

THE LIVED EXPERIENCE OF TRAUMATIC AMPUTATION FOR HAITIAN ADULTS

By

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A dissertation submitted to the Graduate Faculty in Nursing in partial fulfillment of  
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This manuscript has been read and accepted for the Graduate Faculty in Nursing in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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## **Abstract**

### **The Lived Experience of Traumatic Amputation for Haitian Adults**

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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, MacKenzie, Ephraim, Trivison, & Bookmeyer, 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.

*Keywords:* Limb Loss, Haiti, Earthquake, Traumatic Amputation, Nursing, Phenomenology, Amedeo Giorgi

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## **Dedication**

I would like to dedicate this dissertation to the memory of my sister Edouarine Alexandre-Vilceus, who I know continues to watch over me. Thank you for guidance and for always being my greatest cheerleader. Your generous, loving heart is alive in all of us.

To the memory of my father and mother-Simon Joseph Alexandre and Eunora Fenelus, thank you for your love for knowledge, for instilling that love in all of us and for providing us with every opportunity to soar.

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## CHAPTER I: INTRODUCTION OF THE STUDY

### Vignette

*At the side of the road stood a young slender, twenty- something Haitian woman. The right leg of her pants was neatly folded up to the knee; exposing her residual stump from a traumatic amputation. This young woman is one of the thousands who traumatically lost their limb as a result of the 2010 Haiti earthquake. She occasionally switched from one side to the other, struggling to maintain her balance on the uneven sidewalk with a set of crutches. She stared glaringly at the coming and going of the congested traffic and the people rushing by around her; unsure of when or if she will be able to cross the street. This young woman is a reminder of the havoc the earthquake caused and how her quality of life is ever changed by the 2010 earthquake.*

### Introduction

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. 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. In the United States, traumatic limb loss accounts for 45% of the close to 2 million people living with limb loss (Perkins, De'Ath, Sharp & Tai, 2012). The number of people with traumatic limb amputation in the US is expected to more than double, rising to 3.6 million people by 2050 according to researcher Ellen J. MacKenzie of Johns Hopkins Bloomberg School of Public Health (2008).

Each year trauma accounts for 41 million emergency department visits and 2.3 million hospital admissions across the nation. Trauma injury accounts for 30% of all life years lost in the U.S.; while cancer accounts for 16%, and heart disease accounts for 12%. Because trauma is a disease affecting all ages of people, the impact on life years lost is equal to the life years suffered from cancer, heart disease, and the Human Immunodeficiency Virus (HIV) combined. Traumatic injuries also have a tremendous economic effect; costing \$585 billion a year, including both health care costs and lost productivity.

The prevalence of limb loss is estimated between 0.5 percent and 0.8 percent of the global populations according to the World Health Organization and the International Society for Prosthetics and Orthotics. Trauma is the leading cause of loss of lower limbs in developing countries and the second leading cause of limb loss in developed countries (Perkins et al., 2012). It is estimated 185,000 people suffer amputation each year worldwide, and the prevalence of limb loss continues to increase annually (Owings & Kozak, 1998). With an estimate of 1.2 million people experience a major limb amputation due to trauma. Of major limb amputations due to trauma, the majority were unilateral lower limb (84.7%), followed by bilateral upper limb (7.5%), unilateral upper limb (7.2%) and bilateral lower limb (0.6%). Major traumatic causes of amputation were war (27.1%), other unintentional injuries (18.4%), falls (13.3%), mechanical forces (10.5%) and road injuries (8.1%) (McDonald, 2017). For example, in Angola, one in every 334 people has lost a limb, mostly to landmines by civil war, according to the International Committee of the Red Cross. In Afghanistan one in every 631 people is an amputee; in Iraq, the figure is one in 987. The World Health Organization (2010) estimates that in Africa, Asia and Latin America combined, as many as 30 million people have had limb losses representing an increase of limb loss from 24 million people in 2006. However, precise figures are difficult to

obtain, as a result of diminished attention or resources allocated in countries where survival from limb loss is low (Aleccia, 2010).

Traumatic amputation/traumatic loss of limb as the result of natural disasters or war can be catastrophic for individuals because of the sudden limitations in functional activities, mobility, and social adaptations (Randolph, Elbaum, Wen, Brunt, Larsen, Kulwicki, & De la Rosa, 2014). Bodily trauma leading to amputation can occur in combat zones, daily civilian life or as a result of a natural disaster. In either situation, trauma can cause damaging effects to the body and the mind (Gilbert, 2014). 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, Stokes, Trelles, & Ford, 2011) 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.

### Population

Haiti compared slightly to the size of Maryland; is the first free nation as a result of a slave led revolt. However, Haiti remains the poorest country in the Western Hemisphere with a Gross Domestic Product (GDP) ranking of 181 out of 190 countries (Central Intelligence Agency [CIA], 2018; World Bank, 2017). Haiti has two official languages, French and Haitian Creole. The World Bank (2018) reported a population of 10.8 million in 2016; with 36.78% of the population are between 25 to 54 years of age. Furthermore, according to the L'Enquete sur les Condition de la Vie des Ménages Après Seisme (ECVMAS) (2012) household survey, more than 6 million (59%) of the 10.4 population were living under the national poverty line of \$2.41(US dollars) per day. An additional 2.5 million (24%) of the population, live under the national extreme poverty line of \$1.23 (US dollars) per day (The World Bank, 2017).



The United States Agency for International Development (USAID) (2016) reported a literacy rate of 50%. It was further noted that 95% of the inhabitants describe themselves as Black, 5% as Mulatto and White; with 62.3% of the population being economically dependent on others (CIA, 2017). As of 2017, 60.9% of the population lived in urban regions of Haiti, with 2.4 million living in Port au Prince; the capitol of Haiti (CIA, 2017).

When a massive magnitude 7.0 earthquake struck Haiti in January 2010 there were estimates of over 300,000 people killed and some 1.5 million left homeless. The earthquake was assessed as the worst in this region over the last 200 years. The health system was further debilitated by the 2010 earthquake, which demolished 50 health centers, part of Haiti's primary teaching hospital, and the Ministry of Health. Many who were impacted by the earthquake remain economically disadvantaged and in need of educational and medical support.

### Aim of the Study

Despite public knowledge of a traumatic event, the individual's personal experiences within the greater traumatic event may not be known (Cummings, 2011). The participants in this study lived through the Haiti 2010 earthquake and sustained traumatic injuries. This earthquake was a very public event. This study aimed to investigate the lived experience of traumatic amputation. The study used a phenomenological research method (Giorgi, 2010). The study described the experience of traumatic amputation and its' meaning as lived by Haitian adults.

### Statement of Purpose

The purpose of this phenomenological research was to investigate the lived experience of traumatic amputation for Haitian adults as a result of a traumatic experience. The objective of this study was to uncover a structural description of the process. The participants' description unfolded through systematic analysis and synthesis of their insights. These personal insights

reflected their thoughts, perceptions, and feelings. It is from the analysis and synthesis of the participants' descriptions that the essence of the phenomenon was illuminated. The results of this study may also increase nursing knowledge about the lived experiences of Haitian adults who sustained a traumatic limb loss as a result of the traumatic experience. While most of the literature addresses the rehabilitation of traumatic limb loss as a result of the traumatic experience, there is a gap as to what the experience of the injury means to the person who experienced it. Furthermore, knowledge of the injured person's experience may also shed new light on what occurs to the participants from their injury to recovery.

#### The Phenomenon of Interest

"Living, being, experiencing, perceiving; are all nothing without the world that is lived, experienced or perceived" (Munhall & Oiler, 2007, p. 59). Traumatic injuries often occur without warning, and the damage may leave the individual with lifelong physical and psychological disabilities. These traumatic injuries may necessitate amputation of the affected limb wounds. An amputation is a severely disabling condition that may impose physical and mental challenges including alterations in lifestyle, changes in self-concept, decreased quality of life (QoL), impairments in physical functioning, and sensory effects such as phantom pain, phantom sensation and stump pain (Pierce, Kernek & Ambrose, 1993; Sinha, van den Heuvel, Arokiasamy, 2011). It is through an individual's experience that gives structure and meaning to their worldview as it is lived.

Studies suggest amputations are common medical interventions for traumatic injuries, following a significant earthquake (Bartels & Van Rooyen, 2012) and have been performed after several earthquakes; such as; Marmara, Turkey (Bulut, Fedakar, Akkose, Akgoz, Ozguc et al., 2005), Kashmir (Awais, Dar, & Saeed, 2012) in the 2008 the Sichuan earthquake (Xie, Du, Xia,

Wang, Diao, & Li, 2008) and Haiti (Sullivan, Taylor, Pauyo & Steer, 2010). When individuals are not asked about their trauma, they may not only feel a lack of concern from their providers but may also find themselves without the treatment they may need (Cummings, 2011). A traumatic amputation may be a significant human event.

Exploring the lived experience of traumatic amputation may provide new insights and guide nurses and other healthcare professionals to better understand the limitations of loss and care management. This study may uncover new and different coping strategies as well as personal insights to those who have experienced a traumatic amputation. New knowledge may add to the discipline to guide education, practice and research programs for populations affected by traumatic amputation.

#### Justification for the Study

Handicap International (2013), estimated between 2000-4000 amputations resulted from the natural disaster of the earthquake of 2010. Currently, traumatic amputation in Haitian adults' post-2010 earthquake is not identified in the literature as a lived experience. This research study may provide a better understanding of what traumatic injury involving a lost limb was like for Haitian adults. The earthquake destroyed much of the healthcare infrastructure in Port-au-Prince and shut down most of the essential services necessary for the delivery of healthcare; such as electrical, transportation, water supplies, and the sanitation systems.

With a very fragile pre-existing infrastructure Haiti lacks necessary medical resources and support, including the required number of hospitals and clinics, nurses, doctors and other healthcare providers, medical devices and diagnostic technology to meet the healthcare needs of its population; especially those living with traumatic injuries, such as limb loss. The study may provide researchers, nurses and other healthcare providers an understanding of the phenomenon

of traumatic amputation/traumatic limb loss in Haitian Adults who were exposed to the 2010 earthquake and their thoughts.

The research study into the lived experience of Haitian Adults' formation of traumatic amputation about the 2010 Haiti earthquake is consistent with phenomenology. The research question is: What is the lived experience of Haitian adults who sustained a traumatic amputation? The researcher used the following guiding question for the interviews, to address the problem; the researcher began each of the meetings as delineated by the open-ended format of the descriptive phenomenological method (Giorgi, 2010): "Please describe your experience of losing your limb(s)."

#### Research Question

The research question was: What is the lived experience of a traumatic amputation, as talked about by Haitian adults who sustained or required an amputation following the Haiti earthquake in 2010? All participants in this study were asked to describe their experience of losing a limb/limbs.

#### Phenomenon in Context

It is not unusual for the Haitian individuals to openly disclose their own views about disabilities, as whether acquired or lifelong. The culture views disabilities as mysterious and dangerous. Typically, disabilities are perceived as having origins in the interaction of the natural and supernatural worlds, rather than being a medical issue (Jacobson, 2008). Furthermore, prejudices against disabled people in Haiti is seen as a major problem by those disabled and others. According to Danquah and Brus (2012) persons with disabilities tend to experience marginalization, and encounter barriers to accessing education, work, and needed health care services.

After the 2010 earthquake a new generation of amputees has emerged including individuals from all social classes. Handicap International (2010) highlighted that after the 2010 earthquake in Haiti, patients who had received care or surgery often left the hospital without treatment advice, post-operative follow-up or rehabilitation. They also identified Haitian patients would need continuous post-operative follow-up and rehabilitation work and assistive devices for many years to come. It is important to understand the experience of this new population. Understanding their lived experience may help to shed some light as to how best to provide patient-centered, culturally sensitive care and the challenges that are faced by the population.

#### Assumptions and Biases

This study included numerous assumptions and biases of the researcher. I had many interactions with individuals and families who were affected by the earthquake. Some spoke of their experiences with the medical care that was provided, and some spoke of the lack of support that they experienced. Having heard these experiences lead me to believe and make assumptions; thinking that would be the experience of all. As a Haitian American I assumed that I would be comfortable and ready to carry out my research. I also assumed that the participants would have been comfortable with me as well. I further assumed being familiar with the culture and fluent in the language would have made it easier to conduct this study. I also assumed that the participants would be tremendously sad and depressed as they shared their traumatic experiences.

I have been interested on the impact of traumatic amputation on the lives of the individuals experiencing it for a very long time. As a child I sustained a traumatic fracture of my left arm while riding a horse in Haiti. The memory of accessing healthcare still remains with me. Furthermore, as an adult I worked in several communities in Haiti, witnessing many traumatic injuries that could not be taken care off in a timely fashion.

The assumptions and biases affecting this research study may have arose from my personal experiences as a Haitian, nurse and humanitarian worker I have travelled and worked in Haiti for many years. Numerous times I have witnessed the suffering, poverty and lack of basic resources that exist in various parts of the country. I have seen how traumatic amputations in Haiti are exacerbated by the infrastructure. The physical and emotional turmoil written on the faces of the people as they try to carry on with their everyday lives. My interest in the phenomenology of traumatic amputation stems out of my own experiences as well as the experiences of the people that I have cared for. To minimize these assumptions and biases, during the study, it was important to keep an open mind, accurate field notes and to make sure that the analysis was based on the participants' data. Further, the transcribed data was reviewed with the Dissertation Committee Chair to ensure accuracy of the data. In addition the lens through which I looked at this study was through the Roy Adaptation Model.

### Methodology

Descriptive phenomenological methodology, as described by Amedeo Giorgi guided this study. This research methodology provided the means to understand the lived experience of traumatic amputation for Haitian adults. The aim of this study was to discover the meaning of the phenomenon of traumatic amputation as described by Haitian adults.

Phenomenology is the study of human experiences and the manner in which we perceive the world through those experiences (Sokolowski, 2008). German philosopher Edmund Husserl is credited as being the founder of modern phenomenology in the early 1900s; it stimulated the growth of several branches of phenomenology (Sokolowski, 2008; Giorgi, 2010), defines phenomenology as the study of a phenomenon precisely as it is experienced. In order to

accurately research a phenomenon as it is experienced by another person, the researcher must put aside all previous knowledge.

A descriptive phenomenological research design using Amedeo Giorgi's (2010) 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 interviews describing the shared experiences of participants to a central meaning, or "essence" of the experience.

#### Relevance to Nursing

This phenomenological research study may shed light on the meaning of the lived experience of being a Haitian adult who has sustained a traumatic amputation/traumatic limb loss. Finding from this research may have implications for better understanding of the participants' lived experience of a traumatic limb loss and how health professionals provide transitional care from injury to recovery. Additionally, this study may offer the opportunity to hear the stories of individuals who experienced a traumatic injury.

#### Summary of Chapter

Chapter one presented the aim of the study, which was to understand the meaning of the lived experience of traumatic amputation as experienced by Haitian adults. The statement of purpose and phenomenon of interest were also presented, as well as the rationale for the study. Research studies have addressed the physical aspects of those affected; however, no study to date has explored the lived experience of Haitian adults with a traumatic amputation. The research question and relevance to nursing are also addressed.

## CHAPTER II: EVOLUTION OF THE STUDY: LITERATURE REVIEW

The literature review consisted of a brief discussion regarding traumatic amputation/traumatic limb loss. The historical, experiential and theoretical contexts of the phenomena are also presented.

### Historical Context

Dismemberment preceded by amputation is as described surgical limb excision, perhaps for half a century (Kirkup, 2007). Before that, according to the Oxford English Dictionary, dismemberment was employed from the 13th century to describe the lopping or pruning of tree branches and for human limb destruction or limb removal by accident, in combat or for legal reasons. Amputation was not assigned to limb excision by surgeons much before the 17th century. One of the first to record the word in English, in written work, was Lowe in 1612 in a Discourse of the Whole Art of Chirurgerie. Soon after, Woodall in 1617, presented information "*Of dismembering or Amputation*," although, in subsequent discussion on indications and procedure, he referred only to dismembering, including the dismembering knife and dismembering saw (cited in Kirkup, 2007).

Only a few authors mention the possibility of prehistoric limb loss before elective surgical methods developed (Kirkup, 2007). No comprehensive account of nonsurgical amputations and amputees has been traced, despite their positive contributions towards eventual surgical methods. The evolution of amputation can be divided into five time periods that of thousands of years (at least from the Old Stone Age) when amputees were victims of nonsurgical loss, as a result of congenital factors, disease, frostbite, and accidents (Kirkup, 2007).

In "A Treatise on Amputations of the Extremities and their Complications of 1885" Watson presents experiences during the American Civil War of 1861-1866 and later in Jersey



City where more railroads terminated than in any other American City. It was wheels that remained a significant cause of traumatic amputations.

The study of combat amputation, dissociation, and related posttraumatic stress mostly began with the work of 19th-century Philadelphia physician Silas Weir Mitchell, who brought attention to the phenomenon of phantom limb pain. (Bonnar-White, Yep, & Hetzel-Riggin, 2015). Research by Stansbury, Branstetter, and Lalliss (2007) focused on experiences of veterans of combat. However, Williamson et al. (1994) argued, that little attention was paid to amputees as a specific subgroup of disabled persons regarding understanding their psychological adjustment to their disability.

Other research addressed assessing functional post-amputation outcomes and use of prosthetic devices (Dillingham, Pezzin, MacKenzie, & Burgess, 2001; Esquenazi, 2004; MacKenzie et al., 2004; Penn- Barwell, 2011), comparing physical outcomes following amputation or salvage of damaged limbs, assessing changes in the rate of amputation within military contexts (Islinger, Kuklo, & McHale, 2000; Stansbury, Lalliss, Branstetter, Bagg, & Holcomb, 2008), and assessing the phenomenon and treatment of phantom limb pain (Russell, 2008). Mental health outcomes were also of great concern in the context of violent physical trauma, mainly as they interact with processes of rehabilitation and post-amputation; and reintegration into community settings (Melcer, Walker, Galarneau, Belnap, & Konoske, 2010; Phelps, Williams, Raichle, Turner, & Ehde, 2008).

Empirical studies have suggested differences in mental health outcomes between patients recovering from amputations and those recovering from limb reconstruction (Ferguson, Sperber Richie, & Gomez, 2004) and between patients experiencing upper versus lower limb amputation (Cheung, Alvaro, & Colotla, 2003). They reported that patients who sustained hand injuries

where more vulnerable to psychological and adjustment difficulties; primarily because of the significant role of the hand in self-care. Research which compared between participants coping with amputation following a planned surgical amputation versus an accidental injury (Cavanagh, Shin, Karamouz, & Rauch, 2006; Kratz et al., 2010); reported that participants who had a planned surgical amputation were less likely to develop post-traumatic stress disorder (PTSD), than who experienced an amputation resulting from accidental injuries.

### Traumatic Amputation

Indications for amputation in natural disasters are not the same compared to daily practice (Rigal, 2012). Traumatic injuries often occur without warning and the injury may leave the individual with long-term physical and psychological disabilities. An amputation is performed in the field hospitals or at the scenes of disaster as result in a traumatic event. The amputation occurs for the primary purpose of saving patients' lives when no delay or transfer is possible (Wolfson, 2012).

Trauma accounts for 16% of the global burden of disease (Melcer et al., 2010). This may be an underestimate given that 90% of injuries occur in low or middle-income countries. Natural disasters result in significant mortality, morbidity, and disability due to high numbers of traumatic injuries that severe impact the health of the injured population and the overall health system of the affected country (Reinhardt et al., 2011). The management of natural disasters, coordination of services from short-term lifesaving measures to long-term rehabilitation services and follow-up is very important to ensure the continuity of care and better outcomes, (Chu et al., 2011). In the recent Haitian earthquake, more than 50 % of the injuries were to extremities and a high percentage of those were crush injuries. (Wolfson, 2012). Mass casualties from recent natural, military, and terrorist disasters present a serious treatment challenge to civilian medical

communities all over the world. Research studies (Redmond et al., 2011; Chu et al., 2011); reveal that 1200 to 1500 traumatic amputations were performed in the days and up to 5 weeks after the earthquake. Earthquake preparedness planning for densely populated areas in resource-limited, settings such as Haiti, should account for injury-related medical, surgical, and rehabilitation needs that must be met immediately after the event and during the recovery phase, when altered physical and social environments can contribute to a continued elevated need for inpatient management of injuries. (Morbidity & Mortality Weekly Report [MMWR], 2011).

Haitians struggle with multiple societal forces ranging from unstable political issues and governmental disruptions, to lack of healthcare access, and environmental issues. Prior to the devastating earthquake, Haitian healthcare infrastructure was under resourced. Addressing the social determinants of health as well as other factors such as poverty, unequal access to healthcare, lack of education, stigma, and racism provide a greater understanding of how the social determinants affect the health of populations. Nurses must learn how best to understand and recognize the effects of poverty, economic inequities, stress, social exclusions and job insecurity within populations, especially with those who are medically underserved and most vulnerable, (cited in Nickitas & Frederickson, 2015).

The 2010 earthquake have left an untold number of devastating injuries for Haitians and have worsened the conditions of those who were living with disabilities. (Iezzoni & Ronan, 2010). Before the earthquake, Haiti was not equipped to care for the estimated 800,000 disabled living in Haiti (WHO, 2010). It is rare for people in Haiti to discuss disabilities whether acquired or lifelong. Disabilities are thought of as mysterious and dangerous. Typically, disabilities are perceived as having origins in the interaction of the natural and supernatural worlds, rather than being a medical issue (Jacobson, 2008).

Three research studies (Grech, & Debono, 2014; Ligthelm, & Wright, 2014; & Norlyk, Martinsen, & Kjaer-Petersen, 2013) were noted to investigate the lived experience of losing a limb. Understanding their lived experience may help better understand as to how best to help and treat those affected. While efforts are underway to improve the care by government agencies; contextual factors described by WHO, such negative attitudes and cultural perceptions of people with disabilities, also limit the provision of quality healthcare to the disabled of Haiti.

### Theoretical Context

The purpose of this research study was to provide a phenomenological description of Haitian adults' experience of traumatic amputation. A qualitative method was best suited for this research. The study is 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.

### Roy Adaptation Model

The Roy Adaptation Model describes the person as an adaptive system responding to stimuli that initiate a coping process. This process ultimately has an effect on behavior, leading to responses that are either adaptive or ineffective (Roy, 2009). This is an appropriate model for this study, as it provides a holistic perspective of the person. Roy posits that the ability for individuals to successfully adapt to environmental stimuli leads to optimal health and well-being (Roy, 1989). Roy and Andrews (1999) describe that the way in which individuals cope with life events is impacted by either innate or acquired ways of interacting with their changing environments. According to Roy (1989), individuals respond to a constantly changing environment in two ways. The first way is through instinctive physiological processes, known as

regulator coping mechanisms, whereby the person responds automatically without the need for thought. The second way in which the individual copes or adapts is through the cognator mechanism. This mechanism includes psychological and social coping processes requiring the person to respond to stimuli through cognitive and emotional pathways such as learning and judgment (Roy & Andrews, 1999). This notion therefore shifts the sole impetus for adaptation from the individual level to the broader sociocultural contexts in which an individual is situated. According to Roy and Andrews (1999), innate coping processes are genetically determined and automatic, while acquired coping processes are learned strategies for managing environmental stimuli. Further, the concept of coping includes two individual coping dimensions: the regulator coping subsystem (i.e., the body's automatic neural, chemical, and endocrine response to stress), and the cognator coping subsystem (i.e., the individual's cognitive-emotive coping resources comprising judgment, perceptual and information processing, learning, and emotion) (Roy & Andrews, 1999). The Roy Adaptation Model divides the environment into focal, contextual, and residual stimuli (Roy & Andrews, 1999).

Roy's model contains four adaptive modes, in which individuals' behaviors, in response to coping activities, can be observed (Roy, 1989). These adaptive modes include: Physiological/Physical Mode, Self-Concept Mode, Role Function Mode, and Interdependence Mode. The Physiological Mode pertains to the individual level and is the sum of all physical and chemical processes involved in the functions and activities of a living organism (Roy, 1989; Roy & Andrews, 1999). Roy's second dimension, the Self-Concept Mode, is the composite of the beliefs and feelings an individual possesses about him or herself at a given time. The third dimension, Role Function Mode, focuses on the roles that the individual occupies in society. Finally, the fourth dimension, Interdependence Mode, pertains to the giving and receiving of

love, respect, and value (Roy, 1989; Roy & Andrews, 1999). Within the Roy adaptation model, the goal of nursing is to promote and maintain patient adaptation during their difficult time.

### Experiential Context

My interest in the phenomenology is a direct result of my clinical work as a registered professional nurse. As a nurse leader and clinician, I have seen the impact of how traumatic injuries that result in amputation can cause pain and suffering. This human suffering is further exacerbated in low-resource and high poverty countries such as Haiti. The physical and emotional trauma may often be overwhelming. I have travelled to Haiti on numerous medical and humanitarian missions. I frequently noted the difficulties that the people faced in obtaining healthcare. They often have to walk long distances, not being able to afford the recommended treatments or medications.

I recall in 2010 when I travelled to Haiti, and I severely injured my right knee. This injury caused me to board a flight home for treatment. I spent most of the night and the next day in the emergency room undergoing various examinations to assess the level of my injury. I laid in the emergency room, feeling self-consumed as to what had happened. Suddenly news alerts flashed on the television that a devastating earthquake had struck Haiti, classified as one of the worst earthquakes to hit the region in over 200 years (The New York Times, 2010).

I laid in shock, no longer remembering my pain, feeling extraordinarily blessed and saddened all at the same time. Several questions swirled around in my head. Unable to reach anyone in Haiti by phone, I feared the worst. News of Port-au-Prince, the capital, being in ruins with thousands of people trapped in the rubble throughout the city. Houses, schools, foreign offices, hospitals, churches, prisons, and shantytowns had all collapsed in complete devastation. The United Nations estimated that the earthquake destroyed 105,000 houses and damaged 208

thousand others. The death toll was reported to be in the high 300,000's by Haiti's president Rene Preval.

I was left wondering about the impact of these physical devastations on the people of Haiti. It was truly overwhelming; I pondered of the significant contrast between my situation and what the Haitian people were facing. While I was able to have ready access to state-of-the-art healthcare, that is not the case for the population of those in my home country. This study seeks to probe the implications of traumatic limb loss through an understanding of the lived experience of being disabled. The result of the 2010 earthquake in Haiti may have a profound impact on all healthcare professionals. The study findings may help to inform, educate or provide appropriate programs that are specific for those who experienced traumatic injury resulting in an amputation. More importantly, it may give a voice to those who have been affected.

#### Summary of the Chapter

In Chapter two, the evolution of the study was discussed in the historical, experiential, and theoretical contexts. An explanation of the methodology was presented, as well as how it supports the research study of the lived experience of traumatic amputation as experienced by Haitian adults. The phenomenological approach provides an opportunity for the researcher to uncover the meaning of the experience as the participants lived it. In chapter three a description of the methodology is presented including a discussion on the rationale for selection and background of the research method.

