

Hospital resilience to earthquakes: results from semi-structured interviews with hospital staff in Nepal

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Journée doctorale

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Setting & aim



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M7.8

~9k dead

~22k injured

~8m affected

(EM-DAT)



➤ To explore the hospital's mechanisms of resilience to the earthquake



Theoretical framework

Hospital resilience

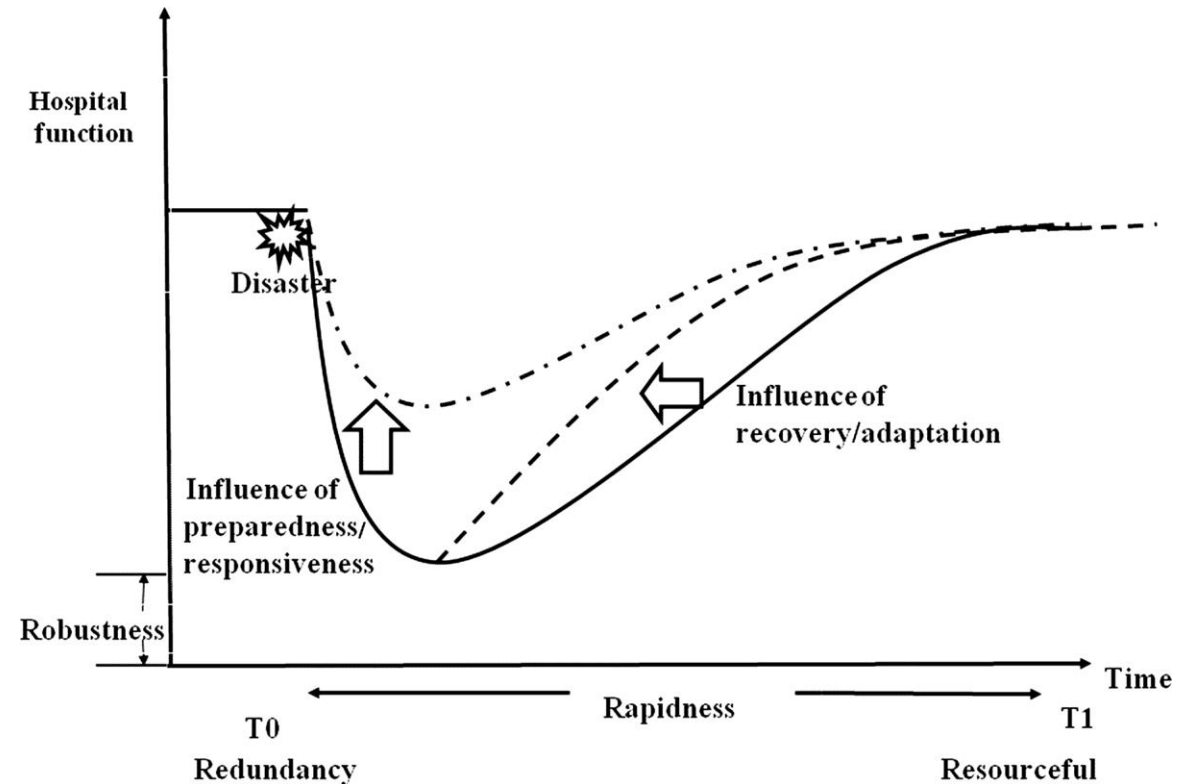
- Surge capacity
- Maintain essential services
- Lessons learned – new protocols

