

EMERGENCY NURSE PERCEPTIONS OF INDIVIDUAL AND FACILITY EMERGENCY PREPAREDNESS

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Introduction: Disasters of any variety can occur at any given moment. Emergency departments are at the forefront of the response system, serving as the gateway to the most appropriate care of victims. The intent of the survey described in this article was to assess nurses' perception of their role in a disaster and their perceived susceptibility to a disaster. In addition, basic knowledge and role preparation was reviewed.

Methods: A descriptive survey using survey methodology was utilized. The 56-question survey, including 16 demographic questions, was developed for the purpose of this study.

Results: The results reflect that many emergency nurses have not taken basic actions to prepare themselves for a disaster, either personally or professionally.

Discussion: This article highlights the importance of disaster education geared to the needs of the emergency nurse.

Key words: Emergency preparedness; Disaster preparedness; Disaster readiness; Emergency nursing; Nursing education; Perception; Readiness

Disasters of any variety can occur at any given moment. Emergency departments are at the forefront of the response system and serve as the gateway to the most appropriate care of victims. ENA endorses an "All Hazards" approach to disaster planning and management and encourages the active involvement of emergency nurses to "prepare for, respond to and recover from all-hazards incidents."¹

Although hospitals are required to dedicate resources to develop workable disaster management plans, little is known about the individual emergency nurse's disaster training or perceived readiness for disaster management. This study

was based on the Health Belief Model (HBM). The HBM initially was developed by Rosenstock in 1966 to study how people decide to engage in health behaviors. The HBM predicts behavior based on the individual's perception of his or her susceptibility to illness, severity of illness, costs and benefits of action, and cues to action.²

Although preparing for a disaster is not a traditional health behavior, similarities may exist. The practicing emergency nurse is required to be fluent in a variety of diseases and procedures but also has a finite amount of time and money to engage in education. Willingness to engage in training relating to disaster preparedness may well pivot on the perceived susceptibility to a disaster. The intent of this study was to assess nurses' perception of their role in a disaster and their perceived susceptibility to a disaster. In addition, basic knowledge and role preparation was reviewed.

Literature Review

Although a number of articles have been written with regard to nursing in general and disasters, little has been written specifically about the role of the emergency nurse in a disaster. In 2004, Wisniewski, Dennik-Champion, and Peltier discussed the development of the Emergency Preparedness Information Questionnaire, which was developed "to identify critical competency dimensions and to determine the education and training needs of RNs."³ However, this questionnaire was not directed specifically at emergency nurses.

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TABLE 1
Susceptibility questions

	Agree or strongly agree (%)	Disagree or strongly disagree (%)
A disaster can only be caused by factors outside of a hospital. (n = 177)	6.8	93.2
A natural disaster can threaten my community at any time. (n = 176)	98.9	1.1
My hospital is located in a disaster prone area. (n = 177)	67.8	32.2
My hospital is located near a terrorist target of opportunity. (n = 177)	73.4	26.6
My hospital is a terrorist target of opportunity. (n = 173)	46.2	53.8
There will be another terrorist attack on U.S. soil. (n = 175)	94.9	5.1
You cannot be prepared for every possible disaster. (n = 174)	72.4	27.6
I have supplies stored to care for myself and my family in case of a disaster, ie, extra food, water, etc. (n = 176)	44.9	55.1
In the event of a large disaster, the government will provide staff and supplies to local communities. (n = 174)	36.8	63.2
I feel comfortable with my facility's level of emergency preparedness. (n = 175)	39.4	60.6
Any kind of training on how to handle hazardous materials is very long and difficult. (n = 177)	32.2	67.8

The first notification that a disaster has occurred may be the arrival of patients who do not wait for EMS. Emergency nurses must be able to recognize this sign and know how to activate their facility's emergency response plan. Jagim⁴ writes that "Hospitals are part of the local response plan in a community and serve as 'first receivers' for disaster victims who self transport to the emergency department, as well as those transported by EMS." Duarte and Haynes⁵ interviewed experts in emergency management who stated that nurses need to possess "a minimum awareness set of competencies" but that expert emergency and disaster nurses are also needed who "have the clinical knowledge to be able to respond and manage a mass casualty event." In a discussion of nurse preparation for disasters, Veenema⁶ writes that "In the aftermath of the World Trade Center disaster, nurses were eager to offer assistance, but many lacked proper training in communicating with disaster management teams and in specific skills that are helpful when dealing with victims and their families."

Pediatric patients may present many challenges, especially to nurses who are not used to caring for children on a regular basis. Differences in anatomy and physiology, as well as the child's developmental stage, can affect the way children respond to a disaster physically and psychologically.⁷ Children with special needs such as those technologically dependent on ventilators or those who are developmentally delayed will present even greater challenges.

Methods

A descriptive survey using survey methodology was utilized. Approval from the author's hospital Institutional Review Board was received. A 56-question survey, including 16 demographic questions, was developed for the purpose of this study. Answers were provided with use of a Likert-type scale, with yes/no/don't know and multiple choice options. The content was developed through a review of the literature and clinical expertise. In addition, the content was reviewed by subject matter experts in emergency preparedness.

The sample was derived from a group of emergency nurses attending the New Jersey ENA Emergency Care Conference in Atlantic City in March 2007. Surveys were distributed in participant program materials. The New Jersey ENA Research and Practice Committee approved the survey for dissemination at the Emergency Care Conference.

Results

Usable surveys were obtained from 177 of the approximately 700 nurses in attendance, a 25% return rate. Of these respondents, 79.1% indicated they were specialty certified, with 49.2% being a Certified Emergency Nurse, and 54.8% indicated they had obtained a baccalaureate degree or higher in nursing.

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