

NURSES' CONTRIBUTION FOLLOWING AN EMERGENCY

Nurses play a key role in protecting and maintaining people's psychosocial well-being following a disaster. There are some key messages to take on board.

By Frances Hughes

Exposure to an emergency of any kind affects our psychological and social well-being. Over the last year, New Zealanders have experienced the Pike River coal mining disaster on the West Coast and major earthquakes in Christchurch. As nurses form the largest component of our health workforce, we need to know about the psychosocial emergency response.

This brief article cannot do justice to this topic; suffice to say, nurses have a role through all phases of disasters.

The World Health Organisation (WHO) and the International Council of Nurses (ICN) have identified four priority areas in relation to nurses and mental health in an emergency response: 1) nurses working in primary health care; 2) integrating mental health emergency response into basic nursing education programmes; 3) educating nurses working in mental health services; and 4) developing specialist psychiatric nurse education programmes.¹

In New Zealand, support for, and education of nurses in these areas are still embryonic, but a group is attempting to address this. Over the last few months, I have been fortunate to work with Australian mental health nursing professor Margaret Grigg, providing workshops (through the New Zealand College of Mental Health Nurses) to primary care and general nursing colleagues on psychosocial emergency response. More than 300 nurses attended these workshops, one of the highlights of my career (see www.nzcmhn.org.nz for further information).

What are the key points we should all know about psychological recovery post disasters? Survivors of any kind of disaster are exposed to an event outside normal human experience. Most will recover fully without formal intervention. What you may see in a patient, client, family member or friend may resemble a pattern of disorder or sickness but, in the context of disaster, the acute symptoms will be a response to stress, not pathology. *"Presuming a clinically significant disorder in the early post-incident*

phase is inappropriate, except where there is a pre-existing condition".²

Review your own nursing knowledge of: signs and symptoms of stress reactions and coping mechanisms; grief response; "fight and flight" mechanisms; and causes of harm (eg use of alcohol and benzodiazepines).

Early intervention should focus on four key areas:

- **Connection:** maintaining connections to significant others, using everyday activities to maintain a centre of control. Providing accurate information and supportive, compassionate and non-judgemental listening.

- **Protection:** remember the importance of basic survival needs such as food, clothing and warmth. Promote and prevent further harm and exposure to distressing stimuli such as media or onlookers. Assist in directing people to services.

- **Direction:** survivors will be in shock. Nurses need to provide firm direction and support in a safe environment.

- **Triage:** most people experience acute stress following a disaster. Some may display symptoms such as intense grief or panic attacks. Empathy, listening, ensuring safety and building rapport are paramount. Assist survivors to take practical steps and resume aspects of normal life activity.³

Although natural resolution is the recommended approach, nurses also need to be aware of specific population groups' responses and approaches, such as children and adolescents, the elderly, those with pre-existing mental disorders, or more severe disabilities. Their needs should be supported with accurate advice and specific guidance.

There are some general suggestions nurses can provide to assist in individual psychosocial well-being:

- Stay away from danger but remain in familiar surroundings with close family members.

- Begin reconstruction of physical infrastructure as soon as possible.

- Accept all government and other bona-fide assistance.
- Listen only to authentic and reliable information.
- Get back to your daily routine as soon as possible.
- Share your feelings and experiences; do not suppress your emotions.
- Help others by participating in relief and rehabilitation operations.
- Take time to relax with pleasurable activities such as meditation, prayer, music or movies.
- Do not take too much alcohol or sedative medication.
- Eat right and sleep well.⁴

Finally, nurses need to look after themselves. Effects on nurses can be far reaching, including personal losses, bereavement, loss of home or income; family or community adversely affected; systemic impacts such as loss of employment, education, deterioration in work environment, reduction in professional standards; increased casual and relief staff; problems with over-staffing in less dangerous areas and understaffing in more hazardous areas; exposure to impact of emergency on others.⁵

Nurses can become "compassion fatigued". Knowing what is happening around us, and to us, is the first step to maintaining mental health and building resilience. Reducing the effects on nurses can include emergency response plans, knowing your role in emergency response and policies on staffing, including deployment, use of out-of-area nursing staff and shift rotation between high and low stress areas.

Our nursing expertise will continue to be central to the ways in which New Zealand responds to emergencies, both at home and in other countries. It is therefore critical we foster and support such expertise and ensure we are able to actively and constructively contribute to psychosocial well-being. Mental health is, after all, everyone's business. •

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References

- 1) International Council of Nurses and World Health Organisation. (no date) *Factsheet: Nursing matters - Developing Nursing Resources for Mental Health*. Geneva: WHO.
- 2) National Institute of Mental Health. (2002) *Field manual for Mental Health and Human Service Workers in Major Disasters*. Washington, D.C: Department of Health and Human Services.
- 3) Hughes, F., Grigg, M., Fritch, K. & Calder, S. (2007) Psychosocial response in emergency situations – the nurse's role. *International Nursing Review*; 54, pp19-27.
- 4) World Health Organisation. (2005b) *Psychosocial Care of Tsunami-affected Populations. Manual for Community Level Workers*. New Delhi: World Health Organisation Regional Office for South-East Asia.
- 5) Grigg, M. & Hughes, F. (2010) Disaster Mental Health. In: Powers, R. & Daily, E. (eds). *International Disaster Nursing*. New York: Cambridge Press.