DOI: http://dx.doi.org/10.33846/hn80501
http://heanoti.com/index.php/hn

RESEARCH ARTICLE
URL of this article: http://heanoti.com/index.php/hn/article/view/hn80501

Emergency Preparedness Among Health Care Workers in Federal Medical Center Keffi, Nasarawa State, Nigeria

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ABSTRACT

It is essential that all health care workers, regardless of profession or position, understand at least the basic concepts of emergency preparedness because of the wide variety of roles they may be asked to fulfill in an emergency situation. The study was aimed at investigating the emergency preparedness of nurses working in the trauma section at federal medical center keffi, Nasarawa state. A descriptive survey method with questionnaire as the tool for data collection was adopted for the study and purposive sample technique was utilsed to select 150 participant among nurses. Data analysis was achieved using the statistical package of social science version 26.0 and result presented using tables, frequencies and percentages, mean and standard deviations. Major finding shows that the nurses understood the concepts of emergency preparedness with the following findings; level of emergency preparedness 107(71.3%) capacity to effectively manage trauma cases 112(74.7%), and experience of health workers 104(69.3%) respectively and were willing to respond to emergency. The study also identified barriers such as Inadequate /training workshop 75(50.0%), absence of incentives 92(61.3%), (delay in salary 71 (47.3%) disbursement and promotion 56(37.3%)), inadequate working equipment51 (34.0%) and insufficient medical consumables73 (48.7%), as well as inadequate manpower 51(34.0%) among others were factors affecting staff willingness to embrace emergency preparedness. The study suggested that the authority should address and provide adequate and enabling environment (continued education and training programs, disaster-related education centers and educational opportunities on various types of disasters, timely salary payment and motivation to serve as an encouragement for the staff to boast staff moral in the discharge of their duties, and further studies be conducted to cover a wider spectrum.
Keywords: nursing staff; emergency; preparedness

INTRODUCTION

During disasters, nurses experience diverse and different roles compared to routine situations due to an increase in the number of patients that require a much broader level of care and resources. Nurses' experience prolonged presence in the work environment owing to sudden changes of work routines, and they find themselves in an unfamiliar environment. Additionally, nurses do not know when the situation will return to normal, and providing care requires a quick response, which increases their vulnerability in the work environment. These are permanent characteristics of disasters, and nurses experience disasters to varying degrees each time they are exposed to them, and described these experiences as confusion and uncertainty during disasters, the unknown end of disasters and intensifying cognitive and psychological impacts of job during disasters.(1)

The role of nurses including those working in emergency response roles, is critical during emergencies such as infectious disease outbreaks or bioterrorist events, particularly for ensuring patient and public well-being. There are a variety of situations that may lead to emergencies such as natural disasters (earthquakes), trauma (accidents), and outbreak of certain diseases (Ebola, Covid19 etc.). This department is given various description depending on their focus or specialty.(2)

Some hospitals describe these units or departments as: Accident and Emergency [A+E department or unit], Emergency Room [ER]; Emergency ward or Casualty Department. On the other hand, Hospitals are shouldered with the critical role in providing communities with essential medical care in moments of all emergencies, (natural disasters, trauma and outbreak of certain diseases)**.** However, although most communities have successfully implemented incident management system (IMS) in the emergency services sector, many are still struggling with

the integration of IMS into their health care systems. And it should be noted that during any emergency situation, health care workers (HCWs) especially nurses are an important part of the response workforce.[3]

Momodu et al. mentioned such emergencies to include but not limited to earthquakes, accidents, and outbreak of certain diseases (Ebola, Covid19 etc.) as well as health problems that had been left to degenerate to life threating level, and childbirth complications. Judging from the reports, it could be inferred that the available staff in our emergency centers need to be thoroughly trained so as to produce medical and emergency professionals who understand emergency preparedness and who are better equipped to respond adequately to hospital emergencies. Therefore it is important and necessary that all health care workers, regardless of profession or position, understand at least the basic concepts of emergency preparedness because of the wide variety of roles they may be asked to fulfill in an emergency situations.[4]

