

Good Practice in Nursing Responses During Disaster in Indonesia

Earthquake and Tsunami in Aceh, Earthquake in Padang, Volcano Eruption in Yogyakarta, and Flood in Jakarta

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Purpose

- To explore the perception of nurse experts about good nursing practice in disaster risk management for health in Indonesia.

Research Method

- A qualitative research method was employed
- Phenomenological approach
- Interviewed 12 disaster experts: 9 local experts, and 3 national disaster nursing experts
- Location and type of Disaster: Yogyakarta (volcano eruption), Padang (earthquake), and Jakarta (flood).
- Thematic Analysis

Characteristics Data of Participants

Number of participant	Gender	Origin of Province	Disaster Type	Occupation
P1	Female	Padang	Earthquake	Nurse
P2	Female	Yogyakarta	Volcano eruption	Nurse
P3	Male	Yogyakarta	Volcano eruption	Nurse/Regional disaster management agency
P4	Male	Yogyakarta	Volcano eruption	Regional disaster management agency
P5	Male	Padang	Earthquake	Regional disaster management agency
P6	Male	Jakarta	Flood	Senior Community Health Nurse
P7	Female	Padang	Earthquake	Senior Community Health Nurse
P8	Male	Jakarta	Flood	Senior Community Health Nurse
P9	Male	Jakarta	Flood	Nurse/Senior Official of Provincial Disaster Management Agency
P10	Female	National	Various	Chair-person of HPMI (Indonesian Nurse Managers Association)
P11	Female	National	Various	Chair-person of HIBGABI (Indonesian Emergency and Disaster Nurses Association)
P12	Male	National	Various	Chair-person of NGO

Good Practice in Disaster Nursing

1. CROSS-SECTOR COORDINATION IN ORGANIZING AND MOBILIZING NEEDED resources for prompt responses

2. Provision of ADVOCACY to government and other significant stakeholders through ACTIVE INVOLVEMENT IN POLICY FORMULATION

3. PROVISION OF INFORMATION FOR SURVIVORS and disaster affected responders to enhance the feelings of safe and comfortable

4. RAPID ASSESSMENT TO THE CLIENT SYSTEMS (individual, family, special group and community) to ensure the appropriateness of the support provided and adjustment needed

5. Provision of safe and COMPETENT HEALTH/NURSING CARE (including soft skills/ethics) and integrated mental health on physical care

6. COMMUNITY MANAGEMENT AND EMPOWERMENT of the community leaders, health cadres, and other potential persons, and ACT AS ROLE MODEL in responding to the disaster situation.

7. Facilitating clean ENVIRONMENT AND ADEQUATE CLEAN WATER SUPPLY

8. Leading and managing, and adapting to the situation to MINIMIZE THE POSSIBLE CHAOS OR CRISES USING GOOD LEADERSHIP AND COMMUNICATION SKILLS

9. INTEGRATING CULTURE SENSITIVITY IN CARING for survivors

10. INTEGRATING THE COMMUNITY VALUES OF PROPERTY LOSS related to different causes of disaster

11. FACILITATING FAMILY FUNCTIONING through flexible role shifting towards family resilience

1. CROSS-SECTOR COORDINATION IN ORGANIZING AND MOBILIZING NEEDED RESOURCES for prompt responses

Form Disaster Management Team of Nurses from Non-affected and Affected Area

- Nursing team identified and involved nurse survivors in activities to care for people
- Nursing team shared team activities and information with other health professionals and local health officer

Mobilize resources, capacity and expertise

- Nurses established links to assure survivors could access to health services (hospital and community health centre)
- Nurses coordinated with city office for formula milk, blanket, tent and other basic needs
- Nurses worked together to treat vulnerable group (children, pregnant women, elderly, and survivors with special needs)

Initiate coordination on evacuation

- Nurses coordinated with local village office, on how and where to evacuate residents during emergency situation
- Nurses reported and updated current situation to relevant authorities for prompt responses

2. Provision of ADVOCACY to government and other significant stakeholders through ACTIVE INVOLVEMENT IN POLICY FORMULATION

Provide advocacy to nurses working in the hospital & community

- Nurses conducted meeting to identify and propose survivors 'needs
 - Nurses conducted meeting with health agency to advocate all required needs
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- Nurses reported to Head of CHC to advocate community/ survivors' needs to local health officer

3. PROVISION OF INFORMATION FOR SURVIVORS and disaster affected responders to enhance the feelings of safe and comfortable

Share Information and Activities

- Nurses informed survivors the real situation that they were experiencing for building trusting relationship
- Nurses made survivors not to be panic)

Train nurses and educate survivors

- Nurses provided training to make people more prepared to face further disaster
- Nurses conducted health education to survivors

4. RAPID ASSESSMENT TO THE CLIENT SYSTEMS (individual, family, special group and community) to ensure the appropriateness of the support provided and adjustment needed

Characteristics Data of Participants

Conduct initial & rapid assessment

- Nurses coordinated with nursing school for conducting assessment
- Nurses collected and assessed the data of survivor and prioritize needs assessment of vulnerable group
- Nurses determined the needs based on each phase (rescue, rehabilitation, reconstruction phases)
- Nurses examined physical and psychological condition of survivors

Conduct on-going assessment

- Nurses collected data the location of affected area, number of injured persons, and what cared that they have received

