

The importance of psychological first aid intervention and nurses after earthquake

Deprem sonrası psikolojik ilk yardım müdahalesinin ve hemşirelerin önemi

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ABSTRACT

Disasters such as earthquakes are events that cause both material damage and psychiatric disorders. Many psychological problems occur in individuals after earthquakes. Nurses can identify the physical and psychological effects of disasters on the individual, family and society, and protect the physical and emotional safety of individuals at all stages of the disaster. Nurses' knowledge and skills in healthy communication help people to use problem-solving skills, rational coping behaviour and to discover their strengths in difficult situations such as earthquakes. Psychological first aid practice is important in enabling people to express their feelings and thoughts in the face of a disaster situation, and in supporting their ability to rebuild their lives and their sense of self. It is important for nurses to be aware of psychological first aid studies as it accelerates the healing process of the individual.

ÖZ

Deprem gibi afetler hem maddi hasara hem de psikiyatrik bozukluklara neden olan olaylardır. Depremlerden sonra bireylerde birçok psikolojik sorun ortaya çıkar. Hemşireler, afetlerin birey, aile ve toplum üzerindeki fiziksel ve psikolojik etkilerini belirleyebilir ve afetin tüm aşamalarında bireylerin fiziksel ve duygusal güvenliğini koruyabilir. Hemşirelerin sağlıklı iletişim konusundaki bilgi ve becerileri, insanların problem çözme becerilerini, rasyonel başa çıkma davranışlarını kullanmalarına ve deprem gibi zor durumlarda güçlü yönlerini keşfetmelerine yardımcı olur. Psikolojik ilk yardım uygulaması, insanların bir afet durumu karşısında duygu ve düşüncelerini ifade edebilmelerini ve hayatlarını ve benlik duygusunu yeniden inşa etme yeteneklerini desteklemede önemlidir. Hemşirelerin psikolojik ilk yardım çalışmalarından haberdar olması, bireyin iyileşme sürecini hızlandırdığı için önemlidir.

INTRODUCTION

Disasters are natural or human-caused events that cause both material damage and psychiatric disorders. It is difficult for a society that is psychologically affected by a disaster to overcome this situation by leaving it to the process. Earthquakes, one of the natural disasters, are one of the natural disasters that affect our country the most and cause individual and social mental health problems with their destructive effects. (Sönmez, 2022; Sumasto vd., 2019).

On 6 February 2023 at 04:17 local time, a 7.7 magnitude earthquake occurred in Kahramanmaraş- Pazarcık

district. The earthquake affected a geographically wide area and was felt in many provinces. Apart from material losses, more than 50 thousand people died and more than 100 thousand people were injured in the earthquake, which covered 11 provinces (Kahramanmaraş, Diyarbakır, Malatya, Hatay, Gaziantep, Kilis, Adıyaman, Elazığ, Osmaniye, Adana, Şanlıurfa) centered in Kahramanmaraş and caused many material and moral damages.

Some of the large and deadly earthquakes recorded in history, such as Kahramanmaraş, include 1988 in Armenia, 1999 in Turkey (Marmara), 2004 in Indonesia

(Bali), 2005 in Pakistan (Northern Areas), 2008 in China (Wenchuan) and 2010 in Haiti. Recent high magnitude earthquakes include Japan in 2011 and Nepal in 2015. (Farooqui vd., 2017)

Post-earthquake psychological problems are more likely to occur in the later life of earthquake victims (Kardaş & Tanhan, 2018). These problems can be observed in the form of anxiety disorders, excessive stress, hopelessness, fear and unhappiness. In a systematic study, it was found that in the first six months, approximately. 24 percent had clinically evident posttraumatic stress symptoms, 28 percent had depressive symptoms and It was stated that 23% of the participants had anxiety symptoms, post-traumatic stress symptoms in adults regressed in later years, but symptoms related to depression and anxiety persisted even in the later years of life. Especially women, the elderly, children, those with low levels of education, the poor and those with low socioeconomic levels, immigrants, those who have been exposed to trauma in the past, and those who have psychiatric illnesses in their family or themselves can be considered as more risky groups in terms of trauma(Kuman Tuncel, 2023).

