Deanship of Graduate Studies
Al-Quds University

Emergency Nurses' Role Perception and Preparedness for Disaster Management at Southern, West bank hospitals

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M. Sc. Thesis

Jerusalem- Palestine

1447/2025

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A thesis submitted in Partial fulfillment of the requirements for the master's degree in Policies and Health Management/ Faculty of Public Health / Al-Quds University

Jerusalem- Palestine

1447 – 2025

Al-Quds University

Deanship of Graduate Studies

Public Health Program

Thesis Approval

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Jerusalem- Palestine

1447 – 2026

Dedication

To the souls of the martyrs, who sacrificed their lives for the homeland and became eternal beacons of light and symbols of liberation that shall never fade; to beloved Palestine, the land of resilience and dignity, and to our people in wounded Gaza, who endure the harshest of circumstances with unwavering faith and steadfastness; to my dear parents, in deep appreciation for their unconditional love, guidance, and continuous support throughout my life; to my brothers and sisters, who have been my constant source of encouragement and strength; to my beloved wife Marah, and to my children Adam and Rina, whose love, patience, and inspiration have been the greatest motivation in this journey; to my friends and colleagues, who have supported and encouraged me along my academic and professional path; and to my beloved university, which embraced me during my years of study and stood as a true beacon of knowledge and enlightenment—I dedicate this humble work to you all, with utmost gratitude, respect, and appreciation.

Ibrahim Salahat

Declaration

I certify that this thesis submitted for the Master's degree is the result of my research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: *Ibrahim salahat*

Ibrahim Khaled Ahmad Salahat

Acknowledgment

First and foremost, I would like to express my deepest gratitude to Allah for granting me the strength, patience, and guidance to complete this study.

I am profoundly grateful to my supervisor, Dr. Kawther Shaban Alayasa, for her invaluable guidance, continuous support, and constructive feedback throughout the course of this research. Her expertise and encouragement have been essential in shaping this work.

I would also like to extend my sincere appreciation to the staff and colleagues at [public health college] for their cooperation and assistance during the data collection and analysis phases.

My heartfelt thanks go to my family, especially my parents, for their unwavering love, support, and encouragement throughout my academic journey. I am also deeply grateful to my spouse, Marah, and my children, Adam and Rina, for their patience, understanding, and continuous motivation, which have been a constant source of strength.

Finally, I wish to acknowledge all the participants of this study whose contributions made this research possible.

Ibrahim Salahat

Abstract

Background:
Disasters pose significant challenges to healthcare systems, particularly in politically unstable and resource-constrained settings such as Palestine. Emergency nurses play a pivotal role in disaster response, making their preparedness and perception of professional roles essential components of effective emergency and institutional disaster management. Despite this importance, empirical evidence examining these dimensions within hospitals in the southern West Bank remains limited.

Aim:
This study aimed to assess emergency nurses' role perception and preparedness for disaster management in southern West bank hospitals.

Methods:
A quantitative cross-sectional descriptive correlational design was employed. The study was conducted over a two-month period (April–May 2025) and targeted all emergency nurses working in ten governmental and non-governmental hospitals in the southern West Bank. A total of 171 valid self-administered questionnaires were included in the analysis. The instrument assessed five domains: knowledge, role perception, skills, preparedness, and hospital readiness. Data were analyzed using SPSS version 25, applying descriptive statistics, inferential tests, correlation analysis, and simple linear regression, with statistical significance set at $p \leq 0.05$.

Results:
Emergency nurses reported relatively high mean scores for knowledge (M = 3.66), role perception (M = 3.92), skills (M = 3.75), and preparedness (M = 3.60). Hospital readiness, however, was rated at a **moderate level** (M = 3.36). Nurses demonstrated strong perceived competence in key disaster-related roles, including triage, infection control, patient prioritization, and psychological support. Lower scores were observed in areas related to participation in regular disaster drills, frequency of training, and awareness of hospital disaster plans. Nurses who had received prior disaster-related training or participated in simulation exercises reported significantly higher levels of preparedness and role perception ($p < 0.001$). No statistically significant differences were found across demographic variables. A strong positive association was identified between preparedness and role perception ($r = 0.63$, $p < 0.001$), with preparedness emerging as a significant statistical predictor of role perception.

Conclusions:
Emergency nurses in Bethlehem and Hebron demonstrate high levels of perceived preparedness and clarity regarding their professional roles in disaster situations. Nevertheless, moderate institutional readiness and inconsistencies in training and simulation-based activities highlight important organizational gaps. Enhancing structured disaster education, routine drills, and hospital preparedness planning may strengthen nurses'

role clarity and contribute to improved emergency response capacity within the healthcare system.

Keywords: Emergency nurses; Disaster preparedness; Role perception; Disaster management; Hospital readiness; Palestine; Emergency departments.

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Abbreviations

ANOVA	One-Way Analysis of Variance
COVID-19	Coronavirus Disease 2019
ED	Emergency Department
EM	Emergency Management
IRB	Institutional Review Board
MOH	Ministry of Health
RN	Registered nurse
SD	Standard Deviation
SPSS	Statistic Package for Social Sciences
WHO	World Health Organization

Chapter One

Introduction

1.1Background

Disasters are large-scale disruptive events that cause substantial harm to human life, property, infrastructure, and essential services, often exceeding the capacity of affected communities to respond using their own resources and necessitating external assistance (World Health Organization [WHO], 2019; Fourie & Terblanche-Greeff, 2021). Such events may arise from natural, technological, or human-induced causes and are characterized by their sudden onset, complexity, and far-reaching consequences for health systems and societal functioning (United Nations Office for Disaster Risk Reduction [UNDRR], 2022).

Disasters impose significant physical and psychological burdens on affected populations, including traumatic injuries, hemorrhage, fractures, amputations, and long-term mental health consequences (Visser et al., 2021). Healthcare systems are often placed under extreme strain during such events, facing disruptions in service delivery, shortages of resources, and overwhelming patient surges that challenge routine operational capacity (Travers et al., 2022). In these contexts, emergency departments serve as the primary point of care, and emergency nurses play a central role in triage, lifesaving interventions, coordination of care, and psychological support for affected individuals.

Although disasters cannot be predicted with absolute certainty, preparedness remains a critical determinant of effective response and recovery (Veenema et al., 2016; UNDRR, 2022). Disaster preparedness refers to the systematic planning, training, and organizational measures undertaken by individuals and institutions to anticipate, respond to, and mitigate the adverse effects of disasters (Ayenew et al., 2022). For healthcare systems, preparedness includes workforce training, clear role delineation,

availability of resources, and institutional readiness to manage mass casualty incidents and prolonged emergencies.

Nurses constitute a cornerstone of healthcare delivery and are indispensable to disaster management efforts. Adequate preparedness among nurses has been associated with improved response efficiency, reduced morbidity and mortality, and enhanced continuity of care during emergencies (Shipman et al., 2016). Hospitals that implement structured preparedness plans—including surge capacity protocols, regular drills, and multidisciplinary coordination—are better positioned to manage sudden increases in patient volume and operational demands (Quijano et al., 2025). However, evidence consistently indicates that gaps remain in disaster-related training, simulation exposure, and role clarity among nursing staff, particularly in resource-limited and conflict-affected settings (Labrague et al., 2016; Loke et al., 2021).

Globally, the frequency and severity of disasters have increased over the past decades, driven by climate change, urbanization, technological hazards, and armed conflict (Centre for Research on the Epidemiology of Disasters [CRED] & UNDRR, 2023). In addition to natural hazards, human-induced disasters—including armed violence, industrial accidents, fires, and road traffic incidents—continue to disproportionately affect low- and middle-income countries, placing sustained pressure on fragile healthcare systems (Mohammed et al., 2024). Healthcare workers in conflict-affected regions have repeatedly reported limited preparedness and insufficient institutional support for disaster response (Yousif et al., 2025).

Palestine represents a particularly complex and high-risk context for disaster preparedness. Ongoing political instability, prolonged occupation, and recurrent episodes of armed conflict have resulted in chronic humanitarian stressors, infrastructure damage, and repeated disruptions to health service delivery (CRED & UNDRR, 2025; Sabah & Abuzerr, 2025). These conditions have weakened health system resilience and intensified demands on emergency services, especially in the West Bank, where hospitals operate under constrained resources and movement restrictions.

Recent escalations in regional violence, including the war in Gaza since October 2023, have further underscored the vulnerability of the Palestinian health system. Large-scale casualties, damage to healthcare facilities, and disruptions to essential services have highlighted the critical importance of disaster preparedness and institutional readiness across all Palestinian healthcare settings, including the West Bank (United Nations Economic and Social Commission for Western Asia [ESCWA], 2023; Ministry of Health, 2025). While the scale of impact varies geographically, these events emphasize the need for a well-prepared emergency nursing workforce capable of responding effectively to both acute mass-casualty incidents and prolonged crises.

Despite the persistent exposure to disasters and emergencies, empirical evidence examining emergency nurses' preparedness, perceived competencies, and role perception within Palestinian hospitals—particularly in Bethlehem and Hebron—

remains limited. Understanding nurses' knowledge, skills, preparedness levels, and perceptions of their professional roles is essential for strengthening institutional disaster planning, informing targeted training programs, and supporting evidence-based health policy development. Addressing this gap is especially important in settings characterized by ongoing instability, where emergency nurses are required to operate under exceptional pressure and uncertainty.

1.2 Statement of the Problem

Disasters continue to occur worldwide, posing serious threats to public health systems and placing extraordinary demands on emergency care services. Over the past decade, global health systems have been challenged by a wide range of disasters, including armed conflicts, acts of terrorism, natural hazards, and large-scale humanitarian emergencies (World Health Organization [WHO], 2023). Such events require a highly prepared healthcare workforce, particularly emergency nurses, who are responsible for providing immediate, life-saving care under conditions of uncertainty, resource scarcity, and high patient volume.

The Palestinian health system operates within a uniquely complex and constrained environment shaped by prolonged political instability, repeated episodes of violence, movement restrictions, and limited resources. Hospitals in the West Bank frequently face operational challenges that affect service delivery, staffing capacity, and emergency preparedness. Escalations in regional violence since October 7, 2023, have further intensified pressures on emergency departments, increasing the likelihood of mass-casualty incidents and prolonged emergency situations (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2024). These conditions highlight the critical importance of emergency nurses' preparedness and their ability to clearly understand and perform their roles during disaster situations.

Despite the central role of emergency nurses in disaster response, evidence suggests that disaster preparedness and role clarity among nurses remain suboptimal in many healthcare settings. Globally, disaster nursing education is inconsistently integrated into undergraduate and in-service nursing curricula, resulting in gaps in knowledge, skills, and practical readiness (Mohamed et al., 2023). Studies conducted in various contexts have reported insufficient training opportunities, limited participation in disaster drills, and unclear role expectations among emergency nurses during disasters.

In the Palestinian context, however, empirical data examining emergency nurses' preparedness and perception of their disaster-related roles are particularly scarce. There is limited systematic evidence assessing how prepared emergency nurses are, how clearly, they perceive their professional responsibilities during disasters, and whether differences exist across hospitals and individual characteristics. The absence of such locally grounded data constrains institutional planning, limits the development of targeted training programs, and weakens evidence-based decision-making at both organizational and policy levels.

Therefore, this study seeks to address this critical knowledge gap by examining emergency nurses' preparedness and role perception for disaster management in hospitals in Bethlehem and Hebron. Generating empirical evidence in this context is essential to inform hospital-level preparedness strategies, support workforce development initiatives, and strengthen the resilience of the Palestinian healthcare system in the face of ongoing and future disasters.

1.3 Significance of the Study

This study holds significant value at multiple levels, particularly within the context of disaster management and emergency nursing in conflict-affected and resource-constrained settings such as Palestine. At the scientific level, the study contributes to the limited body of empirical research examining disaster preparedness and role perception among emergency nurses in the West Bank. By generating context-specific data from hospitals in Bethlehem and Hebron, this research helps address a notable gap in the literature, where most existing evidence is derived from international settings that differ substantially in organizational structure, resources, and political context.

From a practical perspective, the findings of this study provide healthcare administrators and hospital managers with evidence-based insights into the current levels of preparedness, role clarity, and training needs of emergency nurses. Identifying gaps in disaster education, simulation-based training, and institutional readiness can inform the development of targeted interventions aimed at strengthening emergency department capacity, improving workforce readiness, and enhancing the effectiveness of disaster response at the hospital level.

At the policy and planning level, the results of this study offer valuable implications for health system decision-makers, including the Ministry of Health and relevant academic and professional institutions. Evidence on emergency nurses' preparedness and role perception can support the formulation and revision of national disaster preparedness policies, guide the integration of disaster management content into nursing curricula, and inform the design of standardized training programs for emergency nursing staff. Ultimately, strengthening nurses' preparedness and clarifying professional roles during disasters may contribute to improved coordination, continuity of care, and resilience of the Palestinian healthcare system in the face of ongoing and future emergencies.

1.4 Purpose of the Study

To assess the role perception and preparedness of emergency nurses for disaster management at southern west bank hospitals.

1.5 objectives of the study

1. Assess the level of emergency nurses' perceptions regarding their knowledge, skills, and professional roles in disaster management in hospitals in Bethlehem and Hebron.
2. Assess the level of preparedness of emergency nurses for disaster management in hospitals in Bethlehem and Hebron.

3. Examine differences in emergency nurses' role perception according to selected demographic and work-related characteristics (age, gender, educational level, years of experience, and prior disaster-related training).
4. Examine differences in emergency nurses' preparedness according to selected demographic and work-related characteristics.
5. Explore the relationship between emergency nurses' preparedness and their perception of professional roles in disaster management.
6. Determine whether emergency nurses' preparedness statistically predicts their role perception in disaster management.

1.6 Questions of the Study

The following questions have guided this study:

1. What is the level of emergency nurses' perceptions regarding their knowledge, skills, and professional roles in disaster management in hospitals in Bethlehem and Hebron?
2. What is the level of preparedness of emergency nurses for disaster management in hospitals in Bethlehem and Hebron?
3. Are there statistically significant differences in emergency nurses' role perception according to selected demographic and work-related characteristics?
4. Are there statistically significant differences in emergency nurses' preparedness according to selected demographic and work-related characteristics?
5. Is there a statistically significant relationship between emergency nurses' preparedness and their perception of professional roles in disaster management?
6. Does emergency nurses' preparedness statistically predict their role perception in disaster management?

1.7 Hypotheses of the Study

This study was guided by the following alternative hypothesis:

H1: There are statistically significant differences in emergency nurses' role perception according to selected demographic and work-related characteristics.

H2: There are statistically significant differences in emergency nurses' preparedness according to selected demographic and work-related characteristics.

H3: There is a statistically significant positive relationship between emergency nurses' preparedness and their role perception in disaster management.

H4: Emergency nurses' preparedness is a statistically significant predictor of their role perception in disaster management.

1.8 Context of the study

This study was conducted in governmental and non-governmental hospitals located in Bethlehem and Hebron, in the southern West Bank of Palestine. These governorates operate within a complex socio-political environment characterized by movement restrictions, periodic escalations of violence, and limited healthcare resources, all of which pose ongoing challenges to emergency care delivery and disaster preparedness.

Hospitals in Bethlehem and Hebron serve diverse urban and semi-urban populations and frequently manage emergency cases related to road traffic accidents, community violence, and conflict-related injuries. Emergency nurses working in these settings are often required to respond under conditions of uncertainty, high patient volume, and constrained institutional capacity. Such circumstances may directly influence nurses' levels of preparedness, access to training, and clarity regarding their professional roles during disaster situations.

