

Pre-Hospital Handling in the Community, a Qualitative Research

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ABSTRACT

Background: Emergency handling before transferring to the hospital (Pre-Hospital treatment) determines the success of emergency case handling. That's actions include; emergency and non-emergency evacuation and first aid escort in the community. Pre-hospital treatment can be carried out by anyone who is around the location of the emergency at the time of the incident. This treatment aims to identify clients and to provide immediate action needed before being sent to health services. Ordinary people who are around the incident sometimes take actions that worsen the client's condition because of their knowledge and/or abilities.

Purpose: This study aims to determine the perspective of the ordinary community on Pre-Hospital treatment for emergency incidents in the community.

Methods: This qualitative study was conducted by interviewing (in-depth-interview) the ordinary community as Informant with purposive sampling in Pelem Village, Pare District, Kediri Regency, Indonesia who willing to be informants in this study. Data analysis used Interpretative Phenomenology Analysis with validity through data triangulation and conducting peer-debriefing with other qualitative researchers.

Results: From this study, several findings of the theme were obtained, including; lack of understanding of residents about pre-hospital actions, wrong actions, feeling pre-hospital knowledge for public, need for the role of the media, hoping for health workers in each region, helping villagers.

Conclusion: From all the themes, it is possible that there needs to be health education for the general public, especially about pre-hospital treatment to prevent the severity of wrong actions. Increasing knowledge about health needs to be done continuously at the community.

Keywords: accident, emergency, handling, patient, transportation

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BACKGROUND

Emergencies come unexpectedly and can happen to anyone without prior warning. Emergency situations must be addressed quickly, and get help immediately, even though it is not necessarily life-threatening. If an emergency is not handled quickly and appropriately, it can be life-threatening for the victim. Handling of victims can be divided into two different situations, namely before the hospital/health services (pre-hospital) and in the hospital (in-hospital) (Bahrami, M.A., Maleki, A., Ezzatabadi, M.R., Askari, R., dan Tehrani, 2011).

Many incidents often occur in the community such as; high fever, acute pain, emergency due to diabetes, severe dehydration, asthma, seizures, burns and these incidents are often found outside the hospital by ordinary people who are around the location of the incident. Not everyone has the ability to handle emergency cases that can cause conditions to become more severe, life-threatening and fatal if action is not taken by a competent person. Emergency situations, also known as emergencies, need to be handled quickly and appropriately to immediately carry out first aid (pre-hospital) before being sent to a health service (Ahn, H., Singh, J., Nathens, A., MacDonald, R.D., Travers, A. Tallon, J., Fehlings, M.G., and Yee, 2011).

The need for ambulances and health workers in emergencies is an important thing to consider to alleviate the suffering of victims. Accuracy and speed of first aiders will reduce the risk of death before receiving action at health services. In this case, of course, adequate transportation facilities are needed to be used to send victims to health services and coordination between first aiders at the scene with the referral service team so that they can be informed about the time and place of the incident, the victim's history and what actions have been taken by the first aiders (BNPB, 2012).

Handling of emergency victims outside the hospital often results in errors that cause difficulties in handling at the Hospital Emergency Installation. This is possible due to the ignorance and/or lack of understanding of the first aiders at the time of the incident before being taken to the hospital. The general public certainly cannot be blamed for taking such actions because of the nature and character of the Indonesian nation who help each other with the intention of lightening the burden on the victim (Bjornstig, 2004). From the description above, the researcher wants to explore the opinions and views of the general public regarding pre-hospital actions in Pelem Village, Pare District, Kediri Regency, Indonesia.

OBJECTIVE

This study is a qualitative study that explores, finds, describes and explains the quality of the views of community members as adult individuals who have or have experienced emergency events and their handling, which are not clearly described and measured including their perceptions. This study uses a more detailed interpretative phenomenological approach in interpreting, interpreting and understanding the phenomenon of emergency events and their handling before being taken to health services (hospitals). The purpose of this research approach is to interpret the psychology, mood, desires and views of community members who have been exposed to emergency events in their lives and seek unity of meaning by identifying the core phenomena that accurately describe their experiences (Streubert, 2011).

