

## Literature Review

### HEALING IN NURSES AFTER ASSIGNMENT IN NATURAL DISASTERS

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#### ABSTRACT

*Disasters are defined as catastrophic occurrences that impact a large number of people quickly and with an abrupt onset. On average, one natural disaster is reported globally each day. However, the impact of a traumatic occurrence on an individual may be compared to a rock colliding with the surface of a water body. Systematic searches were conducted in Cochrane, Google Scholar, PubMed, Scopus, Embase, and Web of Science databases. The following keywords were used to perform a literature search: "nurse," "healing," and "natural catastrophes". As a result of reviewing 362 abstracts and titles, ten were determined to meet the study goals. The research methods in four of the ten literatures were qualitative, five quantitative, and one was a blend of both. Generally, culturally appropriate psychological first aid sessions, post-natural disaster assignment monitoring, and grit push people to overcome obstacles and accomplish achievements over time. Nurses who have been deployed to natural catastrophes must heal and need time to rest physically and mentally. This study aimed to find out the implications of culturally sensitive psychological first aid sessions, post-assignment in crisis situations monitoring, and grit in pushing individuals to overcome obstacles and achieve success over time; and how the government policies relate to trauma recovery.*

**Keywords:** Healing; natural disasters; nurse; psychological first aid; human and health; public health

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#### Hi j ni j tu

1. Disasters impact a large number of people, including nurses who are deployed in the disaster relief.
2. Culturally sensitive psychological first aid sessions, post-assignment in crisis situations monitoring, and grit have implications in pushing the nurses to overcome their trauma and obstacles.
3. Government policies are also important in helping nurses to heal after deployment in disaster relief.

## INTRODUCTION

The term "traumatic event" seems to be used interchangeably with the terms "catastrophe" and "very unpleasant event". McFarlane and Norris described a catastrophe as a traumatic occurrence that impacts a large number of individuals quickly and with acute attacks (Nuari 2014). On average, one catastrophe is reported globally each day (Ma et al. 2021). The impact of a traumatic experience on a person, on the other hand, may be compared to a rock striking the surface of a water body. The first collision generates a powerful wave. Then it is followed by a wave that continues to grow in length but diminishes in size (Emily J. Dorosz & Quinn 2019). Similarly, although the effect of a single traumatic experience may be widespread, the ramifications are often less severe in those who are not directly involved in the horrific event (Tyer-Viola 2019).

We think that a traumatic circumstance is not necessarily as terrible for the indirect victims as it is for the direct victims. However, prior research has shown that persons exposed indirectly to traumatic events may develop mental health issues equivalent to those directly exposed, and that proximity to the traumatic event may be a risk factor (Bakker et al. 2021). People around the deceased significantly experience trauma. Other research has shown that losing classmates, friends, and colleagues while serving in the military increases the probability of experiencing persistent anger, guilt, depressive symptoms, and grief. Additionally, Parkes & Prigerson (2013) asserted that the degree of grief is contingent upon one's connection with the wounded or deceased. Other studies also described the link between attachment and loss (Bowlby 1982, Choi 2020). The family bonds and the importance placed on perceiving the family as a whole as well as individuals may serve as a mirror for this devoted community of close relatives.

There is, however, a shortage of research and knowledge of how indirectly exposed nurses interpret the perceived impacts of disaster or trauma on their relationships with survivors or victims' colleagues and friends, as well as their evaluation of post-traumatic military follow-up for nurses in the military. Individuals who are indirectly affected may also be susceptible in the aftermath of a tragedy (Uddin & Matin 2021). Previous research has shown that individuals who have been exposed to traumatic situations develop a mistrust for the organizations to which they belong even though they have to give assistance and provide relief. Their anguish may stem from a sense of injustice and associated negative emotions, such as resentment or rage which may exacerbate other post-traumatic stress responses (Kılıç & Şimşek 2019).

Finally, a qualitative research was undertaken on a sample of indirectly exposed nurses who survived the same avalanche. All of the survivors who were directly exposed in this earlier research noted a lack of help from government institutions immediately after the tragedy and over the next three decades (Bromhead 2021). Therefore, the purpose of this literature review was to conduct a literature study on nurses who are recovering from post-natural disaster assignment.