### **CHAPTER III: PHENOMENOLOGICAL METHODOLOGY**

The purpose of this chapter is to describe the methodology to uncover the meaning of traumatic amputation. Included in this section are a description of the research method, background, rationale for the selection and chapter summary.

#### **Phenomenology**

To fully understand the phenomena of traumatic amputation the researcher discovers the meaning of the lived experience. Phenomenology is the study of phenomena, unique experiences, and the implications of those experiences as the participant lives them in a specific context (Lopez & Willis, 2004). Phenomenology is the most appropriate methodology for this study as it allows the researcher to study human experiences and allows participants to give an account of the phenomenon in the way things appear to him or her (Sokolowski, 2008).

Traumatic amputation is articulated from the experiences of Haitian adults' lived experiences as it appeared to each of them and understood within the context of the formal structures of phenomenology.

All human experiences originate in the everyday lived experience (the life-world). Husserl (1913/1982, 1923/1970) is credited as the founder of modern phenomenological philosophy. He claimed that the life-world, every day lived experience takes place, was a priori of cultural institutions, including science, and one interested in studying such unsophisticated experiences may interrogate experiences in the life-world to access them as living. Phenomenology is defined as the study of a phenomenon precisely as it is experienced (Giorgi, 2010). However, to study a phenomenon just as another person experiences it, the researcher must put aside (bracket) all of his or her previous knowledge about it to capture the present instance as faithfully as possible (Husserl, 1913/1982, 1923/1970; Giorgi, 2010). Therefore, I



must bracket insights gained from past literature regarding traumatic amputation, as well as the experiences of Haitian adults, along with my own experiences as a Haitian; if I am to discover the concrete descriptions of the phenomenon of traumatic injury as other adults experience it. An essential aspect of the phenomenological analysis is that the researcher must withhold existential affirmation, meaning one does not claim that the phenomenon exists as the researcher experiences it. Instead, the focus is on how the participants in the study experience it. Giorgi (2010) writes,

in the phenomenological attitude, where care and precision matter, one should separate the act of perceiving from the act of positing and systematically consider what is presented in the act of seeing. One can always posit later if it is called for. The withholding of the positing leaves us with presences, not existences (p. 90-91)

Giorgi (2010) explains that Husserl conceived phenomenology as a “descriptive science based upon intuitions of concrete givens ... those following a phenomenological procedure have to intuit (in a phenomenological sense, ‘be present to’) all of the concrete manifestations of experiential phenomena, and they have to be carefully described” (p. 77).

An important distinction between the descriptive phenomenological psychological method and other methods of research, including different phenomenological approaches, is that of *description* versus *interpretation*. If we consider that to interpret means that we are closing an existing gap in our understanding of a lived experience by bringing in some arbitrary non-given factor, then a description is a clarification of a lived experience precisely as it is experienced, including gaps, if they are there (Giorgi, 2010). The descriptive phenomenological approach neither adds to nor takes away from what is given to consciousness, regardless of how it presents itself (Giorgi, 2010, p. 78).

“The goal of phenomenology is to reach the essence, or invariant structure, of the phenomenon.” The structure arrived at in Giorgi’s (2010) method is made up of a constituent, which is themselves context-dependent and, therefore, cannot stand on their own.

If a constituent is lost, the essence is lost, or it is transformed into another essence that represents the structure of another phenomenon. Giorgi (2010) states “that a psychological “essence is the most invariant meaning for a context” (p. 242).

In the descriptive phenomenological psychological method (Giorgi, 2010), the researcher must bracket previous knowledge and suspend existential affirmation. This particular attitude is necessary to discover and discriminate the psychological lived meanings contained in the data. Thus, phenomenological method, as employed in this study, operates within the context of discovery, aiming to uncover the relevant psychological meanings that comprise the experience. This technique is contrasted against the quantitative hypothetical-deductive paradigm used in psychology, which operates within the context of verification and attempts to match a hypothesis or theory within the data collected through a process of verification (Giorgi, 2010).

For the purpose of this study bracketing was done using the following:

1. Under assumptions and biases, I addressed my connections and beliefs about Haiti
2. In chapter two I made clear my biases and my beliefs by making explicit my experiences through the section on experiential context
3. I maintained a journal about my impressions, thoughts and feelings about the topic and about the participants following the interviews so that I was aware of my potential biases during the interviews

Some psychologists contend that qualitative methods of research do not meet the criteria of scientific inquiry. However, Giorgi (2010) argues that a researcher utilizing a qualitative

approach such as his phenomenological psychological descriptive method claims scientific inquiry is knowledge obtained gained by meeting methodical, systematic, critical criteria as well as claiming general and intersubjective status.

The question that this study required a qualitative method as it seeks to examine the phenomenon of traumatic amputation as experienced by Haitian adults. Whenever the question, “What is it like?” is put to a phenomenon, a qualitative method seeks to understand how a certain phenomenon is lived through (or “suffered” in the old English sense of the term). While any of several qualitative methods could have been used, I chose the phenomenological psychological approaches because of its rigorous and comprehensive prescriptions with a clear grounding in the phenomenological philosophy of Husserl. Moreover, it claims to uncover general, intersubjective findings rather than speculative theories or interpretations that may contain arbitrary assumptions (Husserl, 1913/1982, 1923/1970).

#### Rationale for Selection

As there was no known available research conducted regarding the lived experience of traumatic amputation/traumatic limb loss of Haitian adults as a result from exposure to the 2010 Haiti earthquake; there was a need for the present research study. The rationale for selecting the phenomenological method was based on the belief that it was the best method to examine the meaning of traumatic amputation for Haitian adults. Choosing this method of research facilitated the researcher’s ability to better understand the lived experience of the participants from their perspective. This research method may shed light on the lived experience of Haitian Adults’ expertise of traumatic amputation.

## Background of Method

### *Edmund Husserl*

Phenomenology was founded by the German philosopher and mathematician Edmund Husserl, who believed phenomenology, was the basis for human knowledge. Husserl's goal was to develop a method that analyzed consciousness through which philosophy could become a strong science (Polifroni & Welch, 1999). He examined actual phenomena and problems as they exist and are described by humans, as opposed to natural sciences that began with theories of phenomena and problems (Polifroni & Welch, 1999).

Husserl philosophized that in transcendental phenomenology the order of knowledge acquisition moved from “intrinsically earlier to intrinsically later” following a line of knowledge advancement that has a “basis in the nature of the thing themselves” (Husserl, 1999/1950, p. 12). Husserl felt in order to possess “apodicticity” or what is known to be indisputable truth; the researcher must be totally immersed in the experiences of the subject following the line of acquired knowledge of the subject (Husserl, 1999/1950). Husserl introduced the idea that in order to be totally immersed in the phenomenon, the researcher must “put out of play” all positions taken toward the already given objective world, which Husserl termed “phenomenological epoch” (Husserl, 1999/1950, p. 20), in other words suspend prior knowledge of the subject to acquire the truth as revealed by the subject.

Phenomenological epoche is the “neutralizing of natural intentions that must occur when we contemplate those intentions” (Sokolowski, 2008, p. 49). In essence, epoche is the suspension of all previous beliefs and judgments about apodictic knowledge and is the “universal method by which I apprehend myself purely... in that I experience it, perceive it” (Husserl, 1999/1950, p. 21). This approach to obtaining knowledge is termed “bracketing”, where the researcher

suspends personal beliefs while becoming immersed in the being of the phenomenon (Sokolowski, 2008).

### *Martin Heidegger*

The word *hermeneutics* is derived from the Greek word *hermeneia*, meaning to express, interpret, and translate (Polifroni & Welch, 1999). Hermeneutics is “concerned with understanding everything cast in language” (Gadamer, 2004/1975, p. 194). It was originally used as a systematic, historical, and critical scientific method specific for the interpretation of theological and philosophical work (Polifroni & Welch, 1999, p. 236). Martin Heidegger defined hermeneutics as “an interpretation of Dasein’s being” where the phenomenological description is based in the interpretation of being (Heidegger, 1962/1927, p. 62).

Martin Heidegger expounded on the work of other philosophers before him, in particular Edmund Husserl’s work in phenomenology. Heidegger took Husserl’s proposition of transcendental reduction (epoche) a step further, stating that *being* is the manifestation of *being* itself. In other words, the phenomenon presents itself as a whole entity, both subject and object, where the two cannot be separated, and must be understood as it makes sense to the researcher; he termed this understanding of being as “Daesin” (Heidegger, 1962/1927). From Heidegger’s point of view, Daesin should be interpreted, and therefore phenomenology should be interpretive to “offer insight not just by exhibiting what is already self-evident in awareness, but by drawing out, eliciting, uncovering what lies hidden or buried in and around whatever manifests itself openly in the world” (Heidegger, 1962/1927, p. XVIII).

The Daesin of the caring presence phenomenon will be unfolded in the experiences of nursing faculty and nursing students. Because this approach allows the phenomenon to present itself as the whole of caring presence, the interpretation of the essences and themes that are

revealed may make the characteristics more definitive, and the phenomenon will show itself as itself (Heidegger, 1962/1927).

### *Maurice Merleau-Ponty*

French philosopher Maurice Merleau-Ponty was influenced by the work of both Husserl and Heidegger. Merleau-Ponty believed that phenomenology was both a philosophy of essences as described by Husserl and a philosophy of existences as described by Heidegger. He accepted Husserl's position of reduction or rigorous bracketing, and accepted Heidegger's assertion that phenomenology was a philosophy for the world that was always already present. Merleau-Ponty believed that rigorous bracketing may make one prone to error and that it was possible to commit what he termed "the experience error" whereby the researcher accepts previous knowledge of the phenomenon as the *being* of the phenomenon.

Merleau-Ponty viewed phenomenology as a disclosure of the world, resting on itself, and providing its own foundation. Because of this he believed one could not separate the human being from the world and that man's experiences were a culmination of his truths and perceptions as he lived in his world. He stated, "man (sic) is in the world and only in the world does he know himself. Merleau-Ponty's philosophical beliefs of phenomenology cause him to embrace the philosophical assertions of both Husserl and Heidegger. In *Phenomenology of Perception* (2010/1945) he explained that although bracketing or reduction is important, we must not forget that we are a part of the world. Therefore, it is just as important to interpret the world as it is to access the truth of our being. He believed phenomenology is not the reflection of a pre-existing truth, but like art, the act, of bringing the truth into being".

### *Amedeo Giorgi*

Amedeo Giorgi's (2010) descriptive phenomenological method of analysis was used to for the analysis of this study. This descriptive method developed by Amedeo Giorgi is a modified Husserlian method rooted in the foundation of German phenomenological philosopher Edmund Husserl. The Husserlian approach requires the adaptation of a phenomenological attitude in which all is viewed from the perspective of consciousness. "to look at all objects from the perspective of how they are experienced regardless of whether or not they actually are the way they are being experienced." (Giorgi, 2010, p. 87-88).

Giorgi's descriptive phenomenological research methodology provides a framework for examining experiences within human science in a more complete and valid manner (Giorgi, 2010). Giorgi has created a scientific method that allows the researcher to follow a four-step process to arrive at a psychological description of the phenomenon studied. The process begins with the participants being asked to describe an event.

### Chapter Summary

In chapter three the research methodology, background and rationale for selection have been addressed. In chapter four the methodology applied will be discussed. This includes the research approach, protection of human rights, the study sample, selection of the participants, data collection procedures, data storage, data analysis, rigor and chapter summary.

## **CHAPTER IV: METHODOLOGY APPLIED**

The purpose of this chapter is to describe the application of the methodology that was used to uncover the meaning of traumatic amputation. In this section the implementation of the method is discussed; this includes the research approach, protection of human rights, selection of the participants, the study sample, data collection procedures, data storage, data analysis, rigor and chapter summary.

### **Research Activities**

For this research study a qualitative descriptive phenomenological research approach was used. This method allowed the researcher to understand how the participants lived through a certain phenomenon. According to Giorgi (2010), three descriptions taken from three participants offer the possibility of establishing a typical psychological essence of a phenomenon. In the descriptive phenomenological psychological method, depth is required for results to be significant. Giorgi asserts that an in-depth study, by its very nature, includes many more variations than the number of participants would indicate due to multiple expressions from the participants.

### **Protection of Human Rights**

In any research study involving human participants, concern for their safety and well-being is essential. Human subjects were protected from harm or abuse as a result of research. The detailed proposal of the study was provided to the City University of New York Institutional Review Board (CUNY IRB) guidelines at Hunter College through IDEATE. The following documentation was provided to the CUNY IRB: research proposal, methodology, and consents in English, French and Haitian Creole. The research plan included measures to assure confidentiality, informed consent and ways in which volunteers can decline to participate or end



their participation and maintenance of participant confidentiality. Hunter College Institutional Review Board (IRB) was obtained prior to the start of the study.

The participants' demographic data remained confidential; participant names were changed during the analysis period. The researcher made every effort to maintain each participant's identity confidential. All research data was maintained in a locked cabinet and audio recordings were on a password enabled device.

Although a descriptive phenomenological psychological study is designed in such a way that there are minimal risks, however, it could be possible that by reflecting upon the 2010 earthquake in relation to one's experience of losing a limb, the participant may feel a level of discomfort. If this occurs, the researcher may refer the participant to a licensed clinical psychologist for further support. The participants may have a positive experience when given an opportunity to tell of their experience of losing a limb. It may be integral to the way the participant identifies him or herself in the world. This research study may also provide an opportunity for the participants, to honor themselves in storytelling.

### Sample Selection

The researcher traveled to Haiti for recruitment of participants and conducted the participant interviews. Potential participants were recruited in Haiti through referrals, flyer postings, and informational sessions. Participants were also recruited through snowball referral. Participants contacted the researcher by telephone or in person to indicate their interest in the study interview.

### Sample

Ten potential participants contacted the researcher or were referred by participant number one (Vera). The final sample consisted of eight adult Haitian residents (two of the potential participants did not fit the inclusion criteria, as their amputations occurred as a result of motor

vehicle accidents after the 2010 earthquake); who were injured during the 2010 earthquake and subsequently sustained a leg or foot amputation. Even though the researcher sought both male and female participants; all of the participants were female, identified as black, and spoke Haitian Creole. Four had some secondary school education, and two had attended and one graduated from a university, professional or trade program. Half of the participants were single or never married and the other half reported they were living in a common-law relationship (but referred to their partner as their husband). Half of participants did not have any children. At the time they were interviewed, most (n=7) were living with family, only one was renting a home, and none were homeowners. Only two participants were employed and four reported receiving financial support from friends. Table 2 delineates participant demographic information.

Table 1. Demographics Data of Participant (n=8)

	N	%
<b>Gender</b>		
Female	8	100
<b>Age (years)</b>		
19-29	2	25
30-39	4	50
40-49	2	25
<b>Race</b>		
Black	8	100
<b>Amputation type</b>		
Right leg	3	37.5
Left leg	3	37.5
Right foot	1	12.5
Left foot	1	12.5
<b>Children</b>		
0	4	50

3	2	25
4	1	12.5
6	1	12.5
<b>Marital status</b>		
Single	4	50
Common law relations	4	50
<b>Living arrangement</b>		
Living independently (renting)	1	12.5
Living with family	7	87.5
<b>Education</b>		
None	1	12.5
Some primary school	1	12.5
Primary school graduate	1	12.5
Some secondary school	4	50
Secondary school graduate	1	12.5
<b>Source of income</b>		
Employed	2	25
None (support from family)	4	50
None (support from friends)	1	12.5
None (support from family and friends)	1	12.5
<b>Fluency</b>		
Haitian Creole	8	100
<b>Literacy</b>		
Proficient in Haitian Creole	6	75
Minimal proficiency in Haitian Creole	1	12.5
Illiterate in Haitian Creole	1	12.5

#### Research Setting

During August of 2017 interviews were conducted at Grace Children's Hospital in Port-

au-Prince, Haiti. All interviews took place in a private office and were one on one between the Principal Investigator (PI) and participant. With the permission of participants, interviews were audio recorded. Interviews were conducted in Haitian Creole and each lasted for approximately 45 minutes.

### Data Collection

For this research study recruitment flyers were posted at Grace Children's Hospital and two local churches. Participants contacted the researcher or were referred for the study. The researcher contacted and met with each potential participant. Participants who did not meet the inclusion criteria were thanked for their interest in the study. Interview dates, time and location were discussed with participants who met the inclusion criteria. They were also informed by the Principal Investigator about the research study purpose, data collection procedure, review of the informed consent, voluntary participation and the ability to withdraw without penalty. Participants were asked to complete a demographic form and to sign an informed consent form before the first interview. The researcher was available to review the informed consent form with the participant and answer any questions or concerns that arose from the participant.

Upon satisfying the selection criteria, each participant was scheduled for two 30- 60-minute interviews with the researcher each to be no more than two weeks apart. At this point, the researcher again notified the participant that two in-depth interviews will be audio-recorded lasting approximately 30-60 minutes each and will be conducted on two separate occasions. The interviews were audio-recorded and transcribed by the researcher.

Research examining the lived experience of Haitian adults who have had traumatic amputation is consistent with phenomenological research approach. At the start of this dissertation study, a primary question was considered: "What is the lived experience of Haitian

adults who were exposed to a traumatic amputation. To address the above questions, I began each interview with the following request, as delineated by the open-ended format of the descriptive phenomenological psychological method (Giorgi, 2010): “Please describe your experience of losing a limb?” This open-ended format was designed to allow for the lived experience of traumatic amputation in relation to the 2010 Haiti earthquake to emerge from within the participant’s consciousness. At the first interview, the participant was asked to fill out a demographic form and then interviewed.

The second interview was a follow-up interview and timed to allow participants the opportunity to reflect on the first interview. Participants were asked, “Is there anything you would like to add to your description of losing a limb?”

Confidentiality was assured; interviews took place in a private setting. Participant names and demographic information were only available to the researcher. Each participant transcript was assigned a code known only to the researcher. If any participant voices concern about their physical or mental health, as the result of the interviews, they may be referred to a mental health professional. However, none of the participants of the research study required a referral. Participants were interviewed until saturation was reached. Saturation was reached at five participants; however, eight participants were interviewed for the research study. The eight transcripts, which provided the raw data, provided ample data for appropriate analysis. Each of the eight participants recruited satisfied the following selection criteria:

1. Participants must have been born and raised in Haiti.
2. Participants must be 18 years of age or older.
3. Participants must be free of diagnoses of dementia or brain injury.
4. Participants must have experienced a traumatic amputation due to exposure to the

2010 Haiti earthquake.

5. Participants must have been able to participate in two audio- recorded in-person interviews.

Table 2. Traumatic Limb Loss of Study Participants

<b>Participant</b>	<b>Limb Loss</b>
<b>P-1 Vera</b>	Left Leg Amputation
<b>P-2 Therese</b>	Left Foot Amputation
<b>P-3 Marie</b>	Right Leg Amputation
<b>P-4 Anne</b>	Right Foot Amputation
<b>P-5 Carole</b>	Right Leg Amputation
<b>P-6 Sara</b>	Right Leg Amputation
<b>P-7 Magaly</b>	Left Leg Amputation
<b>P-8 Evelyne</b>	Left Leg Amputation

#### Data Storage

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.

#### Data Analysis

Upon completion of the interviews, the researcher transcribed the recording, verbatim. Analysis of the transcriptions then commenced. Giorgi (2010) describes his method as being scientific and responding "to a synthesis of philosophical phenomenology, a human science perspective, and psychology" (p. 94). Thus, Giorgi has created a scientific method that allows the researcher to follow a four-step process to arrive at a psychological description of the

phenomenon studied.

First, the researcher reads the participants' transcribed description of the phenomenon several times in its entirety to establish a sense of the whole. The researcher does this because the descriptive phenomenological psychological method is a holistic approach to inquiry (Giorgi, 2010). I did this by reading the verbatim transcripts and listened to the audio-recorded interviews several times in an effort to maintain the integrity of the study.

Second, the researcher delineates meaning units, defined as points in the description where the researcher perceives that the psychological meaning changes or shifts for the participant. This shift in meaning is according to general psychology or, in more specific cases, according to a particular theoretical perspective. This step is mostly a practical one designed to aid the researcher in handling the analysis of a long description. I did this by using color codes to identify the meaning changes. Further, reading the transcripts several times to establish accuracy of the meaning changes identified.

Third, the researcher transforms the meaning units first into a more expanded language, finding different words that have the same meaning, and then into language that more directly expresses the psychological content in the description. The researcher does this while bracketing his or her own biases and previous knowledge of the phenomenon being described. This allows the implicit and explicit meanings of the phenomenon to surface. It is critical at this stage of the data analysis to stay in the realm of description and not to reduce the participant's lived experience of the phenomenon under investigation to an interpretation of the experience. To establish this third step, I made sure to bracket any previous knowledge and maintaining a relationship to the phenomenon of study.

Fourth, the researcher discovers the general structure of the phenomenon and it's

supporting context-dependent constituents to determine the invariant meaning. Thus, the structure of the phenomenon evolves as it presents itself to the consciousness of the researcher. As it emerges, it is intuited, imaginatively varied, re-intuited, and then described. If a general structure does not grow out of the analysis of all participants' descriptions of the phenomenon studied, then the researcher is required to write a situated structure for each participant's description. Additionally, if variations emerge across the constituents, the researcher must recognize them as different types (Giorgi, 2010). This final step of the research activity was accomplished by my attempt to present the lived experiences of the eight Haitian adult women who shared their experiences of losing a limb.

### Rigor

Rigor is demonstrated in a qualitative research study with extensive data collection, multiple levels of data analysis, reduction of narrower themes towards broader themes and validation of the accuracy of the personal accounts of the participants (Creswell, 2007). Burns & Grove (2011) further stated "Rigor is valued because the findings of rigorous studies are seen as being more credible and of greater worth." To maintain rigor the researcher remained open-minded during the interviews and followed the methodological process for analysis. The researcher showed that biases were bracketed by maintaining reflective journals for self-reflection. Feedback was also requested and obtained from the committee chair and qualitative research expert.

### Summary of Chapter

In chapter four a description of the application of the methodology that was used to uncover the meaning of traumatic amputation was discussed. This chapter also discussed the application of the methodology; the research approach, the study sample, selection of the



participants, protection of human rights, data collection procedures, data storage, data analysis, rigor and chapter summary. Chapter five presents the study findings.

## CHAPTER V: STUDY FINDINGS

### Research Setting and Participant Profiles

This chapter provides an overview of findings from a series of qualitative interviews with Haitian adults who have experienced limb loss resulting from injuries sustained during the January 12, 2010 Haiti earthquake.

For this research study, a total of eight female Haitian adults were interviewed, (n=8). All the participants met the inclusion criteria for the study. Six of the participants (n=6) contacted the researcher after seeing the recruitment flyer posted at Grace Children's Hospital. The remaining participants (seven and eight), were referred by participant number one (Vera). All of the interviews took place in a private room at Grace Children's Hospital.

The interviews were on a one to one basis between the researcher and the participant. I transcribed verbatim each of the interviews and reflected upon each several times to become familiar with the meaning of the experience for each of the participants. With each participant's permission, I also took notes which described observations about the participants during each interview.

### Participant Experiences

#### *Participant number One – Vera*

I met with Vera in a private room at the Grace Children's Hospital. Vera's left leg was amputated. The interview started by me reminding Vera of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. Vera sat comfortably in a chair across from me and acknowledged that she was ready to start the interview. She began by describing the event of her leg amputation; she stated "*The leg I lost, during the January 12 earthquake; I was running and I fell. When I fell my knee twisted. The*

*knee was always giving me problems and I was following up with the doctor for a very long time. It was giving me problems. I reached a point when the doctor told me that there was nothing else that could be done for me and that the leg had to be cut; it's been three years. My leg was cut in 2014, it was cut September 9th, 2014.*” Vera remained silent for a few seconds. I sat quietly and gave her time to collect her thoughts. I asked if there was anything else she would like to tell me about her experience of losing your leg? Vera further stated “*My experience, when I stay and worry because I can't do anything, I end up just sitting. My kids are getting older, growing up in front of me and I can't do anything for them. Even when they are telling me not to worry I don't feel well about that. And when you see your children sitting around, and you see that you were the one that was taking care of your children; I would be getting up at 4 in the morning, going to the market to sell, to be useful and provide for your children and now you see you are just sitting and not able to help them; you don't feel good.*” Her eyes and face appeared very emotional as she recalled the experience of losing her limb. We both sat quietly for a moment and then Vera added; “*Well what I would like to add is that if I could find someone who could give me some aide, I would start a business; but I don't have money, I don't have in my hand. Because even if I would sit on the sidewalk, I would look for something to do. Because when I sit and I'm not doing anything, just sitting and thinking. I have Diabetes, sitting and thinking doesn't help me. That's' what I wanted to add.*” The interview lasted about 45 minutes; I thanked Vera again for participating in my research study and walked with her to the door. I looked over the notes that I had written and included them in a sealed envelope with all of the interview documents.

#### *Participant number Two – Therese*

I met with Therese in a private room at the Grace Children's Hospital. The interview started by me reminding Therese of the purpose of the study, that our conversation would be

audio-recorded, and I would also be taking some notes as she spoke. Therese sat in a chair across from me acknowledged that she understood and was ready to begin the interview. Therese's left foot was amputated due to an infection. Her foot was crushed when a portion of the house that she was running out of fell on her. Initially Therese appeared somewhat nervous but became more relaxed as she described her experience that led to her foot being amputated. During the earthquake she was at a friend's house. She stated *"During the day of the earthquake, I was at a friend's house, she has a child and she went to work. She had some clothes on the top of the house. I went to get the clothes for her and that's when the earthquake took place. I was running down the steps and when I got to the last steps the house started falling and both of my feet got caught, and I couldn't get out. People came to get me out, the whole house came down! The whole house came down. When I was helped out my leg was completely crushed. It was nighttime, I was in a lot of pain. I tried to get some sleep. The next day they took me to the hospital. They just bandaged it and gave me a shot. And on Thursday I went to another hospital, the foot became infected and they cut it. Since then I have been living with my sister."* My interview with Therese lasted forty minutes, she was strong and insisted that I make sure to tell her story. I thanked Therese again for her participation. I gathered my notes and secured them with her other interview documents and placed them in a sealed envelope.