All health care providers, especially emergency nurse's teamwork is crucial to decrease the mortality rate and disabilities associated with all emergency cases to provide quality of care and patient's outcome to all patients. Additionally, it is ideal for all countries to increase their level of preparedness, alert and response to identify, manage and care for any cases requiring emergency services such as accidents, and the likes of outbreak of Ebola, Mpox monkeypox, COVID-19 etc. among others.[5]

Care in cases of emergencies requires the health services and professionals to use a variety of practices, to meet the high complexity and seriousness presented by violence or accident victims, earthquakes, and outbreak of certain diseases who need specific health actions/interventions. In emergency trauma units, the nurses' routine work involves care for the most seriously-ill patients and the most complex procedures, in addition to management of service resources, which require scientific knowledge, management of technology, and relational, communicative and political competencies.[6]

The interlacing and closeness between caring and managing are part of a new nursing paradigm currently being constructed, such that the nurses are called to share a task highly directed at the patient, which requires clinical skills and knowledge of these professionals, as well as the development of a style of management linked to the care[2]. In a null shell, it should be noted that the process of caring and the process of managing are the main dimensions of the nurse's work in emergency trauma units. The care is characterized by observation, the gathering of data, planning, implementation, care delivery, evaluation, and interaction between patients/family members and nursing staff, and various health professionals.[7]

Regarding management/Health workers preparedness and readiness to combat emergencies, a research conducted by Hong Kong nurses found that nurses are not sufficiently trained for disasters, but are mindful of the need for such preparedness. Furthermore, emergency management instruction will be included in nurses' basic education. A research conducted by Hong Kong nurses found that nurses are not sufficiently trained for disasters, but are mindful of the need for such preparedness. Furthermore, emergency management instruction should be included in nurses' basic education.[8]

In another study on disaster preparedness among nurses of developing countries: An integrative review, major themes emerged were disaster knowledge and perceived self-preparedness was evaluated. Nurses were found to have a weak-to-average or a low-to-moderate level of disaster preparedness based on their knowledge and perception. Education and training were discovered to be vital factors, often requiring a variety of strategies, for the enhancement of the nurses' preparedness level.[9]

A significant number of healthcare workers expressed low levels of awareness and preparedness regarding COVID-19. The study also revealed that the majority of healthcare workers (77.4%) felt personally unprepared to address COVID-19 infection. A total of 50.1% of participants were uneducated about PPE, whereas about 54.3% were not trained to use it. PPE is very limited, and hospital workers reported that they independently purchase their own PPE because of the inadequate supply provided by Libyan hospitals. The study raises a concern regarding the ability of the Libyan healthcare system and its healthcare workers to combat COVID-19 infection. Despite these concerns, along with the poor local healthcare infrastructure in Libya, healthcare workers continue to work during COVID-19, risking their lives to save their patients. In relation to the current study, however, the researcher intend to investigate the health workers' readiness for trauma/emergency preparedness, regardless of insufficient gadgets from the management for protection.[10]

A novel statistical approach toward data analysis revealed that the general high willingness to respond (WTR) rate (rating between 5 and 7 on a Likert scale), (76%) found to agree with the rate reported in an earlier study, namely 78% WTR following an earthquake scenario.[11,12]

Additionally, an integrative review have shown that low levels of WTR to infectious disease emergencies among HCWs may have catastrophic implications during large-scale bioterrorist events, outbreaks, or pandemics. However, HCW non-illness-related absenteeism is often overlooked. It is therefore ideal that all necessary activities be employed to make health workers willingness uncompromising in all ramification.[13]

On the issue of willingness of nurses to respond to trauma/disaster management, several factors can affect nurses' willingness to response promptly in trauma cases. For instance, during a disaster, priority actions are emergency assessments, saving lives, and caring victims, which is comprised of disaster triage, emergency

first aid, evacuation, transportation for victims, and treatment of mental and psychosocial disorders for those affected.(14)