## MATERIALS AND METHODS

This research was a survey of literatures in 2022 to determine the present state of knowledge about nurses' healing post-natural catastrophe assignment. We conducted systematic searches on Cochrane, Google Scholar, PubMed, Scopus, Embase, and Web of Science review databases. The following keywords were used to perform a literature search: "nurse", "healing", and "natural catastrophes". Original peer-reviewed articles, abstracts, reports, and letters to editors written in English and published between 2017 and March 2022 were considered. Non-English articles, ongoing projects, review articles, and publications addressing non-human research were excluded from the literature search. The process for systematic enrollment review was omitted owing to the anticipated scarcity of data and topic requirements. Each of the articles' titles and abstracts was examined, and the most relevant articles were chosen using the previously mentioned inclusion and exclusion criteria. To guarantee the quality of the articles chosen, a checklist consisting of ten categories was established using relevant research. After that, the complete texts of the chosen articles were extensively examined in order to extract significant results.

## RESULTS

Literatures that discuss the healing of nurses after being deployed in natural disasters are rare. A combination of primary and secondary search

strategies resulted in 362 abstracts which were then screened by reviewers. After a detailed review of the full texts of the selected articles, only about ten were determined to be relevant to nursing, healing, and natural disasters. These articles were discussed according to:

### **Culturally appropriate psychological first aid sessions**

The mean scores assessed the disaster preparedness perception scale among nurses who were trained in the preparation, intervention, and post-disaster phase. The intervention group's mean scores which increased significantly after training and follow-up were higher than those of the untrained group. The intervention group's mean scores for the general self-efficacy assessment also increased significantly after training and follow-up than those of the untrained group.

### **Follow-up monitoring post-disaster assignment**

The governments paid less attention in caring for victims and volunteers after disaster because they are not a priority for them. It resulted in post-disaster unstructured nursing care that made nurses believed they were not treated as the first responders immediately after a natural catastrophe. Following a disaster, victims expressed feelings of abandonment and loneliness, with no important duties to be met. The majority of interviewees underlined the significance of believing in oneself and having strong ties with family, spouse, friends, and peers. These are connections on which they can depend. On the other hand, the majority of victims expressed low institutional confidence in nurses as an organization and unhappiness with the public health system. This was noted by the victims when they expressed their frustration with nurses for ignoring their needs. They stated a pervasive sense of betrayal by nurses and of not being regarded or recognized as the first responder after a crisis.

### **Grit motivates them to endure challenges and become successful over time**

Grit has been equated with the term that best describes the Big-Five personality traits. The Big-Five personality factors were built utilizing approximately 1500 qualities and 10 replications of various factor analytic methodologies, resulting in 75 descriptions of the five factors. Additional study of synonyms for positive and negative traits in the five-factor system revealed that they accurately described five personalities: operation (strong emotional responsiveness to positive influence), sociability, conscientiousness, emotional stability, and intellectuality. Each of these attributes has both good and negative features, so that when analyzed, these attributes may help define a person's personality. Grit is regarded to be a manifestation of deeper awareness

on these attributes. In enumerating the beneficial and detrimental features of awareness, the most highly ranked traits of prudence were organization and efficiency. Indeed, these characteristics are often cited in Florence Nightingale's Nursing Notes and have served as the foundation for the nursing profession (Hammar et al. 2017).

### Government policies related to trauma healing

Psychological disorders might develop in catastrophe survivors as a result of trauma. Psychological trauma is described as an episode of strong and unexpected distress that surpasses a person's capacity to bear, deal with, or avoid. After a disaster, survivors are traumatized by the death of a loved one, instilling memories of triggers, such as earthquakes and other natural disasters. After a tragedy, some adult refugees despair, while young refugees are frightened by loud noise and speed at the shelter. Apart from losing loved ones, survivors often lose employment and access to enterprises and finance necessary to sustain themselves. They must be able to promptly stand up and restart everything from zero, even if it means starting from negative circumstances.

## DISCUSSION

### Culturally appropriate psychological first aid sessions

Cheung (Schafer et al. 2020) stated in a randomized controlled study that psychological first aid training which includes basic disaster interventions is an effective training that equips aid workers with the necessary skills for disaster response preparation. The same research discovered an increase in the intervention group's self-efficacy in giving emotional support to catastrophe survivors. Asman et al. (2020) discovered that psychological first aid training provided to Haitian health personnel increased the confidence in their ability to assist distressed persons in the event of a catastrophe. Prasetya (2016) discovered through the use of brief questionnaire forms and group interview notes from 76 medical service group volunteers, including nurses (n=27), that psychological first aid training increased their confidence in assisting individuals experiencing psychological distress and preparations for disaster situations.