METHODS

This study uses a more detailed interpretative phenomenological approach in interpreting, giving meaning and understanding the phenomenon of emergency events and their handling before being taken to health services (hospitals). This qualitative study provides an opportunity for researchers to emphasize the naturalness of data and all realities

that are closely related to human life experiences (Stadtländer, 2009), especially the experience of the general public in dealing with emergency events. The researcher has received an ethics certificate on June 20, 2024 No 12/EC/KEPK/DH/2024.

Informant retrieval is planned using a purposive sampling technique that meets the principles of appropriateness and adequacy, namely the general public. The inclusion criteria for the study are as follows: 1) Adult individuals who are in the village where the research is located, 2) Informants who are willing to be involved in the research, 3) Informants who are not health workers, 4) Informants who are willing to be interviewed and recorded during the research and give consent for publication of the research results. Researchers will not discuss problems related to diseases or health personnel in the community.

According to (Stadtländer, 2009), an important thing that affects the quality of research data is the quality of the instrument in data collection, namely the researcher as an instrument. Instrument validation on the quality of the researcher, namely the researcher is a nurse who has worked in emergency services, a nursing teacher, a social activist for disaster humanitarianism who is a member of a humanitarian organization that always interacts with health needs in the community, making it easier to enter the site being studied. In general, the data analysis that will be used consists of 5 phases, namely 1) compiling the data that has been obtained, 2) describing the data by grouping similar data, 3) re-collecting and compiling, 4) interpretation, and 5) concluding. The data analysis process by organizing and sorting similar data into patterns to make it easier for researchers to find categories, followed by finding sub-themes that will produce certain themes. In detail, the researcher will use Interpretative Phenomenological Analysis (IPA) as the flow conveyed by (Smith, 2009). Validity and reliability of the research will be carried out as procedures for the validity of qualitative research. A qualitative study will be trusted if it is able to display the Informant's experience accurately and through the correct process (Stadtländer, 2009). To prove the accuracy of this research, the researcher will use; a test of the degree of trust (credibility), the skills of listening and observing the Informant as a research subject (dependability), the objectivity of the research will be carried out with the agreement of people who are not interested in the research (confirmability) and conducting external validation with related parties so that the research results can describe other people (transferability).

RESULTS

This study was conducted after obtaining approval from the head of Pelem Village, Pare District, Kediri Regency, Indonesia. Data collection was carried out on 6 informants randomly from July 21 to August 18, 2024 with the criteria that the informants were residents of Pelem Village who were willing to become informants in research with appropriate themes and gave their consent that the research results would be published without mentioning the informant's identity. Data was collected using in-depth interview techniques and observations as well as observations according to the needs of the research topic and the themes to be obtained, namely: experience in handling pre-hospital emergency situations. Data collection was carried out an average of 2 times on informants for clarification and validation of the findings and themes that could be revealed by the researcher. During data analysis, the researcher validated with the health team at the Emergency Room of a hospital, discussions with other qualitative researchers and several emergency lecturers at the Pamenang Health College. The findings from informants on pre-hospital handling in emergency cases in accordance with the objectives of the study obtained 6 major themes, including: lack of understanding of residents about pre-hospital actions, wrong actions, feeling the need for public pre-hospital knowledge, need for the role of the media, hoping that there are health workers in each region, obliged to help neighbors. The six themes will be described

separately supported by several quotes from interviews, observations and observations from informants.

Description of each theme as below:

Lack of understanding of residents about pre-hospital actions

Informants said that when helping accident victims or helping neighbors who need treatment at health facilities, it is done immediately even though they do not know whether their actions are right or wrong. This is evidenced by the quotes obtained in accordance with the theme above;

... .. sorry sir, I think he'll be taken to the hospital soon, that's what I think) (I-1), I think he'll be taken to the hospital soon, ... the hospital will have a weighing officer who will take care of him (for us, there's no need to wait long, the main thing is to handle him immediately and finish him (the matter at the location), there must be many officers at the hospital who still don't know what to do) , (I-3, I-1) I don't understand, it's wrong, the important thing is to take him to the hospital soon (don't know what's right or wrong, the important thing is to send him to the hospital soon) (I-4).