#### *Participant number Three – Marie*

I met with Marie in a private room at the Grace Children's Hospital. The interview started by me reminding Marie of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. Marie sat in a chair across from me, I thanked her for agreeing to participate in my research. I asked her if she understood or had any questions before we started. Marie was very eager to describe her experience that

lead to the amputation of her right leg. Her eyes opened widely as she spoke: “Yes, *the day of January 12 I was in school, and the class was working, we had a professor that time. And around 4:54 and we felt the ground trembling. And we didn't understand anything because we are not use to these kind of things. We remained seated and it's when we looked at the other side of the school, we saw it fall down. When it fell we started yelling! The house started to drop with us! We were screaming! We were screaming! And we were attempting to get out! We ran in a mass! Passing over each other. And it was while we were running as a mass; the wall of the school came towards us and fell on top of four of us. And when it fell on the four of us, it was only me that didn't die, the other three died. And it was the people; that came to remove the people and look through the rubble; some were looking for their family members; at that time I was barely breathing, they broke the part of the wall that fell on us, and they took me and went to the hospital with me. When I got to the hospital the leg was so badly mangled they had to cut it. They had to cut the leg.*” She continued to describe the lack of communication or interaction between the healthcare teams and the patients that were being treated and further stated: “*They were just treating people, treating people! Treating people like that. To this day I don't know which hospital it was, all I know is that I was receiving treatment, receiving treatment. But at the time that they were providing treatments; there was really no dialogue, it was just provide treatment and leave, provide treatment and leave. Provide treatment and leave. Every day we saw a different doctor, you know. Every day we saw a different doctor; but there was really no dialogue. The pain, the suffering was extreme; there was no dialogue for me to ask where I was, which hospital I was at; there was no dialogue really. There just so much people, people on top of people. There was really no dialogue, just care to try to save people.*” Marie further spoke of the inability to accept what had happened to her. “*Living with a damage in Haiti is not easy. It*

*was one of the experiences that I lived in my life that was really hard! Because when you see that you are different from everyone else and others don't give you any value. This was really hard for us. To this day they are they (other people) are pretending (to give us value) but it's really not true". Marie spoke of the support that she received from her parents, teachers and classmates.*

When I asked her if there was anything else that she would like to add, Marie looked at the floor for a minute and then lifted her head to look at me and stated: *"What I would like to add is that for them (society) to see us differently. For them not to look at us the same way they looked at us after January 12. For them to see that all handicapped people in society have rights and a voice. They have the right to learn any trade or profession. But the site has to be accessible for all those who are handicapped, to be able to come. Accessibility is very important in Haiti.*

*Accessibility is very important; to schools, universities, hospitals, all that; they have to be accessible for all handicapped people to be able to come. They have to be accessible to all handicapped people. I want them to include us more in the society, to build more schools for handicapped people, more universities, more professional/trade schools; for all the handicapped to be able to benefit something in the country. Those who are handicapped certainly are not doing anything for sure; but we have to be helped as handicapped people in the country because we can do."* The interview with Marie lasted about one hour. Marie was a strong, vocal young woman who insisted that I remember everything that she had to say. I reminded her again that the interview was audio-recorded and would be transcribed verbatim. I thanked her for her participation and included my notes with her other interview documents in a sealed envelope.

#### *Participant number Four – Anne*

I met with Anne in a private room at the Grace Children's Hospital. The interview started

by me reminding the participant of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. Anne had no additional questions before starting the interview. Anne was home sick and caring for her niece when the earthquake occurred. Part of a wall fell on both of her legs as she tried to run out of the house. With both legs under the rubble she had to be helped out. Anne looked to the floor as she recalled her experience: *“The bed was shacking! I jumped up and got her; I held her like this. (Participant showing how she held her niece close to her body) and stood in front of the bed, I closed my eyes! I closed my eyes, I stood in front of the bed. While I closed my eyes, the house that was on top of us fell on us. But she didn't die! I held her (participant pointing to her chest and stomach), I didn't let her go! Then when I got up I found myself in front of the bed, with blocks on her head. They put a rod in one but this one I lost it all together. Now I'm living, with much humiliation to live, I come here (referring to the clinic). I went back to church, I started going to school, but I can't continue. I had received a charitable grant to go back to school to do my Reto, they paid for me, I went but I didn't pass. The reason I didn't pass was because I was crying more than I was studying! (Participant laughs) I didn't pass.”* Anne spoke of the support that she received from a friend to help her with school: *“I have a friend who found some aid for me to learn cosmetology; they said they would pay it for me. Now it was in Carrefour, I said I didn't have a problem. I did how I can, every day I found money for the tap tap. I didn't get discouraged, I always went until I finished the course; and I liked it! I found someone who paid it for me and I liked it. Thank God every now and then I find a little job.”* Anne also spoke of feeling different in her own family: *“Long time ago I use to feel discouraged. I use to say why I didn't die because of how I am living in the family. You became handicapped, you're not them. Not all of them! The sisters, not all of them! I really felt like my life was finished. Then when I*

*started seeing and walking others that were worse than me. I said oh there are others that are worse off than me! On the side; family, they've given me someplace to sleep, they don't leave me hungry but after that I don't have support."* The interview lasted about one hour; Anne did not have any additional questions. I thanked her for her participation and walked her to the door. I included my notes of the interview along with her other documents in a sealed envelope.

#### *Participant number Five – Carole*

I met with Carole in a private room at the Grace Children's Hospital. Carole was on her way home when the earthquake occurred. The interview started by me reminding Carole of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. She described her experience which led to the amputation of her right leg: *"Tuesday 12 of January, I was at work. I got out of work at 4:50 I was returning home. While I was returning home, while I was returning home. While I was returning home I felt a shake. While I felt the shake, when I felt the shake I stopped, when I stopped something told me to look up. When I lifted my eyes there was a wall that was next to me and I saw the wall coming apart to fall and I ran, I ran. When I regained consciousness, I found myself on the ground. People that were around me, under the wall; there were close to forty people. Out of the forty people I was the only one that survived. Even though I suffered, the leg wasn't cut. The leg wasn't cut right away. The leg had a little thread, a little vein that was holding it. The next day, I couldn't find a doctor that night. But for the prosthesis, for me to get the prosthesis, it was the doctors in Dechappeles L' Artibonite that gave it to me so that I can walk. They operated on me again. Because the leg was cut, was just cut, it wasn't something that they took time to cut it properly for me. When I reached the surgical doctors, they cut the leg properly for me. And that was when I suffered! A lot of sadness; a lot of turmoil that I went through."* We sat quietly for



about a minute as Carole gathered her thoughts and smiled. She said she was thankful for surviving. I asked her if there was anything else that she wanted to add. Carole spoke of the lack of support that she has experienced: *“Haiti they don't take care of people living with a handicap really. There are countries where you are living with a handicap; you are part of the society. In Haiti we're not like that, they like to underestimate people. The government doesn't provide care for people who are living with handicaps. We are really enduring something that is not good.”*

The interview lasted forty-five minutes. I thanked Carole for her participation in the research study and walked her to the door. I looked over my notes before adding them to the envelope which contained the other documents of Carole's interview. The envelope was then sealed for confidentiality.

#### *Participant number Six – Sara*

I met with Sara in a private room at the Grace Children's Hospital. The interview started by me reminding Sara of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. She described her experience which led to the amputation of her right leg. Sara was the youngest of the participants; she was 12 years old when the 2010 earthquake took place. She recalled being at a friend's house when the earthquake occurred. *“I was attending school during the evening, I had a little friend who would always come to my house but I never went to her house. The day of January 12 is the day I decided to go to her house. That same day I decided to go to her house and the earthquake happened while I was at her house. All of the people (referring to her friend and the friend's parents) died; except me that survived. While I was running I fell and the wall fell on my leg. And all of this leg (pointing to her stump)-was a victim. It's people in the area that came to help me. They pulled me from under the wall and they were going to the hospital. Nothing was*

*functioning that day at all. I went to the hospital January 17th. The day that I arrived was on the 17th of January there were no doctors. The next day on the 18th is when we found doctors and they cut the leg. They just cut the leg and gave me medications. I was hospitalized for two months. Only my mother was there with me from my family. I didn't get any help at all; to this day I never received any aide. We are beating water to make butter!"* The interview lasted forty minutes. I thanked Sara again for her participation in the research study. I walked her to the door and returned to the desk. I sat and reflected on the interview and added additional notes to the ones I had taken. The notes and Sara's interview documents were placed in a sealed envelope for securing confidentiality.

#### *Participant number Seven – Magaly*

I met with Magaly in a private room at the Grace Children's Hospital. Magaly was referred for the research study by participant number one-Vera. The interview started by me reminding Magaly of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. She described her experience which led to the amputation of her left leg. Magaly recalled a wall falling on top of her as she was running during the earthquake: *"I started running; when I started running a wall fell on my leg. They took me and went to Santo Domingo with me. When I got to Santo Domingo they cut off my leg. The left leg was cut; the right leg was not good as well. Then they return to back with me from Santo Domingo. There's no life because it's you struggling to work to do the little that you are doing. I have four kids plus I have a sister who died on January 12, who left two kids, so I have six kids. I was unconscious, I didn't know anything. They went to Santo Domingo with me, I got to Santo Domingo, they returned to Haiti with me; I didn't even know. When I woke up I was at the same hospital."* She also spoke of the difficulty of getting a prosthesis and repair of the

prosthesis: *“For me to find the prosthesis it's after I came from Santo Domingo I was at the hospital and they were teaching me how to walk with the crutches. I couldn't walk with the crutches because my right leg was always hurting because it had been broken. A hospital came and asked if we wanted prostheses. They gave me prosthesis, I walk with it. I didn't pay for it. When I needed parts to be fixed I didn't have to pay. Now you have to pay for prosthetics. Any part that has to be fixed you have to pay for it; before you didn't have to do that.”* Magaly further spoke of the economic stresses that she faces: *“Well I'm not living well, not living well. Because limbs that I had to make a living I don't have. Sometimes I use to walk around selling things, now I can't do it.”* The interview with Magaly lasted forty minutes. I thanked her for her participation in the research study. I walked with her to the exit she smiled and shook my hand. I read my notes of the interview and included them with the other documents of Magaly's interview and placed them in a sealed envelope to ensure confidentiality.

#### *Participant number Eight – Evelyne*

I met with Evelyne in a private room at the Grace Children's Hospital. Evelyne was also referred for the research study by participant number one-Vera. The interview started by me reminding Evelyne of the purpose of the study, that our conversation would be audio-recorded, and I would also be taking some notes as she spoke. She described her experience which led to the amputation of her left leg. Evelyne recalled caring for one of her children as the earthquake occurred: *“I picked up the child and got up with the child. I felt the shaking of the thing; I said oh what's going on here! As I was running I felt the thing pulled me, I fell. I fell on the little child, with both of my legs under the blocks. They took the little child and came back to get the blocks; the blocks of the house off my feet, they were not able. It's when the emergency people came; they lifted the blocks off my leg. The leg was totally crushed. I spent a lot of time in the*

*hospital. My leg had bugs, I didn't have anybody. My husband was the one who took me to the hospital. He had placed me on a wagon; we couldn't find a car, so he put me on a wagon to take me to the hospital. I spent a lot of time; it took eight days I couldn't find a doctor. My leg had bugs. The leg was totally crushed under the blocks. It was crushed with all the meat, totally crushed. She spoke of the lack of support that she endured. "It's was only my husband who cared for me. My husband is here struggling with me. When he gets he gives me. When he doesn't have I stay without. I don't have any family"* And her inability to ambulate with her prosthesis: *"I have a prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt. So I don't wear it, I use the crutches."* I always say to myself; *God if my father had put me in school I could have learned something. I would be able to read. Even in a factory I could have gotten a job but my father never put me in school, I am always thinking about that."* Evelyne sat quietly for a moment. I asked if she had anything further to add. Evelyne smiled and said "no" in a soft voice. I thanked her for participating in the research study and walked her to the door. I read and reflected on the interview with Evelyne and also added to the notes that I had written. My notes and Evelyne's interview documents were placed in an envelope and sealed for confidentiality. The next step following the interviews was to begin the process of extracting meaning units from the participant interview transcripts.

The process of extracting meaning units from participant interview transcripts is described below, from which a general structure of the phenomenon of experiencing traumatic limb loss was subsequently derived. A series of themes informed by the uncovered meaning of this lived experience is then explored within the context of the Roy Adaptation Nursing Model. Roy posits that for Roy posits that the ability for individuals to successfully adapt to environmental stimuli leads to optimal health and well-being (Roy, 1989). Roy and Andrews

(1999) describe that the way in which an individual copes with life events is impacted by either innate or acquired ways of interacting with their changing environments. According to Roy (1989), individuals respond to a constantly changing environment in two ways. The first way is through instinctive physiological processes, known as regulator coping mechanisms, whereby the person responds automatically without the need for thought.

The second way in which the individual copes or adapts is through the cognator mechanism. This mechanism includes psychological and social coping processes requiring the person to respond to stimuli through cognitive and emotional pathways such as learning and judgment (Roy & Andrews, 1999). This notion therefore shifts the sole impetus for adaptation from the individual level to the broader sociocultural contexts in which an individual is situated. According to Roy and Andrews (1999), innate coping processes are genetically determined and automatic, while acquired coping processes are learned strategies for managing environmental stimuli. Further, the concept of coping includes two individual coping dimensions: the regulator coping subsystem (i.e., the body's automatic neural, chemical, and endocrine response to stress), and the cognator coping subsystem (i.e., the individual's cognitive-emotive coping resources comprising judgment, perceptual and information processing, learning, and emotion) (Roy & Andrews, 1999).

The Roy Adaptation Model (1999) divides the environment into focal, contextual, and residual stimuli. For this study the focal stimuli was the traumatic amputation, the contextual stimuli was the 2010 Haiti earthquake and the residual stimuli is all that is unknown. The RAM describes individuals or groups as adaptive systems functioning towards a purpose. And human systems are interrelated and therefore any change in one system will ultimately affect the whole system. Therefore, the goal of nursing is to enhance life processes to promote adaptation.

Roy's model contains four adaptive modes, in which individuals' behaviors, in response to coping activities, can be observed (Roy, 1989). These adaptive modes include: Physiological/Physical Mode, Self-Concept Mode, Role Function Mode, and Interdependence Mode. The Physiological Mode pertains to the individual level and is the sum of all physical and chemical processes involved in the functions and activities of a living organism (Roy, 1989; Roy & Andrews, 1999). Roy's second dimension, the Self-Concept Mode, is the composite of the beliefs and feelings an individual possesses about him or herself at a given time. The third dimension, Role Function Mode, focuses on the roles that the individual occupies in society. Finally, the fourth dimension, Interdependence Mode, pertains to the giving and receiving of love, respect, and value (Roy, 1989; Roy & Andrews, 1999). Within the Roy adaptation model, the goal of nursing is to promote and maintain patient adaptation during their difficult time.

#### Identifying meaning units

Following careful review of each interview transcript, the PI engaged in an iterative process of identifying meaning units from interviews in order to pinpoint instances in which the psychological meaning of the participants' experiences changed or shifted. Ultimately, 81 meaning units were uncovered (Table 3).

Table 3. Participant Meaning Units

Participant	Meaning units
1	<ul style="list-style-type: none"> <li>• I stay and worry because I can't do anything.</li> <li>• My kids are growing up in front of me and I can't do anything for them</li> <li>• You were the one that was taking care of your children...and now you see you are just sitting and not able to help them, you don't feel good.</li> <li>• If I could find someone who could give me some aide, I would start a business, but I don't have money.</li> </ul>
2	<ul style="list-style-type: none"> <li>• I was in a lot of pain.</li> <li>• They just bandaged it and gave me a shot.</li> <li>• I started attending a course, and then I didn't have the means to continue, so I stopped.</li> <li>• This is not the first time I have spoken to someone about my experience and it</li> </ul>

	never accounts to anything.
3	<ul style="list-style-type: none"> <li>• At the time that they were providing treatments; there was really no dialogue, it was just provide treatment and leave, provide treatment and leave.</li> <li>• Every day we saw a different doctor.</li> <li>• The pain, the suffering was extreme.</li> <li>• When you see that you are different from everyone else and others don't give you any value.</li> <li>• To this day they are they (other people) are pretending (to give us value) but it's really not true.</li> <li>• Living well is not easy for us.</li> <li>• Life has become harder for her...and when your mother is aging, it's something terrible.</li> <li>• The best thing they could have done for me was to give me the prosthetic.</li> <li>• I lived with a lot of stress.</li> <li>• I worked on my school activities and when it came to the point that my parents could not afford to pay for my education, I had to stop.</li> <li>• They [mother and father] supported me psychologically.</li> <li>• I was crying every day!</li> <li>• You know how life in Haiti is, when you're handicapped you are put aside.</li> <li>• In terms of school, I got a lot of support from the students, because they each had someone close who was a victim.</li> <li>• I am the only one who was is handicapped.</li> <li>• They loved me; they gave me warm sense of love and support. A love that I never had.</li> <li>• I really felt well with them.</li> <li>• What I would like to add is that for them (society) to see us differently.</li> <li>• All handicapped people in society have rights and a voice. They have the right to learn any trade or profession.</li> <li>• Accessibility is very important; to schools, universities, hospitals, all that; they have to be accessible for all handicapped people to be able to come</li> <li>• For them to stop looking at us with a peculiar look, they have to stop looking at us differently.</li> <li>• For them to put us equal to other people in society, because we can, we can do.</li> <li>• They put us apart!</li> </ul>
4	<ul style="list-style-type: none"> <li>• The leg was already crushed! Crushed, crushed, crushed!</li> <li>• Now I'm living, with much humiliation to live, I come here (to the clinic).</li> <li>• I went back to church, I started going to school, but I can't continue.</li> <li>• I had received a charitable grant to go back to school to do my Reto, they paid for me, I went but I didn't pass...because I was crying more than I was studying!</li> <li>• I have a friend who found some aid for me to learn cosmetology, they said they would pay it for me.</li> <li>• I didn't get discouraged, I always went until I finished the course; and I liked</li> </ul>

	<p>it!</p> <ul style="list-style-type: none"> <li>• Thank God every now and then I found a little job.</li> <li>• I use to say why I didn't die because of how I am living in the family.</li> <li>• I really felt like my life was finished.</li> <li>• When I started seeing and talking to others that where worse than me.</li> <li>• Everyone was giving me advice. They told me that I have my life, you have two legs! You can walk!</li> <li>• I don't have support from my family.</li> <li>• They (family) give me a place to sleep, and they give me some food. But if I wanted to go and learn something for my life; from my family, I would not get it.</li> <li>• Its people, its friends that I have contacted that I was able to learn this trade.</li> <li>• This trade that I learned is my support.</li> </ul>
5	<ul style="list-style-type: none"> <li>• There weren't any doctors or medications.</li> <li>• When the cut it the second time; that's when I suffered with the leg.</li> <li>• A lot of sadness; a lot of turmoil that I went through.</li> <li>• I say thank you to God, now I am living; even though the living is not like when I had two legs.</li> <li>• In Haiti they don't take care of people living with a handicap really.</li> <li>• There are countries when you are living with a handicap; you are part of the society.</li> <li>• They (Haiti) like to underestimate people.</li> <li>• The government doesn't provide care for people who are living with handicaps.</li> </ul>
6	<ul style="list-style-type: none"> <li>• They didn't even put it in a cast, they just cut it and they were done.</li> <li>• Only my mother was there with me from the family.</li> <li>• I didn't get any help at all.</li> <li>• To this day I never received any aid.</li> <li>• I only have my mother. She struggles to make a little money even if it's not much.</li> <li>• There are English courses or computer courses I would be happy to go and learn them.</li> <li>• There is no means for me to go and learn them.</li> </ul>
7	<ul style="list-style-type: none"> <li>• There's no life because it's you struggling to work to do all that you are doing.</li> <li>• She had four; I took two my other sister took two as well...Now these kids are with us to raise.</li> <li>• I couldn't walk with the crutches because my right leg was always</li> <li>• They [a hospital] gave me a prosthesis, I walk with it. I didn't pay for it.</li> <li>• Now you have to pay for prosthetics.</li> <li>• Well I'm not living well, not living well.</li> <li>• Limbs that I had to make a living I don't have.</li> <li>• Sometimes I use to walk around selling things, now I can't do it.</li> <li>• I have done a lot of interviews, and gone to many agencies to find help and I don't get anything.</li> </ul>



	<ul style="list-style-type: none"> <li>• You never hear anything, I don't get anything. Things are not easy.</li> <li>• When your family sees that you went out; they have hope; and when you return you don't bring anything back.</li> </ul>
8	<ul style="list-style-type: none"> <li>• The leg was totally crushed under the blocks. It was crushed with all the meat, totally crushed.</li> <li>• My husband is here struggling with me. When he gets he gives me. When he doesn't have I stay without.</li> <li>• I don't have any family.</li> <li>• It took eight days I couldn't find a doctor.</li> <li>• While I was at the hospital they helped me. They gave me food...My husband too they helped him. They gave me water to bathe. They helped me while I was in the hospital.</li> <li>• When I was going home it's only the old crutches that they gave me nothing more.</li> <li>• I have prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt. So I don't wear it I use the crutches.</li> <li>• I would like you to pass the message so that I can find some help.</li> <li>• I don't have anybody.</li> </ul>

To further interpret the experience of undergoing a traumatic limb amputation, the PI synthesized the meaning units into more concise language in order to convey psychological consistencies across participant experiences. Primary ideas identified during this stage of analysis include: Acute and chronic trauma-associated pain; frustration in light of inadequate healthcare treatment; the duality of appreciation and resentment stemming from forced dependency on others; the oppressiveness of idleness and immobility; feeling invisible due to societal de-valuation and abandonment; and understanding one's sense of self- worth.

From the meaning units and representative statements of transformed meaning, the PI composed the following general structural statement summarizing the lived experience of undergoing a traumatic limb amputation as a result of the 2010 Haiti earthquake: the experience of undergoing a traumatic limb amputation induces acute and chronic trauma—both physical and emotional—as one is left to navigate a society fraught with a fragmented and inadequate healthcare system, depressed economy, and embedded biases against those with disabilities. One obtains critical material, financial, and emotional support from social networks yet

simultaneously feels shame and frustration surrounding to the inability to meet parental and vocational responsibilities due to physical impairment and social stigma. The intrinsic sense of self-worth that one possesses is inextricably shaped by broader familial, sociocultural, and structural forces.

Table 4. Essential Themes

<b>Essential Theme 1</b>	Ordeals of Physical and Emotional Instability
<b>Essential Theme 2</b>	Deprived of Norms and Possessing Hope
<b>Essential Theme 3</b>	Pulled to Security and Safety by Family and Friend
<b>Essential Theme 4</b>	Marginalized to the Fringe of Society

#### Essential themes

Numerous themes were identified by the PI during data analysis pertaining to participants' lived experiences experiencing a traumatic limb amputation. Throughout the interviews, participants described myriad personal, familial, and structural challenges they have confronted post- disaster as the result of their new physical impairment. The four themes are reflected in the four modes of the Roy Adaptation Model of Nursing. According to Roy (2009), adaptation is the process and outcome whereby thinking and feeling people, as individuals, or groups, use conscious awareness and choice to create human and environmental integration. As adaptive systems, humans respond to stimuli in an effort to initiate a coping process, which has an effect on behavior that leads to responses. The environment consists of many stimuli, both internal and external to the individual. The individual in turn uses processes-the cognator-thinking and feeling. And the regulator processes-which includes all physiological stimuli. The effects of these processes are seen in the four modes of the Roy Adaptation Model: the

physiological, the self-concept, role function and interdependence. Further, human systems are interrelated, therefore any change in one system will affect the whole system (Roy, 2009).

Coping encompasses accustomed patterns of behaviors to deal with daily situations, as well as new ways of behaving with drastic changes. Regulatory responses are automatic or instinctive responses not requiring cognitive functions. Cognatory responses are cognitive and motional channels, providing for perceptual information processing, learning and judgement (Roy & Andrews, 1999).

For this study the participants' environmental stimuli/phenomena (the earthquake) impaired their ability to cope at both the regulator and cognator modes. The focal stimuli was the traumatic event of losing a limb and the contextual stimuli was the 2010 earthquake in Haiti. Physiological/Physical Mode pertains to the individual level and is the sum of all physical and chemical processes involved in the functions and activities of a living organism (Roy, 1989; Roy & Andrews, 1999). Key themes from data analysis reflect tenets of the Roy Adaptation Model of Nursing, namely that individuals' experiences and perceptions of physical and emotional trauma are dynamic and influenced by broader familial, community, and societal norms and factors. According to Roy often there will be overlap among the modes this indicates the interrelatedness of the modes and the person as a whole. A matrix of meaning units, codes, and representative themes identified during analyses are presented in the following themes:

The physiological mode is reflected in theme one:

*Theme One: Ordeals of Physical and Emotional Instability*

Many participants recounted in acute detail events in the hours leading up to the earthquake on January 12, 2010 in Haiti, discussing what they were doing, who they were with, and how they reacted when they began to feel the ground shake. Participants described the horror

and fear of being crushed as structures around them crumbled. As one participant shared, “People came to get me out, the whole house came down; the whole house came down. When I was helped out my leg was completely crushed. It was night time; I was in a lot of pain”

**(Participant 2).** Participants recalled receiving multiple treatments for their injuries in the days and weeks that followed, during which time many had to have their legs or feet amputated because of the trauma to their limbs. One participant described that “the leg was already cut; they didn’t find a leg to cut. The leg was totally crushed under the blocks. It was crushed with all the meat, totally crushed” **(Participant 8).**

In discussing the trauma they endured, survivors explicitly discussed the pain and suffering—both physical and emotional—that they experienced following the earthquake and their amputations. As one woman recounted, “When I reached the surgical doctors, they cut the leg properly for me. And that was when I suffered! When the leg was cut January 12—that time I didn’t suffer, because it was hot, but when they cut it the second time; that’s when I suffered with the leg. A lot of sadness; a lot of turmoil that I went through” **(Participant 5).** Another simply stated, “the pain, the suffering was extreme” **(Participant 3).**

The Self-Concept Mode is the composite of the beliefs and feelings an individual possesses about him or herself at a given time. This mode is reflected in theme two.

#### *Theme Two: Deprived of Norms and Possessing Hope*

The self-concept mode is reflected in the person’s ability to adapt to their traumatic amputation through social/psychological coping mechanism. The participants of this study viewed their traumatic limb loss as another life event. They continued to persevere through the physical and emotional discomforts. Faith and hope also played a key role in the life of the participants. They lamented over challenges accessing needed healthcare and the quality of care

received in the immediate aftermath of the earthquake and the years following. For many, their initial trauma was exacerbated by chaotic and inadequate medical treatment following the disaster. Several described the lack of doctors and medical facilities to treat their crushed limbs. As one woman recounted, “My husband took me to the hospital. He had placed me on a wagon; we couldn’t find a car, so he put me on a wagon to take me to the hospital. I spent a lot of time; it took eight days I couldn’t find a doctor. My leg had bugs; this is how I was waving the bugs away so they wouldn’t get into my body” **(Participant 8)**.

This account illustrates the disorientation and chaos following the disaster, as critically injured Haitian residents sought medical care within a healthcare system that lacked the infrastructure, supplies, and personnel needed to meet the high medical needs of earthquake victims. Insufficient healthcare personnel and supplies not only delayed participants’ receipt of critical care for their injuries, but also compromised the inequality of life as well as the care they ultimately received. One participant stated how she “went to the hospital January 17th; that day that I arrived...there were no doctors. The next day on the 18th is when we found doctors and they cut the leg. They didn’t even put it in a cast, they just cut it and they were done” **(Participant 6)**. Yet another participant noted that “there weren’t any doctors or medications” **(Participant 5)**.

Lack of supplies was only one facet of the poor-quality of the healthcare provided to these women. In describing her interactions with healthcare personnel in the hospital, Participant three commented, “at the time that they were providing treatments; there was really no dialogue, it was just provide treatment and leave, provide treatment and leave. Provide treatment and leave. Every day we saw a different doctor, you know.” Participants’ experiences with receipt of

medical care following the earthquake thus invariably influenced their trust of healthcare practitioners to meet their needs as they adjusted to and coped with their impairments.