The Palestinian healthcare system, primarily overseen by the Ministry of Health, faces structural and resource limitations that affect disaster planning, workforce development, and hospital readiness (Miqdadi et al., 2024). Variations in institutional preparedness, availability of disaster-related training programs, and implementation of emergency plans across hospitals in Bethlehem and Hebron provide a relevant context for examining how organizational and environmental factors shape emergency nurses' preparedness and role perception.

Bethlehem and Hebron were selected as study sites due to their strategic importance, population density, and the presence of multiple hospitals with varying levels of readiness and administrative structures. Examining these settings offers valuable insight into the relationship between contextual constraints, institutional preparedness, and emergency nurses' perceived roles in disaster management. Understanding this context is essential for interpreting the study findings and for informing hospital-level and policy-level strategies aimed at strengthening disaster preparedness within Palestinian healthcare settings.

1.9 Summary

Disasters, both natural and man-made, frequently occur worldwide and in Palestine, placing significant pressure on healthcare systems and emphasizing the critical role of emergency nurses. Despite their importance, research on nurses' preparedness and role perception in Palestinian hospitals remains limited.

This study focuses on emergency nurses in Bethlehem and Hebron hospitals, where trauma exposure, limited resources, and socio-political challenges affect healthcare delivery. Assessing nurses' preparedness and understanding of their roles is essential to improving patient care, institutional resilience, and overall disaster response.

The findings aim to inform disaster management training, guide updates to nursing curricula, and provide evidence-based recommendations for policy and practice,

ultimately enhancing emergency nursing capabilities and healthcare responses during crises.

Chapter Two

2. Literature review

The purpose of this chapter is to review and synthesize current research on emergency nurses' role perception and preparedness for disaster management. Understanding these aspects is essential to identify the competencies, challenges, and training needs of nurses who act as frontline responders during disasters. The discussion in this chapter is organized thematically, covering definitions and types of disasters, disaster management phases, the role of emergency nurses, and evidence from previous studies regarding preparedness and competence.

The literature selected for this review focuses on studies that are directly relevant to emergency nursing practice in disaster contexts. These studies provide insights into the factors influencing nurses' role perception, knowledge, skills, and institutional support, as well as the educational and organizational interventions that enhance preparedness. By examining these studies, the chapter highlights both the current state of knowledge and the gaps that exist—particularly in Palestine, where evidence on emergency nurses' preparedness and role perception in disaster management is limited.

This review serves two main purposes:

1. To **build the conceptual framework** guiding the current study.
2. To **identify the research gap** in the Palestinian context, justifying the need for this study to assess emergency nurses' preparedness and role perception in disaster management.

2.1 Searching Strategy

A thorough and systematic search was conducted to identify literature relevant to emergency nurses' role perception and disaster preparedness. The search included peer-reviewed articles written in English, accessed through PubMed, ScienceDirect, Google Scholar, CINAHL, and ProQuest. Studies published between 2010 and 2025 were

included, with the final search completed in October 2025. Key search terms were "emergency nurses," "disaster management," "role perception," and "preparedness," using Boolean operators (AND, OR, NOT) to refine results (e.g., "disaster management" AND "emergency nurses" AND "preparedness").

This approach ensured a **focused and comprehensive retrieval of relevant studies**, which will guide the conceptual framework and help identify areas of inadequate preparedness and gaps in knowledge among emergency nurses.

2.2 Definition of Disaster

Disasters are events that significantly disrupt the normal functioning of a community, causing human, material, economic, or environmental losses that exceed local capacity to cope. The UN Office for Disaster Risk Reduction (UNDRR, 2023) defines a disaster as:

"A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources."

Similarly, Tay et al. (2022) describe disasters as events that overwhelm a community's ability to respond, resulting in significant damage and disruption. Understanding these definitions is crucial for clarifying the scope of disaster preparedness and the responsibilities of emergency nurses.

2.3 Types of Disasters

Disasters can generally be classified as **natural** or **man-made**; however, in the context of Palestinian healthcare settings, particular attention is given to those disasters that directly affect hospitals and emergency services. **Natural disasters**, such as floods or epidemics, can occasionally occur but are less frequent. In contrast, **man-made disasters**, especially **conflict-related incidents** and **mass casualty events**, are highly relevant, as they directly impact hospital operations, emergency response, and nurses' preparedness. These events may include armed conflicts, explosions, and other deliberate or accidental incidents that generate large numbers of casualties, challenging the capacity of healthcare facilities and frontline nurses. Focusing on these types of disasters ensures that the review remains relevant to the Palestinian context and the objectives of this study, which aim to assess emergency nurses' role perception and preparedness in situations they are most likely to encounter.

2.4 Phases of Disaster

Disaster management is commonly structured around a cyclical model that emphasizes the interrelated nature of its stages. For the purpose of this study, the **Emergency Management Cycle (Tay et al., 2022)** is adopted as the primary framework, as it

directly links disaster phases to the roles and preparedness of emergency nurses. This model encompasses four main stages: mitigation, preparedness, response, and recovery.

Figure 1.1: Wilks & Moore (2003)

Figure 2.2 Shaluf (2008)

Disaster Phases

Mitigation: Mitigation is the process aimed at preventing or reducing the effects of disasters. The impacts of natural disasters can be minimized by identifying potential risks and implementing appropriate measures to reduce loss of life and property (Tay et al., 2022).

Preparedness: Preparedness is an ongoing process that requires continuous evaluation and adaptation to changes in the environment, staffing, and technological developments. Enhancing response capabilities through capacity-building initiatives is essential for preparedness. Key actions include organizing recruitment campaigns, maintaining databases of qualified personnel, preparing a pool of skilled nurses ready for immediate deployment, conducting training courses and simulation exercises, and implementing other measures to develop a competent nursing team capable of responding effectively to emergencies (Tay et al., 2022).

Response: This phase involves prompt interventions aimed at addressing the impacts of a disaster, such as deploying assistance to the affected populations. Its main objectives are to save lives, provide immediate care and support to survivors, and mitigate long-term health effects. The duration may extend from a few days up to several weeks, contingent on the magnitude of the disaster (Tay et al., 2022).

Recovery: Following the response phase, recovery focuses on assisting communities and individuals to restore normalcy. This phase includes reinstating essential services, addressing the needs of affected populations, and establishing short- and long-term goals for rehabilitation and sustainable development. Recovery is a complex and

prolonged process that aims to rebuild both infrastructure and community resilience (Tay et al., 2022).

To summarize, the Disaster Management Cycle (DMC) aims to identify the root causes of risk and ensure readiness to respond effectively, thereby minimizing potential losses. The DMC integrates risk management and performance outcomes into a comprehensive, continuous system (Tay et al., 2022).

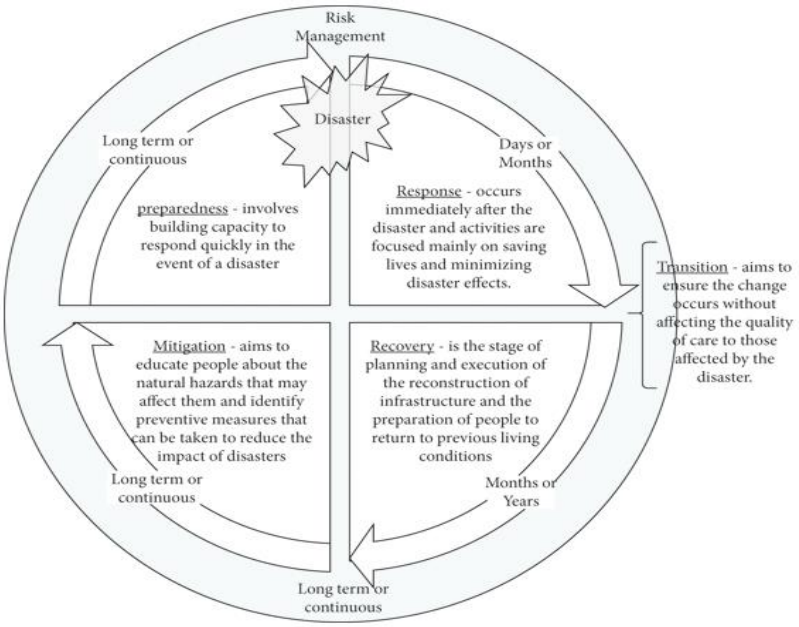

Figure 2.3: A model integrating risk management in the DMC

Disaster management involves the structured organization and coordination of resources to address humanitarian needs during emergencies (IFRC, 2014). Within hospitals and healthcare settings, emergency nurses play **critical operational roles** across all phases of disaster management. In the **preparedness phase**, nurses are responsible for maintaining readiness through participation in training programs, simulation exercises, and emergency drills, as well as ensuring that essential equipment and supplies are available and functional (Tay et al., 2022). During the **response phase**, emergency nurses provide direct patient care, perform triage to prioritize treatment based on injury severity, administer lifesaving interventions, and collaborate with other healthcare professionals to manage mass casualty events effectively (Holloway, 2003; IFRC, 2014). In the **recovery phase**, nurses contribute to restoring normal hospital operations, providing ongoing care to affected patients, and participating in debriefing sessions to evaluate performance and identify areas for improvement (IFRC, 2014).

Effective disaster management in healthcare also relies on strong **institutional support and coordination**. Hospitals and administrative authorities must establish clear protocols, ensure adequate staffing, and provide continuous professional development opportunities to enable nurses to fulfill their operational roles efficiently (Holloway,

2003). By linking institutional preparedness with the specific functions of emergency nurses, this framework highlights how organizational planning directly impacts nurses' ability to respond to disasters and maintain patient safety.

In summary, emergency nurses are essential to the operational success of disaster management, with their roles spanning preparedness, immediate response, and post-disaster recovery. Understanding these roles in the context of institutional support provides a foundation for assessing **nurses' role perception and preparedness in Palestinian hospitals**, which is the focus of this study.

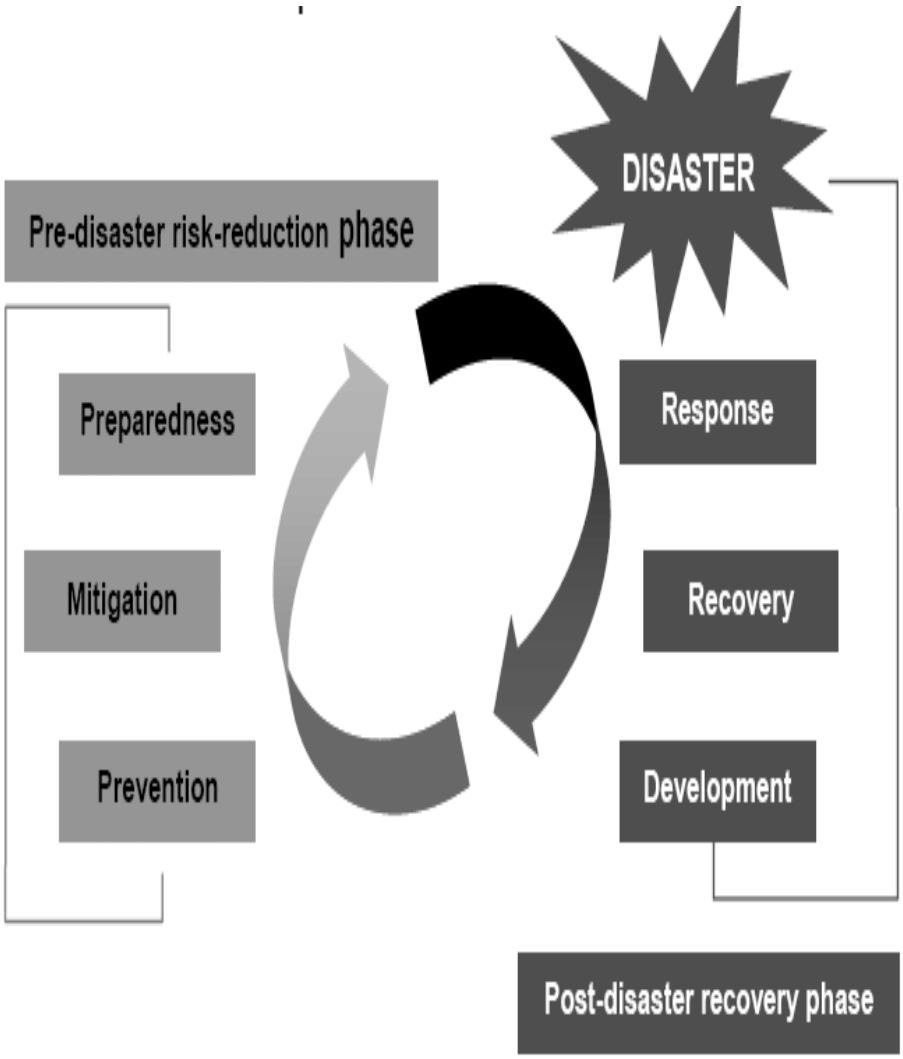

Figure 2.4: The model disaster management cycle, Holloway (2003)

2.5 Previous studies in the literature review

Research on emergency nurses' competencies in disaster management has been conducted extensively in various countries, focusing on three main areas: knowledge, preparedness, and role perception. Regarding knowledge, studies consistently indicate moderate levels among nurses, with gaps linked to educational attainment, training, and

experience. For instance, Naser and Saleem (2018) found that Yemeni health professionals showed moderate knowledge, but a significant proportion lacked adequate understanding, emphasizing the importance of formal education and continuous professional development. Similarly, Aziz and Jihad (2021) reported variations in disaster knowledge among Iraqi nurses according to demographic factors, while Hong et al. (2022) identified educational level and prior experience as key predictors of competency in South Korea. Collectively, these findings suggest that nurses' knowledge is positively influenced by education, training, and practical exposure, yet substantial gaps remain across contexts.

In terms of preparedness, international evidence reveals that many nurses feel insufficiently prepared for disaster situations despite awareness of their responsibilities. Labrague et al. (2018) highlighted that prior experience and targeted training improve readiness, but many nurses still lack confidence. Martono et al. (2019) reported that Indonesian nurses expressed uncertainty regarding their skills and readiness, while Brewer et al. (2019) and Hammad et al. (2011) found similar moderate levels of preparedness among nurses in Australia. Studies in the Philippines (Labrague et al., 2016; Bella Magnaye et al., 2011), Turkey (Demirtaş & Altuntaş, 2023; Aykan et al., 2022), Bangladesh (Hasan et al., 2021), Saudi Arabia (Al-Zahrani et al., 2021; Ali et al., 2024), and Jordan (Alfuqaha et al., 2024; Al Ali & Abu Ibaid, 2015) consistently reported gaps in preparedness, particularly in practical skills such as triage, first aid, and emergency response procedures. A common pattern emerging from these studies is that previous disaster experience, institutional support, and structured training programs are key factors enhancing nurses' readiness.

Regarding role perception, studies demonstrate that while nurses recognize the importance of their roles in disaster management, clarity and operational understanding vary. Scrymgeour et al. (2020) found that nurses in Australia and New Zealand adapted effectively to disaster challenges due to a sense of duty and institutional support. Choi and Lee (2021) reported that Korean nurses' willingness to respond was influenced by self-efficacy and competency, emphasizing the role of targeted training. Similarly, Mobrad et al. (2022) observed that Saudi medical staff were eager to improve skills but lacked hands-on experience. Across these studies, a consistent pattern emerges: nurses' perception of their roles is strongly linked to preparedness, experience, and organizational structures.