Wrong action

Treatment in cases of health problems must of course be carried out correctly by competent people or people who understand how to deal with these health problems. Emergency incidents often come suddenly and anywhere without being expected so that when an emergency occurs there are only people around the location who do not necessarily have experience in the correct actions regarding emergencies. Mistakes in handling often occur and are carried out by the community, such as the following interview excerpts with Informants:

... .. still on the road no longer there (dead), but .. continued to the hospital)... .. (I-4), when about a motorcycle accident victim who was immediately transported to be taken to the hospital) (when being handled, he was still breathing when he was lifted onto a motorbike, suddenly became unconscious with his neck bent forward without any strength to hold him up) (I-5), when he was in the bathroom he was unconscious, when his wife was forced to go to the hospital, but when he arrived at the hospital, he went home because he had died (I-2).

Feeling the need for knowledge pre-hospital handling

Health knowledge is not only for health workers but is also needed by the general public, including in understanding and skills in handling emergencies. The community feels the need to know and understand the correct actions in emergency cases in the community before being taken to the hospital, such as the opinions and hopes of the following informants:

... .. hopefully ... so as not to be excessive (can't do anything) when seeing something like that (emergency) (I-2), actually want to understand, but will I be able to, at that time the school often ran away from class) (I-6), a little bit understand (the correct action in an emergency yeah it's okay to understand event rare about emergency at least it can help... .. (I-5).

The role of the media is needed

Today's technological advances are all digital and there are many social media which certainly greatly facilitates and accelerates the dissemination of information in the community including many social media that provide information about health. The findings

in the community represented by informants in this study are that they understand the actions that can be taken at home in emergency cases from social media still do not feel sufficient so that the community has high hopes for a special program on social media that discusses emergencies. Here is a summary of information from informants in this study about the need for a special social media role for emergency issues:

I know from television.. but I don't really understand but for example there is a special program about emergency handling, I wonder if it's good ..., hehehe watch it on YouTube) (I-2), But I don't really understand ..., on the radio what is usually discussed is about illness, it doesn't discuss what to do in the event of an accident, what should be done? (I-1, I-5).

Hoping for health workers in each region

Information about the presence of nurses in every village which is a government program has reached the public. So that when the research was conducted, several informants were happy and hoped that it could be realized. assisting the community's need for health workers in their area. Expectations from the community are as follows:

... .. I heard there will be a nurse in every village, that's good but, is it can will solve the problem??... .. (I-5, I-6), There is a nurse, but they not open a service practice at home, They are work in a hospital, ... for example, if some of them willing to stand by at home for patients. It's the good thing... but who will pay? (I-3, I-2).

Feeling obliged to help

Informants feel that they have an obligation to help neighbors who need help, including with health matters, even though sometimes they come to the location not knowing what to do, as quoted from several of the informants' statements below:

... .. the neighbors are so closer, sir, when someone asks for help, everyone come quickly to find out what to do to help, event sometimes it's made more terrible ... because they don't know what to do, like yesterday Aunt X's son fainted, all of them are coming together... .. (I-2), I'm the one who will help those who complain are hunted directly, Even though I don't know how to help, but who knows what I can to do... .. (I-6).

DISCUSSION

The informant conveyed his/her opinion, feelings and desires from the emergency situation before being taken to the hospital so that several themes of the research results were found(Cooke, 2003). From these findings, the possibility of why this could happen to the informant can be explained. The description of each theme is as follows. **1). Lack of understanding of residents about pre-hospital actions.** The informant said that when helping accident victims or helping neighbors who need treatment at health facilities, it is done immediately even though they do not know whether their actions are right or wrong. Emergency assistance actions before being taken to the hospital or health facility must be carried out correctly by the helper (Elmqvist, C., Brunt, D., Fridlund, B., and Ekebergh, 2010). **2) Wrong action.** Treatment in cases of health problems must of course be carried out correctly by competent people or people who understand how to deal with these health problems. Emergency incidents often come suddenly and anywhere without being expected so that when an emergency occurs there are only people around the location who do not necessarily have experience in the correct actions regarding emergencies (Geduld, H. and Wallis, 2011). Mistakes in handling often occur and are made by the community. **3) Feeling the need for general pre-hospital knowledge.** Health knowledge is not only for health workers but is also needed by the general public including in understanding and skills in