Participants also discussed difficulty accessing critical healthcare services and supplies in the years following their amputations. In describing how her experiences with the healthcare system have changed since her injury, one participant noted, “While I was at the hospital they helped me. They gave me food, they gave me food. My husband too they helped him. They gave me water to bathe. They helped me while I was in the hospital. But when I was going home it’s only the old crutches that they gave me; nothing more. I have prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt. So I don’t wear it I use the crutches.”

### *Theme Three: Pulled to Security and Safety by Family and Friends*

All participants described the essential mode of role function. The support from family and friends played an essential role in their lives for coping since their amputations. For many participants, their family members have served an instrumental role as caregivers, aiding with efforts to obtain needed healthcare services, such as prostheses, as well as providing financial support, shelter, and other necessities. In coping with the recovery process following their injuries and subsequent amputations, numerous participants discussed how their family members were the only ones on whom they could rely. One woman noted that she “didn’t have anybody. It’s was only my husband who cared for me” (**Participant 8**). Another participant relied solely on her mother, commenting, “Only my mother was there with me from the family. I didn’t get any help at all, to this day I never received any aid” (**Participant 6**). Family members have also supported participants’ emotional and mental health needs as they have sought to cope with the psychological pain and suffering following the trauma. As one participant expressed, “they

supported me psychologically...because I was crying every day! Every day I was crying! I didn't have a boyfriend; it was my mother and my father that supported me" (**Participant 3**).

While immediate family was the primary source of support for most participants, one expressed the importance of additional support she received from her peer network:

"In terms of school, I got a lot of support from the students, because they each had someone close who was a victim. Some had a parent that died, a brother that died, or a sister that died. Because of me being in the class, because I am the only one who was is handicapped. Because of me being in the class, they loved me, they gave me warm sense of love and support. A love that I never had" (**Participant 3**).

Although her peers had not experienced trauma from the disaster in the same way she had, their connection to family members who had been injured or killed in the earthquake allowed them to extend empathy towards this participant—emotional support which helped her adjust to her new normal.

While participants were appreciative of the (predominately familial) support they received in the years following their amputations, a prominent subtheme that emerged from analyses was participants' anxiety and frustration surrounding their exceeding dependence on others and inability to provide for their families. Faced with limited opportunities for employment due to physical impairment and inadequate structural supports, the necessity of accepting assistance was difficult for many. One woman recalled when her daughter told her, "Mom, 'my father did not take care of me, you are the one that took care of me I have to give you my strength to help you'" (**Participant 1**). While the participant seemed to appreciate her daughter's desire to help, there was a clear internal tension between her dual roles as a care recipient and caregiver, a notion that reflects the centrality of family roles and organization in

influencing individuals' experiences. Being dependent on others was particularly challenging for those participants with children, who expressed an inadequacy with being unable to support their children in the way they wanted. As **Participant 1** went onto note, "when I stay and worry because I can't do anything. I end up sitting, my kids are getting growing up in front of me and I can't do anything for them."

Others described the stress associated with expansive caregiving responsibilities given their financial dependence on others. For example, one participant was supporting both her own children and her sister's, whom she and her husband took in after their parents died in the earthquake: "I have four kids plus I have a sister who died on January 12, who left two kids, so I have six kids. She had four; I took two my other sister took two as well. These kids have to be taken care off. They have no parents, the father had gone to work and he also died. Now these four kids are with us to raise" (**Participant 7**).

Another participant described the challenge of being dependent on her aging mother, whose own physical limitations were making it difficult for her to continue supporting them financially: "Living well is not easy for us. It's not easy for me, because I am the only girl that my mother have. When you only have one female child and you see she is in this position; she's not working, she's not lifting heavy, she's not lifting lite; life becomes harder for you. Life is harder for her. Life has become harder for her. And on top of it; when your mother is aging, it's something terrible" (**Participant 3**).

Indeed, individual and broader structural barriers to obtaining a regular source of income exacerbated the impoverishment experienced by participants and their families. In describing this hardship, one participant exclaimed: "My husband is here struggling with me. When he gets he gives me. When he doesn't have I stay without. I don't have any family. The only family I had



that was helping me died. Last January 26, (2017) he died. Now when my husband who is struggling. When he has 25 gourde he gives me. When he doesn't have I stay without"

**(Participant 8).**

Self-Concept Mode are further reflected in theme 4. Self-concept is formed from internal perceptions and perceptions of others; these perceptions direct one's behavior (Roy & Andrews, 1999).

*Theme Four: Marginalized to the Fringe of Society*

Marginalization to the fringe of society can be related to the mode of interdependence. This can be viewed when participants talked about their dependence on Haiti to provide them with healthcare and a sense of belonging. During the interviews, participants conveyed an overwhelming sense of feeling marginalized by society. Societal and cultural norms that devalue and largely ignore those with disabilities in Haiti has resulted in endemic apathy towards providing aid to individuals with impairments, thereby restricting their ability to earn a living and be self-sufficient (Jacobson, 2008). Numerous participants expressed a desire for a cultural shift and greater societal inclusion. As one woman commented: "In Haiti, they don't take care of people living with a handicap really. There are countries when you are living with a handicap; you are part of the society. In Haiti we're not like that, they like to underestimate people. The government doesn't provide care for people who are living with handicaps; we are really enduring something that is not good. Take myself for example, I am not working and I don't have a trade. How do I pay rent, I may have a friend that can give me some money? In the meantime, we have agencies and government. They don't give us any type of consideration"

**(Participant 3).**

Another participant similarly described being underestimated and undervalued, noting,

“What I would like to add is that for them (society) to see us differently. For them not to look at us the same way they looked at us after January 12. For them to see that all handicapped people in society have rights and a voice. They have the right to learn any trade or profession”

**(Participant 3).**

Many participants alluded to feeling abandoned by those with the capacity to help them help themselves, including aid workers, non-profit organizations, and government officials—a notion that many attributed to systemic de-valuation of those with disabilities. One woman poignantly stated, “When you see that you are different from everyone else and others don’t give you any value. This was really hard for us. To this day they are they (other people) are pretending (to give us value) but it’s really not true” **(Participant 3)**. Another participant described the frustration and hurt associated with broken promises from those with greater political agency, noting: “The other thing I would like to add is that this is not the first time I have spoken to someone about my experience and it never accounts to anything. I hope that one day these interviews can account to something that can help me get something that can help me to help myself” **(Participant 2)**.

A similar sentiment was expressed by yet another participant, who commented, “I have done a lot of interviews, and gone to many agencies to find help and I don’t get anything... and being rendered invisible by society” **(Participant 7)**.

The marginalization of those with impairments within a depressed Haitian economy has also resulted in perpetual structural disinvestment that presented myriad challenges participants. For example, dated and dilapidated infrastructure with limited accessibility made it difficult for participants to navigate their environments and fully integrate into society. One woman expressed a desire for greater investment in accessible infrastructure: “Accessibility is very

important in Haiti. Accessibility is very important; to schools, universities, hospitals, all that; they have to be accessible for all handicapped people to be able to come. They have to be accessible to all handicapped people” **(Participant 3)**.

Some participants seemed to primarily attribute their dependency and financial insecurity to their physical impairment, with one commenting, “Well I’m not living well, not living well. Because limbs that I had to make a living I don’t have. Sometimes I use to walk around selling things, now I can’t do it” **(Participant 7)**. While mobility challenges undoubtedly hindered productivity, impoverishment and broader structural barriers severely restricted opportunities for advancement, as evidenced through numerous participant accounts of limited financial support for, and access to, employment, training, and education. In describing her desire for training that would enable her to better herself and become more self-sufficient, one participant stated, “there are English courses or computer courses I would be happy to go and learn them. But there is no means for me to go and learn them. Those courses I like a lot, I’m waiting and maybe further down I can find some aid for them. I would be happy to go learn them” **(Participant 6)**. Lack of financial aid similarly thwarted participants’ business ambitions, with one claiming, “If I could find someone who could give me some aid, I would start a business, but I don’t have money, I don’t have in my hand” **(Participant 1)**.

Relatedly, many participants discussed how they started training and education programs but ultimately dropped out because they could not afford to continue. One woman “started attending a course, and then I didn’t have the means to continue, so I stopped and since that time I don’t do anything” **(Participant 2)**, and another “worked on my school activities and when it came to the point that my parents could not afford to pay for my education, I had to stop” **(Participant 3)**. While extreme poverty prevents countless Haitians from social advancement,

societal marginalization and residual trauma experienced by participants due to their amputations and physical impairments seemed to place additional layers of oppression on them. As one woman commented, “I started going to school, but I can’t continue. I had received a charitable grant to go back to school to do my Reto, they paid for me, I went but I didn’t pass. The reason I didn’t pass was because I was crying more than I was studying!” (**Participant 4**).

**Sense of self-worth:** Participants’ self-worth was impacted by multiple, interconnected factors, including perception of their own abilities, social connectedness, cultural norms, and structural supports—a notion reflected in Roy’s Adaptation Model, which asserts that a person is a bio-psycho-social being in constant interaction with their environment. For some participants, support and encouragement from family and friends helped them to develop a renewed sense of self-worth. In recounting her experience, one woman described:

“I really felt like my life was finished. Then when I started seeing and walking other that where worse than me. I said oh there are others that are worse off than me! Then when I started becoming friends with them and talking to them. Then everyone was giving me advice. They told me that I have my life, you have two legs! You can walk! (**Participant 4**).

In addition to providing emotional and mental health support, social connections also appeared to serve as a potential mechanism through which participants could access structural supports and services to receive training and later gain employment. As they went on to explain: “I have a friend who found some aid for me to learn cosmetology; they said they would pay it for me. Now it was in Carrefour, I said I didn’t have a problem. I did how I can, every day I found money for the tap tap. I didn’t get discouraged, I always went until I finished the course; and I liked it! I found someone who paid it for me and I liked it. Thank God every now and then I found a little job.” For other participants, self-deprecation and feelings of inadequacy

surrounding their physical impairment were influenced by broader societal and cultural norms in Haiti that systematically de-value those with disabilities. As one participant reflected, ‘Now I’m living, with much humiliation to live, I come here (referring to the clinic) **(Participant 4)**.

#### Structural Statement

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 untreaured 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.

Figure 1. Synthesized meaning units

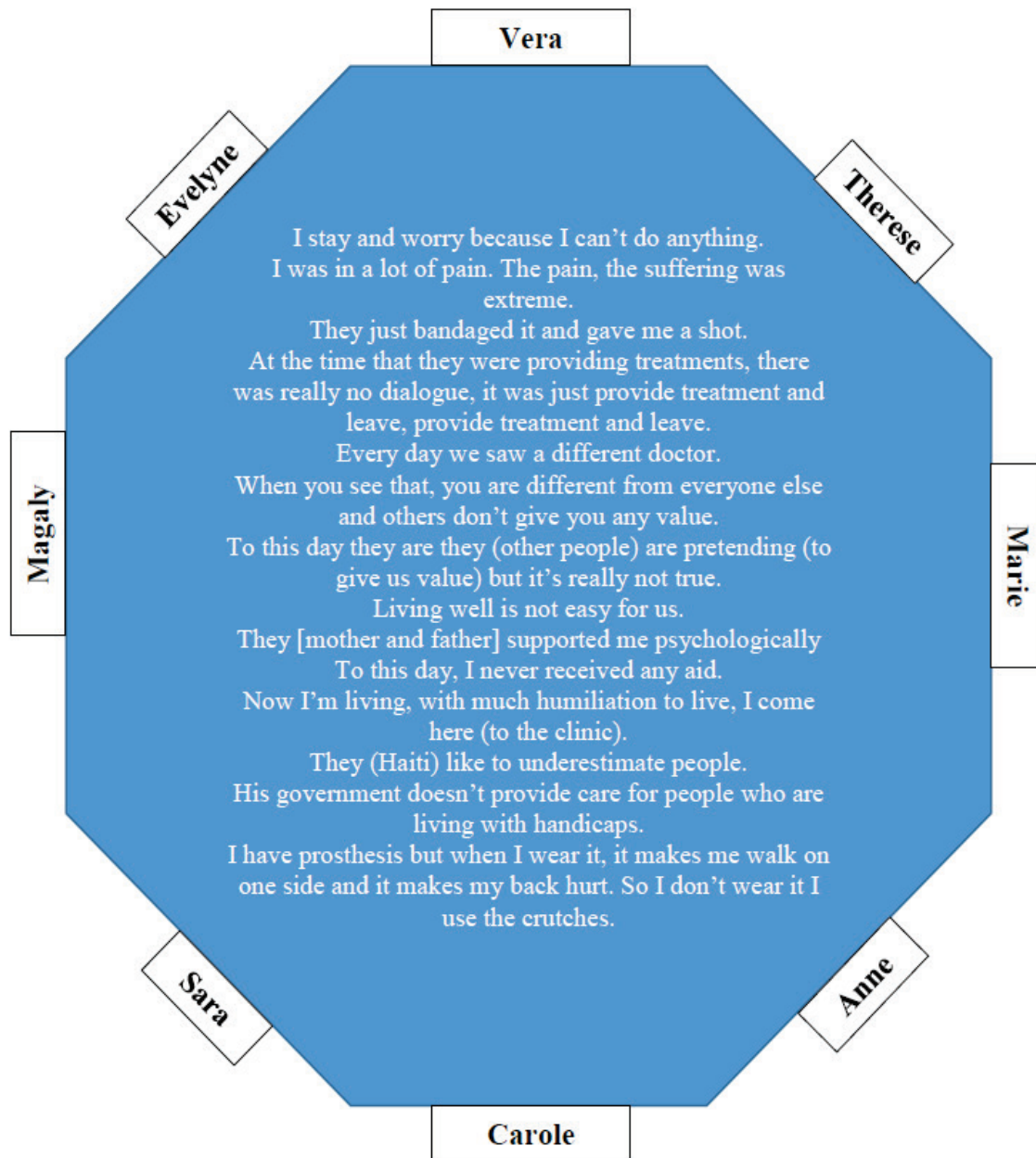
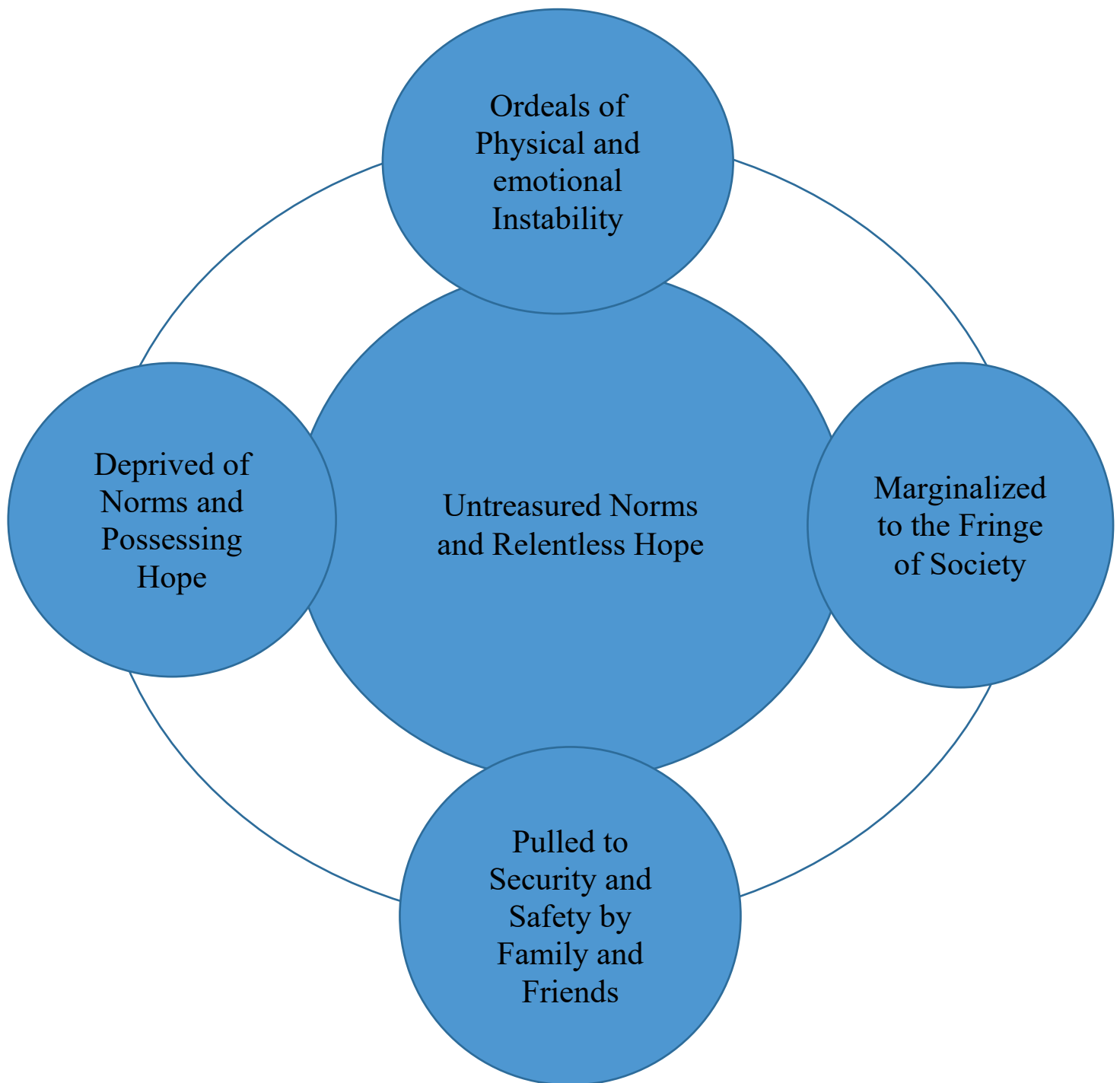


Figure 2. Thematic model of untreasured norms and relentless hope



## Chapter Summary

Chapter five described the findings of the study including research setting and summary of participant profiles, participant experiences, essential themes and structural statement. Chapter six presents a discussion and reflection of the findings.



## **CHAPTER VI: DISCUSSION AND FINDINGS**

### **Discussion of Findings and Synthesis to Literature**

The aim of this dissertation was to explore the lived experiences of Haitian adult women who sustained a traumatic amputation as a result of injuries sustained during the 2010 Haiti earthquake. Findings revealed that the lived experience of undergoing a traumatic limb amputation is 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 untreaured norms and relentless hope.

Nursing models offer a context for developing antecedents and interventions that would be specific for nursing (Fredrickson, 1993). The Roy Adaptation Model of Nursing (RAM) was applicable to this study in that it describes the individual as an adaptive system functioning towards a purpose. The goal of nursing within the RAM is to promote and maintain patient adaptation with the current difficulty (Roy, 2009). Human beings, as adaptive systems respond to stimuli in an effort to initiate a coping process, both internal and external to the individual. To manage these stimuli, the individual uses processes, regulator and cognator processes. According to Roy Adaptation Model, human systems are interrelated such that any change in one system will affect the whole system. Experiencing a traumatic limb loss represents a change for the participants, which affected their entire being.

Adaptive responses promote the goals of adaptation and promote the integrity of the human system which has an effect on broader society. Ineffective responses neither promote integrity nor contribute to the goal of adaptation and the integration of people with the earth. In judging effectiveness, one looks at the effect of the behavior on the general goals of adaptation and a broad understanding of the term as it pertains to human systems. (Roy, 2009, p. 38).

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.

Several themes relating to participants' lived experience of a traumatic limb amputation were identified, as overwhelming ordeals of physical and emotional instability, marginalized to the fringe of society, pulled to safety and security by family and friends, and being deprived of norms and possessing hope; which reflect key tenets of the theoretical frameworks underpinnings of the Roy Adaptation Model of Nursing.

#### *Comparisons of three recent studies on amputations to current study*

Study	Year	Methodology	Study Purpose	Sample Size/Demographics	Cause of amputation	Emergent Themes	Similarities	Differences
Grech, C., & Debono, R. (2014). The Lived Experience of Persons with an Amputation. Malta Journal of Health Sciences, 10.14614(2.54), 54-59.	2014	Interpretative Phenomenology	To explore the lived experience of Maltese individuals with a lower or upper limb amputation	Four Maltese participants-2 males and 2 females. Between the ages of 30 and 80 years of age Living with/having had an amputation 4 years prior to the study 3 of the participants had lower limb amputations and the 4 <sup>th</sup> had an upper limb amputation	1 birth defect 1 gangrene 2 accidents	An emotional reaction  A different life  Social connections and support	Similar themes of emotional and life changing experience which. In both studies participant described the support from family and friends	This was a mixed gender and older age range study, of which participants having both upper and lower limb amputations. Length of time of amputation half as long
Ligthelm, & Wright. (2014). Lived experience of persons with an amputation of the upper limb. International Journal of Orthopaedics and Trauma Nursing, 18(2), 99-106.	2014	Qualitative Phenomenology	To explore the lived experience of individuals with an amputation of the upper limb to provide an evidence base to support nursing interventions	Eight participants with amputations of an upper limb living in southern sub-district of Tshwane, Gauteng, South Africa 6 males and 2 females. 4 were between the ages of 18 and 39	cancer	Initial reaction post amputation  Support from immediate family  Support facilitated adaptation and independence  Financial implications due to amputation	Both groups discussed the support of family in their adaptation and independence. As well as external responses to their disabilities as well as the financial impacts	All the participants had upper limb amputation due to diagnosis of cancer Participants were mostly males.

						<p>External response to disability</p> <p>Recurrent physical problems</p> <p>Acceptance is a process</p>		
<p>Norlyk, A., Martinsen, B., &amp; Kjaer-Petersen, K. (2013). Living with clipped wings—Patients' experience of losing a leg. <i>International Journal of Qualitative Studies on Health and Well-being</i>, 8(1).</p>	2013	Reflective Lifeworld Research Phenomenology	To investigate the lived experience of losing a leg	12 Danish patients 8 males/4 females between the ages of 38-87	Surgery for a non-malignant amputation	<p>Home as a confined space</p> <p>Maintenance of symmetry and dignity in social relations</p> <p>Reconstruction of bodily confidence</p> <p>Hope and willpower as driving forces</p> <p>Establishment of a meaningful role in life</p> <p>Dependence on care and rehabilitation initiatives</p>	<p>Similar to the Haitian participants, these participants found it difficult to adjust to their new lives. Similar to the Haitian participants hope and willpower played were major driving forces for adapting</p>	<p>Participants older with majority males</p> <p>While the Danish participants were provided care and rehabilitative resources that was not the case with the Haitian participants</p>
<p>Alexandre, M. (2018). <i>The Lived Experience of Traumatic Amputation for Haitian Adults</i> (Unpublished doctoral dissertation) City University of New York Graduate Center</p>	2018	Descriptive Phenomenology	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	suffered amputations due to the 2010 earthquake in Haiti	<p>Ordeals of physical and emotional instability</p> <p>Marginalized to the fringe of society</p> <p>Pulled to security and safety by family and friends</p> <p>Deprived of norms and possessing hope</p>	<p>Regardless of the cause of the amputation all participants experience some level of emotional distress which required support from family and professionals. All expressed dependency for care and rehabilitation and acceptance was needed in order to move forward.</p>	<p>The level of physical and emotional stress was far greater amongst the Haitian participants than any of the participants. The Haitian participants were the only group that discussed feeling marginalized by society and feeling that they were denied basic care.</p>

The trauma of physical and emotional loss of limb(s) among the participants were universal. The participants discussed sustaining acute physical pain following their injuries and amputations, pain and discomfort in the following years since. This finding is supported by prior research (Castillo, MacKenzie, Wegener, & Bosse, 2006) found that a significant proportion of individuals with traumatic injury experience chronic pain; they also identified several early predictors of chronic pain among those who sustained a traumatic injury, including: having less than a high school education and having less than a college education. Several participants' also alluded to emotional pain associated with their limited mobility, and hindered their ability to care for their families as a result of their impaired mobility, obtain and sustain employment, they could no longer be active in their communities—circumstances that negatively impact their mental well-being and self-esteem. Prior research has documented the high prevalence of mental health issues—specifically post-traumatic stress disorder (PTSD) following amputation due to accidental injury (Cavanagh et al., 2006; Copuroglu et al., 2010). High PTSD prevalence has been attributed in part to the emotional stress surrounding the accident.

Also, limited functional ability was noted by all participants due to the depletions of Haiti's infrastructure and there were little or no rehabilitative care systems and services for these participants. A previous study of Haitian earthquake survivors who experienced limb injury found that only 39% (120 of 305) were satisfied with the functional results of their amputation two years later (Delauche et al., 2013). Other research has found that survivors of major traumatic events in developing countries with orthopedic injuries (especially of the lower limbs) generally have poor functional outcomes and quality of life (Balogh et al., 2012).

Findings related to participants' ability to cope with sustained physical and emotional trauma can be understood within Roy's framework of adaptation. The model's first dimension,

the Physiological Mode, highlights the way in which physical and chemical processes impact an individual's ability to adapt to changing circumstances (Roy, 1989; Roy & Andrews, 1999). It is well-known that the human body undergoes numerous physiologic responses—particularly neurologic and endocrine adaptations—in response to a traumatic stress reaction (Nayback, 2009). PTSD similarly alters individuals' physiology, increasing the likelihood of experiencing psychological stress, depression, and anxiety.

Paulson and Krippner (2007) note that the loss of one's perspective reduces personal safety and security and safe in the world. It is of the most challenging elements of overcoming a traumatic emotional experience. For these study participants, it was evident that the experience of surviving an earthquake and experiencing a limb amputation have altered their beliefs and feelings about their personal identity and self-worth—principles captured by the Self-Concept dimension in Roy's model (Cummings, 2011).

Another prominent finding from analyses was the poor availability and quality of healthcare services, feeling deprived of basic norms when it came to healthcare which significantly impacted participants' ability to adapt to their new physical abilities following their amputations. Namely, the lack of accessible, reliable, and affordable healthcare. This compromised participants' ability to obtain needed adaptive equipment, such as prostheses, and healthcare services to aid them in the rehabilitation process. Participants' description of the chaotic and insufficient provision of health care to which they were subjected in the aftermath of the earthquake reflects findings from prior work. It has documented the fragmented that disaster response environment in Haiti following the 2010 earthquake presented by the complex healthcare challenges. One qualitative and quantitative study of injured patients conducted six months following the January 2010 earthquake in Haiti revealed issues with accountability,

professional ethics, standards-of-care, unmet needs, promotion of patient agency (Redmond et al., 2011). These challenges were evident in the present study, as many participants discussed poor communication by healthcare professionals and not being informed of, and included in, medical decision-making processes during treatment. Findings from this study underscored the way in which participants' negative experiences with providers in the midst of the emergency response have made them skeptical of the reliability and trustworthiness of medical personnel and the larger healthcare system. Importantly, the overt lack of professionalism, appropriate bedside manner, and communication by healthcare providers appeared to contribute to residual emotional trauma experienced by participants in this study.

