

Savar Building Collapsed Tragedy: A case Study on Nurses' Roles in Bangladesh, 2013.

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Abstract

The aim of the study was to identify the nurses' roles in Savar building collapsed tragedy which was conducted in the National Institute of Traumatology & Orthopedic for Rehabilitation, Bangladesh Red Crescent Medical College Hospital and Enam Medical College Hospital, Dhaka. An open-ended questionnaire was used in the study to collect information. Fifteen RNs were purposively recruited from the above three selected study settings who worked for the Savar Building Collapsed victims. Data Collection procedures included approval from concerned authorities, appointment with participants and explanation the purpose of the study to the RNs including prior consent was taken from the participants. Content analysis was used to analyze data from literature review and the interview of the participants.

Findings: Most of the participants (80%) were female with the mean age of 33.6 years. All of them were only diploma holders in general and midwifery/orthopedic nursing and the range of their working experience was 5 to 20 years. The findings of the study were categorized mainly in three areas. These are: 1) participated in rescue operation team, such as giving first aid, referring them to appropriate specialized hospitals/units, assisting the doctors' during emergency operation, administering life saving medicine, intravenous infusion, providing oxygen and dry food; 2) psychological support of the victims, such as motivating and counseling the victims and their families including mental and financial assurance for the recovery of the loss of their families; and 3) co-ordinated response with medical team members and different agencies' such as armed forces, fire brigade, volunteers, BDRCS, journalist etc, facilitated the nurses to play their roles in the Savar Building Collapsed Tragedy. In addition, preparation and training for dealing with the disaster were identified as the influencing factors for nurses to play an important role in the management of disaster victims. However, conducting a phenomenological study is recommended to explore a complete and real picture of nurses' roles in the management of victims of the Savar Building Collapsed.

Introduction

Garments factories have been playing a crucial role in the development of national economy of Bangladesh. More than 4 million garment workers work in 5,000 apparel factories. The country earns about \$20 billion a year from garment export, accounting for roughly 80 per cent of its annual export earnings. Though it is the biggest export earner, it has been plagued by building-collapses, fires, and other accidents, leaving at least 730 workers killed in the past 11 years, according to the data of Bangladesh Institute of Labour Studies. Another 4,700 garment workers have been injured, many of whom have lost their ability to work, in the incidents, but most of the injured and the families of the killed did not get compensation.

Most of the readymade garment factory buildings in Bangladesh are structurally unsafe. Buildings are illegally converted into factories that run day and night to meet production targets. Keeping the costs low is prioritized while widespread, fatal health and safety faults remain. Faulty electrical circuits, inadequate escape routes, and unsafe equipment are some of the major causes of deaths and injuries in accidents (New Age, June 21, 2013).

On the 24th April, 2013 around 9 a.m., Saver Building Collapsed Tragedy is a horrific incident in the history of Bangladesh (The Daily Prothom Alo, 12 May, 2013). The whole nation was horrified and traumatized after hearing the unprecedented magnitude of disaster.

This mass casualty incident and its management required a large scale coordinated response. Armed forces, score of spontaneous volunteers, Bangladesh Red Crescent Society, Government and Private Hospitals and NGOs played a leading role to help the victims. Enam Medical College Hospital performed their excellent jobs during the disaster. This hospital is located near the incidence spot and treated majority of injured patients without any cost (Hospital Records, 5 July, 2013).

It was estimated that on an average day near about four thousand people used to work in the building. So far, nearly 1,200 dead bodies have been recovered while more than 2,438 people have been rescued alive, including many who have lost their limbs and/or are fighting for their lives in different hospitals. 118 severely injured patients were referred to National Institute of Traumatology & Othopaedic & Rehabilitation alone and they were admitted in C&D Wards. Out of them 81 were Female and 37 were Male. The types of injuries were spinal injury, femur, humerous, tibia fibula, radius & ulna and ankle fractures including soft tissue injuries. Still 72 patients are under treatment in National Institute of Traumatology & Rehabilitation, and Centre for Rehabilitation and Paralyzed, Savar, Dhaka. Thirteen dead bodies are still missing. Evidence shows that nearly 100 patients were amputated who have become permanently disabled. Moreover, almost all patients have developed psychiatric problems (Hospital Records 20 July,

2013). From the discussion with Doctors and Nurses it was known that the psychiatric problem is found high among the patients who were rescued after 24 hours or more. The dead bodies were taken to Adharchandra High School, Savar which was used as Black Zone. The identified bodies were handed to their relatives and the unidentified dead bodies were properly disposed and buried by a private organization named Anjuman Mofidul Islam. Hundreds of people were over still waiting for dead bodies day and night with pictures of their loved ones in their hands. So many people have died, so many parents have lost their sons and daughters, so many innocent children have become orphans, but who is to be blamed? Is this an unfortunate accident or a cruel murder? A survey report found that 124 children are deprived from their study because of the unwanted death of their father or mother (The Daily Prothom Alo, 24 July, 2013). Nurses are the key personnel in the health care system. They are not well prepared to handle the disaster situation because of their lack of knowledge and skills. In Bangladesh, despite the limitation of resources and power nurses give their best efforts to save the human lives during any kind of disasters (Chowdhury, 2002).

The aim of this paper is to identify the nurses' roles in Savar Tragedy, Dhaka.

