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Unheard Voices of Haiti's 2010 Earthquake Traumatic Amputees

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Purpose: A traumatic amputation/traumatic limb loss is when a body part is entirely or partially cut off due to an accident, violent occurrence or trauma. (U.S. Library of Medicine, 2015). Traumatic amputation/traumatic limb loss occurs as a result of a sudden physical injury and severity, which requires immediate medical attention, as the body part is entirely or partially cut off due to an accident or violent incident (U.S. Library of Medicine, 2015). The earthquake of 2010 in Haiti resulted in one of the most significant losses of limbs in a single natural disaster (Aleccia, 2010). Based on documented research studies (Redmond et al., 2011, Chu et al., 2011, Marie et al., 2013) 1200 to 1500 amputations were performed as a result of crushing injuries, within the first five weeks following the earthquake. An estimated 4000 suffered amputations or had to have limbs amputated. The purpose of this phenomenological research was to investigate the lived experience of traumatic amputation as talked about by eight female Haitian adults who suffered an amputation as a result of the 2010 earthquake in Haiti. Understanding their lived experience may help better understand as to how best to help and treat those affected.

Methods: Descriptive phenomenological methodology, as described by Amedeo Giorgi (2010) guided this study. This research methodology provided the means to understand the lived experience of traumatic amputation for Haitian adults and to discover the meaning of the phenomenon of traumatic amputation as described by eight female Haitian adults. Amedeo Giorgi's (2010) four step approach was used for data collection and analysis; to uncover the meaning of the lived experience of the participants. The researcher reduced data gathered through in-depth interviews describing the shared experiences of participants to a central meaning, or "essence" of the experience. The study was also supported by the theoretical underpinnings of a well-known nursing model, the Roy Adaptation Model of Nursing to enhance the development of nursing knowledge related to the experience of Haitian adults who sustained a traumatic amputation as a result of the 2010 Haiti earthquake. The descriptive qualitative interviews were audio-recorded and transcribed by the researcher; hence, there was no risk that the information gathered could be accidentally used by another person. To ensure the critical issue of participant confidentiality, the researcher took safeguard measures, such as assigning code names in place of participants' real names; further, all audio-recorded interviews were held by the researcher on a password enabled device.

Results: The study revealed traumatic amputation uncovered four interconnected essential themes- ordeals of physical and emotional instability, marginalized to the fringes of society, pulled to security and safety by family and friends and deprived of norms and possessing hope- that illuminated the experience. These themes reflect key tenets of the theoretical frameworks underpinnings of the Roy Adaptation Model of Nursing. Findings also indicated a paucity of studies addressing the lived experience of traumatic amputation for Haitian adults. Participants expressed family and friends as the only support systems available after their traumatic events. Efforts are needed from the healthcare sector, educators, researchers and policy makers; to improve/develop programs for the population of amputees in Haiti. The structural statement and findings from this research study of the lived experience of Haitian adult women who sustained a traumatic amputation, is of living a life filled with the ordeals of physical and emotional instability while being marginalized to the fringe of society and pulled to security and safety by family and friends into a network of untreasured norms and relentless hope. The structural statement was formulated from the essential themes, to capture the lived experience of Haitian adult women who sustained a traumatic amputation in the context of the 2010 Haiti earthquake. Reflecting on the essential themes, the concept of adaptation became apparent. While one is appreciative of the critical physical, financial resources, along with emotional support received from social networks, they simultaneously felt shame and frustration surrounding towards their inability to meet parental and vocational responsibilities due to

physical impairment and social stigma. Broader familial, sociocultural, and structural forces inextricably impact one's intrinsic sense of self-worth.

