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## Original Article

## Experiences of civilian nurses in triage during the Iran-Iraq War: An oral history

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## ABSTRACT

**Purpose:** Nurses played a critical role in performing triage during the Iran-Iraq War. However, their experiences in triage have not been discussed. Therefore, the current study aimed to investigate the triage experiences of civilian nurses during the Iran-Iraq War.

**Methods:** Oral history method and in-depth interviews were used to collect data to gain the nurses' experiences in triage.

**Results:** Four themes were extracted from the data, which were the development of triage, challenging environment to perform triage, development of mobile triage teams, and challenges of triage chemical victims for nurses.

**Conclusion:** Triage is an important skill for nurses to manage critical situations such as disasters and wars. Nurses have to be competent in performing triage. Involvement in critical situations helps the nurses learn and gain more experience on how to manage unexpected events.

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## Introduction

The prolonged Iran-Iraq War (1980–1988) resulted in military and civilian casualties, which is documented as the most important landmark during the second half of the 20th century.<sup>1</sup>

The crucial and ultimate goals in wars are the preservation of life, caring the victims, and returning the greatest possible numbers of wounded soldiers.<sup>2</sup> In Iran-Iraq War, Triage occurs at every level of care for victims and starts with a rescuer (Emdadgar) at battlefields, continues in emergency tents, emergency camps, and emergency field hospitals, operating rooms, and finally transferring to general hospitals in the safe cities. Nurses do care through performing triage at war zones. Resuscitation as an essential procedure of triage is performed frequently by nurses. Triage is a dynamic process of prioritizing care and treatments for the wounded.<sup>3–6</sup>

The quality of triage had been improved in austere environments such as the First and Second World Wars, the Korean, Vietnam,

Falkland, and the Persian Gulf War. It was clearly demonstrated that early assessment, prompt resuscitation and fast patient transfer significantly help to reduce mortality rates in military hospitals and battlefields. The mortality rate of soldiers reduced from 5% during the World War II to 1% by the end of the Vietnam War.<sup>7</sup>

Triage has been traditionally performed by medics and nurses in battles and mass casualties,<sup>8,9</sup> and continues in hospital emergency departments.<sup>10</sup> However, performing triage is different in disasters and at hospital settings. In the Iran-Iraq War, triage was performed in relief posts, field emergency units and hospitals during the chemical agent attack.<sup>11</sup> During a disaster, the goal of triage is to save as many people as possible without prioritizing who has the best chance for survival.<sup>7</sup>

In the Iran-Iraq War, because of the high number of chemical injuries, the triage was used in relief posts, hospitals and field emergency units. Triage was administered differently from the usual methods.<sup>10</sup> Upon exiting from the combat zone, the injured individuals were evaluated, and for those who critically wounded, resuscitation was performed, starting with an intravenous catheterization. Moreover, if they required immediate surgery, they were transferred to the emergency units with operating rooms established in the battlefields. The individuals were then transferred to the professional medical units behind the frontline, if needed.

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As a vast war zone and inadequate military nurses, civilian nurses participated in the war and gained valuable experiences on how to perform triage. The civilian nurses did not have any experience in performing triage in a war before deploying to the war zones. There is, thus, a paucity of knowledge related to their performance in the Iran-Iraq War on performing triage. Therefore, this study aimed to investigate the lived experiences of civilian nurses related to the triage performance during the Iran-Iraq War.

## Materials and methods

### Design

This study aimed to investigate the lived experiences of nurses in triage during the Iran-Iraq War. Oral history was chosen to gain data from the civilian nurses who participated in the war. Oral history is a systematic approach for collection of first-hand data and an analytic framework.<sup>12,13</sup>

Oral history can be used as "... source of objective information and filling gaps left by existing documentation".<sup>13</sup> Some others use oral history as a means of creating social history for those who does not have opportunities to voice themselves.<sup>14</sup> While it has been over 30 years since the war ended, Iranian nurses who contributed to save soldiers in frontline never told, if any, their stories and challenges on triage. Therefore, oral history is an appropriate approach to investigate the civilian nurses' experience.