According to Prasetya (2016), around 78% of the participants were able to tackle psychological difficulties more readily after a catastrophe as a result of psychological first aid training. Semlitz et al. (Konami et al. 2021) determined that following a

training, participants had a significant increase in their ability to assess the needs of people affected by a disaster. They were able to distinguish normal stress reactions from mental health problems, avoid causing harm while assisting people affected by the disaster, and determine what to do next (Inoue et al. 2019). The participants improved their understanding of emergency mental health therapies and their ability to describe acute issues more precisely after completing a consensus-derived empirically validated competency-based psychological first aid training (RAPID-PFA) (Brewer et al. 2020).

Nurses were discovered to be chronically agitated and weary as a result of their recurrent deployments to disaster areas without appropriate mental health recovery chances, such as rest or professional treatment (Jackson & Nowell 2021). Given these findings, it is critical to design evidence-based mental health disaster recovery programs at the national level that include a cultural perspective to assist disaster health care personnel (Uddin & Matin 2021).

### Follow-up monitoring of post-disaster assignment

Nurses have several possibilities to be affected by the experience of fellow nurses who have indirectly faced a traumatic incident when it comes to mental health services (Ma et al. 2021, Hopkinson & Jennings 2021). Mental health nursing is characterized in the literature as a patient-centered, professional, goal-directed activity that is evidence-based and focuses on the growth, development, and recovery of individuals with mental health problems (Rustinsyah et al. 2021). It requires compassionate, empathic, perceptive, and courteous nurses to use and develop an individual's own resources and to encourage change in conjunction with people, friends, family, and the health care team/system (Hashim et al. 2021). In military organizations and public health services, the first-person experience is critical for both short- and long-term follow-up. The first person was the individual who was greatly damaged by the occurrence of a catastrophe and badly harmed by loss, grief, guilt, rage, and emotions of being abandoned (Yodsuban & Nuntaboot 2021).

In funerals, the deceased's husbands often get all of the attention, but the deceased's mothers do not (Bromhead 2021). A theory about attachment and loss was described by Parkes & Prigerson (2013) in which bodily and existential anguish can be associated with the death of a close family member or loved one. A study confirmed that the informants' notions about the association of physical suffering and the death of close relatives make sense (Razeeni et al. 2021). They want to be viewed as equals to their closest families, as the

first significant other to the deceased or wounded colleagues. In the military, a close relative or colleague wants to be seen as the first person the military system thinks about and acts on. Wright and Leahey, as quoted by Firomsa et al. (2018), examined family theory in relation to nursing by describing each member of the family as a unit separate from the family. Nurses are part a of a group, but also want to be seen as individuals who have their own personalities (Gab Allah 2021). A study by Freitas (2019) found that the informants want to be seen and want their faces to be known. The face is associated with a person's identity because it can emphasize the importance of someone's individuality (Sohrabi et al. 2020). However, in addition to being recognized as relevant individuals who experienced trauma, the nurses want to be recognized as members of their group or organization (Hopkinson & Jennings 2021, Aditya et al. 2021).

### **Grit motivates them to endure challenges and become successful over time**

As previously emphasized, continuous curiosity and perseverance are two distinct components of grit. With enthusiasm, perseverance maintains exceptional performance (Panes et al. 2018). Perseverance is required to cultivate an interest in improving oneself or accomplishing a goal. A critical component of pursuing a goal tenaciously is a feeling of purpose in executing a task (Gab Allah 2021).

A passion is an intense enthusiasm in a certain topic or goal (Hashim et al. 2021). Nursing is sometimes defined as a purposeful profession characterized by a strong commitment to patient care. Nursing's primary concern is to put patients in the greatest possible situation for healing, as Florence Nightingale advocated (Yodsuban & Nuntaboot 2021). Nurses' acts amid a catastrophe demonstrate their commitment and purpose. The nursing team's ability to evacuate patients from hospitals is critical. Evacuations are still an uncommon occurrence, and when they occur, they lack true emergency status (Uddin & Matin 2021). During Hurricane Sandy, nurses were tasked with the responsibility of implementing an evacuation strategy on a shoestring budget. Nurses understand the critical nature of this job and depend on one another to survive and fulfill the challenging duty (Yusuf et al. 2020b). Nurses demonstrate fortitude through their ability to get by and work together to address challenges. Emergency preparedness is contingent on nurses and transdisciplinary colleagues performing admirably under all circumstances (Uddin & Matin 2021). Grit development among nurse leaders and clinical nurses is crucial for sustaining interest in emergency preparation and tenacity during times of crisis. "Grit: The power of passion and perseverance" discusses important leaders

and organizational activities that will help growing a productive workforce during and after major events (Yusuf et al. 2020a).