Despite extensive international research, evidence from Palestine—particularly the West Bank—remains limited. Few studies have examined emergency nurses' knowledge, preparedness, or role perception within Palestinian hospitals, leaving a critical gap in understanding how local contextual factors, including conflict-related and mass casualty events, affect nurses' readiness. This gap highlights the necessity of the current study to assess emergency nurses' role perception and disaster preparedness in Palestinian healthcare settings, providing evidence to inform institutional policies, training programs, and disaster management planning.

2.6 Preparedness of Emergency Nurses

Preparedness among emergency nurses has been widely investigated, revealing consistent patterns regarding the influence of prior experience, training, and institutional support on readiness. Studies indicate that nurses who have participated in previous disaster events, either personally or professionally, report higher levels of preparedness and confidence in responding to emergencies (Choi et al., 2022). Ibrahim (2014) found that bridging nurses in Saudi Arabia demonstrated low knowledge and below-average preparedness practices, highlighting significant gaps in familiarity with emergency procedures. Similarly, Brewer et al. (2019) reported moderate levels of preparedness among Australian nurses, with prior disaster experience strongly linked to perceived competence in managing emergency situations. Hammad et al. (2011) emphasized that limited prior exposure to disasters, inadequate accessibility of training programs, and insufficient disaster-specific knowledge hinder effective preparedness in acute care settings.

Further studies across different countries corroborate these findings. In the Philippines, Labrague et al. (2016) reported that 80% of nurses were inadequately prepared, with gaps in knowledge regarding disaster protocols and limited awareness of their operational roles as educators, caregivers, and counselors. Turkish nurses demonstrated higher preparedness when they had received prior training or maintained personal disaster plans (Aykan et al., 2022; Demirtaş & Altuntaş, 2023). Studies from Bangladesh (Hasan et al., 2021), Saudi Arabia (Al-Zahrani et al., 2021; Ali et al., 2024), Jordan (Alfuqaha et al., 2024; Al Ali & Abu Ibaid, 2015), and the United States (Baack & Alfred, 2013) similarly identified moderate to low levels of preparedness, with enhanced readiness associated with structured training, prior exposure to disasters, and institutional support.

The emerging pattern from these international studies indicates that preparedness is multidimensional, encompassing knowledge, technical skills, and operational readiness, and that it is significantly shaped by training opportunities, prior experience, and organizational policies. However, despite this extensive body of research, evidence from Palestine—particularly regarding emergency nurses in hospitals—is scarce. There is limited understanding of how Palestinian nurses perceive their preparedness, the extent to which they receive formal disaster training, and how institutional structures support or hinder their readiness. This highlights a critical research gap that the current study aims to address, providing insights into the preparedness levels of Palestinian emergency nurses and identifying factors that can enhance their capacity to respond effectively to disasters within the local context.

2.7 Summary of Previous Studies

This chapter reviewed global literature on emergency nurses' role perception and disaster preparedness. While nurses generally recognize their roles and may participate in some training, substantial deficiencies remain in knowledge, practical skills, and

overall readiness. Prior experience, formal training, and institutional support strongly influence preparedness.

The literature review supports the construction of a conceptual framework for this study and highlights the research gap in Palestine, where data on emergency nurses' preparedness and role perception are limited. Addressing this gap is critical for designing effective educational and organizational interventions tailored to the Palestinian healthcare context.

Chapter Three

Conceptual Framework

3.1 Introduction

This chapter presents the conceptual framework guiding the study on emergency nurses' role perception and disaster preparedness. The framework is informed by the literature review, which identified knowledge, skills, training, and previous disaster experience as key factors influencing nurses' readiness and perception of their operational roles during emergencies.

The conceptual framework is structured around the Disaster Management Cycle (DMC) model, emphasizing preparedness as a central element that shapes how nurses perceive and perform their roles in disaster situations. Specifically, the framework assumes that higher levels of knowledge, practical skills, and targeted training lead to increased preparedness, which in turn positively influences nurses' perception of their role in hospital disaster management. Conversely, it also recognizes that a clear understanding of role expectations can enhance nurses' motivation to engage in training and improve preparedness.

In this way, the framework explicates the expected relationships among the study variables, illustrating how individual competencies (knowledge, skills, training) interact with organizational preparedness to shape role perception. This conceptual model guided the development of the study questionnaire and provides a basis for interpreting the findings in relation to both operational readiness and perceived role clarity among emergency nurses in the Palestinian hospital context.

3.2 Variables

Dependent Variable

The dependent variable in this study is emergency nurses' role perception in disaster management. Conceptually, role perception refers to nurses' understanding, interpretation, and appraisal of their responsibilities, duties, and expected actions during disasters. Operationally, role perception is measured using the score obtained from the role perception domain of the study questionnaire, which consists of 61 items rated on a five-point Likert scale (van der Meer, 2023).

Independent/Predictor Variable

The primary independent variable in this study is emergency nurses' preparedness for disasters. Preparedness reflects the nurses' readiness to respond effectively, incorporating their knowledge, skills, prior training, and experience relevant to disaster response. Operationally, preparedness is measured using the preparedness domain score in the questionnaire, which captures nurses' self-reported ability to perform disaster-related tasks and their confidence in emergency situations (FEMA, 2013; Margus et al., 2023).

Covariates / Associated Factors

The study also includes several covariates that may influence preparedness or role perception:

- **Knowledge:** Conceptualized as nurses' understanding of disaster management principles, protocols, and procedures in the context of hospital emergencies. **Measured by the knowledge domain score in the questionnaire** (Mrayyan et al., 2023).
- **Skills:** Defined as nurses' ability to apply disaster-related knowledge effectively in performing emergency tasks. **Measured by the skills domain score in the questionnaire** (Merriam-Webster, 2023).
- **Hospital readiness:** Refers to the institutional capacity to respond to disasters, including emergency plans, infrastructure, training, equipment, drills, and staffing. In this study, it is **measured as perceived by nurses through the hospital readiness domain of the questionnaire**.
- **Socio-demographic factors:** Age, gender, educational level, years of nursing experience, professional title, hospital affiliation, and work area.
- **Prior disaster experience / training participation:** Previous involvement in disaster events or formal disaster training programs.

Socio-demographic Variable Categories

- **Gender:** Male or Female
- **Age:** 20–24, 25–29, 30–34, 35–39, 40+ years
- **Educational level:** Diploma, Bachelor's degree, High Diploma, Master of Science in Nursing (MSN), PhD
- **Years of work experience:** Total nursing experience (<1, 1–5, 6–10, >10 years) and emergency department experience (<1, 1–5, 6–10, >10 years)
- **Place of work:** eleven hospitals in Bethlehem and Hebron participated, covering governmental and non-governmental facilities: Beit-Jala Governmental Hospital, Arab Society for Rehabilitation Hospital, Red Crescent Hospital, Al-Ahli Hospital-Hebron, Alia Government Hospital, Al Mizan Hospital, Mahmoud Abbas Governmental Hospital, Al-Muhtasib Hospital, Dora Governmental Hospital, and Yatta Governmental Hospital.
- **Job title:** Practical nurse, Staff nurse, Senior nurse, Head nurse, Assistant head nurse.

3.3 Emergency nurses' role, knowledge, skills, preparedness, and hospital readiness are assessed as follows:

• Role**:** Nurses' perception of their responsibilities and expected actions during disasters. Measured via the role perception domain in the questionnaire.

• Knowledge**:** Level of accurate knowledge regarding disaster management procedures and protocols. Measured via the knowledge domain.

• Skills**:** Ability to perform disaster-related tasks effectively. Measured via the skills domain.

• Preparedness**:** Self-reported readiness to respond effectively during a disaster. Measured via the preparedness domain.

• Hospital **readiness:** Nurses' perception of institutional capacity to manage disasters, including infrastructure, emergency plans, trained staff, drills, and equipment availability.

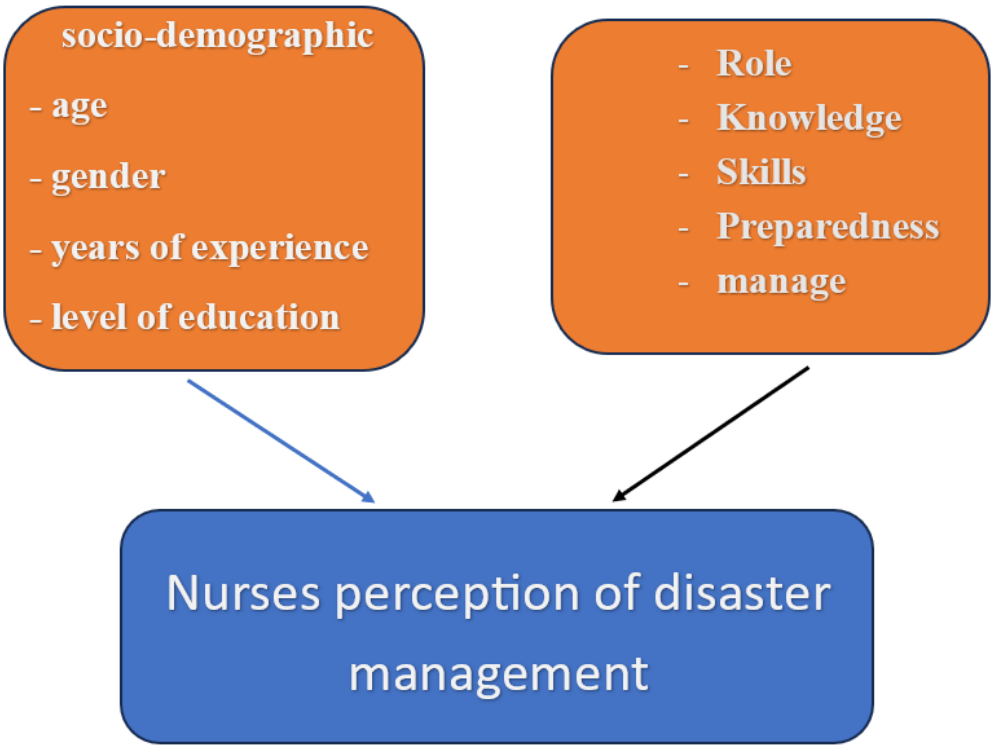

Figure 3.1: Diagram of the conceptual framework

Explanation of Relationships:

The conceptual framework illustrates the hypothesized relationships among study variables:

- **Preparedness → Role perception:** Higher levels of preparedness are expected to positively predict nurses' perception of their roles during disasters.
- **Knowledge, Skills, Training, Hospital readiness → Preparedness / Role perception:** These factors are hypothesized to enhance nurses' preparedness and, indirectly, role perception.
- **Demographics → Preparedness / Role perception:** Age, gender, experience, education, and professional title may moderate or confound the relationships between preparedness and role perception.

3.4 Variable Definitions

This study incorporates both dependent and independent variables. The dependent variables consist of nurses' knowledge, skills, and individual preparedness, whereas the independent variable pertains to nurses' perception of disaster management. Each variable is defined both conceptually and operationally to ensure clarity and consistency within the context of the study.

3.4.1 Conceptual Definitions

- **Knowledge:** Nurses' understanding of disaster management principles, protocols, and procedures relevant to hospital emergencies (Mrayyan et al., 2023).

- **Skills:** Nurses' ability to apply disaster-related knowledge effectively in performing emergency tasks (Merriam-Webster, 2023).

- **Personal Preparedness:** An ongoing process of planning, organizing, training, and evaluating readiness to respond to disasters (FEMA, 2013).

3.4.2: Operational Definitions

- **Role Perception:** Measured by the mean score of **20 items** in the role perception domain of the questionnaire, reflecting nurses' understanding and interpretation of their responsibilities in disaster management (van der Meer, 2023).

- **Emergency Preparedness:** Measured by the mean score of **12 items** in the preparedness domain, indicating nurses' readiness to respond effectively to disasters, including knowledge, skills, and self-confidence (Margus et al., 2023).

- **Hospital Readiness:** Measured via nurses' perception of institutional capacity, including emergency plans, staff training, infrastructure, drills, and equipment availability (**15 items**).

- **Knowledge:** Mean score of **14 items** in the knowledge domain of the questionnaire, assessing familiarity with disaster management procedures (Mrayyan et al., 2023).

- **Skills:** Mean score of **10 items** in the skills domain, assessing ability to perform disaster-related tasks (Merriam-Webster, 2023).

Chapter Four

Research Methodology

4.1 Introduction

This chapter presents the research methodology employed in the study, focusing on the design, population, setting, and sampling procedures. It also outlines the ethical considerations, data collection tools, and methods of analysis. The chosen methodology is appropriate for examining emergency nurses' role perception and preparedness in hospital disaster management, ensuring that the study objectives are systematically addressed (Creswell, 2018).

4.2 Research Approach

This study employed a **quantitative approach**, which is appropriate for measuring emergency nurses' perceptions and preparedness in disaster management. The approach allows for objective assessment of knowledge, skills, and readiness, and enables statistical analysis of relationships between variables (Creswell, 2018).

4.3 Study Design

This study employed a quantitative, cross-sectional, descriptive, and correlational design, which is appropriate for evaluating emergency nurses' role perception and disaster preparedness at a specific point in time. This design allows for the examination of differences between groups, the assessment of relationships between variables, and the prediction of outcomes using regression analysis, aligning directly with the study hypotheses and research questions. Nevertheless, cross-sectional designs have inherent limitations, as data collected at a single time point cannot establish causal relationships and may not capture changes in nurses' perceptions or preparedness over time (Beck, 2012).

4.4 The study Setting

The study was conducted in governmental and non-governmental hospitals in , southern West Bank, Palestine. These hospitals follow similar policies regarding working hours, staff development, and disaster preparedness protocols. The hospitals included in the study are described below, with nurse staffing numbers obtained from hospital administrative records and official reports (Palestinian Ministry of Health, 2025; hospital annual reports, 2024–2025):

- **Beit Jala Governmental Hospital**: A government-affiliated hospital under the Palestinian Ministry of Health, located in Beit Jala City, West Bank, with a capacity of 131 beds and 95 nurses.
- **Bethlehem Arab Society for Rehabilitation (BASR)**: A non-profit, non-governmental organization established in 1960, providing comprehensive medical and rehabilitation services. The hospital employs 48 nurses.
- **Palestine Red Crescent Society (PRCS) Hospital**: A national humanitarian institution providing health, social, and academic services, staffed by 62 nurses.
- **Health Work Committee Hospital**: A private hospital in Bethlehem with 24 beds and 12 nurses.
- **Al Mezan Specialized Hospital (Hebron)**: First specialized hospital in Palestine, with 50 licensed beds (expandable to 85 in emergencies) and 89 nurses.
- **Mahmoud Abbas Governmental Hospital (Halhul, Hebron)**: Opened in September 2020, with 50 beds and 70 staff members, including 55 nurses.
- **Al-Muhtaseb Hospital (Hebron)**: Governmental hospital with 35 beds and 137 employees, including 80 nurses.
- **Dura Governmental Hospital**: Established in 2018 in Dura with international and local support, employing 54 staff members, including 38 nurses.
- **Yatta Governmental Hospital (Hebron)**: 77 beds and 214 employees, with 120 nurses.
- **Al-Yamamah Hospital (Al-Khader, Bethlehem)**: Private specialized hospital with 50 beds and approximately 150 employees, including 95 nurses.

Note: Nurse staffing numbers are reported from hospital administrative records and the Palestinian Ministry of Health annual report (2024–2025).

