

Natural disaster nursing care: The clinical experience of the lived catastrophe



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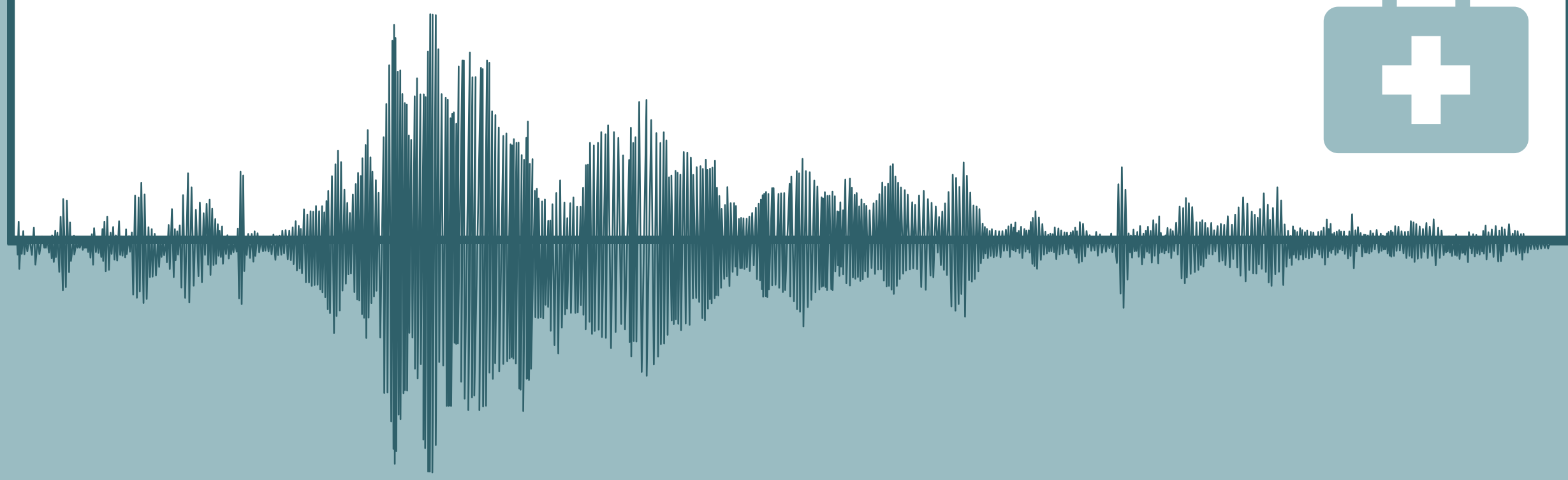
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INTRODUCTION

In recent decades, a surge in natural disasters necessitates heightened focus on preparedness and response efforts. [1]

Amidst these crises, nurses have emerged as frontline responders with unwavering dedication in providing essential care to disaster victims. [2] This prompts the creation of an action protocol; however, these action protocols are general for all medical professionals, providing very vague indications for the distinct professionals, and it is unclear how nurses should confront natural.

Therefore, it is necessary to investigate nursing professionals' experiences to uncover unmet needs, with the intention to identify facilitators, barriers, and strengths of nurses in natural disasters.



AIM OF THE RESEARCH

To gain knowledge about the professional clinical experience of the nurses that have attended victims and patients during a natural disaster emergency, to form a proper idea of what it takes for a nurse, both professionally and personally to deliver care in these extreme situations.

RESULTS

Work and environment conditions

- Nurses arriving to work after an earthquake found hospitals severely damaged by earthquakes and tsunamis, facing challenges like power shortages and lack of essential resources, and had to prioritize covering patients' basic needs. [3]
- Nurses faced sudden schedule changes, working full-time without breaks, handling tasks beyond their expertise. [4]
- Not enough personnel/teams to cover the shifts —> personally affected



"I had to come in at seven in the morning because we had no registered nurses to do the medications." [4]

Emotional impact of disaster nursing

- Main emotions felt by nurses: fear, guilt, apathy, gratitude, empathy, frustration, sadness, and anxiety. [4]
- Due to the emotional strain, lack of organization and support, nurses on the long term experienced fatigue, needed counseling, or even changed jobs. [3,5]

COPING MECHANISMS

Burn out and compassion fatigue were commonly experienced by the nurses, due to co-living the earthquakes with their patients, but not being able to process what was happening. [6]



"We worked to the point that we hardly knew what- was- what. We just concentrated on taking care of the patients as hard as we could." [7]

Nurses related that they pushed through together thanks to peer collaboration and support. [3]



"...there was a lot of camaraderie. So I think, yeah that's what got me through really." [3]

METHODOLOGY

SEARCH STRATEGY



Narrative review of published literature

Search question:

'nurses' and 'experiences' and 'natural disaster'



PubMed / CINAHL / Scopus / PsycINFO



Languages: Spanish and English

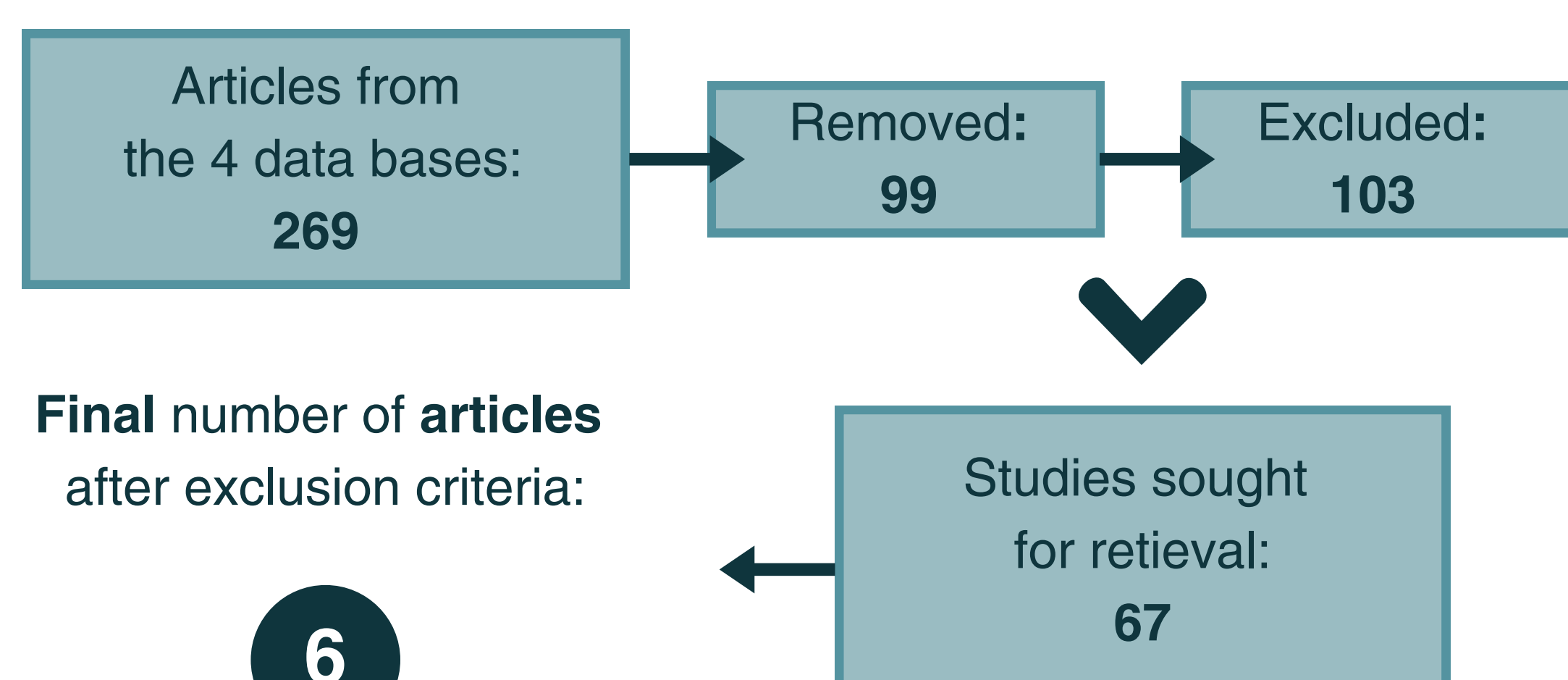
Last 10 years:

from 2014 to March 2024



EXCLUSION CRITERIA

- Counterpart of the experience
- Data from those focused on the attendance at derived victims off-location, post-traumatic experience and recovery and reflections on personal life.
- Any personal-noted expressions following



CONCLUSIONS



Results:

- Earthquake: 6
- Tsunami: 1
- ¿Others?: -



Open doors:

- Nursing experience
- Past experience
- Elaboration of newer:
 - Protocols
 - Policies
 - Plans
 - Programms

More research is needed !!!



Nursing schools:

- Not enough educational programmes on disaster emergency nursing

- Unpreparedness for real world in geographical relevant locations

Past events inform best practices, adaptability, addressing challenges, and integrating feedback for continuous improvement.



- Importance of immediate action vital during natural disasters; long-term plans are also crucial.

- Nurses suffer from various consequences; special attention is needed for mental health, workload and resources.

- Proposal of improvements: mental health support, workload balance, leadership, and coordination.

BIBLIOGRAPHY

