

Willingness to Work of Hospital Staff in Disasters: A Pilot Study in Belgian Hospitals

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Study/Objective: Willingness to work, promoting factors, and hospital disaster management, including the role of the hospital disaster coordinator.

Background: Following a disaster, hospitals are at-risk for sudden crowding of victims. However, can they recruit extra staff willing to work? Is disaster management a daily concern?

Methods: This mixed-method study encompasses an explanatory sequential design with a quantitative data collection and analysis, followed by a second phase with a qualitative research track to explore the willingness to work. A quantitative survey with 11 different virtual disaster situations was offered at four different hospital staff groups (nurses, doctors, administrative, and supporting staff). In the qualitative part, we performed focus groups and semi-structured face-to-face interviews with a purposeful sample of staff members. A “within” the cases analysis was performed to retain the uniqueness of each setting, followed by a cross-case analysis.

Results: Twenty-two Belgian hospitals participated from March 2014 to July 2016. The willingness to work differs between doctors (33.8%), supporting staff (28.1%), nurses (23.6%), and administrative staff (23.1%). Both quantitative and qualitative research at three regional hospitals, from February 2016 to July 2016, confirmed a high willingness to work in all groups. Willingness was strongly related to the disaster type. The greatest willingness detected was with a seasonal influenza epidemic, the lowest for Ebola and nuclear incidents. Four facilitators increased the willingness to work: availability of personal protective equipment, insurance that their family is safe, feedback on the incident, and previous training. The hospital disaster coordinator is the key figure concerning “awareness” and “preparedness” within the hospital.

Conclusion: Although differences in willingness to work depending the context, specific measures, and a concerned, dutiful hospital disaster coordinator all play an important role to enhance this willingness. Hospital disaster planning must reflect continuously on quality and safety policies within the organization.

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International Guidelines for Foreign Medical Workers' Response to Natural Disasters in Low and Middle-Income Countries: Do they Exist, and Are they Being Followed?

A Literature Review of Current International Policy and Grounded Theory Study of the Response to the 2015 Nepal Earthquake

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Study/Objective: To identify international guidelines for foreign health care workers and determine if there is knowledge translation in order to highlight gaps and aid progress to better disaster response.

Background: Following natural disasters, the health sector response has been disorganized and at times harmful to affected populations. Ensuring quality care and effective use of scarce resources depends, in part, on the international workers who participate in the response.

Methods: A literature search and semi-structured interviews of participants in the health sector response to the 2015 Nepal earthquake was used to examine the existence, awareness, and utilization of international guidelines for health care workers responding to disasters.

Results: The literature search revealed no guidelines directly addressing the appropriateness of potential responders. International guidelines contained only general humanitarian principles for guiding activities once in the field, or were directed at organizations or teams rather than individuals. Grounded theory analysis of the interviews suggested that those who were experienced in disaster response tended to be part of larger, established, international organizations. They were also more likely than members of ad hoc teams to be familiar with existing guidelines and engage in field activities consistent with these guidelines, including coordination, reporting, and building on local capacities.

Conclusion: Only general principles exist to guide medical personnel planning to respond to a sudden onset disaster. There are no defined qualification requirements, either for professional skills or disaster response training, for individual foreign health workers. Although progress has been made in setting standards for teams responding to disasters, there is a knowledge gap among inexperienced responders. This contributes to unqualified individuals becoming an additional burden to affected communities. Increasing awareness of international disaster relief guidelines among health professionals prior to the occurrence of a disaster, including emphasizing the need for training prior to deployment, should be a priority.

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Apport des Cindyniques dans le pilotage stratégique des crises/catastrophes

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Study/Objective: Expliciter en quoi le prisme des Cindyniques, au delà de son intérêt pour l'analyse post-crise, autorise des progrès significatifs dans le pilotage stratégique des crises/catastrophes.

Background: L'approche stratégique de la médecine de catastrophe n'a pas, à ce jour, bénéficié d'un corpus théorique qui lui permette de connaître les mêmes progrès que l'approche tactique dans un contexte où cette dernière conduit à croire, à terme, à la maîtrise des risques.

Methods: Le prisme des Cindyniques postule l'inéductibilité de la désorganisation de tout système (sociologique, technologique,