



**National League
for Nursing**

NLN VISION STATEMENT DISASTER MITIGATION, PREPAREDNESS, RESPONSE, AND RECOVERY



NLN VISION STATEMENT:

DISASTER MITIGATION, PREPAREDNESS, RESPONSE, AND RECOVERY

MISSION

The National League for Nursing promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community (National League for Nursing, 2026).

CORE VALUES

The National League for Nursing implements its mission guided by four dynamic and integrated core values that permeate the organization and are reflected in its work: Caring, Integrity, Diversity and Inclusion, and Excellence (National League for Nursing, 2026).

INTRODUCTION

At the heart of disaster nursing is a foundational commitment to keep individuals and communities central across all phases of disaster management and mitigate avoidable suffering and death. As extreme weather, geophysical, and human-caused disasters and public health emergencies increase in frequency, complexity, and impact, they threaten population health and healthcare system stability. Every nurse, regardless of role, setting, or level of preparation, is likely to encounter disaster conditions during their career, making disaster readiness a core professional responsibility for all nurses.

Nursing education must evolve to meet that responsibility, preparing the workforce for all-hazards readiness across the full continuum of mitigation, preparedness, response, and recovery. That preparation includes the ability to exercise judgment, make decisions under conditions of uncertainty, and lead ethically, especially when resources, information, and authority may be constrained. Nurses contribute across the continuum through direct care, community-based practice, public health, leadership, and systems coordination. Nursing education must prepare nurses to perform the full range of these roles.

This vision statement serves as a strategic guide for nursing programs and their partners in integrating disaster nursing education as an essential and sustained component of nursing curricula. It also serves as a call for policy action, urging accrediting bodies, regulators, and nursing organizations to align standards, resources, and advocacy efforts with the imperative of a disaster-ready nursing workforce.

A prepared nursing workforce is only as strong as the systems structured to support it. Nurses must be supported before, during, and after disasters, because workforce well-being is a condition of readiness, and not a separate concern. When institutions invest in organizational and system level support that nurses need, they strengthen the workforce capacity to effectively meet the needs of individuals and communities.

BACKGROUND

A disaster is a serious disruption in the functioning of a community or society caused by a hazardous event interacting with existing social, political, and infrastructural vulnerabilities and limited capacity (United Nations Office for Disaster Risk Reduction, 2017). It leads to significant human, economic, material, or environmental losses and may overwhelm local resources, requiring external assistance. Disasters are increasing globally in both frequency and intensity, driven by climate-related hazards, emerging infectious diseases, technological hazards, and complex humanitarian crises. These events result in substantial community-level consequences, including increased morbidity and mortality, disruption of healthcare and public health systems, and significant economic and social impacts that challenge both immediate response and long-term recovery (Kalanlar, 2018; Park & Hwang, 2024).

Historically, nursing has played a critical role in disaster response, with foundational contributions from leaders such as Florence Nightingale, Mary Seacole, and Clara Barton (American Red Cross, 2023). Professional frameworks consistently affirm roles for nurses in community risk assessment, disaster planning, emergency response coordination, continuity of care, population health surveillance, recovery efforts, and post-disaster evaluation and improvement of response systems (International Council of Nurses [ICN], 2022; Ranse et al., 2022).

Disasters introduce complex ethical challenges, particularly in contexts of scarce resources, competing priorities, and inequitable community impacts. Nurses are frequently required to navigate ethical tensions related to triage, allocation of limited resources, duty to care, cultural responsiveness, and protection of vulnerable populations. Not all communities share the same priorities, risks, resources, or recovery trajectories, underscoring the need for disaster nursing education and practice that explicitly incorporates ethical reasoning, equity, and community-centered decision-making (Al Thobaity, 2024; Russin & Mottel, 2024; Yildiz & Yildirim, 2022). Collectively, these realities highlight the urgent need for a

cohesive and strategic vision that strengthens disaster nursing education, builds faculty and workforce capacity, and positions nurses as essential leaders across the full disaster continuum to protect population health and promote equitable recovery.