handling emergencies. The public feels the need to know and understand the correct actions in emergency cases in the community before being taken to the hospital (Jayaraman, S., Mabweijano, J.R., Lipnick, M.S., Caldwell, N., Miyamoto, J., Wangoda, 2009). **4) Media role is needed.** The advancement of technology today which is all digital and many social media that exist certainly greatly facilitate and accelerate the dissemination of information in the community, including many social media that provide information about health. The findings in the community represented by informants in this study are that they understand the actions that can be taken at home in emergency cases from social media still do not feel sufficient so that the community has high hopes for a special program on social media that discusses emergencies (Smith, 2009). The following is a summary of information from Informants in this study about the need for a special social media role for emergency problems. **5) Hope there are health workers in each region.** Information about the existence of nurses in every village which is a government program has been heard by the community. So that when the research was conducted, several Informants were happy and hoped that it would be realized this could help the community's need for health workers in their area. Informants realized that emergency handling before being taken to the hospital was very important to be carried out by people who understand and understand, namely medical personnel who have special knowledge about emergencies (VanRooyen, 2002). **6) Feeling obliged to help.** Informants feel that it is an obligation to help neighbors who need help, including in health matters, even though sometimes they come to the location not knowing what to do. Such are Indonesians who hold fast to the culture of mutual cooperation (WHO, 2019).

CONCLUSION

Emergency cases often occur in the community and receive immediate treatment from the community around the location. The emergency measures taken before being taken to the hospital (pre-hospital) by the community turned out to have a deep meaning for the community. The general public is aware that they do not understand the correct pre-hospital actions. Residents still do that because they feel that they are part of the community that is responsible when there is an emergency so that they sincerely help and help other residents who are in need. The hope of citizens, even if they are not / not as health workers, to get the right information in an emergency so that they can provide the best and the right when they find a case. In addition, the community hopes for a realization from the government regarding treatment personnel in each region (village) to help the community if there is a health case to be quickly dealt with by competent people before being taken to the hospital.

REFERENCES

- Ahn, H., Singh, J., Nathens, A., MacDonald, R.D., Travers, A. Tallon, J., Fehlings, M.G., and Yee, A. (2011). Pre-hospital care management of a potential spinal cord injured patient: a systematic review of the literature and evidence-based guidelines. *Journal of Neurotrauma*, 28, 1341–1361.
- Bahrami, M.A., Maleki, A., Ezzatabadi, M.R., Askari, R., dan Tehrani, G. . (2011). Pre-hospital emergency medical services in developing countries: a case study about EMS response time in Yazd, Iran. *Iranian Red Crescent Medical Journal*, 13(10), 735–738.
- Bjornstig. (2004). Pre-hospital emergency care in sweden. *IATSS Research*, 28(2), 24–37.
- BNPB. (2012). *Buku Saku "Tanggap Tangkas Tangguh Menghadapi Bencana*. www.bnpb.go.id.
- Cooke, M. . (2003). *Churchill's Pocketbook of Pre-hospital Care*. Elsevier.
- Elmqvist, C., Brunt, D., Fridlund, B., and Ekebergh, M. (2010). Being first on the scene of an

- accident-experiences of „doing“ prehospital emergency care. *Journal Compilation Nordic of Caring Science*, 24, 266–273.
- Geduld, H. and Wallis, L. (2011). Taxi driver training in Madagascar: the first step in developing a functioning prehospital emergency care system. *Emergency Medicine Journal of Prehospital Care*, 28. <https://doi.org/10.1136/emj.2010.101683>.
- Jayaraman, S., Mabweijano, J.R., Lipnick, M.S., Caldwell, N., Miyamoto, J., Wangoda, R. et al. (2009). Current patterns of prehospital trauma care in Kampala, Uganda and the feasibility of a lay-first-responder training program. *World Journal of Surgery*, 2512–2521.
- Smith, J. . (2009). Interpretative Phenomenological Analysis: Theory, Method, and Research. In *Qualitative Research in Psychology* (Issue 4). Sage. <https://doi.org/10.1080/14780880903340091>.
- Stadtländer, C. T. K.-H. (2009). Qualitative, Quantitative, and Mixed-Methods Research. *Microbe Magazine*, 4(11), 485–485. <https://doi.org/10.1128/microbe.4.485.1>.
- Streubert, et al. (2011). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. Wolters Kluwer.
- VanRooyen, M. . (2002). Development of prehospital emergency medical services: strategies for system assessment and planning. *Pacific Health Dialog*, 9(1), 86–91.
- WHO. (2019). *Prehospital trauma care system*. <https://www.who.int/hia/evidence/doh/en/>.