Interviews highlighted the critical role that social support has played in providing physical, emotional, and material support to participants. The women expressed how invaluable support from family and friends was in helping them cope with the residual impacts of their amputations. Participants' perceptions of their social support networks can further be understood through the fourth dimension of Roy's Model, the Interdependence Mode, which involves the giving and receiving of love, respect, and value (Roy, 1989; Roy & Andrews, 1999). Most participants seemed to retain a level of emotional closeness with their families in light of the trauma they experienced, despite it being common for individuals who experience trauma or acute stress to engage in "emotional numbing" to avoid sharing feelings with their trauma experience with anyone (Brown, 1994). The support and love received from participants' family members, and in some cases peers, served as an integral coping mechanism for their trauma.

Studies by Grech & Debono (2014) and Ligthelm & Wright (2014) have documented the critical role that social support can play in helping individuals with amputations navigate and withstand the various challenges and stressors that accompany a traumatic medical event. In a

recent study of veterans who experienced a new and first unilateral lower extremity amputation due to vascular disease or diabetes, Anderson et al. (2017) found that social support is a key moderating influence on activities of daily living (ADL) functioning and depressive symptoms. Other research has shown how social support facilitates greater social integration among those with amputations, serves as a buffer against depression and pain, and promotes mobility, occupational functioning, and greater life satisfaction (Williams et al., 2004). In a similar vein, Horgan and MacLachlan (2004) described how social support can positively influence an individual's immediate reaction to their amputation and subsequent adjustment, as well as development of a changed sense of self and identity. Conversely, individuals who lack social support following an amputation have been found to be at greater risk of experiencing psychological symptoms, such as anxiety and depression (Hawamdeh, Othman, & Ibrahim, 2008).

While social support was integral to the well-being and survival of participants post-earthquake, the women also expressed frustration with their dependency on others. However, participants expressed deep appreciation for the support that they received from family and friends which served to pull them to safety and security. Participants in this study alluded to frustrations with feeling inadequate due to their disability and reliance on family. Participants' abilities to cope with challenges associated with their amputations are deeply influenced by what Roy's model refers to as the Role Function Mode, or the roles that the individual occupies in society (Roy, 1989). In this case, the instrumental support participants received from family may have simultaneously served to exacerbate participants' feelings of inadequacy and low self-esteem.

The role of gender in shaping the experiences of this study's all-female sample within their unique family structures also cannot be overlooked. In Haiti, extreme poverty and traditional gender roles often subjugate women to caregiving and housekeeping roles and limit their economic development and financial acumen. Physical limitations resulting from their amputations thus has likely served to further perpetuate their gendered dependency on male partners, parents, and older children for economic stability.

Another prominent theme that emerged during analyses was the notion that societal marginalization in Haiti devalue those with disabilities and have served to diminish the employment opportunities of study participants and their families thereby impacting their mental health and compounding the impoverishment already experienced by them and their families. Anecdotal evidence from investigative reporting (Jacobson, 2008; Hunt, Chung, Durocher & Henrys, 2015) following the Haiti earthquake reinforces the presence of these discriminatory stereotypes, as individuals who have amputations are perceived as unable to contribute. As a result, many Haitians believe that those with disabilities are a burden on both society and their families, which perpetuates a cycle of structural disinvestment in services and supports that would aid these individuals in being self-sufficient and re-integrating into society (Padgett, 2010, February 17). Findings from the study revealed that the victimization participants felt from Haitian society at large due to their physical disability resulted in frustration, depressive symptoms, and even distancing or detaching themselves from society.

Amputations have been studied in different countries however to date this is the first study to address the lived experiences of Haitian adults. Recent phenomenological studies addressing the lived experience of participants with amputations were conducted in different countries-Malta, Denmark and South Africa, (Grech & Debono, 2014; Ligthelm & Wright, 2013;



Norlyk, Martinsen, & Peterssen, 2013) similarly noted the physical emotional ordeal of the amputation, the changes that it brought to the lives of the participants and the support from family and friends which helped the participants to cope and adapt. However, this current research found a greater level of physical and emotional pain expressed by the participants. The participants also expressed the inadequate healthcare and quality services which further impacted their rehabilitation. Contrary to the studies by Grech & Debono, 2014; Ligthelm & Wright, 2013; Norlyk, Martinsen, & Peterssen, 2013; where the participants noted that communication and professional support played a key role in their coping.

Further, this research was conducted in the context of the 2010 Haiti earthquake and looked solely at traumatic amputations in an already poor resource country. Contrary to the other research studies, most of the other research participants experienced a scheduled amputation. There were also differences in the demographic and educational data of the participants. In the three previously conducted research studies, the initial reaction to the amputations were met with greater support which further facilitated adaptation Amputations have economic implications. The economic impact was greater with the Haitian participants, especially within the aftermath of the earthquake. Because this research was conducted in Haiti, The Haitian participants are still experiencing health and economic challenges many years after the initial trauma.

#### Implications of Findings for Nursing Education, Practice, Research, Health and Public Policy

Environmental triggers of the earthquake impacted the focal, contextual and residual modes of coping, as well as the participants' ability to go through the adaptive processes.

When individuals experience a trauma they have to cope, we not only need to take care of them, as nurses it's important to help the individual adapt with the change. In the context of this research participants' ability to cope were affected at both the regulator and cognator modes. The

participants' experienced life disruption; blood loss, infection, loss of independence, their whole sense of self-concept, loss of economic independence and role function. They faced societal marginalization; as they were not able to be what society thinks of women in Haiti; where women have the primary role of care provider.

The following are implications for the findings to nursing education, practice, research, health and public policy.

### Implications for Nursing Education

Findings from 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.

Cultivating professional nurse development via greater investment in training opportunities will not only aid in improving the professional practice of Haitian nurses, but also ultimately result in improved patient-centered, quality care. 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.

### Implications of Findings for Nursing Practice

There is a clear need for improved healthcare preparedness and infrastructure in Haiti. Given the high level of primarily population healthcare for large population of Haitians who are now living with amputations, nurses have a central role to play in care provision. The Ministry of Health along with academic nursing and professional nursing membership organizations must establish and coordinate care to target individuals now living with amputations. Healthcare facilities can incorporate disaster training and drills as part of their employee staff development. Apart from providing these individuals with professional stability, which many are currently lacking, they are uniquely positioned to provide sensitive care to others living with amputations, which may positively impact patient outcomes.

Additionally, findings revealed the many losses Haitians experienced due to their traumatic limb amputations, including long-term disability, disrupted employment and schooling, and psychosocial stress. Nurses can play an important role in limiting these losses through proactive nursing assessment and intervention. During clinical encounters, nurses should comprehensively assess patients' functional abilities, pain levels, and psychological states, as well as establish (and regularly modify) rehabilitation plans to best meet their needs. Relatedly, nursing interventions should address the myriad physical, emotional, and social challenges an

individual may be facing due to their amputation. Such efforts may include pain management, range of motion exercises, modified nutrition, adaptive equipment provision, as well as referral to other healthcare professionals (e.g., social workers) and community and international aid resources that may help with community re-integration. Importantly, Haitian nurses should strive to work in multidisciplinary teams to ensure optimal outcomes for patients with a limb amputation and their families.

### Implications of Findings for Nursing Research

Implications of findings for nursing research include probing the experiences of Haitian adults who experienced traumatic limb amputation following the 2010 Haiti earthquake, to better understand their lived experience. 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. It would also be useful to collect more robust quantitative data from those living with amputations about their health and

rehabilitation practices, including health status indicators and healthcare utilization patterns, and to analyze this data in conjunction with qualitative data or to explore relations between limb amputation and health trends. Gaining these insights may facilitate the improvement of existing, and development of new, evidence-based nursing approaches to care for Haitian individuals living with limb amputations.

### Implications for Health and Public Policy

Commitment to creating/improving opportunities for consistent formal healthcare, formal and informal support networks, emotional and economic support to the amputee population. Standardize protocols to offer needed services will benefit the amputees, their families and society.

*Ministry of Public Health and Population:* Work with local and international agencies in developing comprehensive strategies to provide appropriate services; such as healthcare and rehabilitation services as well as support for the disabled and their families. With estimates of over 300,000 people killed and some 1.5 million left homeless as a result of the earthquake, policies of social welfare need to be developed/improved the lives of the population affected. Such improvements may include going into the communities and conducting vigorous need assessments and preparations for the future. The participants voiced the need for ongoing rehabilitative support services in the aftermath of the earthquake which should also be addressed.

*Ministry of Education:* Work on creating educational opportunities for the disabled, through university, professional or technical programs. These services can in turn promote financial independence.

*Ministry of Social Affairs:* There are no welfare benefits for adults with disabilities. With over 2.4 million living in Port au Prince; the capitol of Haiti (CIA, 2017), planning for financial benefits for those in need is very much needed.

*Academic Organizations:* These organizations can work on making access to education for the disabled a priority. As well as curriculum that are 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:* These 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:* The government 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.

*Non-Governmental Organizations:* These organizations can work with local universities and professional programs to developing rehabilitation professionals and programs for the disabled.

Policies for local and regional policies that support inclusion and advocacy for the disabled.

Policy makers must be proactive involved in investing in awareness of the needs of those with disabilities.

## Reflections of the Researcher's Experience

Utilizing the qualitative research methodology enable me to glean the personal experiences of the eight Haitian adult women in my everyday life. As I listened attentively to each woman's recollection of her experience which led to the loss of a leg or foot proved very emotional and enlightening at the same time. The women were very enthusiastic and wanted to make sure that their voices were heard not only by me but through the research that I was conducting. Even though I thought I was prepared for the interviews that would take place; I was not prepared for the emotions brought on by listening to the stories of the women. The lessons that I learned from listening to the stories of these eight resilient women, was the lack of governmental engagement in their health and well-being.

I was very mindful of the experiences of the participants but I had to hold back my own painful experiences as I listened. As much as I listened acutely I remained silent, in that silence I was suffering. In that silence I too now live untreaured norms and unrelentless hope. My unrelentless hope is to return to Haiti and continue to give back.

## Study Limitations

While the study yielded useful findings, there were several limitations. Since participants were gleaned from a convenience sample of Haitian women at Grace Children's Hospital in Port-au-Prince, selection bias may have emerged. Similarly, while every effort was made to recruit a sample that was diverse, the final sample was fairly homogenous, especially in regard to race and gender (i.e., all identified as black and was female). Further, the sample size was small ( $n=8$ ). As a result, issues of saturation may have arisen in which the findings may not reflect the full breadth and depth of experiences among Haitian adults who experienced limb amputation following injuries sustained in the 2010 earthquake. Despite these limitations, the researcher

sought to be mindful of assumptions and expectations throughout data collection and analyses to ensure that identified themes and trends were as unbiased as possible.

### Conclusion

This qualitative study of Haitian women who experienced a traumatic amputation following the 2010 Haiti earthquake revealed myriad personal, familial, and structural challenges associated with losing a limb due to the disaster. The notion that individuals' experiences navigating life post limb loss were shaped by familial, community, and societal factors affirms tenets of the theoretical frameworks underpinning this work.

The Roy Adaptation Model conceptualizes the individual, group, family, community, and society as a holistic, interdependent, and complex living system that are continually interacting with, adapting to, and creating changes within the environment (Roy & Andrews, 1999). The Roy framework is valuable with the participant's adaptation to traumatic limb loss, including physiological and physical factors, shifting notions of personal identity, and one's perceived role, value, and worth in their family, community, and society.

The common experience of pain and suffering, both physical and emotional, associated with participants' amputations with adjustment to life with a physical impairment, was mediated by social support from family and friends yet exacerbated by sociocultural norms that constrain the range of opportunities available to those with disabilities in Haiti. Further, gendered societal norms that dictate appropriate roles and activities for women in Haiti further served to hinder the ability of these women to gain and sustain employment. Experiencing social and occupational marginalization, for many participants was especially stressful. This created a challenge of meeting household responsibilities, both financial and nurturance for support and care for children, due to mobility limitations.



Importantly, the study also highlighted the insufficient response from the medical community following the 2010 earthquake. The lack of knowledge, skills, and resources possessed by medical personnel to appropriately and effectively treat patient injuries, as well as poor bedside manner and lack of patient-focused care, has hindered participants' rehabilitation processes and ability to cope with the trauma they experienced. Similarly, the ongoing lack of medical and healthcare infrastructure has prevented these study participants, and likely countless other individuals now living with amputations, in accessing needed rehabilitative services to enable them to be self-sufficient. It was evident that structural obstacles to care in Haiti are heavily influenced by social norms that devalue those with physical disabilities. Consequently, the needs of individuals who experienced amputations are largely ignored by society, leading to negligent investment in services and supports to enable them to be fully participatory members of society (Jacobson, 2008). There was unsurprisingly a palpable desire among participants for a cultural shift towards the humanization of those with physical disabilities and viewing them as equal contributors to society.

The needs of Haiti's citizens with physical disabilities due to the earthquake are tremendous. Additionally, medical educators in Haiti as well as training in disaster preparedness. Further, culturally acceptable and economically sustainable assistive technologies, such as prosthetics, orthotics, and wheelchairs, are needed for individuals not just in urban settings but in remote regions as well.

## APPENDICES

### Appendix A: IRB Notification

Dear Margaret Alexandre,

Your Initial Application was reviewed and approved on 07/31/2017. You may begin this research. Please note the following information about your approved research protocol:

Protocol Approval Period:	07/31/2017 - 07/30/2020
Protocol Risk Determination:	Minimal
Expedited Category(ies):	(6) Collection of data from voice, video, digital, or image recordings made for research purposes.; (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.).

Please remember to:

- Use **the IRB file number** 2017-0135 on all documents or correspondence with the IRB concerning your research protocol.

- Review and comply with CUNY Human Research Protection Program [policies and procedures](#).

The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

If you have any questions, please  
contact: Sarah Leon

*Appendix A-1: Flyer of Recruitment for Participants- English*



**Margarett Alexandre PhDc, MS, RN**

**Doctoral Candidate in Philosophy in the Department of Nursing from the City University  
of New York, Graduate  
Center**

**Research Study: A study of Haitian Adults who have lost a body part as a result of the 2010  
earthquake in Port au Prince, Haiti**

**Purpose: The goal of this study is to understand the experience of Haitian adults who have  
lost a body part as a result of the earthquake of 2010 in Port au Prince**

**Invitation:**

**To participate in this study you must:**

- 1. Participants must have been born and raised in Haiti.**
  - 2. Participants must be 18 to 65 years of age.**
  - 3. Participants must have experienced a traumatic amputation due to exposure to the  
2010 Haiti earthquake.**
  - 4. Participants must be able to participate in one audio- recorded in-person interview.**
- All information will remain confidential.**
  - This study involves one interview and one follow up meeting.**
  - The interview will take approximately 30-60 minutes.**

**If interested please contact the investigator, Margarett Alexandre  
at , to discuss details of the study.**



*Appendix A-2: Flyer of Recruitment for Participants- French*



**Margarett Alexandre PhDc, MS, RN**

**Candidat au doctorat en philosophie au Département des sciences infirmières de la  
City University de New York, Graduate Centre**

**Étude de recherche:**

**Une étude sur les adultes haïtiens qui ont perdu une partie du corps à la suite du  
tremblement de terre de 2010 à Port-au-Prince, en Haïti**

**Objectif:**

**L'objectif de cette étude est de comprendre l'expérience des adultes haïtiens qui ont perdu  
une partie du corps à la suite du séisme de 2010 à Port-au-Prince**

**Invitation:**

**Pour participer à cette étude, vous devez:**

- 1. Les participants doivent être nés et élevés en Haïti.**
- 2. Les participants doivent être âgés de 18 à 65 ans.**
- 3. Les participants doivent avoir subi une amputation traumatique en raison de leur  
exposition au séisme de 2010 en Haïti.**
- 4. Les participants doivent être en mesure de participer à 1 audition enregistrée en  
personne.**

- Toutes les informations resteront confidentielles.**
- Cette étude comprend une entrevue et une réunion de suivi.**
- Les entrevues prendront environ 30 à 60 minutes.**

**Si vous êtes intéressé, veuillez communiquer avec l'enquêteur, Margarett Alexandre au**

**Pour discuter des détails de l'étude.**



*Appendix A-3: Flyer of Recruitment for Participants- Creole*



Yon etid sou Adilt Ayisyen kite pèdi yon pati nan kò yo kòm yon konsekans tranbleman tè a an 2010 nan Pòtoprens, Ayiti

Margarett Alexandre PhDc, MS, RN

Yon Enfimyè Kandida doktora nan Filozofi nan Depatman Enfimyè nan inivèsite City University of New York, Graduate Center, ap fè yon etid rechèch.

Objektif la nan etid sa a se pou yo konprann eksperyans granmoun ayisyen kite pèdi yon pati nan kò yo kòm konsekans tranbleman tè a nan 2010 nan Pòtoprens

Pou patisipe nan etid sa a ou dwe:

1. Patisipan dwe fèt epi grandi na Potoprens, Ayiti.
2. Patisipan dwe gen 18 a 65 an.
3. Patisipan yo dwe fè eksperyans yon anpitasyon twomatik akòz ekspozè a 2010 tranbleman tè a en Ayiti.
4. Patisipan dwe kapab patisipe nan on odyoekri nan-moun entèvy ou.
5. Entèvy ou yo ap pran apeprè 30 a 60 minit.

Tanpri rele anketè a, Margarett Alexandre nan \_\_\_\_\_ ,  
pou diskite sou detay nan etid la.



## Appendix B: Eligibility Screening Script

### *Appendix B-1: Eligibility Screening Script- English*

#### **THE CITY UNIVERSITY OF NEW YORK**

##### **Hunter College**

Department Nursing Science

##### **ELIGIBILITY SCREENING SCRIPT**

**Title of Research Study:** The Lived Experience of Traumatic Amputation: A Phenomenological Study

**Principal Investigator:** Margaret Alexandre PhDc, RN  
Doctor of Philosophy in Nursing Candidate  
Graduate Center  
365 Fifth Avenue  
New York, New York, 10016

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Thank you for talking to me about my research. This research study will investigate the lived experience of Haitian adults who sustained a traumatic amputation. The study seeks to uncover the meaning of traumatic amputation in the lives of those affected by the 2010 earthquake. I would like to ask you a few questions to determine whether you are eligible to participate in this research.

Would you like to continue with the screening?

If yes, continue with the screening.

If no, thank the person.

The screening will take about fifteen minutes. I will ask you some questions about your age, when and how you lost your limb, whether or not this occurred in Port au Prince during the 2010 earthquake. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the screening is voluntary.

I will make my best efforts to keep your answers confidential. No one except for the research will have access to your answers. If you do not qualify for inclusion in the study, your answers will be destroyed. If you qualify for participation in the research and decide to participate; an appointment will be made to obtain an informed consent and interview which may last from 30 to 60 minutes. Consent forms will be kept in a locked cabinet, separate from the interview notes and audio-recordings which will be kept in a password accessible device.

Would you like to continue with the screening?

If yes, continue with the screening. If no, thank the person.

1. Were you born and raised in Haiti?

2. Are you between 18 and 65 years of age or older?
3. Did you experience a traumatic amputation due to exposure to the 2010 Haiti earthquake?
4. Are you able to participate in a audio- recorded in-person interview lasting 30-60 minutes and a follow up meeting within a week for clarification of the transcription of the interview?

Thank you for answering the screening questions.

If the potential participant is eligible for participation in the research, an appointment will be made to obtain informed consent and conduct the interview.

If the potential participant does not meet the inclusion criteria, they will be notified of their ineligibility and thanked for their time.

Do you have any questions about the screening or the research? I am going to give you a couple of telephone numbers to call if you have any questions later. Do you have a pen? If you have questions about the research screening, you may call Margaret Alexandre

If you have questions about your rights as a research participant, or if you wish to voice any problems or concerns to someone other than the researchers, please call CUNY Research Compliance Administrator at 646-664-8918.

Thank you again for your willingness to answer my questions.

**THE CITY UNIVERSITY OF NEW YORK**

**Hunter College**

**Département Sciences  
infirmières SCRIPT  
D'ÉLIGIBILITÉ**

Titre de l'étude de recherche: L'expérience vécue de l'amputation traumatique: une étude  
phénoménologique

Chercheur principal: Margaret Alexandre PhDc, RN

Docteur en philosophie en sciences infirmières  
Candidat Centre d'études supérieures  
365 Fifth Avenue  
New York, New York, 10016

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Merci de me parler de mes recherches. Cette étude explorera l'expérience vécue par des adultes haïtiens qui ont subi une amputation traumatique. L'étude cherche à découvrir le sens de l'amputation traumatique dans la vie des personnes touchées par le séisme de 2010. J'aimerais vous poser quelques questions pour déterminer si vous êtes admissible à participer à cette recherche.

Voulez-vous continuer avec le dépistage?

Si oui, poursuivez le  
dépistage. Si non, remercier  
la personne.

Le dépistage prendra environ quinze minutes. Je vais vous poser quelques questions sur votre âge, quand et comment vous avez perdu votre membre, si cela s'est produit à Port-au-Prince pendant le tremblement de terre de 2010. Vous n'avez pas à répondre à des questions auxquelles vous ne souhaitez pas répondre ou êtes mal à l'aise de répondre, et vous pouvez vous arrêter à tout moment. Votre participation au dépistage est volontaire.

Je ferai de mon mieux pour garder vos réponses confidentielles. Personne, sauf pour la recherche, n'aura accès à vos réponses. Si vous n'êtes pas admissible à l'inclusion dans l'étude, vos réponses seront détruites. Si vous êtes admissible à participer à la recherche et décidez de participer; Un rendez-vous sera fait pour obtenir un consentement éclairé et une entrevue qui peut durer de 30 à 60 minutes. Les formulaires de consentement seront



conservés dans une armoire verrouillée, séparés des notes d'entrevue et des enregistrements audio qui seront conservés dans un dispositif accessible par mot de passe.

Voulez-vous continuer avec le dépistage?

Si oui, poursuivez le dépistage. Si non, remercier la personne.

1. Êtes-vous né et avez-vous été élevé en Haïti?

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CUNY Eligibility Screening Script Template Page 1 of 2

Last Updated: May 30, 2014

1. Êtes-vous âgé de 18 à 65 ans?

2. Avez-vous subi une amputation traumatique en raison de l'exposition au tremblement de terre de 2010 en Haïti?

3. Êtes-vous en mesure de participer à une entrevue en personne audio-enregistrée d'une durée de 30-60 minutes et une réunion de suivi dans une semaine pour clarifier la transcription de l'entrevue?

Merci de répondre aux questions de sélection.

Si la participation potentielle est admissible à la participation à la recherche, une nomination sera faite pour obtenir un consentement éclairé et conduire l'entrevue.

Si le participant potentiel ne respecte pas les critères d'inclusion, ils seront informés de leur inadmissibilité et remerciés pour leur temps.

Avez-vous des questions au sujet du dépistage ou de la recherche? Je vais vous donner quelques numéros de téléphone pour appeler si vous avez des questions plus tard. Avez-vous un stylo? Si vous avez des questions sur le dépistage de la recherche, vous pouvez appeler Margaret Alexandre 3-148-6281

Si vous avez des questions au sujet de vos droits en tant que participant à la recherche ou si vous souhaitez transmettre des problèmes ou des préoccupations à quelqu'un d'autre que les chercheurs, veuillez appeler l'administrateur de conformité à la recherche de CUNY au 646-664- 8918.

Je vous remercie encore une fois de votre volonté de répondre à mes questions.

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CUNY Eligibility Screening Script Template Page 2 of 2

Last Updated: May 30, 2014

*Appendix B-3: Eligibility Screening Script -Haitian Creole*

**THE CITY UNIVERSITY OF NEW YORK**

**Hunter College**

**Département Sciences infirmières  
Scripts KALIFIKASYON**

**Tit nan etid rechèch la: Eksperyans la nan anpitasyon twomatizan an: yon etid  
fenomenolojik**

**Chèchè prensipal:** Margaret Alexandre PhDc, RN

Doktè nan Filozofi nan Enfimye

Kandida gradye Sant

365 Fifth Avenue  
New York, New York, 10016

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Mèsi pou pale ak m 'sou rechèch mwen. etid Rechèch sa a ap mennen ankèt sou eksperyans nan te viv nan granmoun ayisyen ki soutni yon anpitasyon twomatik. Etid la ap chache a dekouvwi siyifikasyon an nan anpitasyon twomatik nan lavi yo nan moun ki afekte pa tranbleman tè a 2010. Mwen ta renmen mande w kèk kesyon detèmine si ou se ki kalifye yo patisipe nan rechèch sa a.

Èske ou ta renmen kontinye ak tès depistaj la?

Si se wi, kontinye ak tès depistaj la.

Si pa gen okenn, di moun nan.

tès depistaj la pral pran sou kenz minit. M'ap mande nou kèk kesyon sou laj ou, lè ak ki jan ou pèdi mamb ou, si wi ou non sa a ki te fèt nan Port au Prince pandan tranbleman tè a 2010. Ou pa oblije reponn nenpòt kesyon ou pa vle reponn oswa ou se alèz reponn, epi ou ka kanpe nan nenpòt ki lè. Patisipasyon w nan tès depistaj la se volontè.

M'ap fè pi bon efò mwen kenbe repons ou konfidansyèl. Pa gen moun ki eksepte pou rechèch la ap gen aksè a repons ou yo. Si ou pa kalifye pou enklizyon nan etid la, repons ou pral detwi. Si ou kalifye pou patisipe nan rechèch la ak deside yo patisipe; pral yon randevou yo dwe fè yo jwenn yon konsantman eklere ak entèvyou ki ka dire soti nan 30 a 60 minit. fòm Konsantman yo pral kenbe li nan yon ti plaka fèmèn, separe de nòt yo entèvyou ak odyo-anrejistreman ki pral kenbe nan yon aparèy modpas aksesib.

Èske ou ta renmen kontinye ak tès depistaj la?

Si se wi, kontinye ak tès depistaj la. Si pa gen okenn, di moun nan.

1. Eske ou te fèt epi grandi nan Ayiti?
2. Èske ou ant 18 ak 65 ane laj?
3. Eske ou te fè eksperyans yon anpitasyon twomatik akòz ekspoze a 2010 tranbleman tè a Ayiti?
4. Èske ou kapab patisipe nan yon odyo ekri nan-moun entèvyou ki dire lontan 30-60 minit ak yon swivi reyinyon nan yon semèn pou klarifikasyon nan transcription a nan entèvyou a?

Mèsi pou reponn kesyon yo tès depistaj.

Si potansyèl la patisipe se elijib pou patisipe nan rechèch la, yo pral yon randevou yo dwe fè yo jwenn ak konsantman enfòm ak fè entèvyou a.

Si patisipan-an potansyèl pa satisfè kritè yo enklizyon, yo ap resevwa enfòmasyon sou inelijibilite yo ak te remèsye pou tan yo.