From an integrative review, levels of WTR to infectious disease emergencies among nurses may have catastrophic implications during large-scale bioterrorist events, outbreaks, or pandemics. These factors can influence nurses' unwillingness to respond to duty during infectious disease outbreaks and bioterrorist events. In the current study, respondents were willing to handle all trauma/emergency cases which shows that they had passion for the profession. It is therefore ideal that all necessary activities be employed to make nurses and the health workers willingness to avoid uncompromising in all ramification.(13)

The followings factors can affect nurses' willingness to response promptly in trauma cases; such factors are communication skills and the ability to make rapid decisions concerning the disaster situation is important to act as a leader in a crisis, training is a significant aspect in preparing nurses. Duration of work does not influence nurses' preparedness levels; however, if it is combined with disaster training and drilling, it could significantly correlate with disaster preparedness.(14)

It should be noted that self-preparedness is critical for nurses. Therefore, regular training and drilling with a method similar to disaster conditions should be practiced more frequently by the nurses. Previous studies show that a better preparedness score can be obtained by nurses who have previous training and disaster response experience, have good self-confidence, and are supported by their working institutions.(15)

Additionally, good self and family preparedness, such as planning to manage children, families, and pets when disasters occur, increases the willingness to work in disaster. If however, there is poor communication skills and the ability to make rapid decisions concerning the disaster situation, absence of training and drilling in the aspect of preparing nurses, the nurses will not be willing to work during disasters.(14)

Nurses experience diverse and different roles compared to routine situations. They face an increase in the number of patients and require a much broader level of care and resources, experience prolonged presence in the work environment due to sudden changes of work routines, and find themselves in an unfamiliar environment. Additionally, nurses do not know when the situation will return to normal, and providing care requires a quick response, which increases their vulnerability in the work environment. The authors further stated that the lack of information and uncertainty regarding how to treat and care for patients, unexpected situations, the confusion of the work environment, the chaos and crowding, and the presence of contradictory information about how to provide care during disasters, resulted in feelings of confusion and worry. It should be noted that nurses' physical and mental vulnerability in the workplace is amplified during disasters. They may experience irritability, difficulty sleeping, intrusive thoughts, reduced activity levels, emotional numbness, physiological reactions, memory impairment, and post-traumatic stress disorder (PTSD).(16)

PPE is an essential factor in the safety of disaster response, however, problems arose because sufficient PPE and compensation were not given to healthcare providers during COVID-19. Nurses especially who participated in providing patient care for MERS in South Korea reported anxiety and the burden of the risk of transmission of new infectious diseases, as well as an unprepared treatment environment that included a lack of resources.(17)

To promote the engagement of public health and the response to disasters for emergency nurses, disaster-related education centers and educational opportunities on various types of disasters (e.g., mock disaster drills) are critical for emergency nurses' disaster preparedness, hence should be expanded and implemented. Inadequate compensation, such as not enough incentive or hazard pay, is an important barrier to WTR. In addition, dependent caregiving services and emergency transportation plans for staff should be incorporated in Emergency Operation Plans of the Regional Emergency Medical Centers.(18)

The traditional trauma model pioneered by Cathy Carat trauma is viewed as an event that fragments consciousness and prevents direct linguistic representative. This model draws attention to the severity of suffering by suggesting the traumatic experience irrevocably damages the psyche. Sigmund Freud on the other hand, trauma' is any exaltations from the outside which are powerful enough to break through the protective shield there is no longer any possibility of preventing the stimulus which have broken in and binding of them.(19)

Another model of trauma is the two-factor theory which stipulates that for an event to be 'traumatic' it must meet two conditions; the person must have experience or witnessed a physically threatening event and responded to that event with a sense of fear helplessness or honor. Two of the above writers Sigmund Freud and Daily are psychologists and were in all cases trying to explain what trauma is, and it's after effect on the person affected by trauma. Daily trauma is not more comprehensive. Hence trauma is not experience only by the person that experience the powerful outside force, but also the person who witness such event could as well be traumatised.(20)

