

**ORIGINAL PAPER**

## **Preparing for Care in a Combat Environment**

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### **Abstract**

**Background** Working as a nurse in a war zone entails providing a unique form of care, and it is important to be well prepared before and during an international assignment. To improve organized preparations it is necessary to understand how nurses previously engaged in a military mission experienced their preparations.

**Objective** The aim of this study is to describe military nurses' experiences of preparations for a mission, including factors that contribute to their being meaningful.

**Methodology** The data comprises eight interviews with Swedish military nurses who served in Afghanistan. The results are analyzed using a qualitative content analysis. Meaning units are condensed into codes which, via subcategories, form categories. The categories are abstracted into an overall theme.

**Results** The results highlight the importance of recognizing challenges and making informed choices. The overall theme shows that adequate preparation promotes an accepting attitude.

**Conclusions** It is concluded that organized preparation for care in a combat environment should stimulate realistic reflection without entrapping one in negative thinking.

**Keywords:** Care in a combat environment, Military nurse, Preparations for care, Qualitative content analysis

### **Introduction**

Providing care in a combat environment carries a risk of developing stress disorders (Javidi & Yadollahie 2012). For example, experiencing constant fear to the degree that being armed feels necessary even inside the operating room can lead to difficulties in adapting to everyday life after returning home (Scannell-Desch & Doherty 2010). Other reactions are symptoms of burnout such as mental fatigue, withdrawal, and reduced efficiency (Espeland 2006) or "compassion fatigue" which means taking on the suffering of others to such a degree that it is perceived as one's own (McHolm 2006). This article address the issue of how military nurses can avoid such stress reactions through adequate preparations.

### **Background**

For military nurses several stress reactions were found during the wars in Iraq and Afghanistan (Scannell-Desch & Doherty 2010). For some British nurses these reactions gave rise to feelings that there was a lack of protection from the functioning unit (Jones et.al, 2008). While earlier positive experiences often reduce physical stress the reverse was also true for nurses from the US, because negative experiences increased their risk of severe stress reactions (Scannell-Desch & Doherty 2010).

The situation for Swedish military nurses differs somewhat from other nations, because, in contrast to their international colleagues they also

work in the fighting position (Lindblad & Sjöström 2005). Professional experiences of civilian emergency care make them physically and psychologically prepared to face several injured or dying people, but nevertheless further preparation is needed for work in a combat environment. Otherwise there is a risk of negative experiences to that extent that the mission will be brought to a premature end for individual nurses (ibid).

Before a Swedish nurse enters a combat environment Battlefield Advanced Trauma Life Support (BATLS) training is mandatory. This concept, which originated in the UK is based on lessons learned in previous conflicts, including the Gulf War, the Balkan conflict and the wars in Iraq and Afghanistan. BATLS teaches a methodical treatment of wounded soldiers wherein the tactical situation governs the medical decisions. The training includes trauma care, knowledge of military organization and the injury site in mass casualty situations (Johansson 2007; Meijer 2012). In addition to this, Swedish nurses participate in Tactically Disposal in Combat (TOS), an educational course unit in which they are trained to prioritize tasks in a combat situation.

During a mission both patient and nurse can be in danger and a badly injured soldier is often a person you know well. Thus, it is important for the nurse to be well prepared for a variety of potentially stressful situations. In order to understand how to improve the organized preparations further knowledge is needed about how military nurses perceive their preparations and which factors contributed to their being meaningful. The aim of this study is to investigate and describe such experiences among Swedish military nurses who have served in Afghanistan.

## Methodology

### Data Collection

Eight nurses, 7 men and one woman, aged 30-42, who served at least one period in Afghanistan, participated in the present study. Swedish military presence in Afghanistan began in 2002; the Swedish military fought its most difficult battles there since the UN mission to Congo in 1960 (Hildebrandt 2012). Two participants were specialists in intensive care, two in pre-hospital

care and one in anesthesia care. The other three were registered nurses but not trained specialists.

The research interviews had a clear structure (Polit & Beck 2012) and were conducted by telephone and recorded. The initial questions were the same for each interview: *How were you prepared before the mission in Afghanistan? What preparations were undertaken during the mission?* Probing questions aimed at eliciting further reflections (Kvale & Brinkmann 2009). They varied as they were prompted by the interviewees' answers to the initial questions. The following are some examples: *What do you think about that? What would have been a more optimal solution?* All interviews were recorded and transcribed verbatim.