4.5 Study Population

The target population of this study consisted of all nurses employed in the emergency departments of 11 hospitals in Bethlehem and Hebron, southern West Bank. These hospitals include: Beit Jala Governmental Hospital, Bethlehem Arab Society for Rehabilitation (BASR), Palestine Red Crescent Society Hospital, Al Mezan Specialized Hospital, Alia Governmental Hospital, Health Work Committee (HWC) Hospital,

President Mahmoud Abbas Governmental Hospital, Al-Muhtaseb Hospital, Dura Governmental Hospital, Yatta Governmental Hospital, and Al-Yamamah Hospital.

The population encompasses all nurses currently working in the emergency departments of these hospitals, excluding those with less than one year of work experience, to ensure participants have sufficient exposure to the clinical setting and emergency procedures. This section describes the population from which the study sample was drawn, distinguishing clearly between the population and the sample, which will be detailed in the subsequent section.

Table 4.1: Hospital names and the number of nurses at the emergency department

HOSPITAL NAME	NUMBER OF NURSES
BEIT-JALA HOSPITAL	24 nurses
ARAB REHABILITATION SOCIETY	13 nurses
RED CRESCENT HOSPITAL	20 nurses
AL MIZAN HOSPITAL	12 nurses
ALIA GOVERNMENTAL HOSPITAL	26 nurses
HEALTH WORK COMMITTEE	12 nurses
MAHMOUD ABBAS HOSPITAL	13nurses
AL-MUHTASEB HOSPITAL	16 nurses
DORA GOVERNMENTAL HOSPITAL	17 nurses
YATTA GOVERNMENTAL HOSPITAL	16 nurses
AL-YAMAMAH HOSPITAL	10 nurses

Total sample size = 179

4.6 Study Sampling and Sample Method

All nurses employed in the emergency departments of the selected hospitals constituted the study sample. A convenience sampling technique was used to recruit participants. The targeted sample consisted of 200 emergency nurses working in hospitals across Bethlehem and Hebron.

Despite challenges such as workload, logistical issues, and non-participation by some nurses, 179 completed questionnaires were returned, resulting in a response rate of 89.5%, which is deemed sufficient for statistical analysis and provides adequate representation of the population under study.

4.7 Inclusion and Exclusion Criteria

4.7.1 The Inclusion Criteria

- Nurses who are working in the emergency room in the mentioned hospitals with more than 1 year experience.
- Nurses who voluntarily agree to participate in the study.

4.7.2 The Exclusion Criteria

- Nurses who decline to participate in the study
- Student nurses and volunteer nurses working in the selected hospitals.
- Nurses with less than one year of experience in the emergency department

*Rationale: A minimum of one year of experience ensures that nurses have adequate clinical exposure to emergency care and are familiar with hospital procedures during disasters. This period accounts for the orientation (onboarding) process, which can last from six months to one year, allowing nurses to gain sufficient practical experience before being included in the study assessment of role perception and preparedness.

4.8 Instrument of the study

The researcher employed a self-administered questionnaire to evaluate emergency nurses' role perception and preparedness for disaster management in the selected hospitals. The instrument was adapted from the Master's thesis by Shikh Aleid (2020), and no modifications were made to its content. The questionnaire was distributed to the participants in its original English version. which was originally designed to assess nurses' disaster management competencies in a hospital setting. The questionnaire was deemed suitable for this study because its domains closely align with the objectives, focusing on knowledge, skills, role perception, preparedness, and hospital readiness.

The questionnaire consisted of **61 items organized into five domains**:

- Knowledge: 13 items
- Role Perception: 9 items
- Skills: 13 items
- Preparedness: 11 items
- Hospital Readiness: 15 items

A **five-point Likert scale** was used for responses, ranging from 1 (strongly disagree) to 5 (strongly agree). **Higher scores indicate greater knowledge, stronger role perception, better skills, higher preparedness, and improved hospital readiness**.

The following cut-off points were applied to interpret the mean scores using the range-interval method:

- 1.00–1.80: Very low
- 1.81–2.60: Low
- 2.61–3.40: Moderate
- 3.41–4.20: High
- 4.21–5.00: Very high

These categories were applied across all domains to consistently interpret nurses' perceptions and preparedness in disaster management.

4.9 Validity and Reliability

4.9.1. The Validity:

The questionnaire used in this study was a pre-existing instrument, previously developed and validated by Shikh Aleid (2020). Although the tool had been validated in its original context, no separate pilot test was conducted in the current study, which may limit certainty regarding its suitability for the Palestinian healthcare context and for English-language administration. This limitation is acknowledged, and the use of the established instrument was guided by its prior demonstrated reliability and validity.

4.9.2. The Reliability

The internal consistency of the questionnaire domains was assessed using Cronbach's alpha. **All domains demonstrated acceptable to high reliability**, with values ranging from 0.86 to 0.96. Specifically:

- Knowledge (13 items): $\alpha = 0.91$
- Role Perception (9 items): $\alpha = 0.86$
- Skills (13 items): $\alpha = 0.92$
- Preparedness (11 items): $\alpha = 0.94$
- Hospital Readiness (15 items): $\alpha = 0.96$
- Overall scale (61 items): $\alpha = 0.96$

According to commonly used standards (George & Mallery, 2020), Cronbach's alpha values above 0.70 indicate acceptable internal consistency, while values above 0.90 indicate excellent reliability. **These results suggest that the questionnaire provides consistent measurements across all domains**, though the lack of a localized pilot test should be considered when interpreting the findings.

Table 4.2: Internal consistency of study domain

Study variables	n	Cronbach Alpha
Nurses' perceptions of their knowledge about disaster management	13	0.91
Nurses' perceptions of their roles for disaster management	9	0.86
Nurses' perceptions of their skills for disaster management	13	0.92
Nurses' perceptions of their preparedness for disaster management	10	0.94
Nurses Perception for Disaster Management	**45**	**0.96**
Hospital Readiness to Manage Disaster	**15**	**0.96**

4.10 Data Collection

Data for this study were personally collected by the researcher using a self-administered questionnaire. The data collection period extended over two months, from April 1 to May 31, 2025. Prior to data collection, thesis approval was obtained first (No. RES.21/25), followed by ethical approval from the Research Ethics Committee (REC), and finally formal permission from the Palestinian Ministry of Health (Document No. 162/1022/2025) as well as from the administrations of the selected hospitals, including the directors of nursing.

Data collection was conducted during the morning shifts due to logistical challenges in accessing healthcare centers. Some hospitals were difficult to reach because of road conditions and restrictions in the region, which made the data collection process time-consuming and physically demanding, and occasionally prevented access to certain hospitals.

The researcher provided participants with a clear explanation of the study's objectives and procedures. Informed consent was obtained from all nurses who agreed to participate, ensuring that they were fully aware of their rights, including the right to withdraw at any time. Participants were assured of the anonymity and confidentiality of their responses.

Questionnaires were distributed to nurses working in emergency departments, and participants were allowed sufficient time to complete them. The questionnaires were provided in English. The researcher collected the completed questionnaires directly, verifying their completeness and accuracy. Incomplete questionnaires or those with missing responses exceeding 10% of the items were excluded from the final analysis. Out of 179 distributed questionnaires, 171 were returned fully completed, constituting the final study sample.

Despite the logistical challenges, this systematic approach ensured that data collection was conducted ethically, rigorously, and reliably, thereby enhancing the validity and credibility of the study findings.

4.11 Data Analysis

The collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS), version 27.0. Each questionnaire item was scored on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores expected to reflect more favorable perceptions of emergency nurses' roles and higher levels of disaster preparedness.

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were planned to be used to summarize participants' demographic and professional characteristics, as well as their perceptions and preparedness levels regarding disaster management.

Inferential statistical analyses were planned to explore differences in perception and preparedness scores across demographic and occupational variables. The normality of the perception and preparedness scales was planned to be assessed using the Shapiro–Wilk test to determine the appropriateness of parametric tests. Independent-samples t-tests were intended for comparisons between two groups, while one-way analysis of variance (ANOVA) was planned for variables with more than two categories. Post hoc tests, such as Tukey's, were planned to identify specific group differences when significant results were observed.

Pearson's correlation coefficient was intended to examine the relationship between nurses' role perceptions and their preparedness for disaster management. Additionally, simple linear regression analysis was planned to assess the predictive effect of preparedness on role perception. All analyses were to be conducted at a significance level of $p \leq 0.05$.

Note: Effect size measures were not calculated in this study, which is acknowledged as a limitation in interpreting the strength of the observed relationships.

4.12 Ethical Considerations

The researcher adhered to all ethical and administrative requirements to conduct this study. Ethical approval was obtained from the Research Ethics Committee of Al-Quds University (No. RES.21/25), and academic approval was granted by the General Administration of Health Education and Scientific Research at the Ministry of Health (Document No. 162/1022/2025).

Right to self-determination: Participation in the study was entirely voluntary. Participants were informed that they could withdraw at any time without providing a reason. The consent documents clearly outlined the purpose and procedures of the

study, as well as the measures taken to protect participants' privacy and confidentiality. Since the questionnaires were not anonymous, verbal consent was obtained from each participant prior to completion, and each participant was assured that their responses would be kept strictly confidential. All information was treated with the highest level of confidentiality.

Chapter Five

Results and Findings

5.1 Introduction

This chapter presents the outcomes of the statistical analyses performed to achieve the study objectives. It includes descriptive statistics summarizing nurses' demographic and professional characteristics, as well as their levels of perception and preparedness for disaster management. Comparisons across relevant demographic and occupational variables are also reported. Furthermore, the relationships between key study variables were explored using correlation and regression analyses. The results are organized in a clear and systematic manner, with tables provided to highlight and summarize the main findings.

5.2 Demographic Variables of the Nurses

Table 5.1 summarizes the demographic characteristics of the 171 nurses who participated in the study. Although age was divided into five categories in the methodology chapter (20–24, 25–29, 30–34, 35–39, and ≥40 years), for the purpose of presenting results and simplifying interpretation, the age groups were consolidated into three categories: <30, 30–39, and ≥40 years.

Regarding age, 47.4% of participants were under 30 years, 43.9% were between 30 and 39 years, and 8.8% were 40 years or older. The majority of the sample was male (62.0%), with females representing 38.0% of the participants. This distribution reflects a relatively young and professionally active emergency nursing workforce.

Concerning marital status, most nurses were married (59.1%), 32.7% were single, and 8.2% were divorced or widowed. Regarding educational levels, 69.0% held a bachelor's

degree, 15.8% had a diploma, and 15.2% possessed higher qualifications such as a master's degree or PhD.

In terms of residence, most participants lived in Hebron (61.4%), while 38.6% resided in Bethlehem. Overall, the demographic profile indicates a workforce with substantial professional engagement and diversity in experience and education.

Table 5.1: Frequency and percentages of the demographic variables of nurses (n=171)

Demographic variables		n	%
Age group	<30	81	47.4
	30-39	75	43.9
	>40	15	8.8
Gender	Male	106	62.0
	Female	65	38.0
Marital status	Single	56	32.7
	Married	101	59.1
	Other (divorced or widowed)	14	8.2
Education level	Diploma	27	15.8
	Bachelor's degree	118	69.0
	Higher education (Master's or PhD)	26	15.2
Place of residence	Hebron	105	61.4
	Bethlehem	66	38.6

5.3 Work-related Information

Table 5.2 presents the work-related characteristics of the nurses. Regarding years of experience, 35.7% of participants had less than six years, 48.0% had 6–10 years, and 16.4% had more than ten years of experience.

Regarding the place of work, nurses were distributed across multiple hospitals, with the highest proportion working at Alia Government Hospital (14.6%). In terms of hospital location, 32.7% of participants worked in Bethlehem, while 67.3% worked in Hebron.

Regarding prior disaster preparedness training, 59.1% of participants reported having received previous instructions or courses, while 40.9% had not. Concerning participation in hospital maneuvers related to disasters, 46.2% reported participation, and 53.8% reported no participation.

Table 5.2: Frequency and percentages of the work-related information among nurses (n=171)

Work-related information		n	%
Years of experience (years)	<6	61	35.7
	6-10 years	82	48.0
	>10 years	28	16.4
Place of work	Beit-Jala Governmental Hospital	21	12.3
	Arab Society for Rehabilitation Hospital	13	7.6
	Red Crescent Hospital.	20	11.7
	HWC	12	7.0
	Alia Government Hospital	25	14.6
	Al Mizan Hospital	12	7.0
	President Mahmoud Abbas Governmental Hospital	13	7.6
	Al-Muhtaseb Hospital	14	8.2
	Dora Governmental Hospital	15	8.8
	Yatta Governmental Hospital	16	9.4
	Al-Yamamah Hospital	10	5.8
Place of hospital	Bethlehem	56	32.7
	Hebron	115	67.3
Have you received previous instructions and courses on disaster preparedness?	Yes	101	59.1
	No	70	40.9
Have you participated in maneuver inside the hospital?	Yes	79	46.2
	No	92	53.8

5.4 Emergency Nurses' Role Perception for Disaster Management

Figure 5.1 illustrates the levels of emergency nurses' role perception toward disaster management. Among the participants, 48.0% reported a high level of role perception, 26.3% reported a very high level, and 21.1% reported a moderate level. Low levels of role perception were reported by 4.7% of participants. No participants fell within the "very low" category.

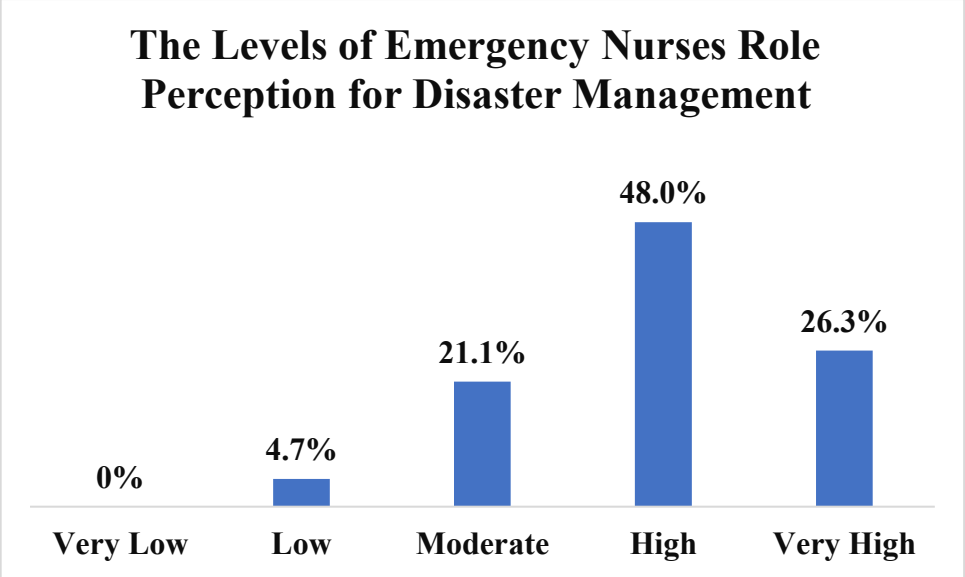

Figure 5.1: The Levels of Emergency Nurses' Role Perception for Disaster Management (n=171)

5.5 Emergency Nurses' Perception of Disaster Management Subscales

Figure 5.2 presents the mean scores of emergency nurses' perceptions across the disaster management subscales. The subscales are independent measures within the study instrument.

- The mean score for perceptions of nurses' roles was 3.93.
- The mean score for perceptions of nurses' skills was 3.75.
- The mean score for perceptions of nurses' knowledge was 3.66.
- The mean score for perceptions of nurses' preparedness was 3.61.

Each subscale is reported independently, without comparative interpretation.