The disaster continuum consists of mitigation, preparedness, response, and recovery activities. These phases can overlap and are not discrete or sequential. **Mitigation** is defined as reducing long-term risk to people, property, and ecosystems through structural (e.g., infrastructure) and non-structural (e.g., policy, planning) strategies. Nurses support mitigation by reducing vulnerability before disasters through risk assessment, identifying at-risk populations, promoting safe environments, integrating preparedness into chronic disease care, and contributing to policy and public health planning. **Preparedness** involves planning, training, coordination, and capacity building before an event to ensure effective response. Nurses contribute through patient education, participation in drills, and development of emergency protocols. **Response** includes immediate actions during and after a disaster to save lives and reduce harm. Nurses support response by providing clinical care in various settings, assisting with evacuation and triage, managing surge capacity, and delivering essential services under emergency conditions. **Recovery** focuses on restoring and improving health systems, communities, and environments after a disaster. Nurses contribute through care coordination, chronic disease management, mental health support, and participation in community and public health recovery efforts. These phases provide the conceptual foundation that has shaped the development of disaster nursing education over time (ICN, 2022; Loke et al., 2021; Ransie et al., 2022; United Nations Office for Disaster Risk Reduction, 2017).

Historical Context of Disaster Nursing Education

Disaster education in nursing developed gradually and was historically experiential rather than formalized. In the 19th century, nurses learned disaster-related skills through wartime and epidemic response, most notably influenced by Florence Nightingale's work during the Crimean War, which emphasized sanitation, surveillance, and population-based care rather than formal disaster instruction (Gebbie & Qureshi, 2006; Murray, 2020). Concomitantly, Mary Seacole treated injured soldiers along the fields of the Crimean War. Throughout the early to mid-20th century, global conflicts, the 1918 influenza pandemic, and public health emergencies shaped nursing roles, but disaster education remained embedded within public health and emergency nursing and was not taught as a distinct curricular area (Gebbie & Qureshi, 2006). Formalized efforts to advance disaster nursing education and

research in the United States can be traced to the Cold War era of the 1950s, when Army Nurse Corps officer Harriet H. Werley contributed to mass-disaster preparation, education, and research through her work with the Department of Atomic Casualties Studies at the Walter Reed Army Institute of Research. Her work included disaster response classes, nuclear attack simulations, biomedical research, and helped lead to the Army's first department of nursing research (Leifer & Glass, 2008).

Broader recognition of disaster nursing education emerged in the late 20th century, as scholars began identifying disaster preparedness as a professional nursing responsibility. However, undergraduate curricula remained inconsistent and largely optional in their coverage (Fletcher et al., 2022).

Following the September 11, 2001 terrorist attacks and Hurricane Katrina in 2005, disaster preparedness gained urgency, prompting increased inclusion of emergency management concepts such as triage, incident command systems, and bioterrorism preparedness within nursing education (Fletcher et al., 2022). In the 2010s, international organizations such as the ICN (2022) advanced a disaster nursing competency framework, promoting more systematic educational approaches. Despite this progress, studies continued to document variability and gaps in disaster education across nursing programs (Fletcher et al., 2022; Tussing et al., 2022).

The COVID-19 pandemic further exposed limitations in disaster nursing competency disaster preparedness education, reinforcing calls to make disaster education a core, standardized component of pre-licensure nursing curricula rather than supplemental training (Fletcher et al., 2022).

Scholarly and professional organizations are increasingly emphasizing the need to integrate disaster content into prelicensure and graduate nursing programs, including concepts such as surge capacity, emergency communication, population health, and ethical decision-making in crisis conditions (Fletcher et al., 2022; Tussing et al., 2022). Despite this progress, disaster education remains variably implemented, and many programs continue to rely on limited or episodic instruction rather than a comprehensive, longitudinal approach.

