THE EXPERIENCES OF IRAQI NURSES LIVING AND WORKING IN COMMUNITIES AFFECTED BY WAR AND TERRORISM

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LEARNING OBJECTIVES

• The learner will be able to discuss the impact of the traumatic experiences faced by Iraqi nurses on a daily basis and describe three multidimensional effects.

• The learner will be able to discuss meaningful strategies used by nurses exposed to continual threats imposed by war or terrorist threat to continue professional commitment to care.
INTRODUCTION

• Over the last two decades Iraq has endured three international wars, 13 years of economic sanctions, dictatorship, foreign occupation, and acts of terrorism (Al-Hilfi, Lafta, & Burnham, 2013; Garfield, & McCarthy, 2005).

• Effects of daily exposure to war and terror have not been well documented in professional literature.

• Little is known about the effects of a perceived daily threat to personal safety has on nurses, even when that threat no longer exists.

• Healing from the trauma of perceived daily threats to personal safety when your locus of comfort and support, your home and country, are the very source of danger requires acknowledging and understanding of the lived experience. Results from this phenomenological study inform “caregivers of caregivers” in healing the trauma of war and terror.
Nurses that live and practice in war like conditions are at a greater risk for experiencing trauma which has detrimental effects physically, psychologically, and socially (Feczer, & Bjorklund, 2009)

Nurses affected by trauma may experience job dissatisfaction, compassion fatigue, and workplace violence (Gates, Gillespiem, & Succop, 2011; Gaylord, 2006).

Identified gap in the literature between what is known about the experiences of domestic military nurses deployed in war zones and the experiences of nurses who live and practice in communities impacted by terrorism or war.
• This phenomenological investigation describes the lived experiences of Iraqi nurses who experienced the realities of war or terrorist threat as both citizens and practitioners in Iraq.
METHODS

• University Institutional Review Board (IRB) approval
• Purposive sampling
• Snowballing technique
• Single session, 60 minute interview
• Consenting participants audio-taped during the interview session
• Data Management and analysis were ongoing (Giorgi’s method)
PARTICIPANTS

• 10 males
• Possessed a degree in nursing
• Spoke English and/or Arabic
• Lived and practiced as a professional nursing in Iraq since 2003
• Held Iraqi citizenship
Data Management and Analysis

• Giorgi’s approach to phenomenological analysis.

• Data management and analysis was ongoing.

• Analysis of data was conducted individually by all members of the research group using Giorgi’s approach to phenomenological analysis.

• Significant words, phrases, sentences, and paragraphs were extracted from each transcript and then grouped into conceptual units or themes; this included thoughts and feelings related to living with the ongoing trauma of war or terrorism.

• In subsequent meetings the researchers shared individual analyses of transcripts, clarified themes, and composed the narrative text, using this as a forum for inter-rater reliability.
• Living Under the Shadow illustrated the pervasive trauma experienced by nurses. In response to the question, “What was your experience as a professional Iraqi nurse living and working in a community exposed to the threat of war or terrorist action on a daily basis? One participant answered:

“From where [do] you want me to start? Shall I start from facing the inevitable death every single day, or... the flashbacks and nightmares of headless unknown human bodies, or... the stories of destroyed families that I provided care to after the crisis of sectarian violence, or... with horrible death traps that terrorist set for ambulance crews?”
THEME 1: SUBTHEMES

- The five subthemes each addressed specific effects of unabated stress on the individual nurse:
  - Impact on Personal Life
  - Effects on Physical Well-Being
  - Influence on Mental Health and Emotional Well-being
  - Impact on the Delivery of Nursing Care
  - Lost Sense of Personal Safety
THE EFFECTS OF TRAUMA

• **Impact on Personal Life**

  “Every morning I was asking myself, Will I be able to go to work this morning? Will I get killed today? Will I [be] exposed to explosions and die or [be] injured? Will I be able to get back home?”

• **Effects on Physical Well-Being**

  “I started to feel sick and my blood pressure has been elevated… due to the impact of stressors or as a result of post-traumatic stress disorders. This affected my sleep, caused palpitations, and continuous headache.”

• **Influence on Mental Health and Emotional Well-being**

  “Regarding the psychological side, I suffered for a relatively long time after I experienced trauma. Horrific nightmares and flashback memories about the explosion scenes, uncontrolled anger episodes, mood swings, and fear of unknown. They were some examples of the negative psychological effects of such trauma.”
The effects of trauma

• **Impact on the Delivery of Nursing Care**

  “I was not satisfied in terms of the quality of my work, I was less productive, and I was self-centered trying to focus on my personal safety first rather than my quality of work. I was less committed to achieving my organization’s goals. I was very confused doing my job.”

• **Loss Sense of Personal Safety**

  “In one of my nights shift duties in the hospital, the hospital security personnel warned us that we needed to be prepared for any accident, because the gunmen and the terrorists in the area around the hospital planned to attack the hospital.”

  “When I was going home returning from the hospital, I saw a dead body was thrown on the side of the road and about 50 meters from the dead body an armed group carrying their guns and we did not know who they were. Honestly….I said the ‘shahada.’”
THEME II: ADAPTATION AND RESILIENCY

- Continuous Traumatic Experiences
- Adaptation / Resilience Shield
  - Ethical and Professional Commitment
  - Iraqi Nurses
  - Faith-Based Hope
Developed adaptation and resilience strategies that served as a source of strength and inspiration.

“The explosion was very near to me and it threw me away due to its huge impact… After checking myself, I realized that it was just bruises. I went back to my home and changed my damaged clothes. My aunt was waiting for me and she was worried about me since she heard the explosion. She said, “What’s going on?” I said, “Nothing. It’s just another day of living in Iraq. It’s no big deal.” So I changed my clothes and went back to work and start doing my duty towards my clients.”

“If I leave my work and others leave their work, terrorists would win and achieve their goals. While, our goals are to provide nursing care for our people to display nursing as a strong discipline and achieve our duty toward others.”
Theme II: Subthemes

- Two subthemes were identified that described the approaches used by participants in this study to combat the deleterious effects of repeated exposure to trauma and threats.
  - Faith Based Hope
  - Ethical & Professional Commitment
RESILIENCY: FAITH BASED HOPE

- Faith-Based Hope, exhibited the primacy of spirituality expressed as adherence to Islamic practice in the lives of nurses interviewed in the current study.

“I believe everything can change suddenly by God’s will. Therefore, I want to be patient through praying, reading Holy Quran, visiting the holy shrines of the Prophet Mohammed’s Ahl al-Bayt (peace upon him)”

“Because trauma was and still is a part of our daily lives, I used multiple ways to adapt with the trauma, such as praying, reading the holy Qur’an, listening to music, especially the soft music, visiting my friends and neighbors, sometimes go shopping from nearby places, and sometimes visiting the holy shrines in AL-Najaf and Karbala provinces.”
Resiliency: Commitment

• Ethical & Professional Commitment:

“This is a lifesaving noble profession even if it is surrounded by difficulties and risks. I think it is a calling that God has chosen me... to make a difference with my clients, my care.”

“The second thing that pushed me to do my job is that my responsibility and duty toward the people.”
Recommendations

• Provide extensive training and support for all Iraqi nurses to master knowledge and skills

• Enable them to reach the increased health demands of the Iraqi communities

• Provide debriefing services to help traumatized nurses relieve their stress and maximize their adjustment to repeated traumatic experiences

• Address the personal and professional needs of the nurses who live in conditions of war and terrorist threats in order to help them continue their work
NEXT STEPS: DISCUSSION IN AN INTERNATIONAL COMMUNITY

US!
REFERENCES FOR THIS PRESENTATION

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