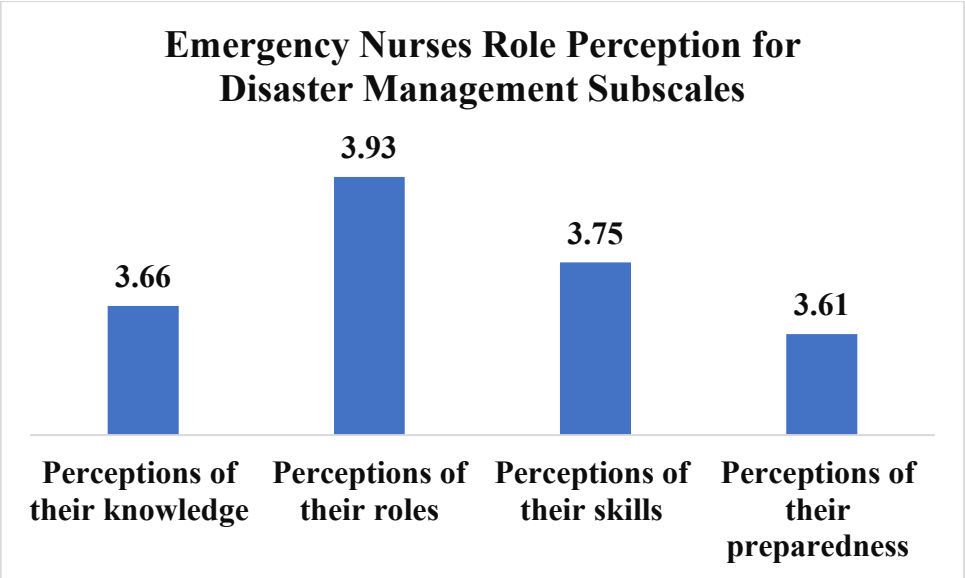

Figure 5.2: Mean Score for Emergency Nurses' Role Perception for Disaster Management Subscale (n=171)

5.6 Mean score of nurses' perceptions of their knowledge

Table 5.3 presents nurses' perceptions of their knowledge about disaster management. The overall mean score was 3.66 (SD = 0.70).

The highest-rated items were:

- Nurses' belief that initial knowledge of disaster situations enhances their ability to respond effectively (M = 3.98, SD = 0.86).
- Awareness of the limits of their professional knowledge and authority during disasters (M = 3.92, SD = 0.90).

Other individual items had mean scores ranging from 3.47 to 3.75, indicating some variation within the measured domains, including educational background, access to information, familiarity with disaster terminology, and identification of critical resources.

Table 3.3: Nurses' perceptions of their knowledge about disaster management (n=171)

Item	Mean	SD	Status
1. During my undergraduate studies, I received sufficient information on disasters and their management.	3.74	1.071	High
2. I have the necessary knowledge about disasters and their management.	3.74	.986	High
3. I am familiar with the terminology related to disasters and their management.	3.70	.957	High
4. I am constantly directed towards knowledge of disasters through past experiences by the hospital management.	3.47	1.092	High
5. I have knowledge of the potential disasters in my society (wars, earthquakes, etc.).	3.67	.958	High
6. I am interested in teaching aids (articles, courses, programs) on disasters and their management.	3.63	.908	High
7. I know the limits of my knowledge, skills, and authority as a nurse to act in disaster situations.	3.92	.897	High
8. The initial knowledge of the nature of the disaster increases my ability to deal with it.	3.98	.861	High
9. I participate in disaster courses, conferences, or exercises at my workplace.	3.52	1.019	High
10. I would be interested in educational classes on disaster preparedness that relate specifically to my community.	3.66	.889	High
11. I know where to find relevant research or information related to disaster preparedness and management to fill gaps in my knowledge, and it is easily accessible.	3.50	.984	High
12. There is a list of important contacts in the event of a disaster situation.	3.53	1.075	High
13. I can identify critical resources for disaster response in my department.	3.61	1.025	High
Total Mean Score (13 Items)	**3.66**	**.699**	**High**

Cut off point: 1-1.80=Very low, 1.81-2.60=Low, 2.61-3.40=Moderate, 3.41-4.20=High, 4.21-5=Very high.

5.7 Mean score of nurses' perceptions of their role

Table 5.4 summarizes nurses' perceptions of their roles in disaster management. The overall mean score was 3.92 (SD = 0.62). Individual items had the following mean scores and standard deviations: belief that they are key players during disasters (M = 4.29, SD = 0.84), participation in emergency planning (M = 3.85, SD = 0.72), provision of comprehensive patient care (M = 3.91, SD = 0.68), effective communication (M = 3.88, SD = 0.70), and leadership roles during disaster situations (M = 3.87, SD = 0.69). Each item is reported independently, without comparative interpretation.

Table 5.4: Nurses' perceptions of their roles for disaster management (n=171)

Item	Mean	SD	Status
1. Nurses are key players in a disaster.	4.29	.838	Very high
2. I have knowledge of the roles and tasks assigned to me during disasters.	3.88	.915	High
3. I am confident and knowledgeable in effectively responding to a disaster.	3.80	.976	High
4. I have the ability to participate in an emergency plan in my workplace.	3.85	.892	High
5. I have the ability to balance passion and work professionally during a disaster.	3.88	.893	High
6. Health care is provided to patients regardless of age, gender, and the type of infection.	3.99	.911	High
7. The main role of nurses during disasters is to provide general assessment, caring for patients, triage, initial consultation, psychological care, and act as team leaders.	3.99	.898	High
8. During a disaster, nurses are responsible for prevention, surveillance, and clinical response.	3.83	.921	High
9. Nurses can effectively communicate with patients, families, and other clinicians to provide therapies during emergencies.	3.85	.833	High
Total Mean Score (9 Items)	**3.92**	**.624**	**High**

Cut off point: 1-1.80=Very low, 1.81-2.60=Low, 2.61-3.40=Moderate, 3.41-4.20=High, 4.21-5=Very high.

5.8 Mean score of nurses' perceptions of their skills

Table 5.5 presents nurses' perceptions of their skills related to disaster management. The overall mean score was 3.75 (SD = 0.69). Individual items had the following mean scores and standard deviations: appropriate use of personal protective equipment during disasters (M = 3.97, SD = 0.94), disaster identification (M = 3.85, SD = 0.72), triage (M = 3.80, SD = 0.70), independent patient care (M = 3.82, SD = 0.68), infection prevention (M = 3.78, SD = 0.71), resource utilization (M = 3.76, SD = 0.69), and participation in disaster drills (M = 3.74, SD = 0.70). **Some items overlap conceptually with items in the knowledge subscale; this structural overlap is noted but not interpreted in the results section.**

Table 5.5: Nurses' perceptions of their skills for disaster management (n=171)

Item	Mean	SD	Status
1. As a qualified nurse, I can identify types of disasters.	3.80	.872	High
2. I have good and sufficient skills to provide nursing care during disasters in a timely and appropriate manner.	3.71	.956	High
3. I have the ability to cope with large numbers of injured people in my workplace during disasters.	3.64	.980	High
4. I have good skills in sorting cases during disasters.	3.68	.923	High
5. I am familiar with the treatment principles of disaster nursing.	3.65	.967	High
6. I have the skill to prevent transmission among patients.	3.78	.898	High
7. I can properly use personal protective equipment (PPE) (gloves, masks, etc.) during injuries.	3.97	.936	High
8. Initial knowledge of the nature of the disaster increases my ability to deal with it.	3.98	.871	High
9. I feel reasonably confident in my ability to take care of patients independently without disaster supervision.	3.68	.992	High
10. I have the ability to make optimal use of the resources available in my workplace.	3.69	.922	High
11. I would feel confident in providing health education in case of stress.	3.75	.934	High
12. I have the ability to acquire new skills to get my job done correctly.	3.87	.901	High
13. I participate in disaster drills and exercises at my workplace.	3.60	1.145	High
Total Mean Score (13 Items)	**3.75**	**.688**	**High**

Cut off point: 1-1.80=Very low, 1.81-2.60=Low, 2.61-3.40=Moderate, 3.41-4.20=High, 4.21-5=Very high.

5.9 Mean score of nurses' perceptions of their preparedness

Table 5.6 describes nurses' perceptions of their preparedness for disaster management. The overall mean score was 3.60 (SD = 0.88). Individual items had the following mean scores and standard deviations: preparedness to act during unexpected events outside the formal emergency plan (M = 3.70, SD = 1.01), confidence in participating as members of a disaster management team (M = 3.71, SD = 0.97), awareness of disaster planning (M = 3.58, SD = 0.89), participation in training programs (M = 3.55, SD = 0.85), confidence in independent patient care (M = 3.53, SD = 0.84), psychological support skills (M = 3.50, SD = 0.87), and regular engagement with disaster drills and emergency updates (M = 3.43, SD = 0.90). All items are reported independently, without descriptive labels or evaluative interpretation.

Table 5.6: Nurses' perceptions of their preparedness for disaster management (n=171)

Item	Mean	SD	Status
1. I have full knowledge of the disaster plan for my workplace.	3.68	1.195	High
2. I have been trained to deal with injuries during disasters.	3.58	1.126	High
3. I have the preparedness to act during unexpected events outside the emergency plan in my workplace.	3.70	1.006	High
4. I regularly review disaster exercises and training.	3.58	1.157	High
5. I am constantly updated on emergency plan updates in my workplace.	3.51	1.124	High
6. I am fully prepared to properly deal with a large number of injuries and deaths in my workplace during disasters.	3.60	1.093	High
7. Simulated disaster drills and coping mechanisms are carried out in the workplace.	3.43	1.143	High
8. I would feel reasonably confident in my abilities to be a member of a disaster management team.	3.71	.974	High
9. I feel reasonably confident that I can care for patients independently in a disaster situation.	3.64	.980	High
10. I can manage symptoms and common reactions of disaster survivors and am knowledgeable about psychological interventions for patients with psychological or physical trauma.	3.64	1.050	High
Total Mean Score (10 Items)	**3.60**	**.875**	**High**

Cut off point: 1-1.80=Very low, 1.81-2.60=Low, 2.61-3.40=Moderate, 3.41-4.20=High, 4.21-5=Very high.

5.10 Emergency Nurses' Role: Hospital Preparedness for Disaster Management

Figure 5.3 illustrates the distribution of emergency nurses' roles in hospital preparedness for disaster management. Among the participants, 34.5% reported a high level of preparedness, 18.1% reported very high preparedness, 24.0% reported moderate preparedness, 15.8% reported low preparedness, and 7.6% reported very low preparedness. The overall mean score for hospital preparedness was 3.36, corresponding to a moderate level of hospital preparedness.

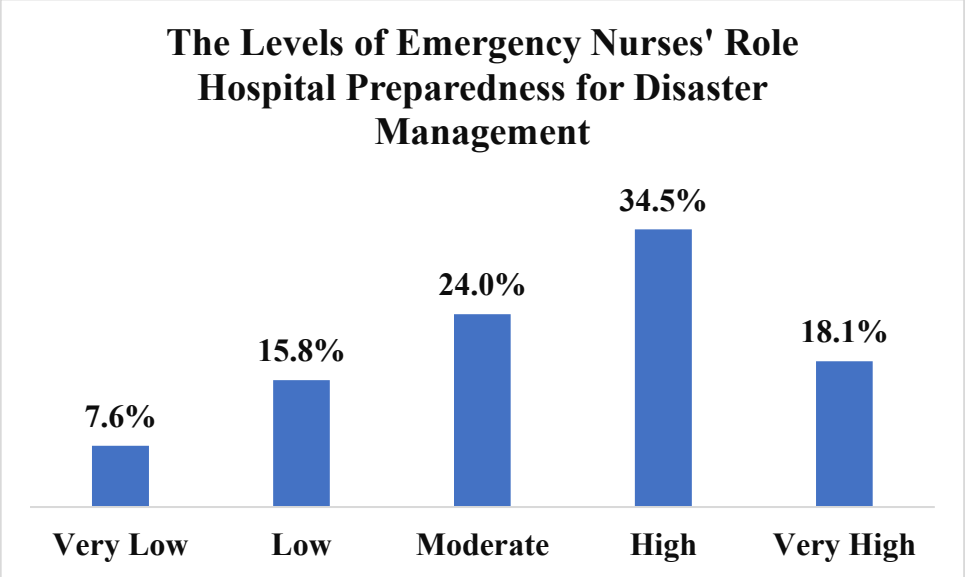

Figure 5.3: The Levels of Emergency Nurses' Role Hospital Preparedness for Disaster Management (n=171)

5.11 Nurses' perceptions toward hospital preparedness

Table 5.7 presents nurses' perceptions of hospital preparedness to manage disasters. The overall mean score was 3.36 (SD = 0.92), corresponding to a moderate level of hospital preparedness. Individual items had the following mean scores and standard deviations: periodic review of inventory (M = 3.58, SD = 1.12), availability of emergency plans to manage different types of disasters (M = 3.51, SD = 1.16), staff skill development (M = 3.45, SD = 1.05), first-aid availability (M = 3.42, SD = 0.99), and ambulance accessibility (M = 3.40, SD = 1.01). Each item is reported independently, without descriptive labels or evaluative interpretation.

Table 5.7: Nurses' perceptions toward hospital preparedness to manage disaster (n=171)

Item	Mean	SD	Status
1. There is an emergency plan within the hospital to manage all kinds of disasters.	3.51	1.160	High
2. The hospital management is concerned with developing the skills and abilities of its staff in dealing with disasters.	3.40	1.125	High
3. The hospital environment is always equipped and ready to manage disasters and face any disaster that may occur.	3.39	1.155	High
4. Provision of first-aid kits and training of personnel to provide first aid.	3.48	1.119	High
5. Periodic exercises on evacuation and disaster management are conducted.	3.36	1.061	High
6. The number of beds is sufficient in emergency conditions until the end of the disaster.	3.11	1.108	High
7. There are enough appropriate wheelchairs to transport patients in case of any disaster.	2.96	1.210	High
8. The laboratories are equipped and ready for any emergency event within the hospital and are able to provide services to the fullest.	3.39	1.219	High
9. Pharmacies are equipped, and there is a list that includes medicines for use in case of any disaster.	3.34	1.118	High
10. Inventory is reviewed periodically to complete deficiencies or replace items upon expiry.	3.58	1.121	High
11. There is a system plan to call nurses for help when a disaster occurs.	3.46	1.102	High
12. Plans are developed to continue laboratory work in the aftermath of emergencies or disasters.	3.41	1.104	High
13. All ambulance vehicles are equipped with modern equipment and suitable for treating patients appropriately.	3.28	1.209	High
14. Ambulance vehicles can be called easily to and from the hospital.	3.49	1.214	High
15. There is a hospital traffic system plan that allows emergency ambulances to move easily.	3.33	1.237	High
Total Mean Score (15 Items)	**3.36**	**.922**	**High**

Cut off point: 1-1.80=Very low, 1.81-2.60=Low, 2.61-3.40=Moderate, 3.41-4.20=High, 4.21-5=Very high.

5.12 Differences Between Demographic and Work-Related Information in Terms of Perception for Disaster Management

Significant differences in nurses' perceptions of disaster management were observed across selected work-related variables. Specifically, the place of work showed a statistically significant difference, $F(10, 160) = 2.17$, $p = .022$. Post hoc comparisons using the Tukey test revealed that nurses working at Dora Governmental Hospital reported significantly higher perception scores compared with those working at HWC, President Mahmoud Abbas Governmental Hospital, and Al-Yamamah Hospital. No other pairwise comparisons between hospitals reached statistical significance.