“Means” of resilience

- Redundancy
- Resourcefulness

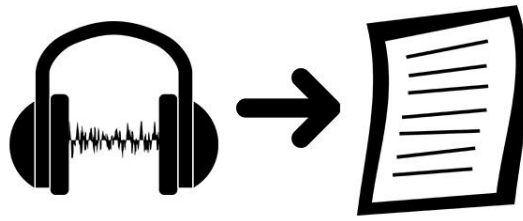
“Ends” of resilience

- Rapidity
- Robustness

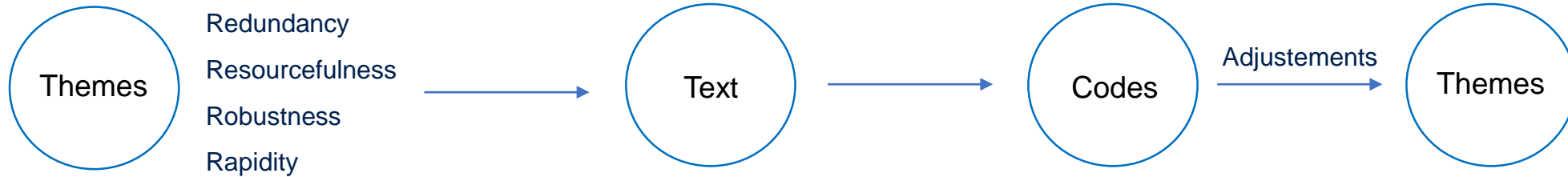


Methods

Data collection



Analysis

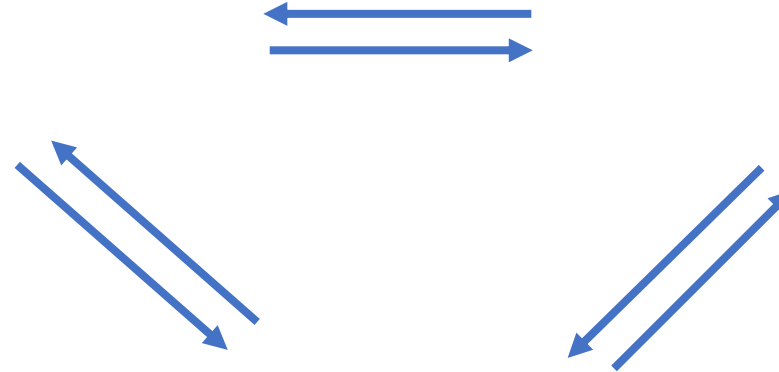


Results: Burden



Family
Housing
Dilemma family ↔ work
Colleagues
Exposure to suffering

Destruction
Roads
Hospitals
Schools
X Electricity supply
X Phone network



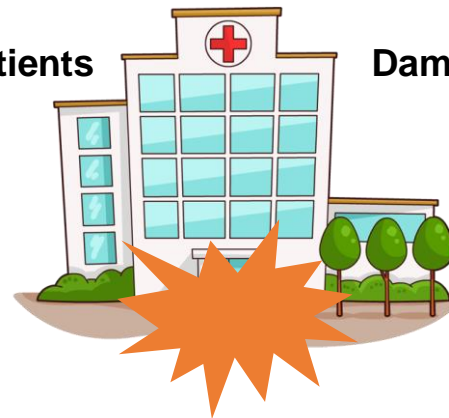
In-patients

Damages

Massive inflow

EQ victims

Chronic disease patients
Dead bodies
Patient parties
People in search of info & safety
Volunteers, organizations

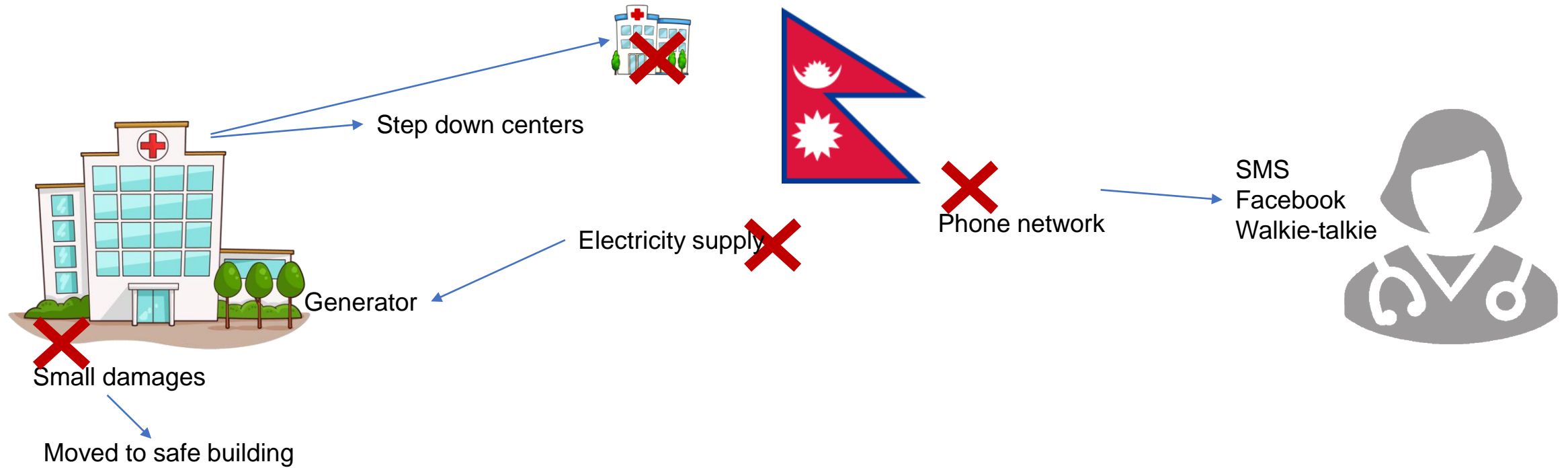


Other health problems

Follow-up and rehabilitation
Infectious diseases
Mental health



Results: Redundancy



Results: Resourcefulness



Procedures

- Triage
- Space rearrangement
- Financial
- Decision channels



Equipment and supplies

- Disposable clothes
- Faster sterilization
- Repositioning

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Human resources

Task shifting

- Non-surgeons in surgical ward
- Non-clinical providing basic care
- Psychosocial counselling

Reorganization of shifts

- Operations 24/7
- Longer working hours
- Split groups

Results: Resourcefulness

External provision of resources



Students
Patient parties
Local community
Young people

Army and police
Casualties
Waste
Water
Crowd

Equipment & Medicines

Food 



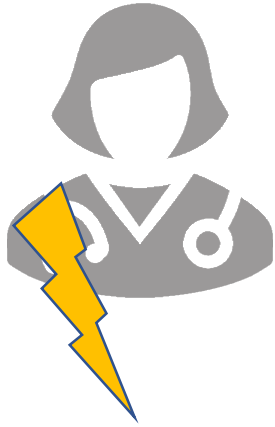
Transfer of responsibilities



Scams, misuse
Bottlenecks
Accountability
Overwhelming (validity, storage)



Results: Individual Resourcefulness & Robustness



Family
Housing
Increased workload
Exposure to suffering



Outdoor tents
Joint families

I had left family member in open ground, on some secure place, so there are too many neighbours there. So we don't have to worry. Just assure ourselves and do the work. (P1)

Emotions

Fear, constant worry, sorrow, dilemma



Work as a coping mechanism

You try to compensate with overworking or doing something else, so that you do not felt yourself depressed or you know, bad. So that's how I had to cope up myself. (P2)

Mental health

Depression, anxiety, sleep disturbance

Physical complaints

Back ache, muscle cramps

Voice loss

Weight loss

Fatigue



Discussion



- Burden – complex interactions
- Redundancy < Resourcefulness?
- Resourcefulness many procedures but human resources:
 - Spontaneous adaptations
 - Beyond set roles
- Staff – need of psychosocial approach

Possible biases:

- Language, recall, relation with hospital director

Next steps:

- improved analysis of rapidity & robustness



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