### Analysis

The transcribed interviews were analyzed using qualitative content analysis. (Graneheim-Hällgren & Lundman 2008). Initially the texts were read repeatedly in order to gain a sense of the whole. Meaning units connected to the research questions were then condensed and coded (Table 1). The coded material was grouped into subcategories and categories and finally an overall theme was created.

### Ethics

The interviewees were informed that participation in the study was voluntary, that they could withdraw their participation whenever they wished, that information obtained from the interviews would be kept confidential, and that it would not be possible to identify individuals in the published results. It is nevertheless reasonable to assume that talking about emotionally strained situations can be stressful. A defense forces psychologist was contacted to act as backup if follow-up support was needed. This measure was, however, not needed.

### Results

The results are presented in two categories, each with three subcategories. The first category illustrates how the nurses recognize challenges that they have to prepare for. The second concerns making informed choices to be adequately prepared. Finally, the overall theme shows that these categories represent the prerequisites for an accepting attitude. (See Table 2 for an overview of the results.) The analysis is illustrated by quotations from the data.

**Table 1** Examples from the content analysis

<b>Meaning units</b>	<b>Condensed meaning units</b>	<b>Code</b>	<b>Subcategory</b>	<b>Category</b>
I went through scenarios that might differ from civilian care	Investigating differences	Mental images	Preparing for transition from civilian care	Recognizing challenges
Even if you are the nurse you have another primary function in the first place	Being a nurse comes second to being a soldier	Multiple roles	Preparing for work in a complex context	
It's probably the worst thing you can expose a beloved person to	Thinking about one's family	Concerns to risks	Preparing to deal with anxiety	

**Table 2** Summary of results

<b>Subcategories</b>	<b>Categories</b>	<b>Theme</b>
Preparing for transition from civilian care	Recognizing challenges	Adequate preparations promotes an attitude of acceptance
Preparing for work in a complex context		
Preparing to deal with anxiety		
Preparing by investigating one's motives	Making informed choices	
Preparing by investigating one's professionalism		
Preparing through insight into the unique meaning of the caring relationship		

### **Recognizing challenges**

Caring in a combat environment presents many challenges of both a practical and mental nature, which have to be recognized in order to understand the necessity for various forms of preparation. This category is supported by three subcategories that focus on differences in military versus civilian care, care in a complex situation and how to deal with anxiety.

### **Preparing for transition from civilian care**

Before embarking on a military mission it is important to reflect on the differences between providing civilian and military care. There are, for example, differences in the availability of equipment and space in a care setting, and different access to “ordinary” healthcare resources. Adaptation to this is a great challenge and includes changed expectations and attitudes.

*In a combat environment we often work in a very primitive and basic way. It is important not to complicate things, and accept the situation.*

The training before the mission helps the nurses to change their approach from civilian to military healthcare. Yet it is most challenging to focus on combat in the first place, and only later take care of someone who is injured.

*It is not easy not to prioritize the patient's life as in civilian care. It is strange to think about having to return fire before you take care of an injured friend. But I am prepared to work like that if I need to, even if it feels strange.*

### **Preparing for work in a complex context**

A military unit sometimes works far away from other units. As the Swedish nurses also serve as soldiers they for example serve as signalers or as those responsible for support weapons. In the event of injury the nurse thus has to manage multiple tasks simultaneously. Preparation for this can be done by practicing together in the group or by imagining several possible scenarios.

*I thought about it in advance. How do I tell my colleagues how they should assist and what they should do? What should I report to the foreign helicopter that's coming? How do I say this in English? I have to drill things like that.*

Nurses thus have to collaborate well with soldiers during a battle and simultaneously rely on their own professional knowledge. This constitutes an immense challenge, which requires preparations for all conceivable eventualities. The equipment must be carefully checked and prepared, but this is not sufficient because it is also necessary to consider the various possible scenarios in order to be mentally prepared.

*Personally I paint different scenarios of how I will act in different situations. I visualize my goals.*

### **Preparing to deal with anxiety**

Thoughts about one's own family are always present. Worries and unease include thoughts about how the children might react if a parent were to die or become seriously injured. Preparing for such eventualities includes knowing that relatives can be more anxious than the nurses themselves. Those who do not have a family of their own are concerned instead about being seriously injured. Not being able to function normally afterwards is described as worse than death. There can also be anxiety about what it means to work in a small group, often far from other military units, which to some extent means working alone.