In contrast, no significant differences in perception scores were found with respect to age group, $F(2, 168) = 0.50$, $p = .607$; marital status, $F(2, 168) = 0.81$, $p = .449$; education level, $F(2, 168) = 0.32$, $p = .729$; or years of experience, $F(2, 168) = 0.48$, $p = .619$. Similarly, gender ($t = 1.06$, $p = .290$) and place of residence ($t = 1.50$, $p = .135$) were not significantly associated with perception scores.

Conversely, nurses who had received previous instructions or courses on disaster preparedness demonstrated significantly higher perception scores compared with those who had not, $t(169) = 4.91$, $p < .001$. Likewise, nurses who had participated in hospital disaster maneuvers reported significantly higher perception scores than their counterparts, $t(169) = 5.02$, $p < .001$. As seen in Table 5.8.

Table 5.8: Differences between demographic and work-related information in terms of perception for disaster management (n=171)

Demographic variables		n	Mean (SD)	F\T	P-value
Age group (years)	<30	81	3.74 (0.59)	F = 0.50	0.607
	30-39	75	3.77 (0.62)		
	>40	15	3.91 (0.49)		
Gender	Male	106	3.80 (0.59)	t = 1.06	0.290
	Female	65	3.70 (0.60)		
Marital status	Single	56	3.78 (0.55)	F = 0.81	0.449
	Married	101	3.79 (0.63)		
	Other (divorced or widowed)	14	3.57 (0.51)		
Education level	Diploma	27	3.69 (0.58)	F = 0.32	0.729
	Bachelor's degree	118	3.77 (0.57)		
	Higher education (Master or PhD)	26	3.81 (0.72)		
Place of residence	Hebron	105	3.82 (0.57)	t = 1.50	0.135
	Bethlehem	66	3.68 (0.63)		
Years of experience (years)	<6	61	3.82 (0.58)	F = 0.48	0.619
	6-10 years	82	3.75 (0.58)		
	>10 years	28	3.69 (0.67)		
Place of work	Beit-Jala Governmental Hospital	21	3.86 (0.64)	F= 2.17	**0.022***
	Arab Society for Rehabilitation Hospital	13	3.82 (0.36)		
	Red Crescent Hospital.	20	3.93 (0.68)		
	HWC	12	3.43 (0.46)		
	Alia Government Hospital	25	3.72 (0.63)		
	Al Mizan Hospital	12	3.79 (0.45)		
	President Mahmoud Abbas Governmental Hospital	13	3.43 (0.55)		
	Al-Muhtaseb Hospital	14	3.96 (0.71)		
	Dora Governmental Hospital	15	4.12 (0.39)		
	Yatta Governmental Hospital	16	3.66 (0.59)		
	Al-Yamamah Hospital	10	3.47 (0.55)		
Place of hospital	Bethlehem	56	3.69 (0.56)	t = −1.20	**0.232**
	Hebron	115	3.80 (0.61)		
Previous instructions and courses on disaster preparedness?	Yes	101	3.94 (0.55)	t = 4.91	**< 0.001***
	No	70	3.51 (0.57)		
Participated in maneuver inside the hospital?	Yes	79	4.00 (0.57)	t = 5.02	**< 0.001***
	No	92	3.57 (0.54)		

**Sig at P-value = ≤0.05. Independent t-test and One-Way ANOVA*

5.13 Differences Between Demographic and Work-Related Information in Terms of Preparedness for Disaster Management

Significant differences in nurses' preparedness for disaster management were observed for selected demographic and work-related variables. Nurses' place of residence showed a statistically significant difference, with those residing in Hebron reporting higher preparedness scores than those in Bethlehem, $t(169) = 2.15$, $p = .033$. Similarly, the place of hospital was significantly associated with preparedness, $t(169) = -2.06$, $p = .041$, indicating higher preparedness among nurses working in hospitals located in Hebron compared with Bethlehem.

A statistically significant difference was also found according to place of work, $F(10, 160) = 2.75$, $p = .004$. Tukey post hoc comparisons revealed that nurses working at Dora Governmental Hospital reported significantly higher preparedness scores compared with those working at Al-Yamamah Hospital, HWC, and the Arab Society for Rehabilitation Hospital. No other pairwise hospital comparisons reached statistical significance.

In addition, nurses who had received previous instructions or training courses on disaster preparedness demonstrated significantly higher preparedness scores than those who had not, $t(169) = 4.85$, $p < .001$. Participation in hospital disaster maneuvers showed a borderline, non-significant association with preparedness, $t(169) = 1.95$, $p = .053$.

No statistically significant differences in preparedness scores were found based on age group ($F = 0.22$, $p = .802$), gender ($t = 0.08$, $p = .940$), marital status ($F = 1.81$, $p = .167$), education level ($F = 0.09$, $p = .916$), or years of experience ($F = 1.21$, $p = .301$), as shown in Table 5.9.

Note: Effect sizes were not calculated; the findings are reported based on statistical significance only.

Table 5.9: Differences between demographic and work-related information in terms of preparedness for disaster management (n=171)

Demographic variables		n	M (SD)	F\T	P-value
Age group (years)	<30	81	3.37 (0.87)	F = 0.22	0.802
	30-39	75	3.33 (0.96)		
	>40	15	3.51 (1.01)		
Gender	Male	106	3.37 (0.95)	t = 0.08	0.940
	Female	65	3.36 (0.88)		
Marital status	Single	56	3.56 (0.81)	F = 1.81	0.167
	Married	101	3.27 (0.96)		
	Other (divorced or widowed)	14	3.28 (0.99)		
Education level	Diploma	27	3.43 (0.90)	F = 0.088	0.916
	Bachelor's degree	118	3.35 (0.90)		
	Higher education (Master or PhD)	26	3.37 (1.08)		
Place of residence	Hebron	105	3.49 (0.93)	t = 2.15	**0.033***
	Bethlehem	66	3.18 (0.89)		
Years of experience (years)	<6	61	3.50 (0.86)	F = 1.21	0.301
	6-10 years	82	3.34 (0.95)		
	>10 years	28	3.18 (0.97)		
Place of work	Beit-Jala Governmental Hospital	21	3.55 (0.76)	F = 2.75	**0.004***
	Arab Society for Rehabilitation Hospital	13	3.07 (0.98)		
	Red Crescent Hospital.	20	3.71 (0.84)		
	HWC	12	3.06 (0.62)		
	Alia Government Hospital	25	3.39 (1.15)		
	Al Mizan Hospital	12	3.54 (1.01)		
	President Mahmoud Abbas Governmental Hospital	13	3.18 (0.61)		
	Al-Muhtaseb Hospital	14	3.10 (0.87)		
	Dora Governmental Hospital	15	4.07 (0.39)		
	Yatta Governmental Hospital	16	3.23 (1.07)		
	Al-Yamamah Hospital	10	2.58 (0.82)		
Place of hospital	Bethlehem	56	3.16 (0.85)	t = −2.06	**0.041***
	Hebron	115	3.47 (0.94)		
Previous instructions and courses on disaster preparedness?	Yes	79	3.71 (0.74)	t = 4.85	**< 0.001***
	No	92	3.07 (0.96)		
Participated in maneuver inside the hospital?	Yes	101	3.48 (0.93)	t = 1.950	.053
	No	70	3.20 (0.90)		

**Sig at P-value = ≤0.05. Independent t-test and One-Way ANOVA*

5.14 Relationship Between Emergency Nurses' Role for Perception and Hospital Preparedness Toward Disaster Management

A positive correlation was found between emergency nurses' role perception and hospital preparedness for disaster management, $r(169) = .58$, $p < .001$. This indicates that nurses with higher levels of role perception toward disaster management reported higher levels of preparedness. Effect size was not calculated; the finding is reported based on statistical significance only (see Table 5.10).

Table 5.10: Relationship between emergency nurses' role for perception and hospital preparedness toward disaster management (n=171)

Variable	Perception	
	r	***p***
Preparedness	0.583	**<0.001***

Pearson correlation

5.15 Prediction of Perception from Hospital Preparedness

A simple linear regression analysis was conducted to examine the statistical relationship between nurses' preparedness scores and their perception scores. The overall regression model was statistically significant, $F(1, 169) = 86.996$, $p < .001$, indicating a statistically significant association between preparedness and perception. Preparedness accounted for 34.0% of the variance in perception scores ($R^2 = .34$, adjusted $R^2 = .336$). The model demonstrated a correlation coefficient of $R = .583$, with a standard error of estimate of 0.48.

In the regression model, preparedness scores were significantly associated with perception scores ($B = 0.376$, $SE = 0.040$, $\beta = .583$, $t = 9.32$, $p < .001$). This indicates that, on average, a one-unit increase in preparedness score was associated with an increase of approximately 0.38 units in perception scores. The 95% confidence interval for the regression coefficient was [0.296, 0.455], indicating stability of the association. No multicollinearity concerns were observed (VIF = 1.00).

Note: The regression results indicate a statistical association and do not imply causality.

Table 5.11: Simple linear regression predicting nurses' perception from hospital preparedness (n = 171)

Predictor	B	SE B	β	t	p	95% CI for B	VIF
Constant	2.502	0.141	—	17.80	< 0.001	[2.224, 2.779]	—
Hospital Preparedness	0.376	0.040	.583	9.32	**< 0.001**	[0.296, 0.455]	*1*

Model summary; $R = .583$, $R^2 = .340$, Adjusted $R^2 = .336$, $F(1, 169) = 86.996$, $p < .001$
Standard error of estimate = 0.485

5.16 Summary

This chapter summarized the key findings concerning emergency nurses' perceptions, skills, roles, and preparedness for disaster management in hospitals located in Bethlehem and Hebron. Overall, nurses exhibited high levels of perception, knowledge, skills, and individual preparedness, while hospital preparedness was assessed as moderately high.

Significant differences were observed based on factors such as place of residence, hospital location, workplace, prior disaster training, and participation in simulation drills, suggesting that these elements have a considerable impact on nurses' readiness. In contrast, no statistically significant differences were found related to demographic characteristics, including age, gender, marital status, educational attainment, or years of experience.

A positive correlation was identified between nurses' perceptions and their preparedness, and regression analysis indicated that preparedness is a significant predictor of perception. These findings highlight the critical role of ongoing disaster training and strong institutional support in enhancing nurses' readiness to respond effectively in emergency and mass-casualty situations.

Chapter Six

Discussion

6.1 Introduction

This chapter discusses and interprets the findings of the present study conducted among emergency nurses in hospitals in Bethlehem and Hebron, in relation to the study objectives and hypotheses, as well as in light of relevant local and international literature on disaster preparedness in healthcare settings. The discussion is structured to critically analyze how emergency nurses perceive their professional roles during disasters, assess their levels of preparedness, and examine the institutional and organizational factors that influence the effectiveness of disaster management practices.

Specifically, the discussion is organized around the main dimensions addressed in the study, including role perception, disaster preparedness, training and experience, availability of resources, and institutional support. By comparing the study findings with previous research, this chapter aims to identify areas of consistency and discrepancy, highlight contextual factors unique to the Palestinian healthcare system, and provide a deeper understanding of the challenges and opportunities for improving disaster preparedness among emergency nurses.

6.2 Socio-Demographic Characteristics of Participants

The socio-demographic characteristics of the study participants generally reflect the composition of the Palestinian nursing workforce. In this study, male nurses constituted the majority of participants (62%), while females accounted for 38%. This distribution is consistent with national statistics reported by the Palestinian Central Bureau of Statistics (2024), which indicate a higher proportion of males working in nursing roles within the Palestinian healthcare system.

Regarding age, the participants were predominantly young adults. Approximately 47% of the nurses were under 30 years of age, while about 44% fell within the 30–39-year age group. This corrected age classification represents an active segment of the healthcare workforce and is comparable to age distributions reported in similar regional

studies (Faroukhzadian et al., 2024). These findings suggest that a substantial proportion of emergency nursing staff are early to mid-career professionals.

In terms of educational background, most participants held a bachelor's degree in nursing. Previous studies have indicated that higher educational attainment contributes to improved theoretical knowledge; however, it does not necessarily ensure higher levels of disaster preparedness or practical competency (Lee et al., 2025). Consistent with this evidence, the current study found no clear association between advanced academic qualifications and higher preparedness levels for disaster response.

Furthermore, the majority of participants reported limited prior training in disaster management. This finding aligns with previous research conducted in similar contexts, including a study in Iran, which identified insufficient training opportunities and limited institutional planning as major barriers to nurses' disaster preparedness (Shafi et al., 2024).

Overall, the socio-demographic profile of the participants highlights a workforce with adequate academic qualifications but limited exposure to disaster-specific training. These characteristics underscore the importance of strengthening institutional training programs and integrating disaster preparedness into continuing professional development for emergency nurses.

6.3 Role Perception

The primary aim of this study was to assess emergency nurses' perceptions of their role in disaster management. The findings indicate that nurses generally recognize the importance and necessity of their role during disaster situations.

However, the results suggest a noticeable gap between nurses' perceived role and their reported preparedness to perform disaster-related responsibilities.

As the study did not directly measure actual performance during disaster events, this gap should be interpreted with caution.Similar patterns have been reported in previous studies.

Monteblanco and Leyser-Whalen (2019) found that nurses often demonstrate strong professional commitment during crises, yet face challenges related to unclear role expectations, limited institutional support, and resource constraints.

Likewise, Farokhzadian et al. (2024) reported that role ambiguity and the absence of standardized hospital protocols may reduce nurses' confidence and perceived effectiveness in disaster situations.

Zhang et al. (2024) also noted that even when nurses possess adequate disaster-related knowledge, uncertainty regarding specific responsibilities during real disaster events may persist.Taken together, these findings may reflect the influence of organizational and institutional factors on nurses' ability to fully translate their perceived roles into practice. While the present study does not establish causality, the consistency between its findings and existing literature suggests that clarifying role expectations and

strengthening institutional frameworks could support emergency nurses in fulfilling their roles more effectively during disasters.

6.4 Institutional Preparedness

The findings of this study showed that hospital preparedness was a significant statistical predictor of nurses' perceptions of their role in disaster management, explaining 34% of the variance ($R^2 = .34$, $R = .583$, $p < .001$). This result indicates a strong predictive association between institutional preparedness and role perception. However, given the cross-sectional design of the study, this relationship should be interpreted as associative rather than causal.

The results suggest that elements of institutional readiness—such as the presence of disaster-related resources, established protocols, and administrative support—are associated with clearer role perceptions among emergency nurses. Similar findings have been reported in previous studies. For example, Al-Thubaiti (2024) highlighted that organizational factors, including structured disaster plans, leadership engagement, and logistical support, are linked to improved preparedness and role clarity among nurses during disaster situations.

Taken together, the current findings and existing literature indicate that institutional preparedness may contribute to creating an environment that supports nurses' understanding of their disaster-related responsibilities. While causality cannot be inferred, the observed association suggests that strengthening hospital-level preparedness could be an important component in efforts to enhance nurses' confidence and perceived role clarity, thereby supporting overall disaster response capacity within healthcare settings.

6.5 Impact of Training and Education

The third objective of this study examined the association between training and education and nurses' preparedness for disaster management. The findings indicated that nurses who had previously attended disaster management courses or training programs reported significantly higher levels of preparedness compared to those who had not received such training. This association highlights the potential importance of educational exposure in shaping nurses' perceived readiness for disaster response.