In the face of trauma such as an earthquake, the human brain reacts in three ways. To fight, to run away or to freeze (first moment of confusion, then difficulty in understanding what is happening, etc.). Fight or flight reactions are short-term normal reactions that occur at the time of the event. Fear, increased breathing, panic, palpitations, sweating and muscle tension are expected normal reactions. However, the prolonged duration of these reactions and the continuation of fight or flight reactions even in a safe environment indicate the onset of psychological problems(Uğuz, 2023). Necessary measures and interventions should be taken by psychosocial support teams to address and eliminate these problems within the concept of trauma.

Nurses In Psychological First Aid

To prevent the negative consequences of disasters, appropriate psychosocial measures should be taken for society and individuals. The basic component of psychosocial intervention and a method recommended to be applied immediately after disasters is psychological first aid (PFA). PFA is an evidence-based approach based on international expert consensus. It is an evidence-based approach based on international expert consensus. It is a humane and supportive professional intervention for people who are suffering, experiencing severe stress, and need support (Kılıç & Şimşek, 2017). PFA it can be applied to all individuals regardless of culture and age group in the early period after disasters (Hechanova vd., 2019). All health professionals, especially nurses and doctors, should be able to provide psychological first aid in disasters.

Nurses can determine the physical and psychological effects of disasters on the individual, family and society and protect the physical and emotional safety of individuals at every stage of the disaster(Kılıç & Şimşek, 2019). Nurses help people to use problem solving skills, rational coping behaviors and discover their strengths in difficult situations such as earthquakes with their healthy communication knowledge and skills. Psychiatric first aid practice is important because it allows people to express their feelings and thoughts in a disaster situation and supports their ability to reorganize their lives and their self-confidence(Kılıç & Şimşek, 2019; Seyedi Chegeni vd., 2018). It is important that psychological first aid studies must be known by nurses because they accelerate the healing process of the individual.

Nurses should become well equipped and confident in their disaster capabilities through evidence-based education. Nurses are the largest group of health workers. They are at the forefront of medical care and therefore play a key role in any major disaster relief operation(Yang vd., 2010). All health personnel, especially nurses, should know the basic principles of disaster management(Mahmoud vd., 2019; Yang vd., 2010). important first responders, nurses should be well prepared and trained to provide care in the aftermath of social disasters.

It is a method that can be safely applied not only in clinical settings but also in many areas such as crime scenes, treatment centers, refugee camps, homes, hospitals, schools and workplaces(Field vd., 2017). PFA intervention may last for days, weeks or months depending on the type and duration of the disaster and the needs of the victim(Corcoran, 2020). The most important point to be considered about the place of application is to choose a safe environment where the application will take place and where people can feel comfortable. In the disaster area, it is necessary to create an environment in which confidentiality and security can be ensured and which is based on a trusting relationship between the professional personnel who will implement the PFA and the people. In psychological first aid applications, nurses face many challenges, such as lack of adequate training, high workload, limited resources, and social stigma. These challenges can prevent nurses from intervening effectively and can cause psychological wear on nurses themselves. Especially in crisis situations, nurses have to intervene with many people at the same time, which can lead to both physical and emotional exhaustion. In addition, cultural differences and language barriers can make communication difficult and reduce the effectiveness of psychological first aid. In PFA practices, nurses face many challenges, including inadequate training, heavy

workloads, lack of resources and social stigma. This can limit nurses' ability to intervene effectively and negatively affect their mental health. Additional factors, such as multi-tasking and cultural barriers, make it even more difficult for nurses to perform, especially in times of crisis.

Psychological first aid experiences

Major natural disasters cause deep psychological trauma and physical wounds in individuals, significantly reducing their quality of life. In this context, the role of psychiatric nurses in supporting individuals' psychological well-being in the post-disaster period and helping them cope with traumatic experiences is of great importance. Various studies have shown that psychological first aid is effective in increasing the quality of life and psychological resilience of individuals in the post-disaster period. For example, in a study conducted by Khedr et al. (2024) in Syria, it was found that a three-month psychological first aid program implemented after the major earthquake in 2023 significantly increased the quality of life and psychological resilience of participants (Khedr vd., 2024). Similarly, in a study conducted by Bekircan et al. (2023) in Turkey, it was found that psychological first aid programs offered online after the earthquake reduced participants' stress levels and increased their psychological resilience. In addition, in a study conducted by Ramirez et al. (2013) on traumatized students, significant decreases in post-traumatic stress disorder and depression complaints were reported (Ramirez vd., 2013). In another study conducted on natural disaster victims in China, Peng et al. (2024) reported that psychological first aid increased the quality of life and self-efficacy perception (Peng vd., 2024).