BARRIERS TO BUILDING DISASTER NURSING CAPACITY IN THE U.S.

Educational Infrastructure

Disaster nursing content remains inconsistently integrated across U.S. nursing programs, with wide variation in scope and depth (Jose & Dufrene, 2014). Although competency frameworks exist, they are not uniformly operationalized within curricula, contributing to variability in graduate preparedness (Ranse et al., 2022). Because nursing programs must prioritize accreditation standards and licensure preparation, disaster-related content that is not explicitly tested may receive limited curricular emphasis (Robinson et al., 2023). When included, disaster content is often fragmented, elective, or distributed across courses without a structured developmental framework (Jose & Dufrene, 2014; Leviner et al., 2025). Without access to simulation infrastructure, interprofessional training environments, and community partnership opportunities, students cannot develop the applied judgment and practice readiness that disaster conditions demand (Loke et al., 2021; Martín-Ibáñez et al., 2021). This episodic exposure may limit students' ability to synthesize concepts and progress toward measurable disaster competence.

Faculty Competence

Faculty competence is a critical determinant of disaster nursing education quality. Many nurse educators report limited training, confidence, or institutional support to teach disaster-related competencies, resulting in variable educational quality and missed opportunities to build a disaster-ready workforce (Jose & Dufrene, 2014; Leviner et al., 2025; Robinson et al., 2023). When disaster content is threaded across courses without centralized oversight, maintaining coherence and competency progression becomes challenging regardless of individual faculty effort (Hung et al., 2020).

Overemphasis on Response, Limited Role Delineation, and Gaps in Nursing Leadership Integration

Disaster education frequently emphasizes the response phase, particularly acute clinical skills such as triage, while comparatively underemphasizing mitigation, preparedness, and recovery (Kalanlar, 2018). This imbalance may constrain nurses' understanding of their broader roles in risk reduction, continuity of care, and post-disaster system improvement (Loke et al., 2021). Although the ICN (2022) competencies provide a global framework for

disaster nursing, further operationalization is needed to clarify expectations for leadership, public health integration, systems coordination, and policy engagement within U.S. healthcare structures (Ranse et al., 2022). Without explicit delineation of these roles, disaster nursing may be narrowly conceptualized as bedside emergency response rather than as a multidimensional systems-level responsibility (Kako et al., 2018), contributing to nurses reporting greater confidence in direct clinical tasks than in broader disaster leadership and coordination responsibilities (Labrague et al., 2018).

At the systems level, nursing expertise is not consistently integrated into disaster leadership, planning, and evaluation structures. This is despite clear evidence that effective disaster response requires coordinated nursing leadership, interprofessional collaboration, and integration across local, regional, and national response frameworks (Kako et al., 2018; Martín-Ibáñez et al., 2021; Ranse et al., 2022).

Workforce Readiness Gaps

Substantial evidence demonstrates that many nurses and nursing students do not feel adequately prepared or confident to respond effectively to disasters, particularly in community-based and non-acute care settings (Labrague et al., 2018; Loke et al., 2021). Gaps in disaster education, limited experiential learning opportunities, and inconsistent integration of disaster content across nursing curricula contribute to low self-efficacy and uncertainty regarding professional roles during disasters (Hung et al., 2020; Hung et al., 2021; Loke et al., 2021). These readiness deficits directly affect nurses' willingness to report to work during disasters, further exacerbating workforce shortages and straining already overwhelmed health systems at critical moments (Kaviani et al., 2022; Xia et al., 2016). While continuing education opportunities have expanded, there is no coordinated national strategy to ensure standardized disaster nursing competence across the U.S. workforce. Advancing workforce-wide disaster readiness will require sustained professional leadership, regulatory engagement, and institutional collaboration to support competency development at scale (Kako et al., 2018).