These findings are consistent with previous research. Shafi'i et al. (2024) reported that targeted training programs enhance the responsiveness of nursing managers and are associated with improved hospital disaster preparedness. Similarly, Setiawati and Lo (2025) found that theory-based training programs grounded in established disaster nursing frameworks are linked to more sustained preparedness outcomes among nursing staff.

Within the Palestinian healthcare context, training opportunities have been described as limited and irregular. Abu Rmeileh et al. (2025) demonstrated that structured educational interventions are associated with increased nurses' confidence and improved triage accuracy during emergency situations. In addition, Ediz (2023) emphasized that

simulation-based training is associated with enhanced psychological resilience, which is considered an important component of effective disaster response.

Overall, the findings of the current study, when viewed alongside existing literature, suggest a meaningful association between participation in disaster-related training and higher levels of perceived preparedness among nurses. However, as with other findings in this study, these associations should be interpreted within the limitations of the study design and do not imply causality.

6.6 Demographic and Professional Influences

The findings of the current study indicated no statistically significant differences in nurses' preparedness levels based on educational attainment or years of professional experience. These results are consistent with the analyses presented in Chapter Five, which showed that neither higher academic qualifications nor longer clinical experience were associated with increased preparedness for disaster management.

Consistent with the current findings, Aykan et al. (2022) and Zhang et al. (2023) reported that effective disaster response is more closely associated with practical and context-specific training than with formal education or years of experience alone. While a recent meta-analysis by Li et al. (2025) identified training participation and organizational involvement as stronger predictors of preparedness than demographic variables, this evidence is used here to contextualize—rather than generalize—the findings of the present study.

Furthermore, Ersoz Genç (2025) emphasized that continuous professional development is associated with improvements in teamwork, stress management, and decision-making during crisis situations. In relation to the current study, this suggests that professional growth activities may complement demographic and experiential factors, rather than replace them, in supporting disaster preparedness.

Overall, the findings of this study suggest that demographic and professional characteristics, such as education level and years of experience, were not independently associated with preparedness outcomes in this sample. This underscores the importance of considering training exposure and organizational context when interpreting preparedness levels among emergency nurses, while avoiding broader generalizations beyond the scope of the current data.

6.7 Summary of Key Findings

This study provides an integrated understanding of emergency nurses' perceptions and preparedness for disaster management within hospitals in Bethlehem and Hebron. Overall, the findings indicate that while nurses demonstrate awareness of their professional roles during disasters, the effective enactment of these roles is closely linked to the organizational context in which they operate. Institutional preparedness, clarity of roles, and access to training emerged as key factors associated with nurses' perceived readiness.

From a practice perspective, the findings suggest that individual knowledge and experience alone are insufficient to ensure effective disaster preparedness. Instead, preparedness appears to be strengthened when supported by clear institutional frameworks, structured training opportunities, and ongoing professional development. From a policy standpoint, the results highlight the need for healthcare institutions and decision-makers to prioritize disaster preparedness as an organizational responsibility, rather than viewing it solely as an individual competency.

In summary, the study underscores the importance of aligning institutional policies, training systems, and professional roles to enhance disaster preparedness among emergency nurses. Addressing these interconnected elements may contribute to more coordinated and effective disaster responses within healthcare settings.

6.7 Strengths and Limitations of the Study

This study contributes valuable baseline data for future research examining emergency nurses' knowledge and preparedness for disaster management in the West Bank. One of the main strengths of the study is the inclusion of nurses from multiple governmental and non-governmental hospitals in Bethlehem and Hebron, which enhances the diversity of the sample and supports the contextual relevance of the findings. In addition, the data collection instrument demonstrated high internal consistency, as reflected by a Cronbach's alpha value of 0.97, indicating the reliability of the measured constructs.

Despite these strengths, several limitations should be acknowledged. Data collection was constrained by institutional and contextual factors. One major hospital declined participation due to internal policies, and access to some targeted hospitals was restricted because of checkpoints and closures, which limited the researcher's ability to reach all intended study sites. Furthermore, some hospitals and individual nurses declined to participate, resulting in a reduced sample size.

These limitations may have implications for the representativeness of the sample and the generalizability of the findings to all emergency nurses in the West Bank. In addition, the reduced sample size may have affected the statistical power of some analyses. Therefore, the findings should be interpreted with caution. Future studies may benefit from broader geographic coverage, alternative data collection strategies, and institutional coordination to enhance participation and strengthen the generalizability of results.

6.9 Recommendations

Based on the findings of the present study, which highlighted the association between institutional preparedness, training exposure, and emergency nurses' role perception and preparedness for disaster management, the following recommendations are proposed:

6.9.1 Institutional-Level Recommendations

- Hospitals should develop and implement comprehensive disaster management strategies that clearly define roles and responsibilities across interdisciplinary departments, with particular attention to emergency nursing roles. This recommendation is based on the finding that institutional preparedness was a significant predictor of nurses' role perception.
- Clear, standardized disaster management guidelines and protocols should be made accessible to all nursing staff within hospital departments. The availability of such guidelines may support role clarity and reduce uncertainty during disaster situations.
- Regular and structured disaster preparedness training programs, including simulation-based exercises, should be conducted for emergency nurses. This recommendation is directly linked to the study's findings that participation in training was associated with higher preparedness levels.
- Hospitals should ensure the availability of a standardized disaster management handbook in each department to support consistent and timely reference during emergencies.
- Efficient internal communication systems and technologies should be strengthened to facilitate timely dissemination of information and instructions during disaster events, supporting coordinated response efforts.

6.9.2 Educational-Level Recommendations

- Disaster management and emergency response modules should be formally integrated into undergraduate nursing curricula to ensure that nurses enter clinical practice with foundational disaster preparedness competencies.
- Continuing professional development programs should incorporate disaster preparedness content to maintain and update nurses' knowledge and skills over time, in line with the study's findings regarding the importance of ongoing training.

6.9.3 Policy-Level Recommendations

- The Ministry of Health should develop and enforce national policies that prioritize disaster preparedness within healthcare institutions. These policies should be supported by dedicated funding for training programs, human resources, and essential infrastructure.
- Regular national and institutional assessments of nurses' disaster preparedness should be conducted to identify gaps, monitor progress, and inform evidence-based updates to training programs and disaster management strategies.

6.10 Conclusions

This study concludes that emergency nurses working in hospitals in Bethlehem and Hebron demonstrate a clear understanding of their roles in disaster management.

However, the findings indicate that perceived preparedness and the effective enactment of these roles are constrained by limitations in institutional preparedness and restricted access to specialized disaster-related training. The observed moderate level of readiness appears to reflect contextual and organizational challenges within the studied healthcare settings, including resource constraints, the absence of standardized disaster management policies, and limited coordination mechanisms.

The findings suggest that integrating disaster preparedness into hospital-level policies and professional nursing standards may support improved role clarity and preparedness among emergency nurses. In addition, ongoing professional development, supported by institutional leadership and health authorities, may help strengthen nurses' confidence and perceived readiness for disaster response.

It is important to note that these conclusions should be interpreted within the limitations of the study, including its cross-sectional design and the characteristics of the sample. Therefore, while the results offer valuable insights into disaster preparedness among emergency nurses in the West Bank, they may not be generalizable to all healthcare settings. Future research using longitudinal or mixed-method designs could provide a more comprehensive understanding of disaster preparedness and its determinants.

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Appendix (A)

English Version of the Questionnaire

Personal data: Please tick (□) in the box thar right for you.

1. Age:	**2. Gender:**	**3. Social status:**	4. **Education level:**
_____Year	□ Male □ Female	Marital status: □ Single □ Engaged □ Married □ Divorce □ Widowed	□ Diploma □ Bachelor's degree □ Master □ Ph.D. □ Other (specify)…….
5. Years of experience: _____ Year	**6. Place of work:** □ Beit-Jala Governmental Hospital. □ Arab Society for Rehabilitation Hospital □ Red Crescent Hospital. □ Al-Ahli Hospital-Hebron. □ Alia Government Hospital. □ Al Mizan Hospital. □ President Mahmoud Abbas Governmental Hospital. □ Al-Muhtaseb Hospital □ Dora Governmental Hospital □ Yatta Governmental Hospital □ Al-Yamamah Hospital	**7. Place of residence:** □ Hebron west bank. □ Bethlehem west bank.	

Have you participated in maneuver inside the hospital?

□ Yes □ No

Have you received previous instructions and courses on disaster preparedness and how to manage and deal with them?

□ Yes □ No

Second: Study Points: Please put a reference (✓) in front of the statement that you think is appropriate and represent your opinion.

No.	Paragraph	Strongly agree	agree	Un-certain	Dis-agree	Strong disagree
Nurses' perceptions of their knowledge about disaster management						
1	During my undergraduate studies, I received sufficient information on disasters and their management.					
2	I have the necessary knowledge about disasters and their management.					
3	I am familiar with the terminology related to disasters and them management.					
4	I am constantly directed towards knowledge of disasters through past experiences by the hospital management.					
5	I have knowledge of the potential disasters in my society (wars, earthquakes, etc.)					
6	I am interested in teaching aids (articles, courses, programs) on disasters and their management.					
7	I know the limits of my knowledge, skills, and authority as a nurse to act in disaster situations.					
8	The initial knowledge of the nature of the disaster increases my ability to deal with it.					
9	I participate in disaster courses, conferences or exercises at my workplace.					

10	I would be interested in educational classes on disaster preparedness that relate specifically to my community situation.					
11	I know where to find relevant researches or information related to disaster preparedness and management to fill in gaps in my knowledge and is easily accessible.					
12	There is a list of important contacts in the event of a disaster situation.					
13	I can identify critical resources for disaster response in my department					
Nurses' perceptions of their roles for disaster management						
14	Nurses are key players in a disaster.					
15	I have knowledge of the role and tasks assigned to me during disasters.					
16	I have a confident and knowledgeable in effectively responding to a disaster					
17	I have the ability to participate in an emergency plan in my workplace.					
18	I have the ability to balance passion and work professionally during a disaster.					
19	Health care provided to patients regardless of age and gender and the type of infection					
20	The main role of nurses during disasters is to provide general assessment, caring for patients, triage, initial consultation, psychological care, and act as team leaders.					
21	During a disaster, nurses are responsible for prevention, surveillance & clinical response.					
22	Nurses can effectively communicate with patients, families and other clinicians to provide therapies during Emergencies					
Nurses' perceptions of their skills for disaster management						

23	As a qualified nurse I can identify types of disasters.					
24	I have good and sufficient skill to provide nursing care during disasters in the right time and form.					
25	I have the ability to cope with large numbers of injured people in my workplace during disasters.					
26	I have good skill in sort cases during disasters.					
27	I am familiar with the treatment principles disaster nursing					
28	I have the skill to prevent transmission among patients.					
29	I can use personal protection equipment (puffs, muzzle, etc.) properly during injuries.					
30	Initial knowledge of the nature of the disaster increases my ability to deal with It					
31	I feel reasonably confident in my ability to take care of patients independently without the supervision of a disaster					
32	I have the ability to make optimal use of the resources available in my workplace.					
33	I would feel confident in providing health education in case of stress.					
34	I have the ability to acquire new skills to get my job done right.					
35	I participate in disaster drills and exercises at my workplace.					
Nurses' perceptions of their preparedness for disaster management						
36	I consider myself prepared for the management of disasters.					
37	I have full knowledge of the disaster plan for my workplace.					
38	I have been trained to deal with injuries during disasters.					

39	I have a preparedness to act during unexpected events outside the emergency plan in my workplace					
40	I regularly review exercises and training for disasters.					
41	I am constantly updated on emergency plan updates in my workplace.					
42	I am fully prepared to deal properly with a large number of injuries and deaths in my workplace during disasters.					
43	Simulated disaster simulations and coping mechanisms carried out in a workplace.					
44	I would feel reasonably confident in my abilities to be a member of a disaster management team					
45	I feel reasonably confident that I can care for patients independently in a disaster situation					
46	I can manage the symptoms and common interactions of disaster survivors and know about psychological interventions for patients with trauma or physical trauma.					
Hospital Readiness to Manage Disaster						
47	There is an emergency plan within the hospital to manage all kinds of disasters.					
48	The hospital management is concerned with developing the skills and abilities of its staff in dealing with disasters.					
49	The hospital environment is always equipped and ready to manage disasters and face any disaster may occur.					
50	Provision of first-aid kits and training of persons to provide first aid.					
51	Periodic exercises on evacuation and disaster management.					
52	The number of beds enough in emergency conditions until the end of					

	the disaster.					
53	Enough appropriate wheelchairs used to transport patients in case of any disaster.					
54	The laboratories are equipped and ready for any emergency event within the hospitals and are able to provide the services to the fullest.					
55	Pharmacies are equipped and there is a list that includes medicines for use in case of any disaster.					
56	Inventory reviewed periodically to complete the deficiencies or replace the boat on the expiry.					
57	There is a plan for a system of wanted nurses to call for help when a disaster.					
58	Develop plans to continue laboratory work in the aftermath of emergencies / disasters.					
59	All ambulance cars are equipped with modern equipment and Suitable for treating patients appropriately.					
60	Can call the car of ambulance to and from the hospital easily					
61	There is Traffic system hospital plan used when emergency ambulance allowed to easily moving.					

Appendix (B)

Arabic Version of the Questionnaire

بسم الله الرحمن الرحيم

السادة الممرضون والممرضات المحترمون،

تحية طيبة وبعد،

انطلاقًا من إيماننا العميق بدوركم الريادي في تقديم الرعاية الصحية، أضع بين أيديكم هذه الاستبانة، التي تم إعدادها في إطار بحث علمي بعنوان:

" تصورات دور ممرضو الطوارئ والاستعداد لإدارة الكوارث في مستشفيات بيت لحم والخليل"، وذلك استكمالًا لمتطلبات الحصول على درجة الماجستير في السياسات والإدارة الصحية من **جامعة القدس – أبو ديس.**

تُعد خبراتكم وآراؤكم حجر الأساس في نجاح هذه الدراسة، لذا نأمل منكم الإجابة على الأسئلة بكل دقة وموضوعية، فمساهمتكم ستُثري البحث وتسهم في تعزيز جاهزية المؤسسات الصحية لمواجهة الأزمات والكوارث. نؤكد لكم أن جميع البيانات التي تقدمونها ستُعامل بسرية تامة ولن تُستخدم إلا لأغراض البحث العلمي.

ملاحظة :يشمل مصطلح "الكوارث" في هذه الدراسة جميع الأحداث التي قد تسفر عن خسائر بشرية ومادية جسيمة، بما في ذلك الحروب ومضايقات العدو الاسرائيلي.

شاكرين لكم وقتكم الثمين وتعاونكم الكريم، وراجين من الله أن يُكلل جهودكم بالتوفيق والسداد.

الباحث: ابراهيم خالد صلاحات.

الجامعة: جامعة القدس / أبوديس.

رقم الجوال: 0566166333

<u>عنوان البحث:</u>

إدراك دور ممرضات الطوارئ وجاهزيتهن لإدارة الكوارث في مستشفيي بيت لحم والخليل .

<u>الهدف العام:</u>

تهدف هذه الدراسة إلى تقييم إدراك دور ممرضات الطوارئ وجاهزيتهن لإدارة الكوارث في مستشفيي بيت لحم والخليل.