Ou gen nenpòt kesyon sou tès depistaj la oswa rechèch la? Mwen pral ba ou yon koup la nimewo telefòn yo rele si ou gen nenpòt kesyon pita. ou gen yon plim? Si ou gen kesyon sou tès depistaj la rechèch, ou ka rele Margaret Alexandre 3-148-6281

Si w gen kesyon sou dwa ou kòm yon patisipan rechèch, oswa si ou vle fè tande vwa nenpòt pwoblèm oswa enkyetid ak yon moun lòt pase chèchè yo, tanpri rele CUNY Rechèch Konfòmite Administratè a 646-664-8918.

Mèsi ankò pou volonte ou reponn kesyon m 'yo.

## Appendix C: Informed Consent Form

### *Appendix C 1: Informed Consent Form- English*

#### THE CITY UNIVERSITY OF NEW YORK

**Hunter College**  
Department Nursing Science

#### CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**Title of Research Study:** The Lived Experience of Traumatic Amputation: A Phenomenological Study

**Principal Investigator:** Margaret Alexandre PhD, RN  
Doctor of Philosophy in Nursing Candidate  
Graduate Center  
365 Fifth Avenue  
New York, New York, 10016

**Faculty Advisor:** Donna Nickitas, PhD, RN, NEA-BC, CNE, FAAN  
Professor, Executive Officer, Nursing PhD Program  
CUNY Graduate Center.  
365 Fifth Avenue  
New York, New York, 10016

**Site where study is to be conducted:** Port au Prince, Haiti

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You are being asked to participate in a research study because you have met the inclusion criteria for participation:

1. Participants must have been born and raised in Port au Prince, Haiti.
2. Participants must be between 18 and 65 years of age.
3. Participants must have experienced a traumatic amputation due to exposure to the 2010 Haiti earthquake.
4. Participants must be able to participate in one audio- recorded in-person interview.

#### **Purpose:**

The purpose of this research study is to interview Haitian Adults who experienced a traumatic amputation as a result of the 2010 earthquake. Writing notes during audio-recorded interview will be the way to collect data on the participant experience for the study.

#### **Procedures:**

If you volunteer to participate in this research study, we will ask you to do the following:

1. Participants will be asked to complete a demographic data form. The 12 item demographic data form will address age, gender, ethnicity, language, education and household information.
2. Participate in an audio-recorded interview to discuss your experience of losing your limb. During the audio-recorded interview, written notes will also be taken.

3. Have a follow up meeting after the audio-recordings are transcribed to review  
The interview will take place in a pre-scheduled private area between the researcher and the participants.

**Audio Recording:**

The entire interview will be audio-recorded to ensure the accuracy of our findings; the interview will be audio-recorded for later transcription and review by the researcher. You cannot participate in this study if you do not consent to audio recording.

**Time Commitment:**

Your participation in this research study is expected to last for a total of 30 to 60 minutes.

**Potential Risks or Discomforts:**

Participation in this research study poses non-to minimal risk or discomfort. You may experience minimal risks like the possible discomfort some people may experience when responding to personal questions about their experiences. To minimize these risks participants may choose to stop discussing any topic at any time or end participation in the study.

However if you experience any discomfort as a result of discussing your experience of losing your limb(s), you can speak to the clinical psychologist at Grace Children's Hospital at Delmas 31 Port au Prince , Haiti.

**Potential Benefits:**

There are no known direct benefits to the participants. However, participation in the study may increase general knowledge of Haitian Adults who have experience a traumatic amputation as a result of the 2010 earthquake.

The benefit to society from this phenomenological research is to uncover the meaning of the lived experience of traumatic amputation. The sample for this study is Haitian adults who have had a traumatic experience and provided an opportunity to tell their story. Telling one's personal story offers an opportunity of openness, healing, and personal insight.

**Payment for Participation:**

You will not receive any payment for participating in this research study.

**New Information:**

You will be notified about any new information regarding this study that may affect your willingness to participate in a timely manner.

**Confidentiality:**

Participant names and demographic information will only be available to the researcher. Each participant transcript will be assigned a code known only to the researcher

We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.

The information you provide will be collected via writing notes and audio recording. The collected data will be accessible to only the researcher and her faculty advisor. The consent forms will be stored separately in a locked file cabinet by the researcher. Audio recordings will be transcribed by the researcher and then destroyed. The audio recordings will be labeled with a numerical coded identifier and stored in a locked cabinet by the researcher. The transcriptions will be labeled with a numerical coded kept without any identifying data and stored on a locked password protected computer for at least three years. The results of this study may result in a publication, however, no names of participants, or any identifying characteristics, will identified.

Strict confidentiality of information will be maintained to the extent allowed by the law. Confidentiality will only be broken and reported to the proper authorities if information is revealed which indicates a clear and imminent risk of harm to yourself or others.

The research team, authorized CUNY staff, the research sponsor Donna Nickitas, PhD, RN, NEA-BC, CNE, FAAN and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

#### **Participants' Rights:**

- Your participation in this research study is entirely **voluntary**. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

#### **Questions, Comments or Concerns:**

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers: Margaret

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email [HRPP@cuny.edu](mailto:HRPP@cuny.edu). Alternately, you can write to:

CUNY Office of the Vice Chancellor for Research  
Attn: Research Compliance Administrator  
205 East 42<sup>nd</sup> Street  
New York, NY 10017

#### **Signature of Participant:**

If you agree to be audiotaped, please indicate this below.

\_\_\_\_\_ I agree to be audiotaped  
\_\_\_\_\_ **I do NOT agree to be audiotaped**

If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Signature of Individual Obtaining Consent**

\_\_\_\_\_  
Printed Name of Individual Obtaining Consent

\_\_\_\_\_  
Signature of Individual Obtaining Consent

\_\_\_\_\_  
Date



## Appendix C 2: Informed Consent Form- French

### THE CITY UNIVERSITY OF NEW YORK

#### Hunter College

Département Sciences infirmières

### CONSENTEMENT POUR PARTICIPER À UNE ÉTUDE DE RECHERCHE

Titre de l'étude de recherche: L'expérience vécue de l'amputation traumatique: une étude phénoménologique

Chercheur principal : Margaret Alexandre PhD, RN  
Docteur en philosophie en sciences infirmières- Candidat  
Graduate Center  
365 Fifth Avenue  
New York, New York, 10016

Conseiller de la faculté : Donna Nickitas, PhD, RN, NEA-BC, CNE, FAAN  
Professeur, directeur général, Programme de doctorat en soins infirmiers  
CUNY Graduate Center .  
365 Fifth Avenue  
New York, New York, 10016  
Lieu d'étude: Port au Prince, Haiti

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On vous demande de participer à une étude de recherche parce que vous avez rempli les critères d'inclusion pour la participation:

1. Les participants doivent être nés et élevés à Port-au-Prince, en Haïti.
2. Les participants doivent avoir entre 18 et 65 ans.
3. Les participants doivent avoir subi une amputation traumatique en raison de leur exposition au séisme de 2010 en Haïti.
4. Les participants doivent être en mesure de participer à une entrevue audio enregistrée en personne.

#### **Objectif:**

Le but de cette étude est d'interviewer des adultes haïtiens qui ont subi une amputation traumatique à la suite du tremblement de terre de 2010. Rédiger des notes au cours d'une entrevue enregistrée audio sera la façon de recueillir des données sur l'expérience des participants pour l'étude.

#### **Procédures:**

Si vous faites du bénévolat pour participer à cette étude, nous vous demanderons de faire ce qui suit: Les participants devront remplir un formulaire de données démographiques. Le formulaire de données démographiques à 12 éléments abordera: l'âge, le sexe, l'origine ethnique, la langue, l'éducation et les informations sur les ménages.



Nous ferons de notre mieux pour préserver la confidentialité de toute information recueillie au cours de cette étude et qui pourra vous identifier. Nous ne divulguons ces informations qu'avec votre permission ou conformément à la loi.

Les informations que vous fournissez seront collectées via des notes d'écriture et l'enregistrement audio. Les données recueillies seront accessibles uniquement à la chercheuse et à son conseiller pédagogique. Les formulaires de consentement seront conservés séparément dans un classeur verrouillé par le chercheur. Les enregistrements audio seront transcrits par le chercheur puis détruits. Les enregistrements audio seront étiquetés avec un identificateur codé numérique et stockés dans un cabinet verrouillé par le chercheur. Les transcriptions seront étiquetées avec un code numérique conservé sans données d'identification et stockées sur un ordinateur protégé par mot de passe verrouillé pendant au moins trois ans. Les résultats de cette étude peuvent aboutir à une publication, mais aucun nom des participants ou aucune caractéristique d'identification ne sera identifié.

La confidentialité stricte des renseignements sera maintenue dans la mesure permise par la loi. La confidentialité ne sera rompue et signalée aux autorités compétentes que si des informations sont révélées qui indiquent un risque évident et imminent de nuisance pour vous-même ou pour les autres.

L'équipe de recherche, le personnel autorisé de CUNY, la commandite de recherche Donna Nickitas, le PhD, le RN, le NEA-BC, le CNE, le FAAN et les agences gouvernementales qui supervisent ce type de recherche peuvent avoir accès aux données et aux dossiers de recherche pour surveiller la recherche. Les dossiers de recherche fournis aux personnes autorisées, non-CUNY ne contiendront pas d'informations identifiables sur vous. Les publications et / ou présentations qui résultent de cette étude ne vous identifieront pas par votre nom.

#### **Droits des participants:**

- Votre participation à cette étude est entièrement volontaire. Si vous décidez de ne pas participer, il n'y aura pas de pénalité pour vous, et vous ne perdrez aucun avantage auquel vous avez droit autrement.
- Vous pouvez décider de retirer votre consentement et arrêter de participer à la recherche à tout moment, sans aucune pénalité.

#### **Questions, commentaires ou préoccupations:**

Si vous avez des questions, des commentaires ou des préoccupations au sujet de la recherche, vous pouvez parler à l'un des chercheurs suivants: Margaret Alexandre-1

Si vous avez des questions sur vos droits en tant que participant à la recherche ou si vous avez des commentaires ou des préoccupations que vous aimeriez discuter avec une autre personne que les chercheurs, veuillez appeler l'administrateur de la conformité CUNY au 646-664-8918 ou écrire à HRPP@cuny.edu. Alternativement, vous pouvez écrire à:

CUNY Office of the Vice Chancellor for Research  
Attn: Research Compliance Administrator  
205 East 42<sup>nd</sup> Street  
New York, NY 10017

#### **Signature du participant:**

Si vous acceptez d'être enregistré, veuillez l'indiquer ci-dessous.

\_\_\_\_\_ J'accepte d'être enregistré

\_\_\_\_\_ **Je ne suis PAS d'accord pour être enregistré**

Si vous acceptez de participer à cette étude, veuillez le signer et la date ci-dessous.

Vous recevrez une copie de ce formulaire de consentement à conserver.

\_\_\_\_\_  
Nom imprimé du participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature du participant

\_\_\_\_\_  
Date

**Signature de l'individu obtenant le consentement**

\_\_\_\_\_  
Nom imprimé de la personne obtenant le consentement

\_\_\_\_\_  
Signature de l'individu qui obtient le consentement

\_\_\_\_\_  
Date

*Appendix C 3: Informed Consent Form- Haitian Creole*

**THE CITY UNIVERSITY OF NEW YORK**

**Hunter College**

Department Nursing Science

**Konsantman Pou Patisipe Nan yon Etid Rechèch**

Tit Pwojè a: Eksperyans viv nan yon Anpitasyon twomatik: yon etid fenomenolojik  
Chèchè Prensipal: Margaret Alexandre PhD, RN  
Kandida en Doktè an Filozofi nan Enfimye  
Graduate Center  
365 Fifth Avenue  
New York, New York, 10016

Fakilte Konseye: Donna Nickitas, PhD, RN, NEA-BC, CNE, FAAN  
Pwofesè. Ofisye Egzekitif, Pwogram Doktè an Filozofi nan Enfimye  
CUNY Graduate Center.  
365 Fifth Avenue  
New York, New York, 10016

Sit kote etid se yo dwe fèt: Pòtoprens, Ayiti

---

Map mande ou pou patisipe nan yon etid rechèch paske ou te gen kritè a enklizyon pou patisipe:

1. Patisipan dwe te fèt epi grandi nan Pòtoprens, Ayiti.
2. Patisipan dwe ant 18 ak 65 ane laj.
3. Patisipan dwe te fè eksperyans yon anpitasyon twomatik akòz ekspozè a 2010 tranbleman tè a en Ayiti.
4. Patisipan dwe kapab patisipe nan youn entèvyou anrejistre

**objektif:**

Rezon ki fè etid rechèch sa a se fè entèvyou Adilt ayisyen ki gen eksperyans yon anpitasyon twomatik kòm yon rezilta nan tranbleman tè a 2010. Map ekri nòt pandan odyo-anrejistre entèvyou ya pou ede nan kolekte eksperyans patisipan yo pou etid la.

**pwosedi:**

Si ou sèvi kòm volontè pou patisipe nan etid rechèch sa a, n ap mande ou fè bagay sa yo:

Patisipan ranpli yon fòm done demografik. 12 atik fòm nan done demografik pral adrese: laj, sèks, etnisite, lang, edikasyon ak enfòmasyon nan kay la.

Pou patisipe nan yon entèvyou odyo-anrejistre pou diskite sou eksperyans ou nan pèdi mamb ou yo.

Pandan nap odyo-anrejistre entèvyou a nap ekri nòt tou.

Angajman pou chak patisipan atann yo aske apeprè 30-60 minit.

Fè yon swivi reyinyon apre odyo-anrejistreman yo ap transkri yo revize

Entèvyou a pral pran plas nan yon zòn pre-pwograme prive ant chèchè a ak patisipan yo.

### **Anrejistreman Odyo:**

entèvyou a tout antye yo pral odyo-anrejistre asire presizyon nan rezilta nou an, entèvyou a pral odyo-anrejistre pou transcription pita e revizyon pa chèchè nan. Ou pa ka patisipe nan etid sa a si ou pa dakò ak anrejistreman odyo.

### **Tan Angajman:**

se patisipasyon ou nan etid rechèch sa a espere pase pou yon total de 30 a 60 minit.

### **Risk potansyèl oswa Malèz:**

Patisipasyon nan etid rechèch sa a poze ki pa minim risk oswa malèz. Ou ka fè eksperyans risk minim tankou malèz nan posib gen kèk moun ki ka fè eksperyans lè reponn a kesyon pèsònèl sou eksperyans yo. Pou misyon pou minimize risk sa yo patisipan kapab chwazi yo sispann diskite nenpòt ki sijè a nenpòt ki lè oswa fini patisipasyon nan etid la.

Sepandan si ou santi nenpòt malèz kòm yon rezilta nan diskite sou eksperyans ou nan pèdi mamb ou a (yo), ou ka pale ak sikològ la klinik nan Lopital Grace Timoun la nan Delmas 31 Pòtoprens, Ayiti.

### **Benefis potansyèl:**

Pa gen okenn benefis dirèk pou patisipan yo. Sepandan, patisipasyon nan etid la ka ogmante konesans jeneral nan Adilt ayisyen ki gen eksperyans yon anpitasyon twomatik kòm yon rezilta nan tranbleman tè a 2010.

Benefis la pou sosyete soti nan rechèch sa a fenomenolojik se dekouvwi siyifikasyon an nan eksperyans la te rete nan anpitasyon twomatik. Echantiyon an pou etid sa a se granmoun ayisyen ki te gen yon eksperyans twomatizan ak bay yon opòtinite yo rakonte istwa yo. Rakonte istwa pèsònèl yon sèl la ofri yon opòtinite nan ouvèti, gerizon, ak insight pèsònèl.

### **Depans**

Patisipasyon nan etid sa a pa koute sijè a.

### **Peman pou Patisipasyon:**

Ou pa pral resevwa nenpòt peman pou patisipe nan etid rechèch sa a.

### **Nouvo Enfòmasyon:**

Nou ap fè w konnen sou nenpòt nouvo enfòmasyon konsènan etid sa a ki ka afekte volonte ou yo patisipe nan yon fason apwopriye.

### **konfidansyalite:**

Nou pral fè pi bon efò nou yo kenbe konfidansyalite nan nenpòt ki enfòmasyon ki kolekte pandan etid rechèch sa a, e ki kapab idantifye ou. Nou ap divilge enfòmasyon sa a sèlman avèk pèmasyon ou a oswa jan lalwa egzijè sa.

yo pral mete enfòmasyon an ou bay dwe kolekte atravè nòt ekri ak odyo anrejistreman. Done yo kolekte yo pral aksesib a sèlman chèchè a ak konseye fakilte li. fòm yo konsantman pral estoke separeman nan

yon kabinè dosye fèmen pa chèchè nan. anrejistreman odyo yo pral transkri pa chèchè a ak Lè sa a detwi. Anrejistreman ki pral make ak yon nimerik kode idantifyan ak ki estoke nan yon kabinè fèmen pa chèchè nan. transcriptions yo pral make ak yon nimerik kode kenbe san yo pa nenpòt done idantifye ak ki estoke sou yon modpas pwoteje òdinatè fèmen pou omwen twa ane sa yo. Rezilta yo nan etid sa a, sa ka lakòz nan yon piblikasyon, sepandan, pa gen okenn non patisipan yo, oswa nenpòt ki Karakteristik idantifye, yo pral idantifye yo.

Strik konfidansyalite enfòmasyon yo ap konsève nan limit ki otorize pa lalwa Moyiz la. pral Konfidansyalite sèlman gen pou kase ren ak rapòte bay otorite apwopriye yo si se enfòmasyon devwale ki endike yon risk ki klè ak iminan nan domaj nan tèt ou oswa lòt moun.

Ekip la rechèch, otorize anplwaye CUNY, pwomotè a rechèch Donna Nickitas, PhD, RN, nèa-BC, CNE, FAAN ak ajans gouvènman ki sipèvize sa a ki kalite rechèch ka gen aksè a done rechèch ak dosye yo nan lòd yo kontwòle rechèch la. dosye rechèch bay otorize, -CUNY ki pa moun ki pa pral gen enfòmasyon ki idantifye sou ou. Piblikasyon ak / oswa prezantasyon ki sòti nan etid sa a pa pral idantifye ou pa non ou.

### **Dwa patisipan yo:**

- Patisipasyon w nan etid rechèch sa a se antyèman volontè. Si ou deside pa patisipe, pa pwal gen okenn penalite nou la a, epi ou pa pral pèdi nenpòt benefis ou yo ba ki w ap otreman dwa.
- Ou ka deside anile konsantman ou epi yo sispann k ap patisipe nan rechèch la nan nenpòt ki lè, san okenn penalite.

### **Kesyon, Kòmantè oswa Enkyetid:**

Si w gen nenpòt kesyon, kòmantè oswa enkyetid sou rechèch la, ou ka pale nan youn nan chèchè sa yo: Margaret Alexandre -

Si w gen kesyon sou dwa ou kòm yon patisipan rechèch, oswa ou gen kòmantè oswa enkyetid ke ou ta renmen diskite avèk yon moun lòt pase chèchè yo, tanpri rele Administratè a CUNY Rechèch Konfòmite nan 646-664-8918 oswa voye yon imèl HRPP @ CUNY. edu. Konsekativman, ou ka ekri a:

**CUNY Office of the Vice Chancellor for Research**

**Attn: Research Compliance Administrator**

**205 East 42<sup>nd</sup> Street**

**New York, NY 10017**

### **Siyati Patisipan:**

Si ou dakò yo dwe audiotaped, tanpri endike sa a pi ba a.

\_\_\_\_\_ Mwen dakò yo dwe audiotaped

\_\_\_\_\_ MWEN PA dakò yo dwe audiotaped

Si ou dakò yo patisipe nan etid rechèch sa a, tanpri siyen ak date pi ba a. Yap ba ou yon kopi fòm konsantman sa a kenbe.

Enprime Non Patisipan

Siyati Patisipan

Dat

**Siyati Endividyèl Kap Pran Konsantman**

Enprime Non Endividyèl Kap Pran Konsantman

Siyati Endividyèl Kap Pran Konsantman

Dat



## Appendix D: Oral Consent

### *Appendix D 1: Oral Consent- English*

#### THE CITY UNIVERSITY OF NEW YORK

##### Hunter College

Department Nursing Science

#### ORAL OR INTERNET BASED INFORMED CONSENT SCRIPT

**Title of Research Study:** The Lived Experience of Traumatic Amputation: A Phenomenological Study

**Principal Investigator:** Margaret Alexandre PhDc, RN  
Doctor of Philosophy in Nursing Candidate  
Graduate Center  
365 Fifth Avenue  
New York, New York, 10016

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Good morning/afternoon/evening,

My name is Margaret Alexandre I am a doctoral candidate at the CUNY Graduate Center Department of Nursing.

You are being asked to participate in this research study because you:

1. Were you born and raised in Haiti
2. Are between 18 and 65 years old
3. You experience a traumatic amputation due to exposure to the 2010 Haiti earthquake
4. Are you able to participate in a audio- recorded in-person interview lasting 30-60 minutes and a follow up meeting within a week for clarification of the transcription of the interview

The purpose of this research study is to investigate the lived experience of Haitian adults who sustained a traumatic amputation. The study seeks to uncover the meaning of traumatic amputation in the lives of those affected by the 2010 earthquake. If you agree to participate, we will ask you to participate in an interview which will last 30-60 minutes describing your experience of losing your limb/limbs and a follow-up meeting for clarification of the transcribe interview data. The interview will be audio-taped for accuracy of information. The researcher will also take notes during the interview. The notes and audio-recording will be destroyed once the information is transcribed. Only the researcher will have access to your interview recording. All efforts will be made to ensure your confidentiality; your informed consent will be kept in a locked cabinet in the researcher's office and audio-recordings will be on a password accessible device.

Your participation in this research is voluntary. If you have any questions, you can contact Margaret Alexandre 3-148-6281. If you have any questions about your rights as a research participant or if you would like to talk to someone other than the researchers, you can contact CUNY Research Compliance Administrator at 646-664-8918.

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CUNY Oral Informed Consent Script Template  
Last Updated: June 24, 2014

CUNY  
University Integrated IRB  
Protocol: 2017-0135  
Approved: 07/31/2017  
Expires: 07/30/2020

## Appendix D 2: Oral Consent- French

### THE CITY UNIVERSITY OF NEW YORK

#### Hunter College

#### Département Sciences infirmières

#### ORAL OU INTERNET BASÉ SUR CONSENTEMENT SCRIPT

**Titre de l'étude de recherche:** L'expérience vécue de l'amputation traumatique: une étude phénoménologique

**Chercheur principal:** Margaret Alexandre PhDc, RN

Docteur en philosophie en sciences infirmières Candidat  
Centre d'études supérieures  
365 Fifth Avenue  
New York, New York, 10016

---

Bonjour / après-midi / soirée,

Je m'appelle Margaret Alexandre Je suis un candidat au doctorat au CUNY Graduate Centre Département des soins infirmiers.

On vous demande de participer à cette étude parce que vous:

1. Êtes-vous né et avez-vous été élevé en Haïti
2. Ont entre 18 et 65 ans
3. Vous éprouvez une amputation traumatique due à l'exposition au tremblement de terre de 2010 en Haïti
4. Êtes-vous en mesure de participer à une entrevue audio enregistrée de 30 à 60 minutes et à une réunion de suivi dans une semaine pour clarifier la transcription de l'interview

Le but de cette étude est d'étudier l'expérience vécue par des adultes haïtiens qui ont subi une amputation traumatique. L'étude cherche à découvrir le sens de l'amputation traumatique dans la vie des personnes touchées par le séisme de 2010. Si vous acceptez de participer, nous vous demanderons de participer à une entrevue qui durera de 30 à 60 minutes décrivant votre expérience de la perte de votre membre / membres et une réunion de suivi pour clarifier les données d'entrevue de transcription. L'entrevue sera enregistrée sur bande sonore pour l'exactitude de l'information. Le chercheur prendra également des notes durant l'entrevue. Les notes et les enregistrements audio seront détruits une fois les informations transcrites. Seul le chercheur aura accès à l'enregistrement de votre entrevue. Tous les efforts seront faits pour assurer votre confidentialité; Votre consentement éclairé sera conservé dans un cabinet verrouillé dans le bureau du chercheur et les enregistrements audio seront sur un dispositif accessible par mot de passe.

Votre participation à cette recherche est volontaire. Si vous avez des questions, vous pouvez contacter Margaret Alexandre 3-148-6281. Si vous avez des questions au sujet de vos droits en tant que participant à la recherche ou si vous souhaitez parler à quelqu'un d'autre que les chercheurs, vous pouvez communiquer avec l'administrateur de conformité à la recherche de CUNY au 646-664-8918.

CUNY  
University Integrated IRB  
Protocol: 2017-0135  
Approved: 07/31/2017  
Expires: 07/30/2020



### **Résumé Verbal**

**Titre de l'étude de recherche:** L'expérience vécue de l'amputation traumatique: A  
Étude phénoménologique

**Chercheur principal:** Margaret Alexandre PhDc, RN

**Comment contacter le personnel de l'étude:** Margaret Alexandre au

**À qui s'adresser si vous avez des questions sur le fait d'être un sujet de recherche:** appelez  
le CUNY Research Compliance Administrator au 646-664-8918 ou envoyez un courriel à  
[HRPP@cuny.edu](mailto:HRPP@cuny.edu)

Ce formulaire fournit des informations essentielles que vous devez connaître sur cette étude de recherche. Participer à cette étude de recherche est volontaire. Vous n'avez pas besoin de participer ou de continuer dans cette étude si vous ne voulez pas. Vous pouvez cesser de participer à cette étude à tout moment sans pénalité.

Le but de l'étude de recherche: Le but de cette étude est d'interviewer des adultes haïtiens qui ont subi une amputation traumatique à la suite du séisme de 2010. L'écriture des notes pendant l'entrevue audio-enregistrée sera la façon de recueillir des données sur l'expérience des participants pour l'étude.

**Principales procédures que vous pour suivrez dans cette étude de recherche:** Si vous faites du bénévolat pour participer à cette étude, nous vous demanderons de faire ce qui suit:

Les participants devront remplir un formulaire de données démographiques. Le formulaire de données démographiques à 12 éléments abordera: l'âge, le sexe, l'origine ethnique, la langue, l'éducation et les informations sur les ménages.

Pour participer à une interview audio-enregistrée pour discuter de votre expérience de perte de votre membre. Au cours de l'entrevue audio, des notes écrites seront également prises.

**Nombre de visites d'étude et combien de temps les visites d'étude seront effectuées:**

l'engagement de temps de chaque participant devrait être d'environ 30 à 60 minutes. L'entrevue aura lieu dans un espace privé pré-programmé entre le chercheur et les participants. L'interview entière sera audio-enregistrée pour assurer l'exactitude de nos résultats, l'interview sera enregistrée audio pour la transcription ultérieure et l'examen par le chercheur. Vous ne pouvez pas participer à cette étude si vous ne consentez pas à l'enregistrement audio. On vous demandera également d'avoir une réunion de suivi après écoute des enregistrements audio pour l'examen

**Risques potentiels ou inconvénients de participer à cette étude:** la participation à cette étude ne présente aucun risque ou inconfort minimum. Vous risquez d'avoir des risques minimes, comme le malaise possible que certaines personnes peuvent éprouver lors de réponses à des questions personnelles sur leurs expériences. Pour minimiser ces risques, les participants peuvent choisir de cesser de discuter de tout sujet à tout moment ou de finir la participation à l'étude. Cependant, si vous rencontrez des inconvénients à la suite de votre expérience de la perte de votre membre, vous pouvez parler au psychologue clinicien de l'hôpital Grace Children's de Delmas 31 Port au Prince, en Haïti.

