

Title:

Lived Experience of Suffering Through the 2010 Earthquake in Haiti

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References:

Adeney-Risakotta, B. (2009). Is there meaning in natural disasters? Constructions of culture, religion, and science. *Exchange*, 38, 226-343. Doi: 10.1163/157254309x449719

Baumann, S. L., & Bellefleur, C. (2014). Stories from Haiti: A comparison of three approaches. *Nursing Science Quarterly*, 27(2), 165-170. Doi: 10.1177/0894318414522659.

Centre for Research on the Epidemiology of Disasters (CRED, 2015). *The human cost of natural Disasters, 2015; A global perspective*. Retrieved from <http://www.cred.be/publications>

Centre for Research on the Epidemiology of Disasters (CRED, 2016). *Poverty and death: Disaster mortality, 1995-2015*. Retrieved from http://cred.be/sites/default/files/CRED_Disaster_Mortality.pdf

Diaz, J. (2011) Apocalypse: What disasters reveal. *Boston Review*, 46-52.

Diekelmann, N., Allen, D., & Tanner, C (1989). *The NLN criteria for appraisal of baccalaureate programs: a critical hermeneutic analysis*. New York, NY: National League for Nursing.

Doocy, S., Cherewick, M, & Kirsch, T. (2013). Mortality following the Haitian earthquake of 2010: A stratified cluster survey. *Population Health Metrics*, 11,(5), pp 1-9. Retrieved from <http://www.pophealthmetrics.com/content/11/1/5>

Eriksson, K. (2006). *The Suffering Human Being*. Chicago, IL: Nordic Studies Press.

Eriksson, K. (2007). The theory of caritative caring: A vision. *Nursing Science Quarterly*, 20,(3), 201-202.

Eriksson, K. (1997). Understanding the world of the patient, the suffering human being: the new clinical paradigm from nursing to caring. *Advanced Practice Nursing Quarterly*, 3, 8-13.

Freeman, M. (2014). The hermeneutical aesthetics of thick description. *Qualitative Inquiry*, 20, pp 827-833. Retrieved from DOI: 10.1177/1077800414530267

Guha-Sapir, D., Hoyois, Ph., & Below, R. (2015) *Annual disaster Statistical Review 2014: The numbers and trends*. Brussels, Belgium: Centre for Research on the Epidemiology of Disasters. Retrieved from http://www.cred.be/sites/default/files/ADSR_2014.pdf

Guha, Sapir, D., Hoyois, Ph., Below, R. (2016). *Annual disaster Statistical Review 2015: The numbers and trends*. Brussels, Belgium: Centre for Research on Epidemiology and Disasters (CRED). Retrieved from <http://www.emdat.be/publications>.

International Council of Nurses. (ICN, 2009a). ICN framework for disaster nursing competencies. Geneva, Switzerland: World Health Organization. Retrieved from http://www.icn.ch/images/stories/documents/publications/free_publications/24_June_2009_Disaster_Nursing_Competencies_lite.pdf

International Council of Nurses. (ICN, 2009b). *May* (Fact Sheet). Retrieved from International Council of Nurses: www.icn.ch

International Federation of Red Cross and Red Crescent Societies (IFRC, 2014a). *Haiti earthquake: Five-year progress report January 2015*. Geneva: Switzerland.

International Federation of Red Cross and Red Crescent Societies (2014b). *World disasters report: Focus on culture and risk*. Geneva: Switzerland.

Johnston, N. E. (2013). Strengthening a praxis of suffering: Teaching-learning practices. *Nursing Science Quarterly*, 26(3), 230-235.

Keys, H. M., Kaiser, B. N., Kohrt, B. A., & Brewster, A. R. (2012). Idioms of distress, ethnopsychology, and the clinical encounter in Haiti's Central Plateau. *Social Science and Medicine*, 75(3), 555-564. Doi: 10.1016/j.socscimed.2012.03.040

Kulig, J. C., Edge, D. & Smolenski, S. (2014). Wildfire disasters: Implications for rural nurses. *Australasian Emergency Nursing Journal*, 17, 126-134.

Leaning, J., & Guha-Sapir, D. (2013). Natural disasters, armed conflict, and public health. *The New England Journal of Medicine*, 369(19), 1836-1842.