### Data collection

Semi-structured interview was used to elaborate the participants' experiences. As there was not a list of nurses who served in the Iran-Iraq War in military and non-military agencies, snow ball sampling method<sup>15</sup> was applied to recruit participants. The participants who were civilian volunteer nurse (registered and student) and were able to recall the memories and had experiences of performing triage in the war was included in the study. The ultimate sample comprised 16 civilian nurses and the demographic data are listed in Table 1. The participants' narrative was gathered through a semi-structured interview. Diaries, personal documents, photos and other available evidences were used to aid recollection and cross-check participant's claims.

Informed consent was obtained from all participants before the interviews. All participants were interviewed for one or two sessions based on their triage information. The interviews ranged from 45 to 90 min, with an average of 60 min in each session. After collection and analysis of the data, obtained through each interview, successive respondents, suggested by the previous participants, were selected. This helped the researchers to extend the range, depth, and scope of the achieved information. Some of core questions were: "Would you mind describing your responsibilities in the frontline?", "Would you mind explaining the tasks that were done for the injured?", "Would you compare the initial and final days of war in terms of triage?" and "What else do you want to tell me about the triage?" Further, explanatory questions<sup>12</sup> were used

to encourage the participants to elaborate the stories such as "Why did that happen?" and "How did relate to other events?" Judgmental questions<sup>12</sup> were also used to provide the opportunity for participants to talk about the "big picture" of events that positively and negatively influenced on participants' professional practice and attitude. All the interviews were recorded by a voice recorder and transcribed for data analysis.

### Data analysis

The data analysis was formed based on the four-stage method of oral history.<sup>16</sup> In the first step, the initial codes were extracted from each interview separately. The audiotapes of interviews were transcribed and significant words, phrases, sentences, or paragraphs were highlighted as initial codes. Then subcategories were formed from the initial codes. The subcategories formed categories and finally the narrative themes created from the categories. Data collection was preceded until data saturation gained, which means no more information attained about research questions when analyzing data.

### Rigor

The scientific rigor and trustworthiness of the data in historical research were measured based on credibility, dependability, confirmability and transferability criteria.<sup>17</sup> The credibility was achieved through investigating the participants' culture and a prolonged engagement between the researcher and the participants, triangulation of data through asking for the other evidences such as photos, and diaries, and giving back transcripts to some of the interviewees to check the accuracy of the texts and our interpretations, and debriefing sessions between the researcher and the project supervisor for developing ideas and interpretations. Dependability was maintained while the researcher asked another colleague to transcribe and analyze the interviews. Besides, the researcher used an external audit and bracketing to achieve data confirmability. The transferability of data limited to the Isfahan's nurses, whereas attempted to find a sample with the highest possible diversities.

### Ethical consideration

The ethical approval was achieved from the Ethics Committee of Isfahan Medical Sciences University (Number thesis: 389295). The nurses who were willing to participate in the study signed a consent form. They had right to participate or reject to be interviewed at any time during the study. The participant's names were assigned to a number and the anonymity was guaranteed.

## Results

After analyses of data, four themes were extracted from the interviews, which were the development of triage, challenging environment to perform triage, development of mobile triage teams, and challenges of triage chemical victims for nurses.

### Development of triage

Organizing the medical staff was difficult at the beginning of the war due to unpreparedness of the medical centers to deploy trained staff. In the beginning of the war, volunteer civilians who were deployed to the war helped the wounded at the frontlines. The wounded were transferred to medical centers in the safe area, though triage did not apply at that time. As the war continued, the medical staff were deployed to the combat zones from other parts

**Table 1**  
The basic information of participants.

Variable	Results
Mean age in war	20.9 years
Mean age in interviewing time	40.9 years
Registered nurse in war	5%
Student nurse in war	75%
Nurses with primary experiences in clinical skills	35%

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