/ / : 11 : ( ) ()

()<sub>.</sub>

/ /

(). () ) () () Aihuo Xiaxin ( ) ) Aping Strauss Glaser / /

(Purposeful sampling) ) Corbin Strauss (Open coding) (Theoretical sampling) (Data saturation) ( ) ( ) (Confirmability) (Researcher creditability)

/

/

(Prolonged engagement) (Persistent observation) (External check) (Peer debriefing) (Searching for disconfirming evidences)

www.SID.ir

/

/

:

/

/

www.SID.ir

:

.

Passive ....

/ /

:

/

..... () تأمین نیروی انسانی کافی، با تجربه و آموزش دیده کیفیت و کمیت نامناسب خدمات تامین خدمات با کیفیت و کمیت مناسب ارائه خدمات سلامتی ا*ر*ائه خدمات سلامتی وضعيت نامناسب نيروى انسانى نامناسب، باتاخير، مناسب، بموقع، مستم و در دسترس مردم غیرفعال و دور از دسترس مردم کفایت امکانات و تجهیزات عدم کفایت امکانات و تجهیزات مدیریت مناسب و هماهنگ مدیریت نامناسب و ناهماهنگ

( ). ) Manitoba ( ) Sundnes ( ). ( ) ) Rubin ( ). / /

1- Parmar NK. Disaster Management: an Overview.

2- Novick LF, Marr J. Public Health Issues in disaster preparedness focus on Bioterrorism. Toronto: Jones and Bartlett publication; 2003.p.1- 3.

New Dehli: JAPEE Publication; 2003.p:1-15.

- 3- Pan American Health Organization. Management of dead bodies in disaster situations. (Disaster Manuals and Guidelines on Disasters Series,No.5). Washington: PAHO; 2004.p.8.
- 4- Myers D, Wee David F. Disasters in Mental Health Services: A Primer for Practitioners (Series in Psychosocial Stress. New York: Brunner-Routledge; 2005.p:57, 58.
- 5- Sharma R, Sharma G. Natural Disaster. New Delhi: APH Publishing Corporation; 2005.p:1-5
- 6- United Nations Development Programme. Crisis Prevention and Recovery. Regional and Countries-Asia and the Pacific [Online]. About [11p.]. 2006. Available from: http://www.undp.org.ir/Crisis Prevention.asp: World Health Organization. Accessed: 2006 Sep 10.
- 7- Ghanefar SJ, Tabar A. Iran's strategy on natural disaster risk management. Geotechnical Engineering for disaster mitigation and rehabilitation. Singapore, 12-13 Desember;2005.p.1.
- 8- WHO. Guidelines for the use foreign field hospitals in the after match of sudden Impact Disasters. Washington: WHO; 2004.p.2-5.
- 9- Iranian Ministery of Health and Medical Education. Natural disaster in Iran, [Online]. 2004. Available from: http://www.mohme.gov.ir. Accessd: 2005 Nov 15
- 10-Aiping T, Aihua W, Xiaxin T. Earthqauke Disaster Management in China. [Online]. 2005. About [15p.]. Available from: http://www.gisdevelopment.net/

/

/



(Relevance) (Work) (Fit)
. (Modifiability)

16-Emami MJ, Tavakoli AR, Alemzadeh H, Abdinejad F, Shahcheraghi G, Erfani MA, et al. Strategies in evaluation and management of Bam earthquake victims. Prehospital Disaster Med; 2005.20(5):327-30.

17-Sundnes KO. Health disaster management: guidelines for evaluation and research in the Utstein style: executive summary. Task Force on Quality Control of Disaster Management. Prehospital Disaster Med; 1999.14(2):43-52.

18-Regional office of World Health Organization & Pan America Health Organization. Natural Disasters: Protecting the Public's Health. Washington: Pan American Health Organization (PAHO); 2000.p. 25.

application/natural\_hazards/earthquakes/ma03135pf.ht m. GISdevelopment.net. Accessed: 2005 Oct 25.

11-Glaser B, Strauss AL. Discovery of Grounded Theory: Strategies for qualitative research. New York: Aldine de Gruyter; 1987.p. 45.

12-Streubert Helen J, Carpenter Dona R. Qualitative Research in Nursing: Advancing the Humanistic Imperative. 3rd ed. Philadelphia: Lippincott Williams & Wilkins; 2003.p. 23-30.

13- Strauss A, Corbin J. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. 2nd ed. California: Sage; 1998.p. 101-201,

14-World Health Organization. Disaster management model for the health sector, Guideline for Program Development. Manitoba: Manitoba Health Disaster Management; 2002.p. 1-2.

15-Rubin JN. Recurring Pitfalls in Hospital Preparedness and Response. Hospital Preparation for Bioterror: A Medical and Biomedical Systems Approach. Amesterdam: Academic Press; 2006.p. 1.

## Health Care Services at Time of Natural Disasters: A Qualitative Study

HR. Khankeh<sup>44</sup>MS R. Mohammadi<sup>45</sup> PhD F. Ahmadi<sup>46</sup> PhD

## **Abstract**

**Background & Aim:** The health care services have an essential role in saving human life at the time of disaster impact. Disasters always have prominent effects on health, public health and welfare of affected people. The way throu which health care services are delivered at the time of disaster impact is one of the most important challenges in crisis management. Although he Islamic Republic of Iran is the sixth-most disaster-prone country in the world and average of 4,000 people have killed and 55,000 affected annually by natural disasters over the last decade, a few studies about health care services at disasters have been done. Therefore, in this paper that is a part of a greater study, we have tried to explore how well the health care services at the time of disasters have been delivered.

Material & Method: This study is developed on the basis of grounded theory. Seventeen participants consisted of 5 nurses, 1 social worker, 1 psychologist, 2 psychiatrists, 1 general physician, 1 health professional, 1 epidemiologist, 1 master in health, 1 nurse aid and 3 Bam residents. All of them have at least one experience at disasters. Of those, 15 were male and 2 were female and their average age was 37. Semi-structured interviews and observational field note were used for data gathering. All of interviews were transcribed verbatim (word by word) and simultaneously constant comparative analysis was used according to Strauss and Corbin's method

**Result:** The way of delivering health care services is one of the important concepts that implied from collected data of the study. This concept comprises four aspects: quality and quantity of health care services, equipment supplies, personnel situation and management. This concept represents the way of delivering health care services at the time of disasters. Unpleasant personnel situations, insufficient quality and quantity of health care services at the time of disaster, deficiencies of equipment and instrument, poor management and lack of coordination are the most important factors that hindered delivering comprehensive, continuous, accessible and qualified health care services at the time of disaster. Providing enough well educated and experienced personnel, enough and qualified health care services, enough instrument and equipments, and appropriate and coordinated management can facilitate on time, comprehensive, continuous and accessible health care services at the time of disasters.

**Conclusion:** Health sector mission of prevention, investigation and treatment of injured and sick people is more prominent in parallel with greater expectation of community at the time of disaster. Health care services as the most significant foundation of crisis management should be delivered in a suitable and efficient way. Finally, the way of delivering health care services at the time of disaster was emphasized by participants in this study.

**Key words:** Health Services, Nursing Services, Disasters, Natural Disasters **Accepted for Publication: 26 Desember 2007** 

,

<sup>&</sup>lt;sup>44</sup> Doctoral Student in Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran( Corresponding Author).E-mail:hrkhankeh@hotmail.com.

<sup>&</sup>lt;sup>45</sup> Associate Professor in Health Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences and member of Center for Nursing Care Research.

<sup>&</sup>lt;sup>46</sup> Associate Professor in Nursing Education, School of Medicine, Tarbiyat Modares University.