*Sometimes it feels hard to be so far away. It can take eight hours by car for the nearest medically trained person to get there. So it is clear that everything is up to me if something happens. This can make you nervous sometimes.*

Being far from the military base can also make connection difficult. The preparatory training does not always provide a sense of security, especially when errors occur. However, once a decision is taken and the risks are reflected on, it is important to put such thoughts aside. It is not fruitful to “dwell” on the risks and dangers, only to reflect on them. Not dwelling on them makes it easier to prepare oneself mentally in order to control and handle a particular risk.

*Putting on “disaster spectacles” does not make life better.*

Somewhat paradoxically, care in a combat environment seems only initially to create a sense of insecurity. Having successfully handled a care situation while in a vulnerable position can lead to

increased security afterwards. Being given evidence that preparations were adequate is a positive experience for the whole group.

*The first proof that it worked well was after the first live event where we had to work together. It was then that we felt safe with each other. You can always talk but it is in the heat of the moment that you learn who works properly.*

### **Making informed choices**

Conscious decisions and informed choices are important prerequisites for meaningful and adequate preparation. This category is supported by three subcategories, which focus on motives, professionalism and the unique significance of the caring relationship.

### **Preparing by investigating one's motives**

The decision to go to a war zone is preceded by several considerations. The reasons vary. The excitement of developing and to realizing one's potential can at least partly be a driving force. Motivation is also greatly affected by what surrounding people think. If everything is under control in your private life, it is easier to focus on and motivate yourself for this task.

*The thing that could make me hesitate is that my son is 2.5 years old. You think about all the risks. But as my husband is an officer and has been away, he encouraged me to go.*

Motivation to perform medical tasks is linked with feelings of responsibility for the soldiers. This responsibility increases motivation for the job and for preparing well.

*When you set off on a dangerous patrol, you think hell, what if something happens, they're buddies, nothing must go wrong.*

### **Preparing by investigating one's professionalism**

Insight into the task creates a better understanding of what the job involves, and this knowledge promotes, in turn, safety. Good training for the mission is necessary in order to become prepared for threats and dangers.

*The further you get in the preparatory training, the clearer the picture becomes of what it is like down there. The various elements become less strange and you feel that you have mastered them.*

Being secure in one's professionalism allows one to rely on one's knowledge. Without this foundation, it is difficult to achieve the degree of skill and ability necessary to complete the task.

*Security in the professional role is crucial for the outcome in an environment like this. If I'm not safe with this I can't perform under extraordinary operating conditions.*

Yet, instead of focusing on the risks it is perceived as professional to focus on knowledge and skills that actually exist. Everyone is aware of the risks, but it is important to try not think too much about them, as this can create thought patterns that do not benefit the tasks that are your responsibility.

### **Preparing through insight into the unique meaning of the caring relationship**

Taking care of a close friend who has been suddenly injured can create stress to a degree that makes it difficult to perform adequately immediately. This can lead to errors that would not occur in civilian care. The caring relationship is also more complex in the sense that even the nurse can be injured, and then the team's ability to provide good medical attention becomes the responsibility of others. Soldier colleagues may be responsible for the initial care of an injured nurse or as assist in caring for others.

*If anything happens to me, I hope my friends will be able to take care of me in the best way. We practiced nursing at home in training and with my buddies down in Afghanistan so I feel safe.*

Thus good relationships with one's colleagues are a prerequisite for sense of security. Being able to work through emotions together is also important. Sharing experiences and skills leads to increased opportunities for the group to function optimally.

*Everyone can speak openly about basically everything. We get along together very well. That's what makes me feel really liked, and that makes me feel safe too. They are all good people who work well together.*

### **Overall theme**

**Adequate preparations promotes an attitude of acceptance**

Through the categories “recognizing challenges” and “making informed choices” runs a common thread indicating that the integration of practical and mental preparations is necessary for successful adaptation to the caring issues in a combat environment. The individual mental preparation involves imagining different scenarios and planning how to deal with them. Personal safety is based on understanding oneself and one’s motives, recognizing professionalism and receiving support from family at home. The collective mental preparation involves reviewing critical incidents, making plans for how to deal with such situations and working quickly through feelings of fear and anxiety by talking about them. The practical preparation involves checking equipment and training for various scenarios.

If all these preparations work well feelings of acceptance occur. Thus the preparations are important prerequisites for a process that implies successive awareness of the risks, adaptation to them and acceptance of them without allowing the professional work to become paralyzed. However, this does not mean that one should refrain from communicating risks within the group or talking about the fear and the threats that exist. On the contrary, objective reviews are important, but failing to accept the situation can place too much focus on negative aspects, which increases insecurity, thus making it difficult to maintain a professional focus. If military nurses recognize and reflect on how to deal with the dangers and limitations in this particular form of care, it seems fair to assume that they could develop further the measures that would prepare future colleagues for combat missions.