**Possibilités de participer à cette étude de recherche:** il n'y a aucun avantage ou coût direct pour les participants. Cependant, la participation à l'étude peut accroître la connaissance générale des adultes haïtiens qui ont une amputation traumatique à la suite du séisme de 2010.

L'intérêt pour la société de cette recherche phénoménologique est de découvrir le sens de l'expérience vécue de l'amputation traumatique. L'échantillon pour cette étude est des adultes haïtiens qui ont eu une expérience traumatique et ont donné l'occasion de raconter leur histoire. Raconter son histoire personnelle offre une opportunité d'ouverture, de guérison et de perspicacités personnelles

Signature du participant:

Si vous acceptez d'être audio, veuillez l'indiquer ci-dessous.

\_\_\_\_\_ J'accepte d'être audio

\_\_\_\_\_ Je **N'accepte pas** d'être audio

Si vous acceptez de participer à cette étude, veuillez-vous inscrire et vous identifier ci-dessous.

Vous recevrez une copie de ce formulaire court à garder.

\_\_\_\_\_  
Nom ou marque imprimée du participant

\_\_\_\_\_  
Signature ou marque de la date du participant

\_\_\_\_\_  
Nom du témoin imprimé

Signature du témoin \_\_\_\_\_

\_\_\_\_\_  
Nom imprimé de l'obtention du consentement individuel

\_\_\_\_\_  
Signature de personnel obtenue

la date de consentement \_\_\_\_\_

## Appendix E: Verbal Summary Haitian Creole

### Rezime Vèbal

**Tit Rechèch etid:** Eksperyans yo te viv nan twomatik anputasyon: Yon fenomenolojik Etid

**Chèchè Prensipal:** Margaret Alexandre PHDC, RN

**Ki jan yo kontakte anplwaye nan etid:** Margaret Alexandre nan :

**Ki moun ki yo rele si ou gen pwoblèm-sou ke yo te blan gen sijè rechèch:** tanpri rele Administratè a CUNY Rechèch Konfòmite nan 646-664-8918 oswa voye yon imèl [HRPP@cuny.edu](mailto:HRPP@cuny.edu)

fòm sa a bay enfòmasyon esansyèl ou Dwe Konnen konsènan etid rechèch sa a. Lè w ap pran pati nan etid rechèch sa a se volontè. Ou pa bezwen pran soti nan lò ap kontinye nan etid sa a si ou pa vle to. You ka sispann Lè w ap pran pati nan etid sa a nan nenpòt ki lè san yo pa nenpòt plas penalite.

**Rezon ki fè etid la rechèch:** Rezon ki fè etid rechèch sa a se fè entèvyou Adilt ayisyen Ki moun ki gen eksperyans yon anpitasyon twomatik kòm yon rezilta nan tranbleman tè a 2010. Ekri Nòt odyo-anrejistre entèvyou Pral Pandan wout la nan kolekte done sou eksperyans nan patisipan pou etid la.

**Pwosedi prensipal ou pral ale nan nan etid rechèch sa a:** Si ou sèvi kòm volontè yo patisipe nan etid rechèch sa a, n ap mande ou fè bagay sa yo:

Pou Patisipan ranpli yon fòm done demografik. 12 atik fòm nan done demografik pral adrese: laj, sèks, emisite, lang, edikasyon ak enfòmasyon nan kay la.

Pou patisipe nan odyo-anrejistre entèvyou nan ane a chat eksperyans ou nan pèdi mamb ou yo. Pandan entèvyou ekri nòt la odyo-anrejistre pral pran aussi.

**Nimewo vizit etid epi depi konbyen tan vizit etid yo pral:** se angajman nan tan nan Chak patisipan atann yo aske Apeprè 30-60 minit. Entèvyou a pral pran plas nan yon zòn pre-pwograme prive entre les chèchè ak patisipan yo. Entèvyou a Tout pral odyo-anrejistre asire prezizyon nan rezilta nou an, entèvyou a pral odyo-anrejistre pou transcription pita e revizyon pa chèchè nan. Ou pa ka Patisipe nan etid sa a si ou pa dakò ak anrejistreman odyo. Ou pral gen tou ap mande yo-gen yon swivi patnè reyinyon apre odyo-anrejistreman yo ap transkri yo revize

**Risk potansyèl de Lè w ap pran Malèz lò men nan etid rechèch sa a:** Patisipasyon nan etid rechèch sa a pa poze minim risk oswa malèz. Se pou ou fè eksperyans minim malèz kòm Risk posib tankou kèk Pèp la ka fè eksperyans Lè Reponn sou zafè pèsone sou eksperyans yo. Pou misyon pou minimize deba Risk patisipan kapab chwazi yo sispann diskite Nenpòt sijè a nenpòt ki lè oswa fini patisipasyon nan etid la.

Sepandan si ou santi malèz kòm yon rezilta Nenpòt nan diskite sou eksperyans ou nan pèdi mamb ou a (yo), ou ka pale ak sikològ la klinik nan Lopital Grace Timoun la nan Delmas 31, Port au Prince, Ayiti.

**Benefis posib nan Lè w ap pran pati nan etid rechèch sa a:** Pa gen okenn li t benefis dirèk oswa frè yo patisipan yo. Sepandan, patisipasyon nan etid la ka Vin konesans jeneral nan Adilt ayisyen Ki moun ki gen eksperyans yon anpitasyon twomatik kòm yon rezilta nan tranbleman tè a 2010.

Benefis la nan sosyete soti nan rechèch sa a fenomenolojik se dekouvi siyifikasyon an nan Eksperyans yo te viv nan anpitasyon twomatik. Echantiyon an pou etid sa a se granmoun ayisyen

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Approved: 07/31/2017

Expires: 07/30/2020

ki te gen yon eksperyans twomatik ak Bay yon opòtinite yo rakonte istwa yo. Rakonte istwa pèsònèl yon sèl la ofri yon opòtinite nan ouvèti, gerizon, ak insight pèsònèl.

Siyati Patisipan:

Si ou vous Mwen dakò yo dwe audiotaped, tanpri endike endikasyon sa a pi ba a.

\_\_\_\_\_ Mwen dakò yo dwe audiotaped

\_\_\_\_\_ Mwen **Pa Dakò** yo dwe audiotaped

Si ou vous dakò yo patisipe nan etid rechèch sa a, tanpri siyen ak dat pi ba a. Yo pral ba w yon kopi fòm sa a kout kenbe.

\_\_\_\_\_  
Enprime Non oswa make nan Patisipan

\_\_\_\_\_  
Siyati oswa make nan Patisipan Dat

\_\_\_\_\_  
Enprime Non Temwen

\_\_\_\_\_  
Siyati Temwen

\_\_\_\_\_  
Enprime Non Endividyèl Jwenn Consent

\_\_\_\_\_  
Siyati Endividyèl Jwenn

\_\_\_\_\_  
Dat Konsantman

## Appendix F: Demographic Data

### *Appendix F 1: Demographic Data- English*

#### **DEMOGRAPHIC DATA Form**

**Instructions: Please mark your answers with an X or ✓ in the box.**

**Example: ☒ or ☒**

1. AGE:  

<input type="checkbox"/>	18 years to 25 years
<input type="checkbox"/>	26 years to 30 years
<input type="checkbox"/>	31 years to 35 years
<input type="checkbox"/>	36 years to 40 years
<input type="checkbox"/>	41 years to 45 years
<input type="checkbox"/>	46 years to 50 years
<input type="checkbox"/>	51 years to 55 years
<input type="checkbox"/>	56 years to 60 years
<input type="checkbox"/>	61 years to 65 years
2. GENDER:  

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
3. ETHNICITY:  

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Non-Hispanic White
<input type="checkbox"/>	Other
4. LANGUAGE: Do you speak and understand spoken and written French?  

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
5. LANGUAGE: Do you speak and understand spoken and written Haitian Creole?  

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
6. LANGUAGE: Do you speak and understand spoken and written English?  

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

MA/2017

7. HOUSEHOLD: What is your current Marital Status?
- ☐ Single/ never married
  - ☐ Married
  - ☐ Divorced or Separated
  - ☐ Widowed
  - ☐ In an unmarried relationship
8. HOUSEHOLD: Do you own the home that you live in?
- ☐ Yes
  - ☐ No
9. HOUSEHOLD: Do you live with family members?
- ☐ Yes
  - ☐ No
10. HOUSEHOLD: Do you currently live in Port au Prince?
- ☐ Yes
  - ☐ No
11. EDUCATION:
- ☐ Unable to read or write
  - ☐ Some elementary school
  - ☐ Completed elementary school
  - ☐ Some high school
  - ☐ Graduated high school
  - ☐ Trade school
  - ☐ Some college
  - ☐ Graduated college
12. SOURCES OF INCOME: Check all that apply:
- ☐ Employed
  - ☐ Savings
  - ☐ Family support
  - ☐ Other

*Appendix F 2: Demographic Data- French*

**DONNÉES DÉMOGRAPHIQUES**

Instructions: Veuillez signaler vos réponses avec un X ou ✓ dans la boîte.

1. ÂGE:

- ☐ 18 ans à 25 ans
- ☐ 26 ans à 30 ans
- ☐ 31 ans à 35 ans
- ☐ 36 ans à 40 ans
- ☐ 41 ans à 45 ans
- ☐ 46 ans à 50 ans
- ☐ 51 ans à 55 ans
- ☐ 56 ans à 60 ans
- ☐ 61 ans à 65 ans

2. GENRE:

- ☐ Femme
- ☐ Homme

3. ETHNICITÉ:

- ☐ Noir
- ☐ Hispanique ou Latino
- ☐ Blanc non-Hispanique
- ☐ Autre

4. LANGUE:

Parlez-vous et comprenez-vous le français parlé et écrit?

- ☐ Oui
- ☐ No

5. LANGUE:

Est-ce que vous parlez et comprenez le créole haïtien parlé et écrit?

- ☐ Oui
- ☐ No

6. LANGUE:

Parlez-vous et comprenez-vous l'anglais parlé et écrit?

- ☐ Oui
- ☐ No

7. MÉNAGE:

Quel est votre état matrimonial actuel?

- ☐ Célibataire / jamais marié
- ☐ Marié
- ☐ Divorcé ou séparé
- ☐ Veuf
- ☐ Dans une relation non mariée

8. MÉNAGE: Vous possédez la maison dans laquelle vous vivez?

☐ Oui

☐ No

9. MÉNAGE : Vivez-vous avec les membres de votre famille?

☐ Oui

☐ No

10. MÉNAGE : Vous vivez actuellement à Port-au-Prince?

☐ Oui

☐ No

11. ÉDUCATION: ☐ Impossible de lire ou d'écrire

☐ Quelques écoles primaires

☐ École primaire terminée

☐ Quelques études secondaires

☐ Diplômé de Lycée

☐ Ecole de Commerce

☐ Quelques Collèges

☐ Diplômé de l'Université

12. SOURCE de REVENU:

Cochez toutes les cases:

☐ Employé

☐ Économies

☐ Soutien familial

☐ Autre



*Appendix F 3: Demographic Data- Haitian Creole*

**Done Demografik**

Enstriksyon: Tanpri chwazi repons ou ak yon X ou ☐ nan bwat la.

1. LAJ:

- ☐ 18 ane a 25 ane
- ☐ 26 ane a 30 ane
- ☐ 31 ane à 35 ane
- ☐ 36 ane à 40 ane
- ☐ 41 ane à 45 ane
- ☐ 46 ane à 50 ane
- ☐ 51 ane à 55 ane
- ☐ 56 ane à 60 ane
- ☐ 61 ane à 65 ane

2. SÈKS

:

- ☐ Fanm
- ☐ Nonm

3. ETNISITE

:

- ☐ Nwa oswa Afriken
- ☐ Espanyòl oswa Latino
- ☐ Ki pa Espanyòl Blan
- ☐ Lòt

Ou pale ak konprann pale ak ekri  
Franse?

4. LANG:

- ☐ Wi
- ☐ Non

5. LANG:           Ou pale ak konprann pale ak ekri  
Creole?
- ☐ Wi  
☐ Non
6. LANG:           Ou pale ak konprann pale ak ekri  
Angle?
- ☐ Wi  
☐ Non
7. KAY:            Kisa ki se eta sivil ou a?
- ☐ Sèl ou byen pa janm marye  
☐ Marye  
☐ Divòse oswa separe  
☐ Vèv  
☐ Nan yon relasyon san marye
8. KAY:            Ou posede kay la nan kote w ap viv?
- ☐ Oui  
☐ No
9. KAY:            Wap viv ak fanmi ou?
- ☐ Wi  
☐ Non
10. KAY:           Ou ap viv kounye a nan Pòtoprens?
- ☐ Wi  
☐ Non
11. EDIKASYO  
N:               ☐ Ou pa Kapab li oswa ekri  
☐ Kèk klas lekòl primè  
☐ Terminée lekòl primè  
☐ Terminée kèk klas segondè  
☐ Gradye nan lekòl segondè  
☐ Lekòl Komès  
☐ Terminée kèk kou inivèsite  
☐ Gradye kolèj

12.SOUS REVNI:  
Tcheke tout sa ki  
aplike:

- ☐ Travay
- ☐ Ekonomize
- ☐ Sipò fanmi
- ☐ Lòt

## Appendix G: Interview Questions

### *Appendix G 1: Interview Questions- English*

#### **Interview Questions**

1. Tell me about how you lost your limb (s)?
2. When you lost your limb (s) were you alone or with others?
3. Can you describe what the experience was like for you when you experienced your traumatic injury?

*Appendix G 2: Interview Question- French*

**QUESTIONS D'ENTREVUE**

4. Racontez-moi comment vous avez perdu votre bras/jambe (s)?
5. Quand vous avez perdu votre bras/jambe (s) étiez-vous seul ou avec d'autres?
6. Pouvez-vous décrire ce que l'expérience était pour vous, lorsque vous avez rencontré le traumatisme?

*Appendix G 3: Interview Question- Haitian Creole*

**KESYON ENTÈVYOU**

1. Di m ' ki jan ou pèdi mamb ou (yo)?
2. Lè ou pèdi mamb ou a (yo) ou te poukont ou oswa avèk lòt moun?
3. Èske ou ka dekri sa eksperyans nan te ye pou ou lè ou te gen eksperyans aksidan an twomatik

## Appendix H: Participant Raw Data

### *PARTICIPANT ONE*

Red	Blue	Green
<p>The knee was always giving me problems.</p> <p>It was giving me problems. I reached a point when the doctor told me that there was nothing else that could be done for me and that the leg had to be cut.</p> <p>I stay and worry because I can't do anything.</p> <p>Even when they are telling me not to worry I don't feel well about that.</p> <p>Now you see you are just sitting and not able to help them; you don't feel good.</p>	<p>You are the one that took care of me, and I have to give you my strength to help you.</p> <p>You were the one that was taking care of your children; I would be getting up at 4 in the morning, going to the market to sell, to be useful and provide for your children.</p> <p>Because when I sit and I'm not doing anything, just sitting and thinking. I have diabetes, sitting and thinking doesn't help me.</p>	<p>If I could find someone who could give me some aide, I would start a business, but I don't have in my hand.</p> <p>Because even if I would sit on the sidewalk, I would look for something to do.</p>
<b>(Red) – there was nothing more that could be done, so it was removed.</b>	<b>(Blue) – it is about taking care of you family and they take care of you.</b>	<b>(Green) – I would start a business, look for something to do.</b>
<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
<p>I was running and I fell. When I fell my knee twisted.</p> <p>You were the one that was taking care of your children.</p> <p>I would be getting up at 4 in the morning, going to the market to sell, to be useful and provide for your children.</p>	<p>I reached a point when the doctor told me that there was nothing else that could be done for me and that the leg had to be cut.</p> <p>I stay and worry because I can't do anything, I end up just sitting.</p> <p>My kids are getting older, growing up in front of me and I can't do anything for them.</p> <p>Even when they are telling</p>	<p>If I could find someone who could give me some aide, I would start a business; but I don't have money, I don't have in my hand</p> <p>Because even if I would sit on the sidewalk, I would look for something to do.</p>

	<p>me not to worry I don't feel well about that.</p> <p>When you see your children sitting around.</p>	
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<u><b>PHYSIOLOGICAL</b></u>	<u><b>PSYCHOLOGICAL</b></u>
<p>I was running and I fell. When I fell my knee twisted.</p> <p>I reached a point when the doctor told me that there was nothing else that could be done for me and that the leg had to be cut.</p> <p>My leg was cut in 2014; it was cut September 9<sup>th</sup>, 2014.</p>	<p>I stay and worry because I can't do anything, I end up just sitting.</p> <p>My kids are getting older, growing up in front of me and I can't do anything for them. Even when they are telling me not to worry I don't feel well about that.</p> <p>Even when he (referring to her partner) gives a little money, it cannot respond to my needs.</p> <p>I would be getting up at 4 in the morning, going to the market to sell, to be useful and provide for your children.</p> <p>Now you see you are just sitting and not able to help them; you don't feel good.</p> <p>If I could find someone who could give me aide, I would start a business; but I don't have money, I don't have in my hand.</p> <p>Even if I would sit on the sidewalk, I would look for something to do.</p> <p>When I sit and I'm not doing anything, just sitting and thinking.</p> <p>I have Diabetes, sitting and thinking doesn't help me.</p>



PARTICIPANT TWO

Red	Blue	Green
<p>I was at a friend's house.</p> <p>The whole house came down. When I was helped out my leg was completely crushed.</p> <p>It was nighttime, I was in a lot of pain.</p> <p>I was running down the steps and when I got to the last steps the house started falling and both of my feet got caught, and I couldn't get out.</p> <p>Thursday I went to another hospital, the foot became infected and they cut it.</p>	<p>She had some clothes on the top of the house.</p> <p>I went to get the clothes for her and that's when the earthquake took place. People came to get me out, the whole house came down!</p> <p>The next day they took me to the hospital.</p> <p>They just bandaged it and gave me a shot.</p> <p>Since then I have been living with my sister.</p>	<p>I hope that one day these interviews can account to something that can help me get something so that I can help myself.</p>
<b>(Red) – Unable to find medical care/lack of medical care.</b>	<b>(Blue) – Caring and supporting others. Being cared for by others.</b>	<b>(Green) – Hoping to find help so that I can help myself</b>
<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
<p>I was at a friend's house, she has a child and she went to work.</p> <p>I was running down the steps and when I got to the last steps, the house started falling and both of my feet got caught, and I couldn't get out.</p> <p>When I was helped out my leg was completely crushed.</p> <p>It was nighttime, I was in a lot of pain.</p>	<p>Since then I have been living with my sister.</p> <p>Well, I started attending a course, and then I didn't have the means to continue, so I stopped and since that time I don't do anything.</p>	<p>This is not the first time I have spoken to someone about my experience and it never accounts to anything.</p> <p>I hope that one day these interviews can account to something that can help me get something so that I can help myself.</p>

Thursday I went to another hospital, the foot became infected and they cut it.		
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<b><u>PHYSIOLOGICAL</u></b>	<b><u>PSYCHOLOGICAL</u></b>
My leg was completely crushed. I was in a lot of pain.	I was running down the steps and when I got to the last steps the house started falling and both of my feet got caught, and I couldn't get out.
They just bandaged it and gave me a shot.	Since then I have been living with my sister.
The foot became infected and they cut it.	I started attending a course, and then I didn't have the means to continue, so I stopped and since that time I don't do anything.
	Help me get something so I can help myself.

PARTICIPANT THREE

Red	Blue	Green
<p>The day of January 12 I was in school.</p> <p>Around 4:54 and we felt the ground trembling.</p> <p>And we didn't understand anything because we are not use to these kind of things.</p> <p>The house started to drop with us! We were screaming!</p> <p>We ran in a mass! Passing over each other.</p> <p>The wall of the school came towards us and fell on top of four of us.</p>	<p>The people; came to remove the people and look through the rubble.</p> <p>They broke the part of the wall that fell on us, and they took me and went to the hospital with me.</p> <p>Every day we saw a different doctor; but there was really no dialogue.</p> <p>My mother accompanied me there and they gave me a prosthetic.</p> <p>My mother and my father that supported me.</p> <p>I got a lot of support from the students, because they each had someone close who was a victim.</p>	<p>Living with a damage in Haiti is not easy.</p> <p>You see that you are different form everyone else and others don't give you any value.</p> <p>For them to see that all handicapped people in society have rights and a voice.</p> <p>Accessibility is very important; to schools, universities, hospitals, all that; they have to be accessible for all handicapped people to be able to come.</p>
<p><b>(Red) – Unfamiliar with what is going on/fighting for survival.</b></p>	<p><b>(Blue) – Care without dialogue/lack of communication/information.</b></p> <p><b>Lack of psychological support from the healthcare team.</b></p> <p><b>Strength through spirituality.</b></p>	<p><b>(Green) – Wanting to be accepted as a member of society.</b></p> <p><b>Lack of access and infrastructure.</b></p>
<u>BEFORE</u>	<u>NOW</u>	<u>FUTURE</u>
<p>The day of January 12 I was in school.</p> <p>Around 4:54 and we felt the ground trembling.</p>	<p>It was after a long time that I had a boyfriend. But I always doubted whether he loved me or not.</p> <p>It's with time God showed me that he didn't really love me;</p>	<p>I want them to include us more in the society, to build more schools for handicapped people, more universities, more professional/trade schools;</p>

<p>And we didn't understand anything because we are not use to these kind on things.</p> <p>The house started to drop with us! We were screaming!</p> <p>We ran in a mass! Passing over each other.</p> <p>The wall of the school came towards us and fell on top of four of us.</p>	<p>because he gave me a child and never take care of it.</p> <p>You see that you are different from everyone else and others don't give you any value.</p> <p>To this day they are they (other people) are pretending (to give us value) but it's really not true.</p>	<p>for all the handicapped to be able to benefit something in the country.</p>
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<u>PHYSIOLOGICAL</u>	<u>PSYCHOLOGICAL</u>
<p>The wall of the school came towards us and fell on top of four of us.</p> <p>I was barely breathing.</p> <p>I got to the hospital the leg was so badly mangled they had to cut it.</p> <p>They had to cut the leg.</p> <p>The pain, the suffering was extreme.</p> <p>I could not walk with the crutches at all!</p> <p>That was the best thing they could have done for me was to give me the prosthetic.</p>	<p>I was in school.</p> <p>Around 4:54 and we felt the ground trembling. And we didn't understand anything because we are not use to these kind of things.</p> <p>The house started to drop with us! We were screaming!</p> <p>We ran in a mass! Passing over each other.</p> <p>It was only me that didn't die, the other three died.</p> <p>I don't know the name of the hospital. They were just treating people, treating people!</p> <p>At the time that they were providing treatments, there was really no dialogue, it was just provide treatment and leave, provide treatment and leave.</p> <p>Living with a damage in Haiti is not easy.</p> <p>It was one of the experiences that I lived in my life that was really hard.</p> <p>I was crying every day!</p> <p>You see that you are different from everyone else and others don't give you any value.</p>

	<p>To this day it's not easy for me, because I am the only girl that my mother have.</p> <p>Life has become harder for her. And on top of it; when your mother is aging, it's something terrible.</p> <p>I went out in the streets after a year and a half.</p> <p>My mother accompanied me there and they have me a prosthetic.</p> <p>I lived with a lot of stress.</p> <p>I got a lot of support from the students, because they each had someone close who was a victim.</p> <p>When it came to the point that my parents could not afford to pay for my education; I had to stop. They supported me psychologically.</p> <p>It was after a long time that I had a boyfriend. But I always doubted whether he loved me or not.</p> <p>Because you know how life in Haiti is, when you're handicapped you are put aside.</p> <p>It's with time God showed me that he didn't really love me; because he gave me a child and he never take care of it.</p> <p>Sites has to be accessible for all those who are handicapped, to be able to come.</p> <p>For them to see that all handicapped people in society have rights and a voice.</p>
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# *PARTICIPANT FOUR*

Red	Blue	Green
<p>During the earthquake I was home.</p> <p>I was living with my brother.</p> <p>That day I was sick, I spent 11 days with a fever.</p> <p>I had a little niece, the bed was shacking! I jumped up and got her.</p> <p>I closed my eyes, the house that was on top of us fell on us.</p> <p>Then I got up and I found myself in front of the bed, with blocks on her head. She didn't die!</p> <p>The leg was already crushed.</p>	<p>The people that had gone out came to get us out form inside!</p> <p>They brought us to the hospital.</p> <p>I started seeing and walking others that were worse than me. I said oh there are others that are worse off than me!</p> <p>Then when I started becoming friends with them and talking to them. Then everyone was giving me advice. They told me that I have my life.</p>	<p>Now I'm living with much humiliation. I went back to church, I started going to school, but I couldn't continue.</p> <p>I didn't pass was because I was crying more than I was studying.</p> <p>Then I got a little money from the UN, I started selling charcoal.</p> <p>A friend who found some aid for me to learn cosmetology, they said they would pay it for me.</p> <p>I didn't get discouraged, I always went until I finished the course; and I liked it.</p> <p>Long time ago I use to feel discouraged. I use to say why I didn't die because of how I am living in the family.</p> <p>You became handicapped, you're not them.</p> <p>I started seeing and talking others that were worse than me.</p> <p>I said oh there are others that are worse off than me!</p> <p>I would like to buy some products to work in this trade that I have learned. Because I can work in it, I can work in it!</p>
<b>(Red) – Protecting self and others.</b>	<b>(Blue) – Finding support from others.</b>	<b>(Green) – Circle of support to move forward.</b>

	<b>Rediscovering self-value.</b>	
<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
<p>During the earthquake I was home.</p> <p>I was living with my brother.</p> <p>That day I was sick, I spent 11 days with a fever.</p> <p>I had little niece, the bed was shacking! I jumped up and got her.</p> <p>I closed my eyes, the house that was on top of us fell on us.</p> <p>When I got up I found myself in front of the bed, with blocks on her head. She didn't die!</p> <p>The leg was already crushed.</p>	<p>The people that had gone out came to get us out from inside!</p> <p>They brought us to the hospital.</p> <p>They put a rod in one but this one I lost it all together.</p> <p>I started seeing and walking others that were worse than me. I said oh there are others that are worse off than me!</p> <p>Then when I started becoming friends with them and talking to them. Then everyone was giving me advice. They told me that I have my life.</p>	<p>Now I'm living, with much humiliation.</p> <p>I went back to church, I started going to school, but I couldn't continue.</p> <p>I didn't pass was because I was crying more than I was studying!</p> <p>Then I got a little money from the UN, I started selling charcoal.</p> <p>A friend who found some aid for me to learn cosmetology, they said they would pay for me.</p> <p>I didn't get discouraged, I always went until I finished the course; and I liked it!</p> <p>Long time ago I use to feel discouraged. I use to say why I didn't die because of how I am living in the family.</p> <p>You became handicapped, you're not them.</p> <p>I started seeing and talking others that were worse than me. I said oh there are others worse off than me!</p> <p>I would like to buy some products to work in this trade that I have learned. Because I can work in it, I can work in it!</p>