Discussion

Disaster readiness cannot be conceptualized as competency achieved at graduation. Rapidly evolving hazards, emerging infectious diseases, technological threats, climate-related events, and ethical complexities demand continuous professional development

across career stages (Kaviani et al., 2022; Loke et al., 2021; Russin & Mottel, 2024). Strengthening nursing capacity across all disaster phases is a critical workforce, public health, and health system resilience imperative.

In most disasters in the U.S., Emergency Medical Systems remained operational within the affected location or nearby. Some nurses have misconceptions about disaster nursing and equate it with search and rescue rather than community health nursing. Understanding the various disaster roles and requisite responsibilities can allay fears of inadequacy and increase confidence in participating in disaster mitigation, preparation, response, and recovery.

Effective disaster nursing also depends on relationships built before disasters occur. Collaboration with community and government organizations requires familiarity with how those systems function under normal conditions. Just as orientation to acute care facilities is needed for effective nursing practice, orientation to organizations that participate in disaster readiness, response, and recovery is needed. Learning how to navigate those systems, including how to request resources and coordinate across sectors, is best done before, rather than during, a disaster.

Much of disaster literature focuses on gaps in preparation, resources, and communication. Strength-based stories, case studies, and research can provide practical and actionable guidance for nurses and nursing students. Nurses can listen to disaster stories and help individuals reframe the narrative to foster recovery and well-being. Some individuals affected by a disaster can rewrite their experience as they join in helping others.

Workforce well-being is a condition of disaster readiness. Nurses require support before, during, and after disasters, because the physical and psychological demands of disaster work accumulate across the full cycle. Individual strategies are necessary but insufficient alone. Systems and institutions carry shared responsibility for ensuring that nurses can work safely, sustainably, and with the respect that effective care requires.

Closing the gaps documented in this statement requires intentional, coordinated investment at every level of the nursing education system. No single institution, program, or individual can build a disaster-ready nursing workforce alone. A national strategy for disaster nursing education is needed. The strategy should align institutional priorities, regulatory expectations, and community partnerships around a shared standard of

readiness. Central to that national strategy is intentional investment in faculty development and curricular integration. Without nurse educators who are prepared and supported to teach disaster content with depth and continuity, the workforce readiness this statement calls for cannot be achieved. The National League for Nursing is uniquely positioned to convene stakeholders to develop a national disaster nursing education strategy. The recommendations that follow operationalize what collective investment and accountability look like.

CALL TO ACTION

Consistent integration of disaster readiness, from prelicensure programs through advanced practice and continuing professional development, is the profession's most direct lever for closing the gap between what disasters demand of nurses and nurses' competence and confidence to serve. That integration requires a developmental approach. Nursing programs must embed foundational concepts, including hazard identification, risk communication, and public health infrastructure, in prelicensure education. Faculty must reinforce applied competencies, including ethical decision-making, Incident Command System participation, interprofessional coordination, and community engagement, through simulation and experiential learning as students advance (Hung et al., 2020; Xia et al., 2016). Graduate and advanced practice education must further integrate systems leadership, policy advocacy, disaster research, and evaluation. Professional organizations, employers, and institutions must sustain and update those competencies through continuing education across the full span of a nursing career.

Nursing organizations, academic institutions, faculty, students, nurses, and community partners each carry a portion of that responsibility, and each must fulfill it with intention and accountability. That accountability extends to federal and state government agencies, accrediting bodies, and philanthropic partners whose sustained financial investment is a precondition for the workforce they depend on. The recommendations that follow define responsibilities across each of those roles, grounded in the shared understanding that a disaster-ready nursing workforce is not built by any single institution or individual. It is built collectively, sustained structurally, and measured by the readiness of nurses to lead and respond when communities need them most.