### **Government policies related to trauma healing**

Values in society are critical for expediting the trauma recovery process (Endang et al. 2022). The strategies proposed for expediting the trauma recovery process are as follows. First, strengthening the capacity of the psychiatrist/counselor/therapist resources: A counselor should be able to give trauma counseling services by establishing a feeling of security and providing individual counseling via the use of systematic desensitization procedures followed by release techniques (Rohmi et al. 2020). Second, involving family members and students in the trauma recovery program. The rehabilitation process is influenced by environmental, individual, and event-related social variables (Schafer et al. 2020). Parents, as the head of the family, must understand and acquire trauma management skills in order to monitor and assist children and other family members in coping with trauma, while school personnel such as teachers and administrators may aid in the trauma recovery process. It is envisaged that via education, catastrophe risk reduction activities may reach larger goals and can be presented to all learners at an early age in order to contribute to individual and community preparation (Amberson et al. 2020). Third, improving the coordination of community-based institutions. By involving various stakeholders, particularly teachers and volunteer community leaders from non-governmental organizations (NGO) engaged in the field of trauma healing, local governments can commit to and hopefully coordinate synergistically with the National Disaster Relief Agency, the Office of Education, and the Office of Health (Ma et al. 2021). Fourth, mentoring disaster victims. The mentoring activity is to provide recovery to individuals experiencing crisis problems through crisis intervention, individual counseling and, if necessary, group counseling, as well as prevention efforts to prevent those with trauma (their fellow victims) from mutually providing support assistance. Additionally, it plays a role in regulating the psychological development of catastrophe victims after trauma recovery (Kılıç & Şimşek 2019). Fifth, increasing social, religious, and cultural values throughout the trauma healing process. During the trauma healing process, the leaders or figures internalize social, religious, and cultural values and signify the role of the community. Tucking these beliefs in may provide social support for catastrophe survivors, which is critical for post-traumatic development (Uddin & Matin 2021, Vaitheswaran et al. 2020). Sixth,

combining pharmaceutical and psychotherapeutic treatment for catastrophe victims. Pharmacotherapy is a term that refers to the use of medicine as a therapeutic aid in the psychological treatment of catastrophe victims (especially for victims who have experienced trauma or stress) (Uddin & Matin 2021). This treatment facilitates psychotherapy for the sufferers of catastrophic illness or injuries via relaxation. However, since the introduction of the analytic or medicine may result in unabated side effects and sensations of pain, as well as the risk of problems, such as dependency, nausea, vomiting, and constipation, a safer intervention is required (Eroy 2021). Seventh, the use of non-pharmacologic treatment that is aimed at disaster victims and customized to their specific requirements (Ma et al. 2021). Non-pharmacological action is a kind of treatment that promotes trauma recovery without the use of pharmaceuticals, but rather through physical and cognitive approach. The rehabilitative program is available in a variety of formats but must be customized to the demands of the target population or catastrophe victims (Stoklosa et al. 2021). Eighth, ongoing and routine trauma healing program development. Trauma healing program is developed in order to undertake monitoring and assessment of psychological or trauma-related injuries sustained by catastrophe victims. This program will continue until all catastrophe victims are entirely healed (Bakker et al. 2021).

### Strength and limitation

The study was a combination of qualitative and quantitative research methods. The study can provide a more complete understanding of the trauma healing experience of a large number of disaster victims and their families. The study team made a thorough effort to identify relevant literature. The study identified several interventional and qualitative research methods for disaster assignment monitoring. The study also addressed the need for nurses who have been deployed to natural disasters to have time to rest and heal.

### CONCLUSION

Nurses who have been sent to natural catastrophes must heal and need time to rest physically and mentally. Implications for culturally sensitive psychological first aid sessions, post-assignment monitoring in crisis situations, and grit push individuals to overcome obstacles and achieve success over time, while government policies also have an implication in affecting trauma recovery.

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### Conflict of interest

No conflict of interest has been declared.

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### Author contribution

FKS and RSA conceived the idea of the study. FKS prepared the draft of the manuscript. RSA was in charge of the manuscript arrangement. All authors were involved in the revision of the manuscript and have agreed to the final content.

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