PFA Interventions Are Grouped In 8 Steps.

Relationship and bonding: To establish a relationship based on trust and respect, the officer providing the PFA intervention must first introduce himself/herself and the organization he/she is affiliated with. Stating for what purpose he/she is talking to him/her will be the first step in the bond of trust to be established with the victim. Empathy should be approached with a supportive approach, and conversations that will cause stress should be avoided (Brymer vd., 2006).

Safety and comfort: A sense of confidence that basic physiological (drinking, heating, feeding, resting, etc.) and information needs related to personal safety will be met and care will be provided (Kim & Han, 2021).

Stabilization: Symptoms such as excessive fear, panic, freezing reactions, forgetfulness, absent-mindedness,

distraction, startle, alertness, difficulty in logical thinking and decision-making, blunting of emotions and perception of the environment as different, strange and unreal may require intervention. For individuals who have extreme difficulty in adapting to the environment or managing overwhelming emotions, the PFA method encourages individuals to calm down. These interventions try to prevent negative consequences (Brymer vd., 2006; Shalev & Freedman, 2005).

Information gathering: The information gathering phase is an important action plan that continues throughout the first aid application. For this reason, information gathering forms the basis of the PFA and the plan to intervene with the individual. Providers should obtain information about immediate physical and mental care needs, ongoing danger and emergencies during or after the disaster, physical or mental disorders or medications that need to be used continuously. In addition, information should be obtained about the individuals. Gathering information about situations such as thoughts, excessive guilt and shameful feelings, history of substance use, history of trauma, history of loss, etc. also provides important support to the PFA provider in sensitively identifying the needs of individuals and providing effective assistance services (Ruzek vd., 2007).

Needs and practical assistance: This action aims to develop practical solutions by prioritizing the immediate needs and concerns of the victims, especially their basic needs. Concerns and ongoing problems that arise after the disaster significantly affect the stress level of the person. Solving the problems experienced by individuals and identifying their needs improves their self-confidence and autonomous control mechanisms (Demircioglu vd., 2019). (Peng vd., 2024)

Liaising with social support: This actions aims of this action is to provide social support to survivors in a short time and to put them in contact with individuals and groups. This actions aims to enable people to connect with existing social resources and to create new social resources such as hobby groups, sharing meetings and activity groups for children, adolescents or adults and to create sustainable social support mechanisms.

Providing information about coping skills: Provide the individual with information about the disaster, teach the individual to understand the event and stress-reducing methods, enable the individual to develop solutions, and accelerate the individual's return to normal life. To achieve this goal, the PFA provider should help the individual to discuss stress reactions, psychological reactions seen after trauma, and coping strategies, and help the individual to choose the most appropriate one (Sim & Wang, 2021; Vernberg vd., 2008).

Linking with collaborative services: It is designed to enable individuals to connect with the necessary agencies and services to meet their needs after the disaster and to ensure that their needs are met. Individuals may need additional help in disaster situations, but may have difficulty asking for or accessing help due to the shock and stress caused by the event. In this case, the PFA provider should effectively link individuals to the support services and people they need (Brymer vd., 2006; Pekevski, 2013).

CONCLUSION AND RECOMMENDATION

Nurses can play a key role before the disaster by preparing the community and individuals to mitigate potential hazards before the disaster as well as after the disaster. During the post-disaster period, the individual should be supported, the individual should be allowed to express his/her feelings and should be approached with an empathetic approach, the questions of the individual should be answered in the correct language based on correct information. The individual should be allowed to talk about the pain and loss he/she has experienced, to express his/her feelings, and should be made to feel a sense of being with him/her. During this period, the individual's participation in social and sportive activities should be ensured, spending time with family and peers, participating in group therapies should be supported, information about stress management should be provided, counseling should be provided about people who can provide psychological support, and information about people or services that can help meet physical needs should be provided.

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