Trauma theory attempts to understand the different ways by which traumatic occurrence are demonstrated, processed, exposed and repressed throughout a variety of literary and historical context. Since trauma is not experience only by the person that experience the powerful outside force, but also the person who witness such event or caring for a trauma cases could as well be traumatised. It is therefore important that nurses working in

emergency units be properly train to handle the task of trauma cases and demonstrated skills in caring for the persons affected.[21]

In a globalised world, in which trauma incidents are becoming more and more frequent, more devastating and have significant effect on lives of healthcare workers and society, the quality of health care services, including preparedness programmes are prerequisite for the effective response to trauma cases, this affects healthcare workers and also healthcare facilities. As population increases, especially with the onset of the insecurity in most northern states, there has been an influx of trauma affected people and therefore pressure piled up on the cases of referrals to the federal medical center, Keffi. In view of this, health care workers generally and particularly at federal medical Centre Keffi have significant effect on their individual social, psychological, mental and other aspects of life and also may affect the health care facility productivity and decrease effectiveness of the health care delivery system. For this and other reasons this study was conducted to assess the level of emergency preparedness and willingness to respond among nurses working in federal medical Centre Keffi.

Objective of this study is to determine the level of Trauma Management preparedness among the participants; assess the willingness to respond to trauma cases among the participants; and identify likely factors that affect willingness to respond promptly to trauma cases among participants

METHODS

Descriptive cross-sectional design was employed for the study. This design describe a variable in a study and are purely used to characterise and measure job satisfaction and quality work life scale of nurses' population in Niger state. Typically, this study design was used to measure job satisfaction and quality work life scale of nurses in Niger state during Covid-19 pandemic. In this study, researcher examine a group of participants and depict what already exists in the population without manipulating any variables or interfering with the environment. Cross-sectional studies are also unique because researchers are able to look at numerous characteristics at once.

Following is decision mean for level of preparedness on emergency preparedness: a) 1-1.75: poor preparedness; b) 1.76-2.50: fair preparedness; c) 2.51-3.25: good preparedness; d) 3.26-4.00: excellent preparedness. Decision mean for factors that can facilitate willingness on the response to emergency cases is: a) 1-1.75: not willing; b) 1.76-2.50: partially willing; c) 2.51-3.25: willing; d) 3.26-4.00: very willing. Decision mean for factors that affect their Willingness to response promptly in emergency cases is: a) 1-1.75: weak factors; b) 1.76-2.50: fair factors; c) 2.51-3.25: factors; d) 3.26-4.00: strong factors.

RESULTS

Table 1 shows the distribution of demographic variables of respondents in this study. About 86.7% of the respondents are below the age of 50 years, and majority are married and while male were 45 (30%), female were 105 (70%). The implication is that when it comes to response to emergency situations, probably because of the energy demand, where it requires matured and energetic people to rapidly response to such situations, the female will be more exposed to depersonalisation, emotional exhaustion and decrease in personal achievement because of the gender role. About forty nine percent (49%) of the respondents have work experience of between 11 and 30 years while about half (50%) of them have less than ten years' experience between one to five years of experience. This is equal distribution of the number of years of experience. This balance could be improved upon to bring in more experienced hands.

Table 1. Socio-demographic data of respondents

Variable	Category	Frequency	Percentage
Age	20-30	37	24.7
	31-40	40	26.7
	41-50	53	35.3
	51-60	20	13.3
Gender	Female	105	70
	Male	45	30
Marital status	Single	45	30
	Married	96	64
	Divorce	2	1.3
	Widow	7	4.7
Years experience	1-5	34	22.7
	6-10	42	28.0
	11-20	58	38.7
	21-30	15	10.0
	31 and above	1	0.6

Based on the result of the findings, it can be noted from the tables that there are three indicators on the emergency preparedness among Nurses working in federal medical center keffi, Nasarawa State, Nigeria. Factors that can facilitate willingness on the response to emergency/trauma cases has the highest mean with 3.42 ±0.34, followed by Level of Preparedness on Emergency/Trauma Cases was 3.35 ± 0.53, while Factors that affect their Willingness to response promptly in trauma cases has the least mean with 3.23±0.32.

