Jurnal Ners

Volume 21 Issue 1, February 2026, p. 51-58
http://dx.doi.org/10.20473/jn.v21i1.78266

Original Article

Open Access

Family matters and readiness in disaster training: a descriptive qualitative study on nurses' willingness to respond

Amelia Kimin[1]*, Elly Nurachmah[1], Arcellia Farosyah Putri[2], Dewi Gayatri[1], Fatma Lestari[3], Yati Afriyanti[1], Basuki Supartono[4], and Untung Sujianto[5]

[1] Faculty of Nursing Universitas Indonesia, Depok, Indonesia

[2] Dr Cipto Mangunkusumo Hospital, Jakarta, Indonesia

[3] Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

[4] Faculty of Medicine, Univeristy of UPN Veteran, Jakarta, Indonesia

[5] Department of Nursing Science, Faculty of Medicine, Diponegoro University, Semarang, Indonesia

*Correspondence: Amelia Kimin. Address: Faculty of Nursing Universitas Indonesia, Depok, Indonesia. Email: a_kur@yahoo.com

Responsible Editor: Rizki Fitryasari

Received: 29 August 2025○ Revised: 30 January 2026 ○ Accepted: 19 February 2026

ABSTRACT

Introduction: The increasing frequency and impact of disasters requires nurses to be adequately prepared and willing to respond. Previous studies have suggested that knowledge and skills alone are insufficient predictors of willingness to respond. This study aimed to explore factors influencing nurses' willingness to respond to disasters beyond knowledge and skills and to identify strategies to enhance this willingness through disaster training.

Methods: A qualitative descriptive study design was used. Data were collected from May to July 2020 through semi-structured interviews (n = 9) and focus group discussions (n = 10) involving nurses with earthquake response experiences in Indonesia. The participants were recruited using purposive and snowball sampling. Data were analyzed manually following Doyle's qualitative descriptive approach to generate codes, categories, and themes.

Results: Two major themes were identified: (1) dilemma in family matters, consisting of professional commitment, family safety, and family support; and (2) readiness to respond, including unprepared feelings and the role of disaster training. Family well-being emerged as a prerequisite for deployment, while realistic and simulation-based disaster training was perceived as essential for strengthening psychological readiness.

Conclusions: Nurses' willingness to respond to disasters is influenced not only by their knowledge and skills, but also by family related considerations and psychological preparedness. Disaster training programs should integrate family preparedness components and realistic simulation-based learning to enhance nurses' readiness and willingness to respond effectively.

Keywords: disaster training, nurses' family concerns, nurses, readiness, willingness.

Introduction

The escalating global disaster burden underscores the urgency to enhance nursing preparedness. Current data reveal that the true annual cost of disasters exceeds $2.3 trillion annually when cascading impacts on social and health systems are considered (UNDRR, 2025). In 2024 alone, natural hazard-related events will affect more than 167 million people, with extreme temperatures and floods overwhelming the local health infrastructure (Luo et al., 2025). As the World Health Organization (WHO) (2025) warns of a widening resilience gap affecting over 630 million people globally, the role of nurses has become increasingly critical. Without a robust and prepared nursing workforce, the gap between humanitarian needs and health system capacity will continue to expand (Motsepe & Schmollgruber, 2025; WHO, 2025).

A systematic review identified persistent gaps in disaster preparedness among nurses across multiple countries, including the United States, Australia, Taiwan, Indonesia, Nepal, and Laos (Labrague et al., 2018). Although disaster nursing training programs have increased over the past two decades (Loke et al., 2021), recent meta-analyses indicate that global readiness remains moderate, with a notable gap between theoretical knowledge and practical psychomotor competence (Al Thobaity, 2024). Moreover, large-scale disaster events have revealed a perception–reality discrepancy in which nurses' self-assessed competence declines when confronted with actual disaster conditions (Uluplnar et al., 2025).

Existing training approaches, such as drills and tabletop exercises, primarily emphasize cognitive and technical skill acquisition (Loke et al., 2021). However, training that predominantly focuses on knowledge and procedural competencies may overlook the affective and psychosocial dimensions that shape nurses' willingness to respond. Contemporary frameworks, therefore, advocate integrating psychological resilience and contextual preparedness into disaster education (Al Thobaity, 2024; Motsepe & Schmollgruber, 2025).