Conclusion: This study highlighted ordeals of physical and emotional instability for those with disabilities, as well as the way in which Haitian individuals living with amputations are often viewed by society as a burden and incapable of contributing. Nurses should be provided with ongoing clinical and professional training opportunities that equip them with the skills and knowledge needed to address the unique care needs of individuals with amputations. As findings uncovered the lack of communication between providers and patients, it is particularly important that nurses be educated in appropriate communication styles and bedside manner to enable them to more effectively convey information to patients and their families and to become more empathetic practitioners. Faculty can incorporate the knowledge gained from this study to influence curriculum development. The curriculum would include objectives and course content inclusive of the importance of integrating disaster preparedness courses and training for providing patient-centered care. In a similar vein, enhanced access to leadership training can aid nurses in developing critical management, communication, and delegation skills that enable them to be better patient advocates and mentors to colleagues regarding appropriate amputation care management practices. The provision of empathetic health and rehabilitative care can play an instrumental role in helping individuals who are coping with residual trauma from their amputations adjust to their new abilities, regain a sense of purpose, and re-integrate into society. Academic Organizations can work on making access to education for the disabled a priority. As well as curriculum that is geared to preparing healthcare first responders and communities in disaster preparedness and training. These types of preparations may help in the reduction of loss of lives and disabilities. Professional Organizations can work on educational and awareness programs which advocate for the disabled. The need for community outreach is still very much needed. Community workers may be trained to conduct follow up assessments. Also, the creation of referral centers for the disabled and their families may also play a key role in improving care and the lives of the citizens affected. Local and national governments of Haiti can make the disabled a priority in the rebuilding of Haiti's infrastructure. Many of the participants discussed the need for accessibility to schools, hospitals and municipalities; as well as enacting laws which promote integration and support of the disabled. The study highlighted the physical and emotional trauma endured by these individuals, as they sought to adjust to their altered roles in their families and society, as well as reconcile shifting perceptions of personal identity. Understanding the complexities of this lived experience is essential to informing appropriate, responsive nursing practice and policy interventions that support the unique healthcare and psychosocial needs of this population. Yet, much is still unknown about the experience of living with a traumatic limb amputation. There is significant need for further mixed-methods interdisciplinary and nursing research in this area. In particular, qualitative research (e.g., interviews, focus groups, observation) with larger samples and with sub-populations of Haitian residents who differ across lines of gender, race/ethnicity, income, living arrangements, health status, geography (e.g., urban versus rural settings), and type of amputation are needed to assess the range of lived experiences of those who had a limb amputated following the 2010 earthquake.

Title:

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Keywords:

Earthquake, Haiti and Traumatic Amputation

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Abstract Summary:

Little is known about the experience of traumatic amputation for Haitian Adults. The purpose of this descriptive phenomenological study was to investigate the lived experience of traumatic amputations as talked about by eight female Haitian adults who suffered an amputation as a result of the 2010 earthquake in Haiti.

Content Outline:

Amputation of a limb is a traumatic and disabling condition that impacts the lives of people worldwide. Trauma remains the leading cause of major limb amputation, second only to Diabetes Mellitus and dysvascular complications (Ziegler-Graham et al., 2008). Little is known about the experience of traumatic amputation for Haitian Adults, therefore this study was to understand the lived experience of traumatic

amputation in Haiti. The purpose of this descriptive phenomenological study was to investigate the lived experience of traumatic amputations as talked about by adults who suffered an amputation because of the 2010 earthquake in Haiti. Eight Haitian adult women between the ages of 19-48 participated, by means of in-depth interviews describing the meaning of traumatic amputation within the context of the 2010 Haiti earthquake. Amedeo Giorgi's (2010) four-step descriptive phenomenological method was applied to interpret and reflect on the findings of the study. Giorgi's phenomenological method was appropriate for this study as it provided access to the lived experiences as described by individuals who lived a traumatic amputation as a consequence of the earthquake. The findings of the study revealed traumatic amputation uncovered four interconnected essential themes-ordeals of physical and emotional instability, marginalized to the fringes of society, pulled to security and safety by family and friends and deprived of norms and possessing hope- that illuminated the experience. The Roy Adaptation Model of Nursing (2009) was used as a framework to reflect upon the findings. The findings may contribute to nursing science by uncovering the meaning of the traumatic event of losing a limb.

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Author Summary: Margarett Alexandre is an Assistant Professor at CUNY York College. She holds a PhD from the CUNY Graduate Center, with the distinction of being a Jonas Scholar. Her research focuses on the physical and emotional health of Haitian Adults post 2010. Summer 2016 was also inducted as a Fellow of the New York Academy of Nursing. She serves on the executive board of Sigma Theta Tau International-Alpha Omega Chapter.