Lincoln, Y. S., & Guba, E. G. (1985) *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

Madison, G. B. (2013). *On suffering: philosophical reflections on what it means to be human*. Ontario, Canada: McMaster Innovation Press.

Murray, J. S., & Monteiro, S. (2012). Disaster risks and children part 1: Why poverty stricken populations are impacted most. *Journal for specialists in Pediatric Nursing*, 17, 168-170.

Olchin, L. & Krutz, A. (2012). Nurses as first responders in a mass casualty. *Journal of Trauma Nursing*, 19(2), 122-129.

Rehnsfeldt, A. & Arman, M. (2012). Significance of close relationships after the tsunami disaster in connection with existential health – a qualitative interpretive study. *Scandinavian Journal of Caring Sciences*, 26, 537-544. doi: 10.1111/j.1471-6712.2011.00962.x

Rehnsfeldt, A. & Arman, M. (2015) Dressing an existential wound (DEW) – a new model for long-term care following disasters. *Scandinavian Journal of Caring Sciences*, pp. 1-8) Retrieved from: doi: 10.1111/scs.12273

Sapir, D. G., Vos, F., Below, R. & Ponserre, S. (2010). *Annual Disaster Statistical Review 2010*. Center for Research on the Epidemiology of Disasters (CRED). Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/fullreport_37.pdf

Shepherd, D. A., & Williams, T. A. (2014). Local venturing as compassion organizing in the aftermath of a natural disaster: The role of localness and community in reducing suffering. *Journal of Management Studies*, 51(6), 952-994. Doi: 10.1111/joms.12084

Sterling, Y. M. (2014). Nursing "Caring" during catastrophic events: Theoretical, research, and clinical insights. *International Journal for Human Caring*, 18(1), p. 60-65. doi: <http://dx.doi.org/10.20467/1091-5710-18.1.8>

United Nations Office for Disaster Risk Reduction (UNISDR, 2016). *Poverty & death: Disaster mortality 1996-2015*. Geneva, Switzerland. Centre for Research on the Epidemiology of Disasters (CRED). Retrieved from http://www.unisdr.org/files/50589_creddisastermortalityallfinalpdf.pdf

United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) (2014). Haiti: Humanitarian Action Plan 2014. Retrieved from https://docs.unocha.org/sites/dms/CAP/HAP_2014_Haiti.pdf

Wallemacq, P., & Guha-Sapir, D. (2015, March). Centre for Research on the Epidemiology of Disasters Crunch (2015, March). *What is the human cost of natural disasters? (1994- 2013)*, 38. Retrieved from <http://www.cred.be/publications>.

Abstract Summary:

This study explored the lived experience of suffering through the 2010 Haiti earthquake. Using Katie Eriksson's theory of caritative caring, seven major themes emerged. The findings will contribute to the theoretical knowledge needed by nurses working in natural disasters and generate global dialogues necessary to advance caring science.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
to examine the phenomenon of suffering as a lived experience in natural disasters and specifically through the 2010 earthquake in Haiti	The learning objective is met through discussion of the seven major themes and the sub themes. Through the use of excerpts from the data and aesthetic presentations of the major themes the phenomenon of suffering
To describe ways suffering as a lived experience informs emerging global health issues in disasters.	The social justice issues and global equality inherent in nursing disciplinary knowledge is used to inform emerging global health issues in natural disaster especially using the backdrop of a resource poor country such as Haiti. The participant descriptions convey the multiple global health issues confronted during the disaster and create room for discussion regarding global health disparities among countries and the impact of disasters and response
To analyze ways the research findings inform caring science theories and future interdisciplinary disaster nursing practice, policy, research and education.	Current nursing literature (Veenema et al., 2016) calls for more research in the field of disaster nursing to inform both nursing practices which address population outcomes across the disaster life cycle and provide

	evidence based practices to prepare a nursing workforce. A number of the participants in my research do also happen to be nurses so their perspective about the needs and the response during this post-disaster time period provides some very insightful perspectives about future practice. It is also important to note that the local or community voice provides a very insightful perspective on how they perceived the disaster response versus relief organizations involved in disaster relief.
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Abstract Text:

Background/Rationale: Worldwide disasters are occurring more frequently and becoming increasingly deadly. In just the past two decades, earthquakes accounted for more deaths than all other natural hazards combined (United Nations Office for Disaster Risk Reduction (UNISDR), 2016). Haiti has lost more lives to natural hazards over the past 20 years than any other country in the world (UNISDR, 2016), mostly due to what was considered one of the largest urban disasters in modern history, the 2010 earthquake (International Federation of Red Cross and Red Crescent Societies (IFRC), 2014b). On January 12, 2010, Haiti experienced a 7.0 magnitude earthquake causing between 222,750 to 316,000 deaths and approximately 310,928 wounded (IFRC, 2014a). The disproportionately negative impact the 2010 earthquake had on Haiti as a country compared to developed nations experiencing similar events during the same year, was a direct result of Haiti's lack of underlying structural, social and physical infrastructure (Doocy, Cherewick, & Kirsch, 2013; IFRC, 2014a). Haiti is one of the poorest countries in the world with nearly 80% of Haitians living below the poverty line and has one of the worst income inequalities in the western hemisphere (IFRC, 2014b). The 2010 Haiti earthquake serves as a stark reminder of the "inequality and the disproportionate price that poor people living in low-and-middle-income countries pay regarding human suffering as a result of earthquakes and climate-related hazards" (UNISDR, 2016, p. 3).

Theories of human caring utilize holistic paradigms to ground the disciplinary knowledge of nursing; and as such, nurses are uniquely situated to address the complex needs of persons living to suffer through a disaster (Rehnsfeldt and Arman, 2015). The art and science of nursing as a discipline, grounded in caring science lends itself to exploring ways individuals make meaning of their suffering in natural disaster, capable of dialoguing, "between different ways of knowing that can yield new insights based on multiple ways of seeing the world" (Adeney-Risakotta, 2009, p. 242). As the largest group of healthcare professionals worldwide, nurses remain on the frontline of disaster response (Sterling, 2014). Nurses have a professional obligation and responsibility to acquire a knowledge base and minimum set of skills, which enables them to plan for and respond to suffering in a natural disaster (International Council of Nursing (ICN), 2009a; ICN, 2009b). Recent U.S. and international disasters; however, indicate an alarming gap in nursing knowledge about disaster science and suggest nurses are ill prepared to meet the needs of those experiencing disaster (Rehnsfeldt & Arman, 2015). Additionally, current research related to disaster and nursing remains 'embryonic' and largely descriptive. Current recommendations suggest disaster research to include interventional studies utilizing qualitative and quantitative designs will generate disciplinary knowledge for nursing grounded in evidence rather than assumptions (Veenema et al., 2016; Wallemacq and Guha-Sapir, 2015). Baumann and Bellefleur (2014) recommend a need for nurses to enhance the quality of nursing in natural disasters by listening to the stories told by those living the experience since "it remains unclear how to best bear witness to and act regarding tragedies" (p. 165). Johnston (2013) suggests the praxis of suffering in nursing will first require a "profound understanding of the phenomenon of suffering itself" (p. 230).

To date, there are very few nursing research studies specifically looking at the concept of suffering through natural disaster using a theoretical framework of caring (Sterling, 2014). These studies originate from the 2004 Indian Ocean Tsunami (Raholm, Arman & Rehnfeldt, 2008; Rehnfeldt & Eriksson, 2004; & Rehnfeldt, A, & Arman, M. 2015) whereas, this research specifically addresses the experience as lived through the 2010 Haiti earthquake. Adopting a caring science philosophical lens of understanding from which to explore the meaning of the lived phenomenon of suffering through natural disaster focuses on providing conceptual clarity to the phenomenon of suffering framed within a caring science paradigm. Haiti's underlying vulnerability resulting from a long history of global inequality offered a unique landscape for exploring emerging global health issues as lived and experienced during a natural disaster in a developing country. The knowledge gained from this research study has the potential to inform nursing practice, education, and future research; also, to advancing nursing's disciplinary knowledge of caring science in a natural disaster.