Importantly, knowledge alone does not necessarily predict willingness to respond. Shapira et al. (2019) demonstrated that knowledge was not a significant predictor of healthcare professionals' willingness to work during disasters. This finding suggests that willingness is influenced by contextual, relational, and psychosocial factors. Family related concerns have been identified as potential determinants (Shapira et al., 2019), and health professionals with greater family responsibilities may be less willing to report working during public health emergencies (Santinha et al., 2022). Family safety has also been shown to affect nurses' ability to provide care (Kimin et al., 2022).

Despite these insights, few studies have qualitatively explored how nurses perceive and negotiate these factors in real disaster contexts. Most existing studies rely on quantitative surveys that measure preparedness or willingness levels, leaving a gap in understanding the lived experiences, dilemmas, and meaning-making processes that underpin nurses' decisions to respond.

Therefore, this qualitative descriptive study sought to explore, in depth, the factors that contribute to nurses' willingness to respond to disasters beyond knowledge and technical skills, and to identify contextually grounded strategies to enhance this willingness through disaster training. By foregrounding nurses lived experiences, this study aimed to illuminate the psychosocial and family related dynamics that shape disaster response readiness.

Materials and Methods

Design

This study employed a qualitative descriptive approach. While the experiential nature of the data suggests a Phenomenological or Grounded Theory approach, a qualitative descriptive approach focuses on low-inference descriptions (Sandelowski, 2000, 2010). Doyle et al. (2020), A qualitative descriptive approach was used for an understudied topic such as ours. Unlike Phenomenology, which seeks to uncover the universal essence of a phenomenon, (Bradshaw, Atkinson and Doody, 2017) or Grounded Theory, which aims to develop a theoretical model of a social process(Kim, Sefcik and Bradway, 2017), this study prioritizes an accurate, nuanced account of participants' perspectives in everyday terms (Sandelowski, 2000). This approach kept findings grounded in participants' literal words, providing a comprehensive summary directly applicable to disaster settings. Consolidated Criteria for Reporting Qualitative Research 32-item checklist to guide this qualitative manuscript. (Tong et al., 2007).

Participants

Purposive and snowball sampling were used to select participants for this study. The inclusion criteria for the interview participants were as follows: (1) experience in the earthquake disaster response team at least once in the last two years and (2) had attended emergency and/or disaster training. The participants in the focus group discussion had the same inclusion criteria as the interview participants. In addition, the participants should also have experience as (1) a trainer in emergency nursing training programs and (2) a team member who develops emergency nursing modules. The participants were members of a professional organization related to emergency and disaster nurses in Indonesia and were recruited through that organization. The sample size was determined based on the sufficiency of the data. Data collection and analysis were conducted concurrently, using a comparative approach. After each interview and focus group discussion, the transcripts were reviewed and coded to identify emerging patterns and categories. Recruitment was discontinued when successive data collection sessions yielded no new codes, themes, or conceptual insights, indicating that thematic redundancy was achieved. Nine nurses participated in the interviews and 10 in the focus group discussions. The respondents in the interviews were different from those in the focus group discussions. Only male nurses participated in this study, which may limit the transferability of the findings to female nurses, who may experience different family role negotiations and sociocultural expectations. Future studies should include more gender-diverse samples to explore the potential differences in willingness and preparedness. The exclusion criteria included nurses who were employed at the time of the disaster but did not

Table 1. Sample Interview and Focus Group Discussion Questions

Interview questions:
1. Could you share with us your experience of working during the earthquake?
2. How was your experience in delivering nursing care after the disaster?
3. According to you, what nursing competencies were needed for you to respond following a disaster?
4. Could you tell us what we can do to increase nurses' competency levels in disaster situations?
Focused group discussion questions:
1. According to you what are the influencing factors for nurses to work during a disaster?
2. What can nurses do to deal with the influencing factors?
3. According to you what competency should be achieved through the disaster training?
4. What method should be used to increase nurses' competency in disaster care?
5. In the high technology era and pandemic, what method could be used for disaster training?

provide direct patient care (e.g., purely administrative roles) and nurses who participated in the response for less than a specified timeframe (e.g., less than 24 hours).