Table 2. Level of preparedness on emergency/trauma cases

SN	Variables/items	Mean ± SD
1	Level of emergency preparedness in trauma section is relatively up to standard	3.47 ± 0.92
2	Health workers have the capacity to effectively manage trauma cases	3.57 ± 0.84
3	Management of FMC contribute to the level of emergency of emergency preparedness of trauma cases	3.77 ± 0.52
4	The level of experience of health workers can enhance preparedness of trauma cases	3.64 ± 0.59
5	Emergency preparedness is in place in the institution	3.38 ± 0.85
6	There is availability of documented emergency plan	3.25 ± 0.89
7	Available policy on institutional support, training and education of personnel	3.11 ± 1.02
8	Free disaster victims	3.16 ± 1.06
9	Protocol for management of trauma is in place in the institution	3.61 ± 0.84
10	There is available road traffic management protocol	2.79 ± 1.04
11	Special ward for management of trauma is available	3.13 ± 9.87
	Total	3.35 ± 0.53

Table 3. Factors that can facilitate willingness on the response to emergency/trauma cases

SN	Variables/items	Mean± SD
1	Motivation of health workers in trauma cases can have a positive effect on the willingness to response to trauma cases	3.52 ± 0.53
2	The passion of healthcare workers in their profession can influence their willingness	3.49 ± 0.53
3	Understaffing/limited staffing can have a negative influence on the willingness of health care workers to response to trauma cases	3.53 ± 0.77
4	Staff with external disaster experience is an influencing factor on response to trauma cases	3.33 ± 0.87
5	Availability of emergency planning group can have a positive effect on response to trauma cases	3.51 ± 0.76
6	Disaster organizational chart has a good effect on response to trauma cases	3.66 ± 0.69
7	Availability of on-site disaster response team can facilitate response to trauma cases	3.11 ± 0.94
8	Presence of adequate pre-assigned victims' reception area can facilitate response to trauma cases	3.47 ± 0.82
9	Staff assigned to security and crowd control has positive response to trauma cases	3.40 ± 0.71
10	Regular drills/training of staff can provide sufficient skills to facilitate response to trauma cases	3.31 ± 0.87
	Total	3.42 ±0.34

Table 4. Factors that affect their willingness to response promptly in trauma cases

SN	Variables/items	Mean± SD	Remarks
1	Inadequate training /workshop can negatively affect willingness to response promptly in trauma cases	3.43± .65	SF
2	Absence of incentives for health care workers can negatively affect willingness to response promptly in trauma cases	3.45± .77	SF
3	Inadequate working facilities and equipment's can negatively affect willingness to response promptly in trauma cases	3.25± .62	MF
4	Shortage/Inadequate manpower can affect negatively the willingness to response promptly in trauma cases	3.26± .59	SF
5	Inadequate medical consumables can affect negatively the willingness to response promptly in trauma cases	3.43± .59	SF
6	Delay in disbursement of salary and allowances can negatively affect the willingness to response promptly in trauma cases	3.05± .95	MF
7	Delay/denial of promotion as at when due can negatively affect the willingness to response promptly in trauma cases	2.79± .98	MF
8	Absence of emergency machine (emergency kits) can affect negatively the willingness to response promptly in trauma cases	3.43± .75	SF
9	Absence of suitable water storage facility can have effect on willingness to response promptly in trauma cases	2.90± .95	MF
10	Poorly stuff Blood storage facility can have effect on willingness to response promptly in trauma cases	3.35± .64	SF
	Total	3.23± 0.32	MF