Purpose/Objectives: The purpose of this research is to explore the lived experience of suffering through the 2010 earthquake in Haiti. Specific objectives include 1) to examine the phenomenon of suffering as a lived experience in natural disaster and specifically through the 2010 earthquake in Haiti; 2) to consider how suffering as a lived experience informs emerging global health issues and 3) to analyze ways the research findings inform caring science theories and nursing implications related to policy, practice, education and research.

Theoretical Framework: The theory guiding the philosophical framing of this study is Eriksson's Theory of Caritative Caring (2007) which recognizes caring's essence as an ethos of love and compassion. The fundamental concepts of the theory include, "human beings as the entity body, soul, and spirit; health; and suffering; as well as caring as a communion where human beings' dignity comprises the fundamental worth" (Eriksson, 2007, p. 201). Through conscious awareness of suffering as the normal state of existence, the nurse can engage in caring meaning-creation encounters with another's suffering. This caring encounter becomes the catalyst by which suffering can yet again be understood as bearable, a means by which the nurse can bear witness and acknowledge the suffering as a uniquely individual experience. Alleviation of human suffering is the heart of all forms of caring, the motive for care for nursing (Eriksson, 1992).

Research Design: A phenomenological qualitative design was adopted for this study, which was approved by Florida Atlantic University's Institutional Review Board on May 26, 2015. A purposeful sample of Haitian English language speakers who experienced suffering through the 2010 earthquake in Haiti was invited by key informants to participate in the study. A total of thirteen interviews were conducted over a four-day period in July of 2015 in both Leogane and Port-au-Prince Haiti. Each interview was held in a private location, lasting approximately one to one and half hours, and was audio-taped using verbal and voluntary consent. Semi-structured interviews using broad, open-ended questions initiated discussion with participants about their experience of suffering through the 2010 Haiti earthquake.

Findings: Heidegger's hermeneutic phenomenology served as the methodological framework for the study, while Diekelmann and Allen's (1989) seven stage process was used to guide data analysis. Seven major themes were identified through analysis of the data including a) Experiencing the unimaginable; b) Living the 'Unique' of the Earthquake; c) Fearing for *Condition of Loved Ones/Others*; d) *Losing Everything that Meant Something in Life*; e) Overwhelming Need; f) Moving Through the Experience; and g) Being Changed: a Different Way of Being in the World. Through qualitative inquiry and inductive analysis, the researcher felt these themes illuminated the meaning of suffering of suffering through the 2010 Haiti earthquake as lived by the participants.

According to Freeman (2014), it is essential for the qualitative inquiry to capture and make sense of research findings using the 'art of storytelling' as a means of fully contextualizes the participants lived experience. Throughout the analysis of the data set, this researcher understood participant stories as the form of rich data which captured the main themes and provided a visual context for understanding the complexity and profound nature of the lived experience of suffering through the 2010 Haiti earthquake.

According to Freeman (2014), “hermeneutics offers a philosophical, aesthetic and experiential process that highlights the way tradition intersects meaning and keeps us as participants in life’s webs of significance’ (p. 832). Everything the researcher understands is in contexts; whether physical, emotional, political, cultural or historical (Freeman, 2014). Contextual features are not employed to organize our seeing, but rather we see within the multiple spaces that come alive in the complexity of existence. The participant’s stories are richly contextualized and deeply profound. To accurately articulate the lived experience of the participants, calls for a more nuanced language of expression in the form of artistic and aesthetic presentation (Eriksson, 2007). The lived experience of suffering through the 2010 Haiti earthquake finds full expression and contextualization through artistic sketches of the major themes representing images of participant stories.

Implications: Katie Eriksson (2006) suggests that all categories of professional caregivers may unconsciously cause suffering in caring as a “result of an absence of reflection and lack of knowledge of human suffering” (p. 89). As an organization, Sigma Theta Tau International is dedicated to improving the health of people worldwide by increasing the scientific base of nursing practice. This study is grounded in Katie Eriksson’s theory of caritative caring and seeks to explore the phenomenon of suffering through the 2010 Haiti earthquake. The findings of this research will contribute to the theoretical knowledge needed by nurses to care for persons suffering through the experience of a natural disaster and generate global dialogues necessary to advance caring science within the disciplinary practice of nursing.