The decision to focus exclusively on earthquake responders was intentional. Earthquake responders, such as nurses, face unique structural, logistical, and traumatic challenges that fundamentally differ from slow-onset disasters, such as floods (Uluplnar *et al.*, 2025). These circumstances enhance the conceptual depth of the findings by isolating the specifics of unk-onset mass casualty events.

Data Collection

Data were collected using semi-structured interviews (May to June, 2020) followed by focus group discussions (June – July 2020). The purpose of the interviews was to explore the factors contributing to nurses' readiness and willingness to respond to a disaster. The aim of focusing on group discussions was to explore an appropriate disaster training model. The interview and focus group discussion schedule was flexible enough to accommodate participants' schedules.

Interviews and focus group discussion Table 1. Sample interviews and focus-group discussion questions

began with an open-ended question, followed by probing questions. Both interviews and discussions lasted 40–60 minutes. The guide was based on existing validated frameworks (such as the ICN framework) and was developed through a literature review. Moreover, member checking is performed on the collected data.

The data were collected by AK, EN, FL, and DG via WhatsApp and Zoom owing to travel restrictions that prevented visiting the participants' cities during the COVID-19 pandemic. The meetings were recorded in zoom using a sound recorder. No nonparticipants were present during the interviews.

The objectives, procedures, and impacts of the study were explained to the participants before data collection. They were aware that participation was voluntary, and that they could choose to participate without any consequences. All participants consented to be included in the study.

Data Analysis

AK, YA, and AFP conducted the manual data analysis in Excel. The steps of data analysis outlined by Doyle et al. (2020), including (1) transcribing and sorting, (2) coding, (3) identifying similar phrases, patterns, themes, relationships, and sequences, (4) elaborating a small set of generalizations, and (5) linking, were followed in this study. Transcripts from the interviews and focus group discussions were re-read for familiarization with the data. Meaningful statements or sentences were coded. The codes were examined and grouped according to their meaning to develop categories and themes. The research team discussed the emerging categories and themes. Then, the initial themes were reviewed and modified as appropriate.

Trustworthiness

The rigor of the qualitative study was measured using trustworthiness criteria (Lincoln & Guba, 1985). Credibility, confirmability, and transferability are established to enhance the trustworthiness of the findings. The credibility of this study was established by AK and AFP, both of whom were nurses with experience in responding to disaster events. YA and AFP are specialists in qualitative research. Some of the transcripts were independently coded by the authors. To enhance data confirmation, the authors checked the codes and themes during the data analysis. While the sample was exclusively male, transferability was enhanced through purposive and snowball sampling, which included a range of clinical specialties and years of experience. The authors provided a detailed description and contextual details to ensure transferability.

Ethical consideration

This study was approved by the Ethical Committee of the Faculty of Nursing, Universitas Indonesia (Reference: SK-88/UN2.F12.D1.2.1/ETIK.2020). Permission to recruit participants was also obtained from the relevant professional organization.

Prior to data collection, the participants were provided with detailed information regarding the study's objectives, procedures, potential risks and benefits, confidentiality, and their rights as participants. Informed consent was obtained electronically before participation. The participants were informed that their participation was voluntary and that they could withdraw from the study at any time without any consequences.

To ensure confidentiality and anonymity, participants were assigned identification codes (e.g., PA1 and PF1), and no identifiable personal information was included in the transcripts or reports. Audio recordings and transcripts were stored in password-protected files

Table 2. Participants' characteristics of semi-structured interviews (n = 9)

Participants (ID)	Age (years)	Gender	Education	Marital Status	Children	Previous Disaster Experience	Working Experience (years)	Disaster or Emergency Training
PA1	46	Male	Bachelor	Married	Yes	> 3x	28	Both
PA2	39	Male	Master	Married	Yes	2x	18	Emergency
PA3	35	Male	Master	Married	Yes	> 3x	14	Both
PA4	42	Male	Doctoral	Married	Yes	> 3x	20	Both
PA5	31	Male	Bachelor	Married	Yes	2x	9	Both
PA6	28	Male	Diploma	Married	No	2x	6	Emergency
PA7	25	Male	Diploma	Married	No	1x	3	Emergency
PA8	39	Male	Master	Married	Yes	> 3x	20	Both
PA9	46	Male	Bachelor	Married	Yes	> 3x	28	Both

accessible only to the research team. All data were used solely for research purposes.

