How ready are acute care nurses as the care environment moves into the community in times of a disaster?
Michelle Villegas, MSN, RN
University of Texas at Arlington

Abstract
In the 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?

Methods
Surveyed acute care nurses (n=10) using the READI-CIV scale. The READI-CIV scale uses two subscales to measure perceived overall readiness for a mass casualty situation. One subscale measures perceived job skills and the other measures perceived interpersonal readiness. Used a Likert-type 5-point scale. 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
Overall Perceived Readiness (n=10)

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<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Low</td>
<td>90%</td>
<td>90%</td>
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<tr>
<td>Moderate</td>
<td>10%</td>
<td>10%</td>
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Conclusions
Scal problems:
- Interpersonal readiness subscale lists 4-point Likert-type values but gives 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 falls 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