5. Provision of safe and COMPETENT HEALTH/NURSING CARE (including soft skills/ethics) and integrated mental health on physical care

Direct Nursing care

- Nurses responded to actual/ assessed needs
- Nurses evacuated and provided first aid;
- Nurses Prioritized survivors with life-saving needs
- Nurses provided physical and a psychosocial supports and applied appropriate stress management techniques
- Nurses provided religious supports , particularly for those who lost their loved ones

Nursing care to vulnerable group: children, pregnant women, elderly and persons with a special need

- Nurses identified and grouped the vulnerable group with their common and special needs
- Nurses provided care to the vulnerable group with their common and special needs
- Nurses played with children to relief their stress

Help survivors to be resilient

- Nurses provided consoling to release the survivors' stressful situation
- Nurses teached the survivors on coping strategies to relieve PTSS by taking into consideration the ethical principles and moral obligation

6. COMMUNITY MANAGEMENT AND EMPOWERMENT of the community leaders, health cadres, and other potential persons, and ACT AS ROLE MODEL in responding to the disaster situation.

Empower community

- Nurses facilitated the survivors /community to prepare food for themselves as requested
- Nurses trained volunteer health cadres and community leader on disaster management
- Nurses mobilized volunteer health cadres and community leader to assist people living at the shelter, field hospital
- Nurses encouraged the people to obey early warning system

Establish trusting relationship

- Local Nurses gained trust from survivors because of well-established relationship before disaster)
- Nurses acted as mediator for the people to local government on providing immediate evacuation place to stay

7. Facilitating clean ENVIRONMENT AND ADEQUATE CLEAN WATER SUPPLY

Home visit

- Nurses conduct home visit for survivors stayed at home and helping the family to clean their houses, while providing followed up care

Transition housing visit

- Nurses assisted as much as possible that the survivors still have their privacy at the shelter
- Nurses assisted the families in transition from shelter to permanent housing

Preventive activities related to poor environment

- Nurses provided health teaching on boiling water for drinking
- Nurses carried out activities to handle potential outbreaks after disaster (water-borne diseases and air-borne diseases); such as teaching the community to clean, to ensure adequate ventilation to prevent from sanitation problem

8. Leading and managing, and adapting to the situation to MINIMIZE THE POSSIBLE CHAOS OR CRISES USING GOOD LEADERSHIP AND COMMUNICATION SKILLS

Prepare as Leader

- Nurses should be well prepared to work during disaster to understand the situation and what should be done
- Nurses acted as a role model to provide assistance to survivors
- Nurses conducted training and supervision to other nurses providing care to the people

Apply Communication Skills

- Nurses made other health professionals not to be panic as responder)
- Nurses should be firm in giving information to survivors
- Nurses apply emotional intelligence in making critical decisions to minimize the possible chaos or crises

Manage Situation to Prevent Potential Crises

- Nurses proactively provided health care to survivors at the hospital, CHC, shelter or house

9. INTEGRATING CULTURE SENSITIVITY IN CARING for survivors

Understand the important of culture sensitivity

- Nurses should understand and sensitive to the cultures of local people assisted
- Nurses provided religious supports for those who lost their loved ones

Apply therapeutic nursing interventions culturally contextual

- Nurses assisted the psychological traumatic persons way from the affected areas and avoiding places
- Nurses encouraged survivor especially with PTSD to learn new things at new places and referred to other professionals as needed
- Nurses provided professional counselling and other therapeutic intervention by integrating the local culture
- Nurses conducted self-help group culturally contextual to survivors (individual, family and special group)

10. INTEGRATING THE COMMUNITY VALUES OF PROPERTY LOSS related to different causes of disaster

Understand the Local Culture of Community

- Nurses should understand and sensitive to local social culture of community reacting to lost and grieve
- Nurses encouraged the people for mutual help by harmonizing the cultures of the community

Understand Community Cultural Reasoning

- Nurses should understand the reasons of elderly to prioritize younger couple to have permanent housing using their perspective
- Nurses should understand the reasons of people to refuse assistance to enable nurses to respond therapeutically

11. FACILITATING FAMILY FUNCTIONING through flexible role shifting towards family resilience

Assist family to adapt during transition:	
<ul style="list-style-type: none">• Nurses supported families during living transition from evacuated area (original home) to shelter then to permanent housing to enable them to adapt to new places• Nurses should understand the reasons of elderly to prioritize younger couple to have permanent housing	
Facilitate family to fully functioning:	
<ul style="list-style-type: none">• Nurses assisted family by mediating the family to local industry for additional financial income of family• Nurses provided family counselling and therapy to support the family functioning	

Recommendation

- Compare the indicators of good nursing practice from the perspective of expert, responder and survivor
- Develop standard of disaster nursing risk reduction management for health
- Conduct training need assessment to find the gap of nurses' competencies
- Develop disaster nursing risk reduction management training model and modules for nurses (basic, intermediate and advance)
- Advocate Indonesian National Nurses Association and Association of Indonesian Nursing Education concerning the standard, and training for nurses

Conclusion on Roles of Nurses

- Community mobilizer, capacity builder
- Health policy, behavior shaper
- Academic researcher
- Manager of health system and resources
- Primary care provider
- Information manager
- Over-all holistic care integrator
- Networker and collaborator