Given that participants discussed potentially distressing disaster experiences, the researchers conducted sensitive interviews and allowed them to pause or discontinue the discussion if they felt uncomfortable. None of the participants reported significant distress during data collection.

Results

Data analysis revealed three main themes that characterized factors influencing nurses' willingness to respond to disasters. These themes illustrate the interplay among professional commitment, family concerns, and training adequacy. Each theme is described below, supporting the participant quotations.

Interview results

Participants characteristics

The interview participants included nine nurses (Table 2). All the participants were men and married. Most attended both emergency and disaster training sessions. The participants ranged in age from 25 to 47 years with a working experience of 3 to 27 years. Participants responded to earthquakes during the last two years. These were also earthquake survivors.

All participants stated that knowledge and skills were two important factors in disaster response. However, data analysis showed that there were some other factors beyond knowledge and skill that strongly influenced their decision to respond to a disaster, which included three themes: (1) dilemma in family matters, (2) readiness to respond to a disaster, and (3) optimization of disaster nurses' capacity building.

Themes

Theme 1: Dilemma in family matters

This theme represents the factors influencing nurses' willingness to respond to disasters. The three sub-themes that fall under this theme include (1) "if not us then who will help the survivors," (2) family safety, and (3) family support.

Subtheme 1: "If not us, then who will help the survivors?"

Rather than representing a simple conflict between personal and professional roles, the dilemma in family matters reflects a negotiated moral space in which nurses recalibrate their ethical commitment. The decision to respond is not merely an individual choice, but a relational process mediated by domestic security and emotional endorsement. This finding reframes willingness as a socially embedded construct, rather than an individual psychological trait.

"I do believe that I have the knowledge and opportunity, so I decided to help the survivors." (Interview, PA9)

"I was on my way back home when I saw many survivors come to the emergency department to get treatment for their wounds, so I decided to help them. I am a nurse; I need to help the survivors." (Interview PA2)

One of the participants stated that "if not us, then who will help the survivors?" (Interview, PA4). The nurse participants in our study believed that helping others is a form of professional commitment. Therefore, they are ready to respond to disasters whenever needed. However, to do so, they first needed to ensure the safety of their family and gain their support, as described by the participants' statements under the categories of family safety and support.

The participants experienced a dilemma between helping their families and survivors in their professional commitment as nurses.

"We were also affected by the disaster. We were also a victim. We have families, and they were also affected. At the same time, we need to help the survivors. These circumstances are difficult for us to understand. Helping others is indeed a life calling; if not, it will be hard for us." (Interview, PA4).

It is worth noting that family matters also affect participants' professional commitment as nurses to report back to work and help survivors following a disaster.

Subtheme 2: Family safety

Participants shared similar concerns about their families' safety in the event of a disaster. They stated that they must ensure that their families are safe before they report to work.

"There were only limited local nurses on the first day. The earthquake impacted them. Their families were injured, so they helped their family first before others." (Interview, PA7)

"I was part of the response team, but I decided to help my family first. I told my colleagues about my condition so that they knew why I could not join them on the first day." (Interview PA3)

"On the second day of the earthquake, I wanted to go to work, but my wife and children cried and asked me not to go." (Interview PA2)

Subtheme 3: Family support

Gaining family support to help survivors is considered an essential factor for nurses to report to work after a disaster. Family support makes nurses less worried and eases their steps in helping disaster survivors.

"Without family permission, I do not have the opportunity to help survivors." (Interview, PA8)

"My family was worried about my safety, the situation at the disaster site, and COVID-19, so they did not allow me to go. But I tried to convince them, and eventually they gave permission." (Interview, PA9)

"We need to tell our family and get permission from them to ease our steps when helping disaster survivors." (Interview, PA5).

Participants in this study expressed a strong willingness to report to work immediately after a disaster strike. However, family matters have become a powerful factor influencing their decision to do so.

Theme 2: Readiness to respond to a disaster

This theme highlights participants' feelings and experiences that contribute to their readiness to respond to a disaster and includes two sub-themes: (1) unprepared feelings and (2) the role of disaster training.

