

# THE EXPERIENCE OF INDONESIA PUBLIC HEALTH NURSE IN DISASTER MENTAL HEALTH CARE

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## BACKGROUND

- Exposure to natural disasters has a devastating impact on the psychological and social well-being of the survivors (Mashiko, 2017).
- The Tsunami 2004 revealed the fact of Indonesia disaster preparedness plans were extremely limited to meet the mental health and psychosocial needs
- By scaling up PHN skill in mental health care can help in bridging the gap of the community mental health need with the number of mental health professional (Indonesia Ministry of Health, 2011)
- However, there is a lack of clarity in the disaster literature regarding Indonesia PHN experience, needs, and capabilities in disasters mental health care.

# RESEARCH PURPOSE & QUESTIONS

✓ to identify the Indonesia PHN experience in disaster response especially in disaster mental health care including their difficulties and need

How do the experiences of the PHN in disaster response especially in disaster mental health care?

How do the difficulties of the PHN in disaster response especially in disaster mental health care?

What are their need to be able in providing disaster response especially disaster mental health care?

# RESEARCH AREA

- Pandeglang city has 35 districts, 326 villages, 36 PHC
- Total population estimated 1.149.610
- The high risk area of Tsunami due to the location that really close to Indian Ocean
- Disaster occurred in February 2017 (Flood) and earthquake (2012)



# RESEARCH METHOD

## Research Design

- A qualitative descriptive research with purposeful sampling method

## Participants

- 12 PHNs who had been assigned to disaster relief efforts
- Flood and Earthquake were the most experience
- 2 PHC at Pandeglang City, Banten Province

# DATA COLLECTION

Applied permission letter to Provincial Health Office



Proceed to the several designated local PHC



Asking further permission to director of local PHC



Requesting recommendation of the list of PHNs



Gave written and verbally consent to the PHNs



Conducted Semi-structured interviews for 45-60 minutes

August - November 2017

# DATA ANALYSIS

Listened to the recordings and transcribed

Identified the significant statement of informant

Determined the potential subthemes from the categories

Determined the themes and subthemes

Clarified to verified data from key informant as needed and revised themes

Qualitative content analysis  
by Colaizzi (1978)

# FINDINGS

<b>Participants</b>	<b>Age</b>	<b>Gender</b>	<b>Education</b>	<b>Job Experience (years)</b>
P1	25	M	Diploma 3	3
P2	29	F	Diploma 3	7
P3	26	F	Bachelor	2
P4	30	F	Diploma 4	12
P5	37	M	Diploma 3	13
P6	38	F	Nursing High School	14
P7	34	M	Diploma 3	14
P8	38	F	Diploma 3	14
P9	33	F	Diploma 3	8
P10	27	M	Diploma 3	6
P11	30	M	Diploma 3	10
P12	35	F	Diploma 3	12

**Theme 1: Challenges and personal limitation for delivering disaster mental health nursing care**

- 6 Subthemes
- 18 Categories

**Theme 2: Overcoming the limitation**

- 2 sub themes
- 4 categories

**Theme 3: Professional obligations and demands as qualified disaster nurse**

- 2 sub themes
- 5 categories

**Theme 4: Discovering caring value**

- 2 subthemes
- 3 categories

**Theme 5: Expectation of PHN towards disaster response**

- 4 subthemes
- 16 categories

# Themes : Challenges and Personal Limitation for Delivering Disaster Mental Health Nursing Care

## ■ **Being underprepared for disaster response ability**

the participants had never being prepared to improve their ability in disaster response.

### ■ **Never having chance to participate in any disaster management training**

*"In the February 2017 flood, I joined a health team....I just follow the flow of disaster management because I never had a chance to participate in any disaster management training"*  
(Participant 2)

### ■ **Never having chance to get any training on psychosocial intervention**

*"We never get any training on psychosocial intervention, so we don't understand what we have to do when we met patients with psychosocial problems"*(Participant 2)

## Cont.

### ■ **Being underprepared for disaster response ability**

- Lack of necessary knowledge of psychological care
- Lack of necessary knowledge of psychosocial consequences

*"I already knew that psychological problems would emerge after disaster, but I didn't know how to assess, I only could listen patient's complain while I was providing physical care" (Participant 11).*

- No prior experience in involving psychosocial team

# Themes : Challenges and Personal Limitation for Delivering Disaster Mental Health Nursing Care

## ■ **Unsupportive working circumstances**

The participant aware their role in providing disaster mental care, however the working situation didn't support them to provide the care.

- **Focus on curative**

*"No one ever complains about their mental health conditions, so I don't know their feelings, we just focus only on providing curative intervention" (Participant 1)*

- **Overload**

*"We just focus on curative and health education at a glance because we don't have a lot of time, there are many patients, can be up to 200s while we only 8 people, It was really crowded". (Participant 4)*

- **Limited time**

*"We don't have time, so we didn't give any psychosocial intervention, yes, what a pity, but nothing else we can do". (Participants 8)*

- **Lack of manpower**

*"Well, we were lack of man power and limited medication moreover the assistance also came late from the city" (Participant 5).*

# Themes : Challenges and Personal Limitation for Delivering Disaster Mental Health Nursing Care

## ■ **Being survivor of the flood**

the situation beside they have to become as the helper, at the same time they became the survivor of the disaster as well

- **Personal properties were being affected by the flood**

*“My houses was flooded, so coming back from the PHC, I clean up the goods at home” (Participant 1)*

- **Spending extra expenses for working**

*“I also live in the flood area. So, suppose the floods come, It’s actually hard to get to work because of the access. To go to work, I must use boat ride. It is expensive, up to 100,000 rupiahs (900 yen)” (Participant 2).*

# Themes : Challenges and Personal Limitation for Delivering Disaster Mental Health Nursing Care

- **Feeling uncertain and incompetent when facing the disaster.** During the disaster responses, the PHN revealed that they felt uncertain with their capability or expressing the confuse action

- **Feeling uncertain**

*“Sometimes they (patients) talk to me, but I don’t know whether it is anxious or not, then I have ever provided psychosocial intervention. ....sometimes, I still confused whether this is a psychological problem or not, I am not sure and I don’t know” (Participant 3).*

- **Confusing action**

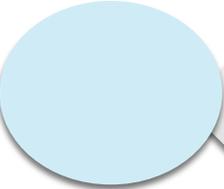
*“Honestly, I still confuse, what should I do when the disaster occur, I don’t know the working procedure” (Participant 12)*

## DISCUSSION

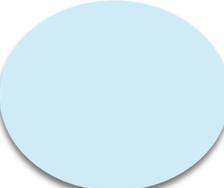
### **The PHNs were being underprepared for disaster response especially in disaster mental care.**

- Lack of training opportunities in disaster management
- Lack of chance for having training in disaster mental health care
  - The community mental health current status where the study took place need more attention compare other provinces
  - The mental health law, 2014 mandates every province to have at least one mental health hospital. However, the province whereas the study took place is one of the province that has not mental hospital yet
  - Two PHC that involved in this study, only one PHC provide mental care unit, whereas the other one does not provide it.
- PHN's work is focusing on curative intervention in the regular practice

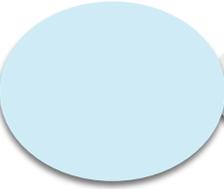
# CONCLUSION



To maximize mental health resources in community by involving community partnership with skill of initial crisis intervention and emotional relief



Psychosocial support had to be appropriate and culturally sensitive



Further research is required to identify external resources and empowering the community by exploring from mental health professional and community nursing specialist perspective

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*Thank  
You*