

# Introduction

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**Abbreviations:**

EBM = evidence-based medicine

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Although a variety of disasters in recent years have brought disaster nursing to the forefront, nurses have a long history of working in austere or difficult environments. Nurses confront war environments, complex emergencies involving displaced populations, genocide and other human atrocities, large-scale disasters that have disrupted a community's usual method of healthcare delivery. The range and ongoing nature of many of these events highlight the need for nurses to be prepared to work in disaster situations.

Yet, a study of Japanese nurses found that nearly 30% listed an uncertainty of their abilities as a reason for not participating in disaster relief during the Great Hanshin-Awaji Earthquake in 1995.<sup>1</sup> This is corroborated by findings of O'Sullivan *et al* published in this issue in which Canadian emergency department and critical care nurses felt inadequately prepared to respond to a variety of disasters.<sup>2</sup> Clearly, this void in disaster nursing knowledge is not unique to any one country. In a survey of nursing schools in the United States, it was found that a total of only 4–5 hours of disaster preparedness content was taught in 2000–2003. This same study revealed that 74% of responding nursing students considered their faculty unprepared to teach disaster-related content.<sup>3</sup>

Numerous factors contribute to this dearth of disaster nursing preparedness. In many parts of the world, disaster preparedness is the domain of governmental or other organizations who fail to recognize the value and necessity of nursing in disaster preparedness and response planning. Thus, there is no recognized need to educate or prepare nurses for a role that is neither defined nor considered. Even in the most enlightened countries, formally educating nurses in the principles of disaster healthcare is a challenge, as adding content to the overcrowded existing curricula in nursing schools is difficult. The scarcity of faculty capable of teaching disaster nursing content further compounds the problem. Additionally, in many parts of the world, nursing education programs are focused on rapidly producing graduates with a minimum number of contact hours rather than ensuring that students receive all the components of a needed education.

Some issues that affect preparedness, such as empowering nurses and ensuring their recognition and input, are being addressed by the World Health Organization (WHO), the International Council of Nurses (ICN), and national nursing associations. But addressing the preparedness needs of nurses to work in disaster settings also involves the ongoing development of a specific body of knowledge. This body of knowledge, disaster nursing, is a developing science and as such, must be rooted in evidence-based medicine. Evidence-based medicine uses research findings to provide support for, or suggest changes to, current nursing practice methodologies. However, there are inherent difficulties in applying EBM to the disaster setting; disaster research lacks standard terminology or data collection methods. Therefore, records from disasters often are not complete, and generally, the research is qualitative and retrospective.<sup>4</sup>

Nursing, as a science, has developed since Florence Nightingale collected evidence to confirm that soldiers' deaths during the Crimean War had resulted from less than sanitary living conditions.<sup>5</sup> Many organizations and institutions currently are working to improve the abilities of the nurses in a disaster situation by improving the foundational framework of the science of disaster

nursing. This is being accomplished through: (1) supporting and enabling focused research; (2) consensus and dissemination of competencies and standards along with ongoing efforts to validate the developing competencies; (3) development of needed educational programs and utilization of non-traditional methods to provide those programs; and (4) facilitating accessibility to developed educational materials. Provided in this hallmark issue of *Nursing Issues in Disaster Health* are summations of recent and past work, along with future goals, of several of these key organizations. There is a significant body of work needed in the emerging science of disaster nursing and these organizations, often striving collaboratively, have made, and continue to make, large strides in this endeavor.

*Nursing Issues in Disaster Health* is a reflection of the World Association for Disaster and Emergency Medicine's (WADEM) effort to support the growing body of knowledge in disaster nursing and is spawned from discussions related to disaster nursing research needs at the WHO's first Consultation on Nursing and Midwifery Contributions in Emergencies held in 2006 at Geneva. This supplement seeks to encourage and cultivate worldwide disaster nursing research by providing a forum that disseminates the information globally and by creating a knowledge database that qualifies and, ultimately, enhances the healthcare provided by nurses during all aspects of disasters. In no way is this supplement an attempt to separate or subordinate the field of disaster nursing from other disciplines; rather, it is an effort to highlight the field and spotlight the capabilities that nursing brings to the collective, multidisciplinary, disaster healthcare team.

#### References

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