

6ER-042 THE DISASTER PREPAREDNESS AND MANAGEMENT OF HEALTHCARE PRACTITIONERS: A SYSTEMATIC REVIEW OF THE ASSESSMENT INSTRUMENTS

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Background and Importance Disasters have been traditionally considered as one of the main threats to healthcare delivery worldwide, with no country being immune to them. The delivery of healthcare services during disasters is the responsibility of healthcare practitioners (HCPs), who should ideally be prepared to manage disasters. Therefore, it is important to accurately assess the disaster preparedness and management of HCPs.

Aim and Objectives The aim of this systematic review is to identify and evaluate the psychometric properties of disaster preparedness and management instruments that were developed for assessing the disaster preparedness and management of HCPs.

Material and Methods A systematic review search strategy was utilised to identify the relevant original research articles, utilising PubMed, ProQuest Public Health, and CINAHL databases. The key concepts used were: disasters, health personnel, preparedness, management, and questionnaire. The identified instruments in the included articles were summarised according to their measurement scope/context, psychometric properties, and strengths and limitations. Data about the validity and reliability of the included instruments were summarised according to content validity, response process, internal structure, relation to other variables, and consequence validity.

Results The reviewed articles possessed minimal quality for validity and reliability evidence. Most retrieved instruments have undergone minor psychometric evaluations, predominantly emphasising the 'content' and 'internal structure' validities. The most used instrument was the Emergency Preparedness Information Questionnaire (EPIQ), while the most valid and reliable instruments were the Provider Response to Emergency Pandemic (PREP) and the Korean version of the Disaster Preparedness Evaluation Tool (DPET). The key domains measured in the included instruments were knowledge, training, and willingness to report to work during disasters.

Conclusion and Relevance The findings of this review highlighted the scarcity of adequately validated assessment instruments that can be employed to assess disaster management and preparedness of HCPs. This calls for future collaborative research initiatives to design and adequately validate disaster management and preparedness instruments in order to evaluate and ultimately improve disaster management and preparedness of HCPs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

6ER-043 DEVELOPING AND VALIDATING A DISASTER MANAGEMENT ASSESSMENT TOOL FOR HEALTHCARE PRACTITIONERS

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Background and Importance Over the past five decades, disasters have become more frequent, making it crucial for healthcare practitioners, including pharmacists, to be well-prepared for disaster management. However, there is a scarcity of adequately developed and tested assessment tools that can be employed to examine disaster preparedness amongst HCPs from different healthcare disciplines and in different disaster situations.

Aim and Objectives To develop and evaluate the Disaster Management Assessment Tool for Health Care Practitioners (DMAT_HCP).

Material and Methods DMAT_HCP was developed based on the four stages of the 'disaster management framework' and a literature review of similar previously validated tools. Content validity was assessed through two rounds of review by nine and five experts, whereas face validity was assessed by 11 HCPs. DMAT_HCP was tested on 107 HCPs from different health disciplines and settings to evaluate the structural (factor analysis) and construct (convergent and divergent) validities as well as internal consistency reliability. Statistical analysis was performed using Stata 17 software.

Results DMAT_HCP comprised five Likert scales that assess the perceptions of HCPs for knowledge, attitude, practice, willingness to continue practicing duties, and organisation-based management during disaster situations. The content validity indices indicated that all scales demonstrated satisfactory relevance and clarity, yet further improvements were made following the review of HCPs. Factor analyses revealed models that all items in each scale loaded significantly on their respective factors and demonstrated a good fit to data. Evaluation of construct validity and reliability of DMAT_HCP revealed that each scale item can adequately measure the constructs they are designed to measure, and had excellent internal consistency, respectively.

Conclusion and Relevance This study established that DMAT_HCP is a conceptually and methodologically valid and reliable tool that is relevant to various health disciplines in responding to the challenges of disasters. This use of this tool will allow stakeholders to highlight key areas for improvement and innovation, optimise training programmes, resource allocation, and strategic planning to better prepare healthcare professionals for disasters.

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