Patientens tillit till den prehospitala vårdkedjan –
Ändamålsenlig vård för patienter med primärvårdsbehov

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ABSTRACT

Patient trust in the prehospital chain of care – Appropriate care for patients with primary care needs

Aim: The overall aim of the thesis is to investigate whether a new care-model can be introduced – in which patients with primary care needs and not in need of hospital emergency department care can be referred directly to a healthcare centre – and respond to the patient’s need of trust and patient safety.

Methods: The four sub studies employ different methods: three are quantitative with varying approaches and one is qualitative. Sub study I is a retrospective explorative register study aimed to identify characteristics and frequency. Sub study II is an instrument development study aimed to measure patient trust. Sub study III is a randomized controlled trial, which compared the level of patient trust and patient-safety among low-priority ambulance patients who were randomized into two groups: the experimental group (care at the healthcare centre) and the control group (traditional care at Emergency department). Finally, sub study IV is a hermeneutic lifeworld study based on interviews with patients who participated in the new care model.

Main results: Sixteen percent of the patients to whom an ambulance was allocated could have received care at a healthcare centre instead of an emergency department. They were slightly younger and healthier as regards their histories, but were found at all priority levels and with almost all symptom codes. Patient trust in care did not differ regardless of whether they were cared for at a healthcare centre or at the emergency department. However, 59 patients of 188 overall (31%) fulfilled one or more of the given criteria for potentially reduced patient safety. The phenomenon of trust does not automatically involve medical care. However, attention to the patient's lifeworld in a professional caring relationship enables the patient to trust the caregiver and the healthcare environment. It is clear that the “voice of lifeworld” enables the patient to feel trust.

Conclusion: One in six patients allotted an ambulance may get taken to primary care instead of the hospital emergency department. These patients are found at all priority levels and in most of the symptom codes. An instrument has been developed that measures patient trust in the prehospital chain of care (Study I). The instrument has proved to be useful in this patient group and is based on two dimensions: Credibility and Accessibility (Study II). Patients’ trust in the prehospital care chain proved to be high and bore no relation to where they received care. Patient safety, on the other hand, appeared to be limited in view of the fact that an excessive proportion of patients were exposed to potential patient safety risks (Study III). Communication that appeals to a patient's lifeworld increases the opportunities for understanding and participation. In all, lifeworld communication creates trust in care at the right level of care as well as in care relationships and the healthcare environment (Study IV).

Keywords: Ambulance care, Caring relationship, Hermeneutics, Lifeworld, Patient safety, Patient trust, Primary care, Randomized Controlled Trial.

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