RECOMMENDATIONS/STRATEGIES

FOR THE NATIONAL LEAGUE FOR NURSING

- Establish and communicate a clear national position that disaster readiness is a core expectation of nursing education across all program levels and career stages.
- Develop and disseminate guidance and resources that support nursing programs in integrating disaster education as a sustained curricular priority.
- Incorporate nursing and disaster frameworks to promote coherence and shared understanding.
- Advocate for policies, resources, and funding that support education, faculty readiness, and the long-term capacity of nursing programs to prepare nurses for disasters and public health emergencies.
- Support faculty confidence and preparedness through national leadership, convening, and dissemination of best practices.
- Operationalize disaster readiness through a coordinated, lifelong learning framework that advances competency development among students, faculty, and practicing nurses across all career stages.
- Promote awareness of the diverse roles nurses fulfill during disasters, extending beyond direct care to include leadership, systems coordination, and public and community health practice.
- Incorporate workforce well-being into the disaster preparedness competencies developed for nursing education.
- Include well-being resources and strategies in faculty development offerings related to disaster nursing.

FOR LEADERSHIP IN NURSING PROGRAMS (DEANS/DIRECTORS/CHAIRS)

- Communicate explicitly and consistently to faculty, students, and staff that disaster readiness is a core professional responsibility and an integral part of nursing professional identity.
- Invest in simulation infrastructure and interprofessional training that provide students and faculty with experiential preparation across all phases of the disaster continuum.

- Build and sustain partnerships with public health agencies, emergency management organizations, and community partners to fulfill nursing programs' role in local disaster mitigation, preparedness, response, and recovery efforts.
- Advocate for institutional access to resources and funding necessary to sustain disaster preparedness education and community engagement.
- Establish institutional policies and supports that address the well-being of faculty and students, including access to debriefing, mental health resources, and workload structures before, during, and after disasters.

FOR FACULTY

- Intentionally prioritize and integrate disaster readiness in nursing education by embedding disaster nursing education throughout curricula, rather than limiting it to isolated courses or crisis-driven instruction.
- Elevate mitigation and preparedness alongside response and recovery as core educational priorities across programs.
- Design and deliver instruction that builds students' knowledge, confidence, and practical readiness across all phases of the disaster continuum, with explicit attention to the range of roles nurses fulfill beyond direct clinical response.
- Incorporate simulation, tabletop exercises, and scenario-based learning into disaster nursing instruction.
- Emphasize ethical decision-making and community-centered practice in disaster contexts.
- Integrate awareness of the unequal impacts of disasters across populations and communities into disaster nursing instruction and clinical preparation.
- Incorporate shared stories, lived experiences, and reflection into disaster nursing education to deepen learning and humanize disaster preparedness and response.
- Model professional responsibility, preparedness, and attention to personal well-being as a condition of sustained, effective disaster nursing instruction.

FOR COLLABORATION WITH CLINICAL PRACTICE PARTNERS

- Collaborate and coordinate the development of programmatic preparation prior to disasters with the clinical leadership of healthcare organizations.

- Share responsibility for building a disaster-ready nursing workforce and partner with nursing programs to support preparedness efforts before disasters occur.
- Provide nursing programs with access to real-world disaster response and recovery experiences, including opportunities for simulation, joint training, and community-based mitigation activities.
- Support coordinated response and recovery efforts that help individuals and communities adjust to new realities and build on existing strengths following disasters.
- Establish organizational policies and supports that protect the well-being of nurses before, during, and after disasters.

CONCLUSION

The commitment to keep individuals and communities central across all phases of disaster management and to mitigate avoidable suffering and death can be achieved through strategic and coordinated efforts. Disaster readiness is a core professional responsibility for all nurses. The recommendations for the National League for Nursing, academic nursing leadership, faculty, and clinical practice partners address both individual and system level actions for disaster mitigation, preparedness, response, and recovery. Nurses need knowledge, skills, and confidence to participate in disaster roles. Lifelong learning and workforce well-being are essential for effective disaster nursing care. Ethical complexities and building relationships are best addressed before rather than during disasters.

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GENERATIVE AI DISCLOSURE

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DISASTER MITIGATION, PREPAREDNESS, RESPONSE, AND RECOVERY STRATEGIC ACTION GROUP

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