Subtheme 1: Unprepared feelings

When dispatched to a disaster area or when faced with actual disaster conditions, participants expressed mixed feelings, including confusion, stress, and shock. Such feelings emerged when they found gaps between the training and the reality they encountered in a real disaster. They explained that although they had received disaster training, they were unconditioned with the truth in the real disaster, which made them less prepared, as stated below:

"... we have received the training but still get confused when responding to a disaster. We are still unfamiliar with the real condition in a disaster..." (Interview, PA6)

"When I first responded to Kelud Mountain eruption in 2014. I was shocked. I did not know what to do for almost two days like a stupid person, whereas I attended disaster training." (Interview PA3)

"Many survivors were coming to the emergency department for getting treated, and I am not quite sure where to begin." (Interview, PA7).

It is worth noting that participants who tended to get confused were usually junior nurses (PA6 and PA7) with no (or limited) experience in responding to disasters. Typically, they respond to disasters for the first time. PA3 is a senior nurse with extensive experience in responding to disasters but shared his very first experience. As nurses gain more experience in responding to disasters, they become more confident and better prepared, and have witnessed a real disaster.

Subtheme 2: The role of disaster training

The participants expressed a lack of realistic disaster conditions in the available disaster nursing training. They suggested strategies to help them become more familiar with and mentally prepare for a real disaster, such as visiting disaster sites and participating in simulations.

"... disaster simulation, disaster training and visiting previous disaster sites provide an illustration for me about the disaster condition." (Interview PA1)

The purpose of conducting realistic disaster training is to better prepare nurses to respond confidently during a disaster.

Senior nurses expressed that *"mental is an important aspect when dealing with a disaster situation."* (Interview, PA9).

The results of the interviews indicate that two powerful factors influence participants' willingness to respond to a disaster: family matters and aspects related to nurses. These aspects reflect the affective domain of training, which is often overlooked compared to knowledge and skills. The findings highlight a reciprocal relationship between nurses' lives and their professional identities. Theme 1: Dilemma in family matters and

Table 3. Participants' characteristics of focus group discussion (n=10)

Participants (ID)	Age (years)	Gender	Education	Marital Status	Children	Previous Disaster Experience	Working Experience (years)	Disaster or Emergency Training
PF1	51	Male	Master	Married	Yes	>3x	>20	Both
PF2	47	Male	Doctoral	Married	Yes	>3x	>20	Both
PF3	37	Male	Master	Married	Yes	>3x	>15	Both
PF4	45	Male	Bachelor	Married	Yes	>3x	>20	Both
PF5	44	Male	Master	Married	Yes	>3x	>20	Both
PF6	50	Male	Doctoral	Married	Yes	>3x	>20	Both
PF7	41	Male	Doctoral	Married	Yes	>3x	>20	Both
PF8	47	Male	Master	Married	Yes	>3x	>20	Both
PF9	42	Male	Master	Married	Yes	>3x	>20	Both
PF10	33	Male	Master	Married	Yes	>3x	>10	Both

Theme 2: Readiness to respond does not exist in isolation; rather, it forms a cohesive framework of negotiated willingness. Thus, readiness is not merely a technical state but a psychosocial negotiation in which professional duty must reconcile with domestic security.

Another interesting finding was that the interview participants suggested strategies to optimize disaster nursing training to address the lack of realistic disaster conditions. However, this topic requires further exploration across different criteria. Therefore, we conducted a focus group discussion to further explore a model of disaster nursing training that included the affective domain and nurses' family matters.

Focus group discussion results

Participants characteristics

Ten nurses participated in the focus group discussion (Table 3). The respondents in the interviews were different from those in the focus group discussions. All participants were trainers in emergency nursing in their respective areas. They also had experience in developing modules for emergency and disaster nursing training in Indonesia. All participants were men, and most held master's degrees.

As in the interview, the focus group participants highlighted that most nurses were mentally unprepared to respond to real disasters. The participants highlighted that a lack of experience in a real disaster situation during training is one of the reasons nurses feel unprepared. Nurses must be exposed to real disaster situations in order to better prepare for their psychological aspects.

"When they [nurses] are new in responding to a disaster, they must be confused because they have no experience. We believe that nurses are ready to respond to disasters. However, when they encounter a real disaster, they are not prepared. They feel stressed. They need to be conditioned with a real disaster situation." (Focused group Discussion, PF4)

Focus group participants suggested strategies for disaster training to strengthen nurses' affective domains, including tabletop simulations, drills, videos, audiovisual materials, visits to disaster sites, and simulation-based learning. According to the participants, these methods can increase nurses' understanding of the reality of a real disaster.

