme [14]. Both the Royal Army and the US Army have trauma-training programmes based initially on ATLS and they have subsequently developed training concepts better suited to the actual combat environments, BATLS (Battlefield Advanced Trauma Life Support) and TCCC (Tactical Combat Casualty Care) respectively [13,15,16]. The goal of the BATLS and TCCC programmes is to identify and correct immediately life-threatening conditions in accordance with C-ABCDE (Catastrophic haemorrhage, Airway, Breathing, Circulation, Disability, Environment/Exposure), in order to reduce the number of preventable combat deaths [17].

1.1. The Swedish scene

Serving abroad as a nurse requires specialist education in emergency medical services (EMS) (for example, as an ambulance nurse or nurse anaesthetist) or family nurse practitioners with at least three years of service as a specialist nurse. For doctors, the required specialist education is in emergency care or as a general practitioner. The choice of specialist depends on the position [18]. The military doctors and nurses in the Swedish Armed Forces are, by definition, non-combatants. The training for doctors and nurses starts with the Battlefield Advance Trauma Life Support (BATLS) course, followed by subsequent specialist and mission-adapted training. Training is carried out for three weeks at the Centre for Defence Medicine in Gothenburg. General military training with the participants' own unit follows this course, before they deploy on six months of military service abroad [7].

The Swedish model of military pre-hospital emergency care has three levels. The first level means that a wounded soldier receives first aid as quickly as possible from a soldier or combat lifesaver. The next level is usually a nurse, providing qualified treatment in the tactical environment, including transport to a forward surgical team or to a military hospital. The third level is a military hospital with surgical capability [7].

Please cite this article in press as: Andersson S-O et al. Doctors' and nurses' perceptions of military pre-hospital emergency care – When training becomes reality. Int. Emerg. Nurs. (2017), http://dx.doi.org/10.1016/j.ienj.2017.01.001