An exploratory study to assess the knowledge, attitude and practice regarding disaster nursing among staff nurses from selected hospitals of Pune city

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Abstract

Introduction: Disaster is a situational crisis which can be accidental, uncommon and unexpected events that disrupts the entire communities. In such events the nurses play an important role. With this idea, the researchers aimed at assessing the knowledge, attitude and practice on disaster nursing among the staff nurses from selected hospitals of Pune city.

Methods: The researcher used quantitative approach and exploratory descriptive design. Settings were selected hospitals from Pune City. Population included nurses of the hospital and sample were the nurses working in selected hospital of Pune city. Inclusion criteria were – minimum 6 months of experience and the exclusion criteria were - ANM Nurses and Nurses above 50 yrs of age. Sampling technique used was non probability purposive sampling and sample size was 200. The tool consisted of demographic data sheet, Knowledge assessment containing semi structured questions on role, preparedness and management, Attitude and practice questionnaire.

Result: The demographic data showed maximum nurses were in the age group of 20 – 30 yrs; Most of them were females; 79% of them were Hindu by religion; 46% of them had completed GNM; 94% were working as staff nurse; 77% were working in sub acute wards and 70% of nurses had not attended any kind of conference or workshop on disaster nursing. The knowledge level were good as far as role is concerned but the preparedness and management showed lesser percentage in good category. There was a correlation between role, preparedness and management on the knowledge with 0.9. The attitude of nurses towards disaster nursing was positive and only 31% had regular practice and updated practice in their hospitals.

Conclusion: Thus there is a need for updating the knowledge and implement the same at every institute.

Keywords: Disaster nursing, self-reported practices, preparedness

Introduction

• Disasters have been integral parts of the human experience since the beginning of this universe, causing premature death and leading alteration in the quality of life and health status.
• The risk of a disaster can occur anywhere and everywhere.
• Disaster preparedness is an ongoing multisectoral activity. It forms an integral part of the national system responsible for developing plans and programs for disaster management, prevention, mitigation, preparedness, response, rehabilitation and reconstruction [2].
• The word is derived from Greek Dus = “bad” + aster = “star”. The root of the word disaster comes from an astrological theme in which the ancients used to refer to the destruction or deconstruction of a star as a disaster.

WHO defines disaster as

• Any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services, on a scale sufficient to warrant an extraordinary response from outside the affected community or area.

Need of the study

Rosemary Maud Moabi conducted a cross sectional study to assess knowledge, attitudes and practices of health care workers regarding disaster preparedness at Johannesburg hospital in Gauteng province, South Africa. Self administered questionnaire with structured and open ended questions used on twenty five subjects revealed the subjects were aware of the disaster
preparedness of the hospital and its plans, and disaster management preparedness. Their attitudes to the plans and drill were largely positive. However, the practices were deficient and work still needs to be done in regard to ongoing training, performance of drills and the frequency of regular updating of the plans.

Research methodology

- **Assumption**
  Nursing staff will have adequate knowledge, positive attitude & adequate practices.

- **Research approach**: Quantitative Approach
- **Research design**: Descriptive design
- **Population**: Nursing staff
- **Sample**: Nursing staff from selected health care institutes of Pune city
- **Sampling technique**: Non probability sampling techniques – Purposive sampling
- **Sample size**: 200

Sampling criteria

**Exclusion criteria**

- Nursing staff who are above 50 Yrs of age
- Nursing staff who have undergone ANM training only (Auxiliary Nurse Midwife)
- **Validity**: The tool was given to 7 experts from various fields of nursing and the suggested changes were incorporated
- **Reliability**: It was carried out on 20 staff and found to be reliable with $r= 0.987$- Knowledge; 0.926- Attitude & Practice – 0.892
- **Pilot study**: It was carried on 20 staff and the tool was found feasible

Data collection & result

- Permission from the health care institute authorities
- Suitable place for the conduction of the test
- Explained the protocol for filling up the tool
- Consent form
- Duration: 30 – 40 Minutes
- Thanking the subjects and the institute
Objective one

![Image](http://www.thepharmajournal.com)

Objective 2 and 3

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Freq</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>200</td>
<td>100</td>
</tr>
<tr>
<td>Negative</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Objective 3

<table>
<thead>
<tr>
<th>Practices</th>
<th>Freq</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>138</td>
<td>69</td>
</tr>
<tr>
<td>Good</td>
<td>62</td>
<td>31</td>
</tr>
</tbody>
</table>

Objective 4

<table>
<thead>
<tr>
<th>Relation between the variables</th>
<th>R Value (Karl Pearson’s formula)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Attitude</td>
</tr>
<tr>
<td>Attitude</td>
<td>Practice</td>
</tr>
<tr>
<td>Practice</td>
<td>Knowledge</td>
</tr>
</tbody>
</table>

Objective 5

<table>
<thead>
<tr>
<th>Association with demographic data N=200</th>
<th>Knowledge</th>
<th>Practice</th>
<th>Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic data</td>
<td>5.53</td>
<td>1.31</td>
<td>4.468</td>
</tr>
<tr>
<td>Qualification</td>
<td>6.59</td>
<td>0.263</td>
<td>6.928</td>
</tr>
<tr>
<td>Gender</td>
<td>0.849</td>
<td>2.83</td>
<td>1.009</td>
</tr>
<tr>
<td>Religion</td>
<td>0.01*</td>
<td>9</td>
<td>9.179</td>
</tr>
<tr>
<td>Area of Work</td>
<td>0.00439*</td>
<td>0.11103</td>
<td>3.634</td>
</tr>
<tr>
<td>Post held</td>
<td>2.832</td>
<td>4.167</td>
<td>0.000483*</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>6.32</td>
<td>0.4871</td>
<td>7.0606</td>
</tr>
</tbody>
</table>

* Significant - p<0.05

Discussion

The result of our research shows that the subjects have adequate knowledge and positive attitude but the practices are not up to the mark which is similar to the study conducted at Johannesburg, South Africa where they too felt the practices was lacking among the health care personal. They had included the health staff other than nurses where as in our study was limited to nursing staff.

Nursing implications

**Nursing administration**
- Make a routine to conduct a demonstration of a mock drill every 3 – 6 months
- Update their knowledge regarding the latest changes in the planning

**Nursing research**
- Motivate students to conduct research studies on various aspect of disaster nursing.

**Nursing education**
- Educate the students how the planning for disaster management to be carried out
- The members to be included in the planning process
- What role a nurse can play in the planning

Conclusion

Thus the study shows with the change in the nursing curriculum and the presence of various disaster in the near past in India the nurses have adequate knowledge and a positive to disaster nursing but the staff still lack hands on practice which may be improved by frequent drills of disaster situation.

References

3. Stanhope Lancaster. Thus the study shows with the change in the nursing curriculum and the presence of various disaster in the near past in India the nurses have adequate knowledge and a positive to disaster nursing but the staff still lack hands on practice which may be improved by frequent drills of disaster situation.