Research Methods

Methods

A comprehensive existing literature on emergencies and disasters, hospitals records and current Savar building collapsed disaster articles were thoroughly reviewed. In reviewing literature, the researcher searched many electronic data bases including Science Direct, CINAHL and Google Scholar to get the relevant articles by using following key wards: disaster, emergency, Savar building collapsed disaster, and nurses' roles in Bangladesh. Participants' interviews were conducted by using open ended questionnaires to allow participants to explain their roles that they played during Savar building collapsed disaster.

Settings

The participants were 15 Registered Nurses working in different medical college hospitals and institutions such as National Institute of Traumatology, Orthopedics and Rehabilitation, Enam Medical College Hospital, and Holy Family Hospital, Bangladesh Red Crescent Society, Bangladesh. Five nurses were selected from each institution. Data collection was begun using purposive sampling. The selection criteria were:

- 1) Registered nurse
- 2) Nurses were selected from those wards who were engaged for Savar casualties' management.
- 3) Agreed to participate

Data Collection

An open ended questionnaire was supplied to the participants to collect the data. Before handed over the questionnaire, each participant was given a short briefing about purposes and benefits of the case study, and taken a written consent. The researcher himself collected the questionnaires from the participants and checked the questionnaires for completeness.

Data Analysis

The collected data was analyzed by using content analysis. The responses were in the participants' mother tongue Bangle. The researcher translated the responses into English himself. Translated data was checked by the two experts to audit the accuracy and trustworthiness of the data.

FINDINGS & DISCUSSION

Nurses' Key Roles in Savar Disaster Management

Almost all of the participants played their key roles in building collapsed disaster Savar, Dhaka. These included rendering first aid treatment, oxygen, assisting doctors' during emergency operation, sorting out the seriously injured cases and referring them to appropriate specialized hospitals/units for better treatment, administering the prescribed medicine, blood transfusion, intravenous infusion, providing drinking water and convenient dry food, continuous monitoring and recording the patients' conditions, communication with patients relatives. Also, most of them were responsible for changing dressing as part of their routine work.

Preparation and Training for dealing with the disaster

Majority of the participants were not well prepared to handle the victims effectively because they had no formal training on disaster. Some of them said that government should increase the involvement of nurses in disaster management, ensuring research capacity building, the availability of resources especially financial support and other facilities like accommodation, food, safety and security for the nurses who will serve the affected people during any disaster period. Only five participants had short training on disaster. However, all participants were well trained in first aid and they have practical experience to face disaster problems.

Participation in rescue operation team

Out of 15 participants only 5 participated in the rescue operation team where they performed their responsibilities by giving first aid, assisting the doctors' during emergency operation, administering life saving medicine, intravenous infusion, providing oxygen and dry food. In the critical cases they performed CPR. On the spot of the incident they triaged the casualties and provided necessary nursing and medical intervention. *Two participants said, " we have never seen such a horrible incident in our service life, we can't describe this, we are overwhelmed with the grief".*

Psychological support

The hospital records show that almost all of the victims developed psychological problems. All participants provided psychological support to them and their relatives through repeated interaction, motivation and counseling including mental and financial assurance for recovery the loss of their families. *One of the participants from NITOR said, " a young admitted boy developed severe mental disorder like hallucination, we can't describe the condition".* It seemed that government, rich people and different NGOs come forward to help the victims and their families so that they can survive.

Coordinated response between the medical team and other agencies

Almost all of the participants agreed that there were coordinated response between the medical team members and other agencies' people such as armed forces, fire brigade, volunteers, BDRCS, journalist etc. The team approach inspired the volunteers to work actively for the victims.

Autonomy for nurses to give first aid treatment

All participants agreed that they didn't face any trouble during giving first aid in the crises. They had no formal autonomy to provide emergency treatment to the injured at the time of incident. Bangladeshi nurses are only empowered to provide nursing interventions but in the case of emergency and disaster they can give first aid informally to save the human lives.

Disaster policy planning and decision making

Almost all of the participants agreed that they were not involved in disaster policy, planning and decision making. However, it is noticed that in recent times government has taken the issue into its consideration to involve the nurses' participation in policy levels.

Suggestion

Almost all of the participants have suggested that nurses need to be trained in disaster management. Many of them suggested for ensuring the nurses involvement in plan and policy making. Most of the participants put their opinion that nurses should be involved in disaster related workshop, seminar, conference to increase their awareness and capacity building for handing the disaster affected people effectively. Ensure availability

of resources especially funding and other facilities like accommodation, transport, food, safety and security for the nurses who will serve the affected people during disaster period.

Conclusion

The study findings and discussion show that savor building collapsed disaster is a terrible incident in the history of Bangladesh. Almost all the participants had played some key roles during the disaster in the area of first aid treatment, preparation and training for dealing with the disaster, participation in rescue operation team, psychological support, coordinated response between the medical team and other agencies, disaster policy planning and decision making.

Some of them suggested that government should ensure disaster training, research capacity building, the availability of resources especially financial support and other facilities like accommodation, food, safety and security for the nurses who will serve the affected people during any disaster period.

However, the government is not enough to face the magnitude of disasters in Bangladesh. Therefore, the private organizations, NGOs and rich people should come forward to minimize the disaster related problems.

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