"Disaster nursing training should be designed to prepare mental and psychological aspects of nurses using tabletop simulation, followed by drilling... visiting disaster sites can give ideas about a real disaster situation." (Focused Group Discussion, PF1)

"... we can see disaster videos about what happened. These videos can be used to learn in disaster training as if we were in the disaster condition, so we can be ready." (Focused Group Discussion, PF3)

"... we can use audio-visual and simulation-based learning to show the nurses about the real disaster condition." (Focused group Discussion, PF9)

The purpose of using the aforementioned methods in disaster nursing training is to provide nurses with repeated exposure to situations they may encounter in a real disaster.

Discussions

Notably, all 19 participants in this study were male. Although nursing is globally recognized as a female-dominated profession, this sample reflects the specific demographics of the rapid response disaster unit during a seismic event. In certain regions or specific frontline roles, such as disaster first responders, men may be disproportionately represented or assigned to immediate impact zones owing to cultural norms around safety or physical labor. Moreover, research shows that during disasters, female nurses often experience greater work–family conflict" (e.g., childcare responsibilities during a crisis), which may affect their availability for immediate, high-intensity earthquake response (Acanga *et al.*, 2025).

Our findings emphasize that family matters and readiness factors have a powerful influence on nurses' willingness to respond to disasters. Shapira et al. (2019) also found that family well-being and safety are contributing factors to nurses' willingness to respond to a disaster, an issue especially pertinent among female nurses. It should be noted that all the participants in our study were men. This highlights the fact that female nurses often face higher parenthood or family responsibilities. Although the participants in our study were all men, they also stated that nurses' family well-being is a powerful factor influencing their willingness to respond to disasters. When a disaster strikes, they prioritize the safety of their families before reporting to work. Therefore, family related factors need to be addressed to increase nurses' willingness. Some studies have found that nurses' readiness improved if they had a disaster preparedness plan for themselves and their families (Al Khalaileh, Bond and Alasad, 2012; Lim, Lim and Vasu, 2013; Hammad *et al.*, 2018). However, the authors did not discuss the integration of family matters into disaster nursing training.

Findings regarding family safety and support revealed a critical sequence for securing and releasing. The participants ensured the well-being of their families through immediate structural and social interventions, such as verifying physical safety and delegating domestic protection, which served as a prerequisite for professional deployment. This securing phase directly facilitated the release phase in which family support served as a psychological permission structure (Labrague et al., 2018). Rather than being passive observers, families actively facilitated the response by assuming domestic burdens and validating the nurses' altruistic imperative (Labrague et al., 2018). This suggests that disaster nursing preparedness is not merely an individual competency but a familial negotiation (Labrague et al.,

2018). Therefore, when the family perceives themselves as safe and their relatives' roles as essential, it provides the temporal space necessary for nurses to operate effectively in high-stress zones. For these reasons, training and preparedness for nurses should also include family preparedness.

Unprepared feelings were considered one of the factors affecting nurses' willingness to respond to a disaster found in our study. Lack of a real disaster situation in the available disaster nursing training was perceived as the reason for the sense of unpreparedness. As highlighted in the interview data, unpreparedness often leads to low self-readiness among nurses in disaster situations. Therefore, it is necessary to explore strategies for increasing nurses' self-readiness. One of them is creating a disaster-like situation during training. (Kitagawa, 2021)

The limited literature explicitly emphasizes the importance of creating a near-realistic situation in disaster training. The results of our study highlight the need to condition nurse trainees in a disaster situation during training to deepen their understanding of reality, particularly its negative or stressful aspects, and to enhance their preparation related to mental aspects. Kitagawa (2021) highlighted that a critical concept in learning is to create conditioned responses or behavior through repetition. Frequent and intense exposure to certain conditions or behaviors, as well as rehearsing them, are necessary to familiarize individuals with the expected situation (Kitagawa, 2021).

