Nurses as Leaders in Disaster Preparedness and Response: A Call to Action

BACKGROUND

• Nurses are the largest segment of the US healthcare workforce (~2.8 million RNs).
• The healthcare system’s response to a public health emergency is largely dependent on surge capacity of nurse workforce
• Efforts to prepare & mobilize nurses for disaster preparedness & response have been episodic & difficult to sustain
• Assessments of professional readiness indicate that nurses are inadequately prepared to respond to disasters

METHODS

• Disaster nursing experts were identified through a publication search, discussions with nursing leaders, and snowball technique
• A series of semi-structured conference calls were conducted September-December 2014 with 14 experts, exploring the following questions:
  1. What would an ideal vision for the future of disaster nursing look like?
  2. What factors related to practice, education, policy and research currently impact disaster nursing?
  3. What opportunities exist to advance national nurse readiness?
  4. What actionable recommendations would support advancing national nurse readiness?
• A workshop was held December 2014 in Los Angeles, CA to further refine experts’ ideas by receiving feedback from nurses working in a wide variety of settings.
• Conference calls and workshop transcripts were coded and analyzed for themes and recommendations.

RESULTS

Vision

“To create a national nursing workforce with the knowledge, skills, and abilities to respond to disasters and public health emergencies in a timely and effective manner.”

Ideally, nurses would:
• possess the minimum knowledge base, skills and abilities regarding disaster response and public health emergency preparedness;
• respond directly or provide indirect support during a disaster event or public health emergency;
• promote preparedness amongst individuals in their care, families, communities and within the organizations they represent; and
• demonstrate a commitment to professional preparedness by participating in disaster planning, drills, and exercises within and beyond their specialty environment.

In an Emergency, Every Community is a Veteran Community

RECOMMENDATIONS

Practice Recommendations
1.1 Health care and related organizations support clinical nursing practice during disasters to reflect crisis standards of care and address common barriers to willingness of nurses to respond to a disaster.
1.2 Establish a collective effort among nurse leaders to advance the practice of disaster nursing and public health emergency preparedness and response.

Policy Recommendations
3.1 Conduct review of national policies and planning documents addressing disasters and public health emergencies to ensure that they elevate, prioritize, and address the practice of disaster nursing in federal, state and local emergency management operations.
3.2 Encourage a culture of volunteerism through national nursing professional organizations by engaging their members to align with volunteer agencies and participate in disaster response.
3.3 Facilitate timely and efficient deployment of nurses and other healthcare workers to disaster areas by expanding liability protections for volunteers and providing coverage for volunteers harmed while responding.

Education Recommendations
2.1 Develop a national set of disaster nursing competencies to be integrated into the AACN Essentials of Nursing and NLN Guidelines for Nursing
2.2 Establish coalitions of schools of nursing to develop evidence-based and competency driven didactic and clinical learning opportunities using multiple delivery platforms that can be integrated into the undergraduate and/or graduate nursing curricula.
2.3 Broaden life-long, continuing educational opportunities in disaster nursing and public health emergency preparedness and response for nurses through health care and related organizations across all health care settings.
2.4 Establish a national clearinghouse of information to provide guidance and resources on disaster nursing.

Research Recommendations
4.1 Establish a research agenda based on a thorough needs assessment to document gaps in literature, nursing knowledge and skills, and available resources.
4.2 Expand research methods to include interventional studies and use both quantitative and qualitative designs.
4.3 Increase the number of doctoral-level nurse scientists serving as principal investigators on disaster research projects.

For more information, please contact Anna “Belle” Griffin at: anna.griffin@va.gov. More information on study and other VEMEC projects can be obtained at www.vemec.org.

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