### **Discussion**

The results from this study emphasize the uniqueness of military as compared to civilian emergency care. There are also some important international differences. Research from the US and the UK often focus on military nurses in field hospitals or medical transport aircraft etc. and thus not in the immediate vicinity of battle (c.f. Stewart 2009). The situation for Swedish military nurses differs therefore because many of them work close to the fighting units, also acting as soldiers in battle.

Nevertheless, there are many findings in this study that are consistent with international

research. According to Kotwal et al. (2011) it is beneficial to the overall survival of wounded soldiers when a nurse can successfully make the transition from civilian to military healthcare. Maguen et al. (2008) suggest that advance knowledge of the potential experiences and feelings allow one to cope better with traumatic events in a war zone. Scannell-Desch and Doherty (2010) conclude that American nurses experience professional growth after a military mission, and Jones et al. (2008) highlight the importance of good fellowship and effective leadership.

Previous research also shows that positive or negative thoughts and feelings affect an individual nurse’s strength or vulnerability in stressful situations (Maguen et al 2008). External factors, described as positive military experiences, also play a crucial role. Functioning well in a military unit under good leadership, with good cohesion and community spirit can promote the sense of being part of something larger than oneself. Different organizations create different conditions for military nurses to process their experiences in a manner favorable to them, which makes it important to screen military personnel before a mission with regard to previous negative stress factors (ibid).

Our findings regarding the importance of the attitudes of families are also consistent with previous research. Their acceptance and understanding contributes to the nurse’s stability and security. This is fully in line with Maguen et al. (ibid) showing that the more stress there is concerning social and private issues the more likely it is that the nurse will exhibit symptoms of stress disorders. Gibbons, Barnett and Hickling (2012) seem to agree, and argue that several stress reactions can be prevented if there is a help system related to the problems that exist around such issues.

Solid experiences in civilian emergency care is also important. Experiences of pre-hospital care in particular equip military nurses well for conflict zones (Lindblad & Sjöström 2005). Goal visualization and practical preparations are also important, and for Swedish military nurses it can be added that they need to prepare themselves for professional work as both a nurse and a soldier.

Our findings also indicate that the military training of nurses should weave skills from

civilian emergency care together with the conditions for military healthcare in exercises that strengthen self-esteem and confidence.

That nurses can experience professional growth after a military mission (Scannell-Desch & Doherty 2010) is also consistent with the findings regarding the Swedish nurses in our study. They considered their preparations to be adequate. They took their previous experiences of emergency care with them and reflected on them, which created adequate preparedness.

However, we have also found elements that could be improved, such as the amount of training. Those interviewed claimed to have enough knowledge, but they lacked the further practice that would promote automatized preparedness. The findings also highlight the complexity of the caring situation when a nurse acts professionally in the same unit as the other soldiers. Being the person who may administer vital care to a close friend makes it even more important to know what to do than in other cases. It was also shown that adequate preparation can be a very important motivating force, in teaching their fellow soldiers what to do.

For Swedish nurses in the combat environment the meaning of the caring relationship is thus unique. It is important to be prepared to stand alone as a professional carer with only soldiers to assist you if anything happens. The soldiers for their part are essentially compelled to trust the nurse's competence.

Most important for the improvement of organized preparations before and during a mission is, however, that during the time abroad the processing of potential threats should be quick, concrete and forward-looking. Not dwelling on problems, concerns and risks prevents one from getting caught in negative thinking. It is indeed important to reflect on what might happen, but once a decision is made one must come to some kind of acceptance. To achieve this it is essential to prepare to meet any critical situations that may occur. Acceptance can therefore be interpreted as a coping strategy. In caring science coping strategies have previously been described as a way of managing distress, for example in association with trauma or severe illness (Ekedahl & Wengström 2006). According to our results coping strategies are an important part of a professional approach when military nurses

prepare themselves for participation in potentially dangerous missions.

In order to gain a fuller picture of adequate preparation future research is also required into how nurses who prematurely terminated their mission were prepared. Another interesting aspect for future research is the ethical conflict between the role of a soldier and that of a nurse, circumstances unique to the Swedish situation.

### Conclusions

Well functioning, organized preparations for care in a combat environment should give an accurate picture of the work to come, including the differences from civilian emergency care. The training should stimulate realistic reflection but avoid promoting negative thinking. The goal for the preparations is an attitude of acceptance with realistic risk assessment focusing on the professional tasks.

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