<b><u>PHYSIOLOGICAL</u></b>	<b><u>PSYCHOLOGICAL</u></b>
<p>That day I was sick, I spent 11 days with a fever.</p> <p>The leg was already crushed.</p> <p>Both of my legs were broken.</p> <p>They put a rod in own but this one I lost it all together.</p>	<p>I was living with my brother.</p> <p>I had a little niece, I closed my eyes, and the house that was on top of us fell on us. But she didn't die!</p> <p>I went back to church, I started going to school, but I can't continue.</p> <p>I didn't pass was because I was crying more than I was studying!</p> <p>Now I'm living, with much humiliation to live.</p> <p>A friend who found some aid for me to learn cosmetology, they said they would pay it for me.</p> <p>I didn't get discouraged, I always went until I finished the course, and I liked it!</p> <p>I started seeing and talking others that were worse than me. I said oh there are others that are worse off than me!</p>



PARTICIPANT FIVE

Red	Blue	Green
<p>I was at work. I got out of work at 4:50 I was returning home.</p> <p>When I felt the shake I stopped, when I stopped something told me to look up.</p> <p>There was a wall that was next to me and I saw the wall coming apart to fall and I ran.</p> <p>I ran, when I regained consciousness I found myself on the ground.</p> <p>People that were around me, under the wall; there were close to forty people.</p> <p>Out of the forty people I was the only one that survived.</p> <p>Even though I suffered, the leg wasn't cut.</p> <p>That's when I suffered with the leg! A lot of sadness; a lot of turmoil that went through.</p>	<p>They removed the heel, but that was not the solution. There weren't any doctors of medications.</p> <p>My adoptive father is the chauffeur for the nurses in Au Cayes, he took me and we went to Au Cayes. When I got to Au Cayes, there was a doctor, Dr. Deges, he treated me.</p> <p>When they cut it the second time, that's when I suffered with the leg! A lot of sadness; a lot of turmoil that I went through.</p> <p>The doctors in Dechappeles L'Artibonite gave me the prosthetic so that I can walk.</p>	<p>I say thank you to God because I was given a chance, God blessed me to be able to come out of January 12.</p> <p>Forty people under the wall and I am the only one that survived. I say thank you to God, for what was done for me.</p> <p>Even though the living is not like when I had two legs, but still; if I had died you wouldn't have known me.</p> <p>In Haiti they don't take care of people living with a handicap.</p> <p>They like to underestimate people.</p> <p>The government doesn't provide care for people who are living with handicaps.</p> <p>We are really enduring something that is not good.</p> <p>A friend can give me some money.</p> <p>In the mean time we have agencies and government. They don't give us any type of consideration.</p>
<b>(Red) – sole survival/grief and suffering</b>	<b>(Blue) – Inadequate care/family support</b>	<b>(Green) – Spirituality/being thankful/needing social support</b>

<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
<p>I was at work. I got out of work at 4:50 I was returning home.</p> <p>When I felt the shake I stopped, when I stopped something told me to look up.</p> <p>There was a wall that was next to me and I saw the wall coming apart to fall and I ran.</p> <p>I ran, when I regained consciousness I found myself on the ground.</p> <p>People that were around me, under the wall; there were close to forty people.</p> <p>Out of the forty people I was the only one that survived.</p> <p>Even though I suffered, the leg wasn't cut.</p> <p>The leg wasn't cut right away. The leg had a little thread, a little vein that was holding it.</p> <p>Because the leg was cut, was just cut, it wasn't something that they took time to cut it properly for me.</p> <p>That's when I suffered with the leg! A lot of sadness; a lot of turmoil that I went through.</p>	<p>They removed the heel, but that was not the solution. There weren't any doctors or medications.</p> <p>My adoptive father is the chauffeur for the nurses in Au Cayes, he took me and we went to Au Cayes. When I got to Au Cayes, there was a doctor, Dr. Deges, he treated me.</p> <p>When they cut it the second time, that's when I suffered with the leg! A lot of sadness; a lot of turmoil that I went through.</p> <p>The doctors in Dechappeles L'Artibonite have me the prosthetic so that I can walk.</p>	<p>I say thank you to God because I was given a chance, God blessed me to be able to come out of January 12.</p> <p>Forty people under the wall and I am the only one that survived. I say thank you to God, for what was done for me.</p> <p>Even though the living is not like when I had two legs, but still, if I had died you wouldn't have known me.</p> <p>In Haiti they don't take care of people living with a handicap.</p> <p>They like to underestimate people.</p> <p>The government doesn't provide care for people who are living with handicaps.</p> <p>We are really enduring something that is not good.</p> <p>A friend that can give me some money.</p> <p>In the mean time we have agencies and government. They don't give us any type of consideration.</p>

<u>PHYSIOLOGICAL</u>	<u>PSYCHOLOGICAL</u>
<p>Even though I suffered, the leg wasn't cut.</p> <p>The leg wasn't cut right away. The leg had a little thread, a little vein that was holding it</p> <p>That's when I suffered with the leg!</p> <p>They removed the heel, but that was not the solution. There weren't any doctors or medications.</p> <p>The doctors in Dechappeles L'Artibonite gave me the prosthetic so that I can walk.</p>	<p>I was at work. I got out of work at 4:50 I was returning home.</p> <p>When I felt the shake I stopped, when I stopped something told me to look up.</p> <p>Out of the forty people I was the only one that survived. Even though I suffered, the leg wasn't cut.</p> <p>A lot of sadness; a lot of turmoil that I went through.</p> <p>I say thank you to God because I was given a chance, God blessed me to be able to come out of January 12.</p> <p>If I had died you wouldn't have known me.</p> <p>We are really enduring something that is not good.</p> <p>The government doesn't provide care for people who are living with handicaps.</p>

PARTICIPANT SIX

Red	Blue	Green
<p>I had a little friend who would always come to my house but I never went to her house.</p> <p>The day of January 12 is the day I decided to go to her house.</p> <p>I was sitting outside.</p> <p>I heard something shaking.</p> <p>All of the people (Referring to her friend and the friend's parents) died, except me that survived.</p> <p>While I was about to run the wall fell on my leg.</p> <p>I was running I fell and the wall fell on my leg.</p> <p>Nothing was functioning that day at all. I went to the hospital January 17<sup>th</sup>.</p>	<p>People in the area that came to help me. They pulled me from under the wall.</p> <p>The next day on the 18<sup>th</sup> is when we found doctors and they cut the leg.</p> <p>They just cut the leg and have me medications. I was hospitalized for two months.</p>	<p>Only my mother was there with me from my family.</p> <p>I didn't get any help at all, to this day I never received any aid.</p> <p>I returned back to school. I only have my mother.</p> <p>She struggles to make little money even if it's not much.</p> <p>Maybe further down I can find some aide to take some English and computer courses.</p>
<b>(Red) – Confusion/lack of medical care/Sole survivor</b>	<b>(Blue) – Lack of information/I am not alone/community support</b>	<b>(Green) – Lack of support/no local resources available</b>
<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
<p>I had little friend who would always come to my house but I never went to her house.</p> <p>The day of January 12 is the day I decided to go to her house.</p>	<p>People in the area that came to help me. They pulled me from under the wall.</p> <p>The next day on the 18<sup>th</sup> is when we found doctors and they cut the leg and have me medications. I was hospitalized for two months.</p>	<p>I didn't get any help at all, to this day I never received any aid.</p> <p>I returned back to school. I only have my mother.</p>

<p>I was sitting outside.</p> <p>I heard something shaking.</p> <p>All of the people (Referring to her friend and the friend's parents) died, except me that survived.</p> <p>While I was about to run the wall fell on my leg.</p> <p>I was running I fell and the wall fell on my leg.</p> <p>Nothing was functioning that day at all. I went to the hospital January 17<sup>th</sup>.</p> <p>Only my mother was there for me from my family.</p>	<p>I went back to school.</p>	<p>She struggles to make little money even if it's not much.</p> <p>Maybe further down I can find some aide to take some English and computer courses.</p>
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<b><u>PHYSIOLOGICAL</u></b>	<b><u>PSYCHOLOGICAL</u></b>
<p>The next day on the 18<sup>th</sup> is when we found doctors and they cut the leg.</p> <p>They just cut the leg and gave me medications. I was hospitalized for two months.</p>	<p>The day of January 12 is the day I decided to go to her house.</p> <p>Nothing was functioning that day at all. I went to the hospital January 17<sup>th</sup>.</p> <p>I heard something shaking.</p> <p>All of the people (referring to her friend and the friend's parents) died; except me that survived.</p> <p>I went back to school.</p> <p>Only my mother was there with me from my family.</p> <p>I didn't get any help at all, to this day I never received any aid.</p> <p>She struggles to make a little money even if it's not much.</p> <p>Maybe further down I can find some aide to take some English and computer classes.</p>

PARTICIPANT SEVEN

Red	Blue	Green
<p>I was cooking and I finished making the food. I heard something rumbling I didn't know what it was.</p> <p>I thought that gangsters were shooting at them. I started running; when I started running a wall fell on my leg.</p>	<p>They took me and went to Santo Domingo with me. When I got to Santo Domingo they cut off my leg.</p> <p>Then they return back with me from Santo Domingo.</p> <p>I was in Mirebalais, there is a hospital called Zanmi la Sante, that came to get me and sent me to Santo Domingo.</p> <p>It's the hospital that sent me. All was alright because I didn't know what was happening.</p> <p>They were doing everything, I was unconscious, I didn't know anything.</p> <p>If they paid if they didn't pay; I didn't know anything about the transport. I didn't know anything.</p> <p>And they were teaching me how to walk with the crutches. I couldn't walk with the crutches because my right leg was always hurting because it had been broken.</p>	<p>There's no life because it's you struggling to work to do the little that you are doing.</p> <p>I have your kids plus I have a sister who died on January 12, who left two kids, so I have six kids.</p> <p>She had four; I took two my other sister took two as well.</p> <p>These kids have to be taken care of. They have no parents, the father had gone to work and he also died.</p> <p>Now these four kids are with us to raise.</p> <p>They gave me a prosthesis, I walk with it. I didn't pay for it. When I needed parts to be fixed I didn't have to pay.</p> <p>Now you have to pay for prosthetics. Any part that has to be fixed you have to pay for it; before you didn't have to do that.</p> <p>I'm not living well, not living well. Because legs that I had to make a living I don't have.</p> <p>Sometimes I use to walk around selling things, now I can't do it.</p> <p>I have done a lot of interviews, and gone to many agencies to find help and I</p>

		<p>don't get anything. And you never hear anything, I don't get anything.</p> <p>When your family sees that you went out, they have hope; and when you return you don't bring anything back. It's useless. That's not good.</p>
<b>(Red) – Confusion/Fear/Uncertainty.</b>	<b>(Blue) – No information given/Taken care of/Given what I need to walk.</b>	<b>(Green) – Struggling to survive/Lack of resources.</b>
<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
<p>I was cooking and I finished making food. I heard something rumbling I didn't know what it was.</p> <p>I thought that gangsters were shooting at them. I started running; when I started running a wall fell on my leg.</p>	<p>I was in Mirebalais, there is a hospital called Zanmi la Sante, that came to get me and sent me to Santo Domingo.</p> <p>All was alright because I didn't know what was happening.</p> <p>They were doing everything, I was unconscious, I didn't know anything.</p>	<p>There's no life because it's you struggling to work to do the little that you are doing.</p> <p>I have your kids plus I have a sister who died on January 12, who left two kids, so I have six kids.</p> <p>I have done a lot of interviews, and gone to many agencies to find help and I don't get anything. And you never hear anything, I don't get anything.</p>

<b><u>PHYSIOLOGICAL</u></b>	<b><u>PSYCHOLOGICAL</u></b>
<p>I started running a wall fell on my leg.</p> <p>When I got to Santo Domingo they cut off my leg.</p> <p>They were teaching me how to walk with the crutches.</p> <p>I couldn't walk with the crutches because my right leg was always hurting.</p> <p>They have me prosthesis, I walk with it.</p>	<p>I heard something rumbling I didn't know what it was.</p> <p>They took me and went to Santo Domingo with me.</p> <p>All was alright because I didn't know what was happening.</p> <p>I was unconscious, I didn't know anything.</p> <p>There's no life because it's you struggling to work to do the little that you are doing.</p>

I didn't pay for it.

Any part that has to be fixed you have to pay for it; before you didn't have to do that.

I'm not living well, not living well. Because legs that I had to make a living I don't have.

I have done a lot of interviews, and gone to many agencies to find help and I don't get anything.



*PARTICIPANT EIGHT*

Red	Blue	Green
<p>January 12, I got up; in the afternoon I was bathing my little child. When I finished bathing the child I heard noise of something coming.</p> <p>I said oh! Something is coming maybe it's a car.</p> <p>I picked up the child and got up with the child. I felt the shaking of the thing.</p> <p>As I was running I felt the thing pulled me, I fell.</p> <p>I fell on the little child, with both of my legs under the blocks.</p>	<p>It's when the emergency people came; they lifted the blocks off my leg.</p> <p>The leg was totally crushed.</p> <p>My husband was the one who took me to the hospital.</p> <p>We couldn't find a car, so he put me on a wagon to take me to the hospital.</p> <p>I spent a lot of time; it took eight days I couldn't find a doctor.</p> <p>My leg had bugs.</p> <p>The leg was totally crushed under the blocks.</p> <p>It was crushed with all the meat, totally crushed.</p> <p>The doctors gave me medications to drink.</p> <p>Every day I went to the operating room.</p> <p>. While I was at the hospital they helped me.</p> <p>They have me food, they gave me good.</p> <p>My husband too helped him.</p> <p>When I was going home it's only the old crutches that they gave me, nothing more.</p> <p>I have a prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt.</p>	<p>I use the crutches.</p> <p>My husband is here struggling with me. When he gets he gives me.</p> <p>When he doesn't have I stay without.</p> <p>I don't have any family.</p> <p>. Sometimes I borrow a little money so that I can do a little business outside.</p> <p>After I repay what I borrowed, I usually don't have much left.</p> <p>I would like you to pass the message so that I can find some help.</p>

<b>(Red) – Providing care/Needing care.</b>	<b>(Blue) – Lack of services/ Lack of medical care/ Lack of transportation/ Being cared for.</b>	<b>(Green) – No resources available/Needing financial support.</b>
<b><u>BEFORE</u></b>	<b><u>NOW</u></b>	<b><u>FUTURE</u></b>
January 12, I got up, in the afternoon I was bathing my little child.	The emergency people came; they lifted the blocks off my leg.	I use the crutches.
I said oh! Something is coming maybe it's a car.	The leg was totally crushed.	My husband is there struggling with me.
I picked up the child and got up with the child.	My husband was the one who took me to the hospital.	When he gets he gives me. When he doesn't have I stay without.
I felt the shaking of the thing.	We couldn't find a car, so he put me on a wagon to take me to the hospital.	I would like you to pass the message so that I can find some help.
As I was running I felt the thing pulled me, I fell.	I spent a lot of time; it took eight days I couldn't find a doctor.	
I fell on the little child, with both of my legs under the blocks.	My leg had bugs. The leg was totally crushed under the blocks. When I was going home it's only the old crutches that they gave me; nothing more. I have prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt.	

<b><u>PHYSIOLOGICAL</u></b>	<b><u>PSYCHOLOGICAL</u></b>
It's when the emergency people came; they lifted the blocks off my legs. The leg was totally crushed.	As I was running I felt the thing pulled me, I fell. My husband was the one who took me to the hospital.

My leg had bugs.	We couldn't find a car, so he put me on a wagon to take me to the hospital.
The leg was totally crushed under the blocks.	I spent a lot of time; it took eight days I couldn't find a doctor.
The doctors gave me medication to drink.	While I was at the hospital they helped me. They gave me food, they have me food. My husband too they helped him.
Every day I went to the operating room.	When I was going home it's only the old crutches that they gave me; nothing more.
I have prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt.	My husband is here struggling with me.
I use the crutches.	I would like you to pass the message so that I can find some help.

Appendix I Codebook

Meaning Unit	Participant	Codes	Representative theme
People came to get me out, the whole house came down; the whole house came down. When I was helped out my leg was completely crushed. It was night time, I was in a lot of pain.	2	Earthquake experience, crushed limb, feeling pain	Parent code 1: Physical and emotional trauma
The leg was totally crushed. I spent a lot of time in the hospital. My leg had bugs.	8	Earthquake experience, crushed limb	
The leg was already cut; they didn't find a leg to cut. The leg was totally crushed under the blocks. It was crushed with all the meat, totally crushed.	8	Earthquake experience, crushed limb	
The pain, the suffering was extreme	3	Pain resulting from injury and trauma	Child code 1: Pain and suffering
When I reached the surgical doctors, they cut the leg properly for me. And that was when I suffered! When the leg was cut January 12 (Participant referring to the day of the earthquake)-that time I didn't suffer, because it was hot, but when the cut it the second time; that's when I suffered with the leg. A lot of sadness; a lot of turmoil that I went through.	5	Pain resulting from injury and trauma	
I didn't have anybody. It's was only my husband who cared for me.	8	Familial support (financial and psychological)	Parent code 2: Receipt of Social Support
But they supported me psychologically they supported my; because I was crying every day! Every day I was crying! I didn't have a boyfriend, it was my mother and my father that supported me.	3	Familial support (financial and psychological)	
In terms of school, I got a lot of support from the students, because they each had someone close who was a victim. Some had a parent that died, a brother that died, or a sister that died. Because of me being in the class, because I am the only one who was is handicapped. Because of me being in the class, they loved me, they gave me warm sense of love and support. A love that I never had.	3	Peer support (psychological)	

Only my mother was there with me from the family. I didn't get any help at all, to this day I never received any aid.	6	Familial support, but no other aid	
She told me, Mom, "my father did not take care of me, you are the one that took care of me I have to give you my strength to help you."	1	Reliance on others for financial and emotional support	Child code 2: Dependency
Of my experience, when I stay and worry because I can't do anything. I end up sitting, my kids are getting growing up in front of me and I can't do anything for them.	1	Caregiving; Physical limitations to productivity; inability to provide for children; Idleness; Immobility	
I have four kids plus I have a sister who died on January 12, who left two kids, so I have six kids. She had four; I took two my other sister took two as well. These kids have to be taken care off. They have no parents, the father had gone to work and he also died. Now these four kids are with us to raise.	7	Caregiving, financial stress	
Living well is not easy for us. It's not easy for me, because I am the only girl that my mother have. When you only have one female child and you see she is in this position; she's not working, she's not lifting heavy, she's not lifting lite; life becomes harder for you. Life is harder for her.	3	Caregiving, financial stress, inability to work	
My husband is here struggling with me. When he gets he gives me. When he doesn't have I stay without. I don't have any family. The only family I had that was helping me died. Last January 26, (2017) he died. Now when my husband who is struggling. When he has 25 gourde he gives me. When he doesn't have I stay without.	8	Reliance on others for financial and emotional support	
The next day they took me to the hospital. They just bandaged it and gave me a shot. And on Thursday I went to another hospital, the foot became infected and they cut it	2	Inadequate treatment in earthquake aftermath	Parent code 3: Healthcare services and quality

But at the time that they were providing treatments; there was really no dialogue, it was just provide treatment and leave, provide treatment and leave. Provide treatment and leave. Every day we saw a different doctor, you know.	3	Inadequate treatment in earthquake aftermath	
The next day, I couldn't find a doctor that night. The next day they took me to Martisant. In Martisant they removed the heel, but that was not the solution. There weren't any doctors or medications.	5	Inadequate treatment in earthquake aftermath	
I went to the hospital January 17th; that day that I arrived on the 17th, there were no doctors. The next day on the 18th is when we found doctors and they cut the leg. They didn't even put it in a cast, they just cut it and they were done.	6	Inadequate treatment in earthquake aftermath	
They gave me a prosthesis, I walk with it. I didn't pay for it. When I needed parts to be fixed I didn't have to pay. Now you have to pay for prosthetics. Any part that has to be fixed you have to pay for it; before you didn't have to do that.	7	Inadequate post-operative care and financial assistance	
My husband took me to the hospital. He had placed me on a wagon; we couldn't find a car, so he put me on a wagon to take me to the hospital. I spent a lot of time; it took eight days I couldn't find a doctor. I leg had bugs; this is how I was waving the bugs away so they wouldn't get into my body.	8	Inadequate treatment in earthquake aftermath	
And that was the best thing they could have done for me was to give me the prosthetic, because I could walk with the crutches at all!	3	Prosthesis as fostering independence and normalcy	
While I was at the hospital they helped me. They gave me food, they gave me food. My husband too they helped him. They gave me water to bathe. They helped me while I was in the hospital. But when I was going home it's only the old crutches that they gave me; nothing more. I have prosthesis but when I wear it, it makes me walk on one side and it makes my back hurt. So I don't wear it I use the crutches.	8	Inadequate post-operative care and financial assistance	

Because when you see that you are different from everyone else and others don't give you any value. This was really hard for us. To this day they are they (other people) are pretending (to give us value) but it's really not true.	3	Societal de-valuation and abandonment	Parent code 4: Societal marginalization
What I would like to add is that for them (society) to see us differently. For them not to look at us the same way they looked at us after January 12. For them to see that all handicapped people in society have rights and a voice. They have the right to learn any trade or profession.	3	Societal de-valuation and abandonment	
Accessibility is very important in Haiti. Accessibility is very important; to schools, universities, hospitals, all that; they have to be accessible for all handicapped people to be able to come. They have to be accessible to all handicapped people.	3	Ambivalence towards greater accessibility	
The other thing I would like to add is that this is not the first time I have spoken to someone about my experience and it never accounts to anything. I hope that one day these interviews can account to something that can help me get something that can help me to help myself.	2	Empty promises; abandonment; Wanting help to help herself	Child code 4: Structural disinvestment
I have done a lot of interviews, and gone to many agencies to find help and I don't get anything...	7	Empty promises; abandonment; Wanting help to help herself	
if I could find someone who could give me some aide, I would start a business, but I don't have money, I don't have in my hand.	1	Abandonment; Wanting help to help herself	
What I would like to add is that in Haiti they don't take care of people living with a handicap really. There are countries when you are living with a handicap; you are part of the society. In Haiti we're not like that, they like to underestimate people. The government doesn't provide care for people who are living with handicaps; we are really enduring something that is not good. Take myself for example, I am not working and I don't have a trade. How do I pay rent, I may have a friend that can give me some money. In the mean time we have agencies and	5	Societal de-valuation and abandonment	

government. They don't give us any type of consideration.			
Well I'm not living well, not living well. Because limbs that I had to make a living I don't have. Sometimes I use to walk around selling things, now I can't do it.	7	Immobility, inability to work	
Well, I started attending a course, and then I didn't have the means to continue, so I stopped and since that time I don't do anything.	2	Financial barrier to education	
I lived with a lot of stress; to really tell you. I worked on my school activities and when it came to the point that my parents could not afford to pay for my education; I had to stop.	3	Financial barrier to education	
I went back to church, I started going to school, but I can't continue. I had received a charitable grant to go back to school to do my Reto, they paid for me, I went but I didn't pass. The reason I didn't pass was because I was crying more than I was studying!(participant laughs) I didn't pass.	4	Psychological trauma; financing	
There are English courses or computer courses I would be happy to go and learn them. But there is no means for me to go and learn them. Those courses I like a lot, I'm waiting and maybe further down I can find some aid for them. I would be happy to go learn them.	6	Financial barrier to education	
Now I'm living, with much humiliation to live, I come here (referring to the clinic).	4	Negative-- diminished sense of self worth	Parent code 5: Sense of self-worth
I really felt like my life was finished. Then when I started seeing and walking other that where worse than me. I said oh there are others that are worse off than me! Then when I started becoming friends with them and talking to them. Then everyone was	4	Positive-- regaining sense of self-worth	



giving me advice. They told me that I have my life, you have two legs! You can walk!			
I have a friend who found some aid for me to learn cosmetology, they said they would pay it for me. Now it was in Carrefour, I said I didn't have a problem. I did how I can, every day I found money for the tap tap. I didn't get discouraged, I always went until I finished the course; and I liked it! I found someone who paid it for me and I liked it. Thank God every now and then I found a little job.	4	Positive-- regaining sense of self-worth	

## Appendix J (1): Study Documents



international  
child care

Grace Children's Hospital  
Boite Postale 1767, Port-au-Prince  
Tél: 2246-1080 / 2513-3075 /  
Cable: GRACAT Delmas 31.

Dr. Rony Derius MD, MHA  
Medical Director  
Grace Children's Hospital/ International  
Child Care  
Boite Postale 1767  
Port au Prince, Haiti

November 8, 2016

To: The Graduate Center of the City University of New York  
Human Research Protection Program  
365 Fifth Avenue  
New York, NY 10016

Re: Letter of support for Margaret Alexandre PhD, RN-Potential Dissertation Research Participant Referrals

We have spoken to Margaret Alexandre concerning her dissertation research entitled "The Lived Experience of Traumatic Amputation: A Phenomenological Study; to be conducted in Haiti, involving participants who sustained traumatic amputations during the 2010 earthquake. Grace Children's Hospital/International Child Care currently has an outpatient mental health referral program which serves the community. We have agreed to support Margaret Alexandre in her research.

In the event that a participant experiences any psychological ill effect; as a result of the interviews; they will/may be referred to our outpatient department for evaluation of need for psychological counseling, under the direction of our Psychiatrist Dr. Marie Yves Cyprien Guillaume.

Please feel free to contact us by phone or via email if any additional information is required.

Respectively,

Dr. Rony Derius  
Medical Director

Grace Children's Hospital/International Child Care



CUNY  
University Integrated IRB  
Protocol: 2017-0135  
Approved: 07/31/2017  
Expires: 07/30/2020

## Appendix J (2): Study Documents



### MINISTÈRE DE LA SANTÉ PUBLIQUE ET DE LA POPULATION

*Comité National de Bioéthique*

22 février 2017

Margareth Alexandre

Réf: 1617-14

*L'expérience vécue de l'amputation traumatique : une étude*

Mme Alexandre

Le Comité National de Bioéthique a analysé le dossier soumis et donne un avis favorable pour sa conduite du 22 février 2017 au 21 août 2017 et approuve le protocole.

Prière de

- Tenir informer le Comité de la date de début de la collecte de données en Haïti et de sa fin ;
- Soumettre pour approbation avant implémentation une copie de toute modification apportée au protocole, une copie des différents rapports, publications et présentations qui seront élaborés à partir de cette évaluation.

Le Comité vous souhaite du succès dans la conduite de cette étude.

Gerald Lerebours  
Président

Comité National de Bioéthique  
c/o Association Médicale Haïtienne (AMH)  
29, 1<sup>re</sup> avenue du Travail, Port-au-Prince

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