DISCUSSION

Management/Health Workers Preparedness to Combat Emergencies

As can be seen from Table 2, health workers have the capacity to effectively combat emergencies cases, the level of experience of health workers can enhance preparedness of trauma cases, and the protocol for Management/Health workers preparedness to combat emergencies is in place in the institution. Finding from the current study is indicative that the respondents were socially ready to embrace and manage trauma/emergency situation even though there was no special training for emergency preparedness. This finding support a research conducted by Hong Kong nurses who found out that nurses are not sufficiently trained for disasters, but are mindful of the need for such preparedness. Emergency management instruction should be included in nurses' basic education.[8] The finding also agreed with a study on the assessment of Healthcare Workers' Levels of Preparedness and Awareness Regarding COVID-19 Infection in Low-Resource Settings, where result shows that a significant number of healthcare workers expressed low levels of awareness and preparedness regarding COVID-19. The majority of healthcare workers (77.4%) felt personally unprepared to address COVID-19. A total of 50.1% of participants were uneducated about PPE, whereas about 54.3% were not trained to use it.[9]

In addition, PPE is very limited, and hospital workers reported that they independently purchase their own PPE because of the inadequate supply provided by Libyan hospitals. The study raises a concern regarding the ability of the Libyan healthcare system and its healthcare workers to combat COVID-19 infection. Despite these concerns, along with the poor local healthcare infrastructure in Libya, healthcare workers continue to work during COVID-19, risking their lives to save their patients.

In relation the current study, the nurses were ready for trauma/emergency preparedness, but may face some obstacles in terms of; inadequate training /workshop for the staff, absence of incentives for health care workers, and absence of emergency machine (emergency kits). Provision of the above mentioned variables will go a long way to ensure adequate preparedness should there be any emergencies.

Factors that can Facilitate Willingness on the Response to Manage Emergencies Cases

As gleam from data on Table 3 regarding factors that can facilitate willingness on the response to emergency/trauma cases, the passion of nursing profession, can influence their willingness, availability of emergency planning group on response to emergency cases, and regular drills/training of staff can provide sufficient skills to facilitate and can have a positive effect on the willingness to response to trauma cases. The finding support a study on Healthcare workers' willingness to respond following a disaster: a novel statistical approach toward data analysis where finding revealed that the general high willingness to respond (WTR) rate (rating between 5 and 7 on a Likert scale), (76%) found to agree with the rate reported in an earlier study, namely 78% WTR following an earthquake scenario; that study examined the response of hospital employees to various emergencies and disasters in the U.S.[11,12]

The finding on the other hand is not in consonant with an integrative review, where finding shows low levels of WTR to infectious disease emergencies among nurses may have catastrophic implications during large-scale bioterrorist events, outbreaks, or pandemics. These factors can influence nurses' unwillingness to respond to duty during infectious disease outbreaks and bioterrorist events. In the current study, respondents were willing to handle all trauma/emergency cases which shows that they had passion for the profession. It is therefore ideal that all necessary activities be employed to make nurses and the health workers willingness to avoid uncompromising in all ramification.[13]

Factors that Affect Their Willingness to Response Promptly in Emergencies Cases

Major finding from the data presented on Table 4 shows that inadequate training/workshop, absence of incentives for health care workers, absence of emergency machine (emergency kits) among others can negatively affect willingness to response promptly in trauma cases. This finding agrees with a research conducted by Hong Kong nurses found that nurses are not sufficiently trained for disasters, but are mindful of the need for such preparedness. Furthermore, emergency management instruction will be included in nurses' basic education. A research conducted by Hong Kong nurses found that nurses are not sufficiently trained for disasters, but are mindful of the need for such preparedness. Emergency management instruction should be included in nurses' basic education. Finding of the study also reveals that 44.5 percent of the participants in the study were conscious that emergency drills are being performed at their healthcare settings, 21 percent said they weren't done and 14.5 per cent said they didn't. 15.8 percent did not know what kind of drills were done.[8]