أولاً: البيانات الشخصية: يرجى إدخال (✓) في الصندوق الصحيح لك

العمر:	**الجنس:** o ذكر o انثى	**الحالة الاجتماعية:** o أعزب /ة o متزوج/ة o أرمل/ة o مطلق/ة	**المستوى التعليمي:** o دبلوم o بكالوريوس o ماستر o دكتوراه
سنوات الخبرة: **( )**	**مكان العمل:** مستشفى بيت جالا □ الحكومي. مستشفى الجمعية العربية □ للتأهيل مستشفى الهلال الأحمر □. المستشفى الأهلي - الخليل □. مستشفى عالية الحكومي □. مستشفى الميزان □. مستشفى الرئيس □ محمود عباس الحكومي. مستشفى المحتسب. □ مستشفى دورا الحكومي. □	**مكان السكن:** الخليل الضفة الغربية ( ) بيت لحم الضفة الغربية ( )	

	مستشفى يطا الحكومي □ مستشفى اليمامة □		

هل شاركت في مناورات خاصة بالكوارث داخل المستشفى؟

□ **نعم**

□ **لا**

هل تلقيت تعليمات سابقة او دورات بخصوص التأهب والاستعداد للكوارث وكيفية ادارتها والتعامل معها؟

□ **نعم**

□ **لا**

ثانيا: محاور الدراسة: يرجى التفضل بوضع علامة / امام العبارة التي ترونها مناسبة و تناسب تفكيركم

رقم	الفقرة	موافق بشدة	موافق	محايد	معارض	معارض بشدة
تصورات الممرضين/ة حول معرفتهم في إدارة الكوارث						
1	تلقيت خلال دراستي الجامعية معلومات كافية لإدارة الكوارث					
2	انا امتلك المعرفة الكافية حول إدارة الكوارث.					
3	انا على دراية بالمصطلحات المتعلقة بالكوارث وادارتها					
4	يتم توجيهي باستمرار نحو المعرفة بالكوارث من خلال التجارب السابقة من قبل إدارة المستشفى.					
5	انا امتلك المعرفة بالكوارث المحتملة في مجتمعي كالحروب					
6	اهتم بالوسائل التعليمية حول إدارة الكوارث					
7	اعرف حدود معرفتي ومهاراتي وسلطتي كممرض/ة لتصرف في حالات الكوارث.					
8	المعرفة الاولية لطبيعة الكارثة تزيد من قدرتي على التعامل معها					
9	أشارك في الأنشطة التعليمية التي تتعلق في إدارة الكوارث في مؤسستي					
10	أهتم بالدروس التعميمية حول التأهب للكوارث التي تتعلق بشكل خاص بوضع مجتمعي					
11	أعرف مكان الابحاث والمعلومات ذات الصلة والمتعلقة بالتأهب لإدارة الكوارث ويمكنني الوصول إليها					

	بسهولة، لسد النقص في معرفتي حولها					
12	يوجد قائمة لجهت الاصال المهمة في حالة حدوث كارثة					
13	يمكنني تحديد الموارد الهامة للاستجابة للكوارث في القسم الخاص بي					
	تصورات الممرضين حول أدوارهم في إدارة الكوارث					
14	الممرضون يلعبون دورا رئيسيا في حالات الكوارث					
15	لدي معرفة بالدور والمهام الموكلة إلى أثناء الكوارث					
16	لدي ثقة ودراية في الاستجابة الفعالة لإدارة الكوارث					
17	لدي القدرة على المشاركة في خطة الطوارئ في مكان عملي					
18	لدي القدرة على الموازنة بين العاطفة والعمل بمهنية أثناء وقوع الكارثة					
19	يتم تقديم الرعاية الصحية المناسبة للمرضى بغض النظر عن العمر والجنس ونوع الاصابة					
20	الدور الرئيسي للممرضين أثناء الكوارث هو توفير التقييم العام، ورعاية المرضى، والفرز، والاستشارة الاولية، والرعاية النفسية، والعمل كقادة للفريق					
21	أثناء وقوع الكوارث، يكون الممرضين مسؤولين عن الوقاية والمراقبة والاستجابة السريرية					
22	يمكن للممرضين التواصل بفعالية مع المرضى وأسرهم لتوفير العلاجات في حالات الطوارئ					
23	يمكنني كممرض مؤهل تحديد أنواع الكوارث					
24	لدي مهارة مناسبة وكافية لتوفير الرعاية التمريضية أثناء الكوارث في الوقت المناسب والشكل الصحيح					

25	لدي القدرة على التعامل مع أعداد كبيرة من المصابين في مكان عملي أثناء الكوارث					
26	امتلك مهارة جيدة في فرز الحالات أثناء الكوارث					
27	أنا على دراية بمبادئ الرعاية التمريضية في حالات الكوارث					
28	امتلك المهارة المناسبة لمنع انتقال العدوى بين المصابين أثناء التعامل معهم وقت الكوارث					
29	يمكنني استخدام معدات الحماية الشخصية (واقي عينين، كمامة، وما إلى ذلك) بشكل صحيح أثناء الإصابات وقت الكوارث					
30	المعرفة الأولية لطبيعة الكارثة تزيد من قدرتي على التعامل معها					
31	أشعر بالثقة بشكل معقول في قدرتي على رعاية المرضي بشكل مستقل دون اشراف الطبيب في حالات الكوارث					
32	لدي القدرة على الاستخدام الأمثل للموارد المتاحة في مكان عملي وقت الكوارث					
33	أستطيع وأشعر بالثقة في توفير التثقيف الصحي في حالة التوتر والقلق الشديد لدى المرضى					
34	لدي القدرة على اكتساب مهارات جديدة لإنجاز عملي بشكل صحيح وقت الكوارث					
35	أشارك في الدورات التدريبية للكوارث في مكان عملي					
مدى استعداد الممرضين لإدارة الكوارث						
37	أمتلك المعرفة الكاملة بخطة الكوارث المكان عملي					
38	لقد تدربت على التعامل مع الإصابات أثناء الكوارث					
39	لدي استعداد للعمل خلال الأحداث الغير متوقعة خارج					

	خطة الطوارئ في مكان عملي أثناء الكوارث					
40	أتدرب بانتظام (التحق بالدورات التدريبية) للتعامل مع الكوارث					
41	نحن على دراية باستمرار بالتحديثات على خطة الطوارئ في مكان عملي ويتم إعلامنا بخصوص هذه التحديثات					
42	أنا مستعد تماما للتعامل مع عدد كبير من الإصابات والوفيات في مكان عملي أثناء الكوارث					
43	يتم محاكاة الكوارث واليات المواجهة المنفذة في مكان عملي					
44	أشعر بالثقة بشكل معقول بقدراتي على أن أكون عضوا في فريق إدارة الكوارث					
45	أشعر بثقة معقولة بأنني قادر على رعاية المرضى بشكل مستقل في حالات الكوارث					
46	يمكنني إدارة الأعراض وردة الفعل الشائعة للناجين من الكوارث ومعرفة التدخلات النفسية للمرضى الذين يعانون من الصدمة النفسية أو الجسدية					
استعداد المستشفى لإدارة الكوارث						
47	هناك خطة طوارئ داخل المستشفى لإدارة جميع أنواع الكوارث					
48	تهتم إدارة المستشفى بتطوير مهارات وقدرات موظفيها على التعامل مع الكوارث					
49	المستشفى مجهز دائما وعلى استعداد لإدارة الكوارث في حالة حدوثها					
50	توفير مجموعة من لوازم الإسعافات الأولية وتدريب الأشخاص على تقديم الإسعافات الأولية					
51	التدريبات الدورية على الإخلاء وإدارة الكوارث					

52	عدد الأسرة يكفي لسد الاحتياجات في حالات الطوارئ حتى نهاية الكارثة					
53	هناك ما يكفي من الكراسي المتحركة المناسبة لنقل المرضى، في حالة حدوث أي كارثة					
54	المختبرات مجهزة ومستعدة دائمة لأي حدث طارئ داخل المستشفيات وقادرة على تقديم الخدمات على أكمل وجه					
55	الصيدليات مجهزة وهناك قائمة تشمل الأدوية اللازمة للاستخدام في حالة حدوث أي كارثة					
56	يتم مراجعة المخزون (الأدوية، المستلزمات، المستهلكات .... الخ) بشكل دوري لإكمال أوجه القصور أو استبدال المستلزمات عند انتهاء الصلاحية					
57	هناك خطة لنظام الممرضين المطلوبين لطلب المساعدة عند وقوع كارثة					
58	وضع الخطط المناسبة ليستمر عمل المختبرات في أعقاب حدوث الطوارئ الكوارث					
59	جميع سيارات الإسعاف مجهزة بمعدات حديثة ومناسبة لعلاج المرضى بشكل مناسب					
60	يمكن استدعاء سيارة الإسعاف (من / إلى المستشفى بسهولة					
61	هناك خطة داخل المستشفى لنظام المرور تستخدم للسماح السيارة					

State of Palestine
Ministry of Health
Education in Health and Scientific Research Unit

دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي والبحث العلمي

Ref.: ………………
Date:………………

الرقم: ٢٠٢٥/١٠٢٢/١٦٢
التاريخ: ٢٠٢٥/٤/١٧

الأخ مدير عام الادارة العامة للمستشفيات المحترم،،،

تحية واحترام،،،

<u>الموضـوع: تسهيل مهمة بحث</u>

يرجى تسهيل مهمة **الطالب: ابراهيم صلاحات– برنامج ماجستير السياسات والادارة الصحية/ جامعة القدس**، وباشراف د. كوثر العيسى، في عمل بحث بعنوان:

Emergency nurses; role perception and preparedness for disaster management at Bethlehem and Hebron hospitals

من خلال السماح للطالب بجمع معلومات عن طريق تعبئة استبانة من قبل كادر تمريض الطوارئ بعد اخذ موافقتهم، وذلك في:

- **مستشفى بيت جالا – مستشفى عاليه – مستشفى حلحول**
- **مستشفى دورا – مستشفى يطا**

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمشاركين.

على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.

مع الاحترام،،،

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي

نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

Telfax.:09-2333901 scientificresearch.dep@gmail.com لفاكس: 09-2333901

Appendix (D)

Al-Quds University
Jerusalem
School of Public Health

جـامـعـة الـقـدس
القدس
كلية الصحة العامة

التاريخ: 19/3/2025
الرقم: REF.21/25

عزيزتي الطالب ابراهيم خالد صلاحات المحترم
برنامج ماجستير السياسات والادارة الصحية

الموضوع: موافقة لجنة اخلاقيات البحث العلمي

قامت اللجنة الفرعية لأخلاقيات البحث التابعة لكلية الصحة العامة بمراجعة مشروع الرسالة بعنوان:
"Emergency nurses' role perception and preparedness for disaster management at Bethlehem and Hebron hospitals"

المقدم من (مشرف البحث/د.كوثر العيسى).

يعتبر مشروعك مستوفيًا لمتطلبات أخلاقيات البحث في جامعة القدس.

نتمنى لكم كل التوفيق في تسيير المشروع.

ملاحظة: في حالة الحاجة الى موافقة من اللجنة المركزية في الجامعة، تستطيع التقدم باستخدام هذه الموافقة على الرابط.https://research.alquds.edu/en/ethics/48-how-to-apply.html

رئيسة اللجنة الفرعية لاخلاقيات البحث
كلية الصحة العامة
د. نهى الشريف

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فرع القدس / تلفاكس 02-2799234
فرع غزة / تلفاكس 08-264420-2644210
ص.ب. 51000 القدس

Appendix (E)

الملخص باللغة العربية

تصورات دور ممرضو الطوارئ والاستعداد لإدارة الكوارث في مستشفيات بيت لحم والخليل

اعداد: إبراهيم خالد احمد صلاحات.

اشراف: د. كوثر العيسة.

الخلفية:

تشكل الكوارث تحديات كبيرة أمام أنظمة الرعاية الصحية، لا سيما في البيئات غير المستقرة سياسياً والمحدودة الموارد مثل فلسطين. يلعب ممرضو الطوارئ دوراً محورياً في الاستجابة للكوارث، مما يجعل جاهزيتهم وإدراكهم لأدوارهم المهنية من المكونات الأساسية للإدارة الفعّالة للكوارث على مستوى أقسام الطوارئ والمؤسسات الصحية. وعلى الرغم من هذه الأهمية، لا تزال الأدلة التجريبية التي تفحص هذه الأبعاد داخل مستشفيات جنوب الضفة الغربية محدودة.

الهدف:

هدفت هذه الدراسة إلى تقييم إدراك ممرضي الطوارئ لأدوارهم المهنية ومستوى جاهزيتهم لإدارة الكوارث في مستشفيات جنوب الضفة الغربية.

المنهجية:

تم استخدام تصميم كمي وصفي ارتباطي مقطعي. أُجريت الدراسة على مدار شهرين (نيسان–أيار 2025)، واستهدفت جميع ممرضي الطوارئ العاملين في عشرة مستشفيات حكومية وغير حكومية في جنوب الضفة الغربية. تم تضمين ما مجموعه 171 استبانة ذاتية مكتملة وصالحة للتحليل. قيّمت أداة الدراسة خمس مجالات: المعرفة، وإدراك الدور، والمهارات، والجاهزية، وجاهزية المستشفى. جرى تحليل البيانات باستخدام برنامج SPSS الإصدار 25، من خلال تطبيق الإحصاءات الوصفية والاختبارات الاستدلالية وتحليل الارتباط والانحدار الخطي البسيط، مع اعتماد مستوى دلالة إحصائية.$p \leq 0.05$

النتائج:

أفاد ممرضو الطوارئ بمتوسطات مرتفعة نسبياً في مجالات المعرفة(M = 3.66) ، وإدراك الدور (M = 3.92)، والمهارات(M = 3.75) ، والجاهزية .(M = 3.60) في المقابل، تم تقييم جاهزية المستشفى عند مستوى متوسط .(M = 3.36) وأظهر الممرضون كفاءة مدركة عالية في أدوار رئيسية متعلقة بالكوارث، بما في ذلك الفرز (Triage) ، ومكافحة العدوى، وتحديد أولويات المرضى، وتقديم الدعم النفسي. وسُجلت درجات أقل في الجوانب المتعلقة بالمشاركة في التدريبات الدورية على الكوارث، وتكرار الدورات التدريبية، والوعي بخطط الطوارئ الخاصة بالمستشفيات. كما أظهر الممرضون الذين تلقوا تدريباً سابقاً متعلقاً بالكوارث أو شاركوا في تمارين محاكاة مستويات أعلى بشكل ملحوظ من الجاهزية وإدراك الدور .(p < 0.001) ولم تُسجل فروق ذات دلالة إحصائية تبعاً للمتغيرات الديموغرافية. وتم تحديد علاقة ارتباط إيجابية قوية بين الجاهزية وإدراك الدور (r = 0.63 ، (p < 0.001، حيث برزت الجاهزية كمؤشر إحصائي مهم لإدراك الدور.

الاستنتاجات:

يُظهر ممرضو الطوارئ في بيت لحم والخليل مستويات مرتفعة من الجاهزية المدركة ووضوح الأدوار المهنية في حالات الكوارث. ومع ذلك، فإن الجاهزية المؤسسية المتوسطة وعدم انتظام أنشطة التدريب والمحاكاة يشيران إلى فجوات تنظيمية مهمة. إن تعزيز التعليم المنظم في مجال الكوارث، وإجراء التدريبات الدورية، وتحسين تخطيط جاهزية المستشفيات قد يسهم في تعزيز وضوح أدوار الممرضين وتحسين قدرة النظام الصحي على الاستجابة للطوارئ.

الكلمات المفتاحية:

ممرضو الطوارئ؛ الجاهزية للكوارث؛ إدراك الدور ؛ إدارة الكوارث؛ جاهزية المستشفيات؛ فلسطين؛ أقسام الطوارئ.