

How ready are acute care nurses as the care environment moves into the community in times of a disaster?

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Abstract

In aftermath of Hurricane Katrina, nurses were caught in a situation they had never experienced. Due to the lack of experience and training, nurses were unable to transition from a controlled environment to an environment of chaos.

The purpose of this project was to examine whether the READI tool would capture information regarding acute care nurses' readiness for disaster preparedness.

Research Questions

1. Is the READI-CIV scale useful for determining the disaster readiness of acute care nurses in relation to:
 - a. the current level of experience of acute care nurses in appreciation of disaster preparedness;
 - b. the perceived competence of acute care nurses for a mass casualty situation; and
 - c. beliefs that adequate training will be provided prior to a mass casualty situation?

	Minimum	Maximum	Mean	Standard Deviation
Years	3	26	12.1	9.85

Methods

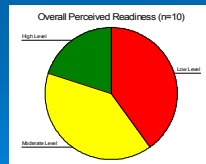
Surveyed acute care nurses (n=10) using the READI-CIV scale.

READI-CIV scale uses two subscales to measure perceived overall readiness for a mass casualty situation.

Uses a Likert-type 5-point scale.

One subscale measures perceived job skills and the other measures perceived interpersonal readiness.

Scored using three categories. Scoring 1.0 to 2.99 indicates low level readiness, 3.0 to 3.99 indicates moderate level readiness and 4.0 to 5.0 indicates high level readiness.



Results

	Mean	Standard Deviation
Overall	3.26	0.87
Job skill	3.15	0.84
Interpersonal	2.34	0.56
Belief could perform without training (item 28)	2.3	0.82
Belief training will be provided prior to a situation (item 30)	2.6	0.96

>90% of the nurses stated they had experience with triage. 20% stated they had formal training with triage. 50% stated learned about triage through in-services. 40% practiced triage in an ER setting. 20% practiced triage in a field environment.

>None of the nurses had prior military experience.
>90% of the respondents were female.

Valid	ADN	Frequency	Percent	Valid Percent	Cumulative Percent
	Diploma	1	10.0	11.1	77.8
	BSN	2	20.0	22.2	100.0
	Total	3	30.0	100.0	
Missing	System	1	10.0		
	Total	4	40.0		

Conclusions

Scale problems:

> Interpersonal readiness subscale lists 4-point Likert-type scale but gave 5 options.

> Suspect the nurses did not understand the term "medical assistant".

> Author states responses should be categorized into three categories: low, moderate, high readiness however does not provide scoring guidelines for determining which scores that fall into these categories.

Overall, job skill readiness and interpersonal readiness perceived competence scored low to moderate.

Nurses perceived low competence in their belief they could perform without training.

Nurses perceived low competence in their trust that training would occur prior to a situation.

Demonstrates acute care nurses perceive a need for disaster preparedness training.

References

- Janousek, J. T., DeLorenz, D.E., & Coppola, M. (1999). Mass casualty triage knowledge of military medical personnel. *Military Medicine*, 164(5), 332-335.
- Reineck, C.A. (2004). The Readiness Estimate and Deployability Index: A self-assessment tool for emergency center RNs in preparation for disaster care. *Topics in Emergency Medicine*, 26(4), 349-356.