This suggests emergency health workers (Nurses) may have low levels of trust in their institutions and governments. Sufficient trained for disasters, and PPE is an essential factor in the safety of disaster response participants. However, problems arose because sufficient PPE and compensation were not given to healthcare providers during COVID-19. Nurses who participated in providing patient care for MERS in South Korea reported

anxiety and the burden of the risk of transmission of new infectious diseases, as well as an unprepared treatment environment that included a lack of resources.[14,16]

The finding also agree with the study, where the major themes emerged were disaster knowledge and perceived self-preparedness. Nurses were found to have a weak-to-average or a low-to-moderate level of disaster preparedness based on their knowledge and perception. Education and training were discovered to be vital factors, often requiring a variety of strategies, for the enhancement of the nurses' preparedness level.[9]

In addition, there was a statistically significant difference between nurses who received disaster training within a year and those who did not. The current study shows that, respondents were willing to handle all trauma/emergency cases which is an indication that they had passion for the profession, thus, continued education and training programs are essential in preparing nurses for these events.

To promote the engagement of public health and the response to disasters for emergency nurses, disaster-related education centers and educational opportunities on various types of disasters should be expanded and implemented. Inadequate compensation, such as low or non-payment of incentive or hazard, is an important barrier to WTR. To this effect, dependent caregiving services and emergency transportation plans for staff should be incorporated in Emergency Operation Plans of the Regional Emergency Medical Centers

Implications for Emergency Clinical Care

Clinical practice implications are based on the differences in disaster preparedness and WTR according to emergency nurses' demographic and disaster-related characteristics. In order to avail disaster preparedness, nurses should be properly train and resources sufficiently supplied which should include inadequate compensation, such as hazard allowances and worker's compensation insurance, when participating in a disaster event.

Evidence gathered before and during previous experience may be helpful for a better understanding of the perception and readiness of frontline emergency nurses, and ways to enhance emergency nurses' willingness to respond for future disaster response. And Hospital administrators and policymakers should consider the facilitators and systematically address the barriers to willingness to respond and provide appropriate disaster-specific education and training.

Summary

Finding of the study revealed that level of emergency preparedness in trauma section was not relatively up to standard, although nurses have the capacity to effectively manage emergency cases, the level of experience of the staff can enhance preparedness of emergency cases, and the protocol for management of emergency should be put in place in the institution.

As gleam from data on table 3, regarding factors that can facilitate willingness on the response to emergency/trauma cases, the passion of nurses in the profession, availability of emergency planning group on response to emergency/trauma cases, and regular drills/training of staff can provide sufficient skills to facilitate the exercise can have a positive effect on the willingness to response to emergency/trauma cases.

CONCLUSION

In conclusion, respondents were willing to handle all trauma/emergency cases which is an indication that they had passion for the profession, thus, continued education and training programs are essential in preparing nurses for these events. To promote the engagement of public health and the response to disasters for emergency nurses, disaster-related education centers and educational opportunities on various types of disasters should be expanded and implemented.

Since finding revealed that the respondents' were willing to handle all trauma/emergency cases which is an indication that they had passion for the profession, thus, continued education and training programmes are essential in preparing nurses for these events. To promote the engagement of public health and the response to disasters for emergency nurses, disaster-related education centers and educational opportunities on various types of disasters should be expanded and implemented. Secondly, continued education, training programmes, and opportunities to attend conferences are essential in preparing health worker/ nurses for these events. Disaster-related education centers and educational opportunities on various types of disasters should be expanded and implemented. Timely salary payment and motivation are strong factors in retaining/preventing staff attrition and as well serves as an encouragement for the staff to put more efforts in the discharge of their duties, hence the management should endeavour and look into these variables towards the health workers in trauma/emergency units of the institution. Further studies should be conducted to cover ta wider spectrum.

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