

**Kampen mot det okontrollerbara
vid existensens gräns**

Patienten med andnöd i behov av ambulanssjukvård

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Akademisk avhandling

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**HÖGSKOLAN
I BORÅS**

A battle against the uncontrollable at the limit of existence

The breathless patient in need of ambulance care

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ABSTRACT

Aim: The overall aim of the thesis is to deepen the caring science knowledge of breathlessness by intertwining the patient's and the medical (epidemiological) perspective, with a focus on developing ambulance care for patients suffering from breathlessness.

Methods: Study I describes the lived experiences of breathlessness as reported by patients prior to ambulance care. Data collection consisted of 14 lifeworld interviews with a phenomenological approach. Studies II and III are based on retrospective observations, comprising a review of medical records to describe characteristics and outcomes (II) as well as to identify risk indicators for time-sensitive conditions and early death (III) among 7,260 patients who were assessed by ambulance clinicians as suffering from breathlessness as the main symptom. Study IV focused on lived experiences of ambulance care as reported by patients with breathlessness. Data are based on 14 lifeworld interviews and analysed using a phenomenological approach.

Main findings: Breathlessness prior to ambulance care is described as an existential fear of losing control over one's body and dying, which involves a battle to try to regain control. Approximately every second patient waited for more than two days before contacting the emergency services. There were more than 400 different final diagnosis codes and 11% of all patients had a time-sensitive final diagnosis. The 30-day mortality was 11% among all patients and 27% among those with time-sensitive diagnoses. Risk indicators for having a time-sensitive diagnosis were seen among patients with a history of hypertension and renal disease as well as with e.g., a pathological ECG and pain. Older age, a history of renal disease and cancer were associated with early death. Deviating vital parameters were associated both with a time-sensitive diagnosis and early death. Being cared for by ambulance clinicians when experiencing breathlessness revealed that ambulance clinicians have the ability to provide existential, trustworthy care that was essential for patients to regain control over their breathing.

Conclusion: This thesis contributes new knowledge about breathlessness from the ambulance care perspective, in terms of how breathlessness is experienced by the patient intertwined with the epidemiological perspective. The thesis highlights the high complexity of both breathlessness and the care of these patients. The results provide guidance on how care can be developed to meet patients' needs from a holistic perspective. Such knowledge is important for reducing suffering and providing an opportunity for patients with breathlessness to achieve health and wellbeing.

Keywords: Breathlessness, dyspnoea, lived experiences, ambulance care, prehospital care, phenomenology, qualitative research, epidemiology, adverse events, quantitative research.

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