Kitagawa (2021) also suggested that visual observation of disaster situations (both direct and via digital technology), real disaster experiences, and storytelling can facilitate learning about disasters. Moreover, the application of simulation, drills, tabletop exercises, and virtual reality in disaster training has been reported in other studies as conditioning in training, as such approaches aim to create a realistic disaster experience for the participants. The participants of our study also suggested these methods (Farra, Miller and Hodgson, 2015; Phrampus *et al.*, 2016; Jonson *et al.*, 2017; Scott *et al.*, 2018; Rivera *et al.*, 2019).

While much of the literature posits a linear relationship between disaster training and professional confidence (Labrague *et al.*, 2018), our findings present a notable contradiction. Despite having undergone specialized training, participants reported profound feelings of unpreparedness when confronted with the physical reality of an earthquake. Furthermore, although family is traditionally viewed as the primary barrier to deployment, our results indicate that the family serves as a critical facilitator. By providing a psychological permission structure, the family unit acts as an extension of the nurses' capacity rather than being a mere source of conflict (Uluplnar *et al.*, 2025).

The present study has three main limitations. The first included online media for data collection. The participants in this study may have failed to express their feelings when discussing their experiences and preferences. The second factor is the type of disaster. Only nurses who responded to earthquakes were included in the study. Therefore, their experiences may not reflect other types of disasters, such as volcanic eruptions or flooding. Finally, only male nurses participated in this study. Thus, the results may not be representative of female nurses. Due to the gender culture of Indonesia, which views women as the main caretakers in their families, female nurses are rarely dispatched to disaster areas.

Nurses should be aware that their preparedness for responding to disaster events must include family preparation. Therefore, efforts to better prepare families must be integrated into mitigation plans. Relevant parties should design disaster training programs to support nurses' family preparation.

Conclusion

The study highlighted nurses' family related factors and unpreparedness, which strongly influence their willingness to respond to a disaster. The study suggested that future disaster training programs should be designed to better prepare nurses by integrating nurses' family preparation and creating realistic learning environment conditions within the training programs.

Acknowledgments

The authors thank all participants in this study who shared their experiences and insights related to the topic.

Funding source

The PUTI Universitas Indonesia (grant number NKB-539/UN2.RST/HKP.05.00/2020) supported this work.

Availability of data and materials

The data in this study are not publicly available because of the anonymity required for ethical clearance but are available from the corresponding author upon reasonable request.

Authors' contributions

EN acquired funding. AK designed the study and collected data. EN, FL, DG, BS, and US were used to validate this study. AK, AFP, and YA conducted the data analysis and interpretation. AK and AFP wrote the original draft of this manuscript. EN, YA, FL, DG, BS, and US contributed substantially to the review and editing of the manuscript.

Declaration of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this study.

References

Acanga, A. *et al.* (2025) 'Gender perspectives in disaster response: An evidence-based review', *Progress in Disaster Science*, 26, p. 100416. doi: 10.1016/J.PDISAS.2025.100416.

Bradshaw, C., Atkinson, S. and Doody, O. (2017) 'Employing a Qualitative Description Approach in Health Care Research', *Global Qualitative Nursing Research*, 4, p. 2333393617742282. doi: 10.1177/2333393617742282.

Doyle, L. *et al.* (2020) 'An overview of the qualitative descriptive design within nursing research', *Journal of research in nursing : JRN*, 25(5), pp. 443–455. doi: 10.1177/1744987119880234.

Farra, S. L., Miller, E. T. and Hodgson, E. (2015) 'Virtual reality disaster training: Translation to practice', *Nurse Education in Practice*, 15(1), pp. 53–57. doi: 10.1016/J.NEPR.2013.08.017.

Hammad, K. S. *et al.* (2018) 'Why a disaster is not just normal business ramped up: Disaster response among ED nurses', *Australasian emergency care*, 21(1), pp. 36–41. doi: 10.1016/J.AENJ.2017.10.003.

Jonson, C. O. *et al.* (2017) 'Short simulation exercises to improve emergency department nurses' self-efficacy for initial disaster management: Controlled before and after study', *Nurse education today*, 55, pp. 20–25. doi: 10.1016/J.NEDT.2017.04.020.

Al Khalaileh, M. A., Bond, E. and Alasad, J. A. (2012) 'Jordanian nurses' perceptions of their preparedness for disaster management', *International emergency nursing*, 20(1), pp. 14–23. doi: 10.1016/J.IENJ.2011.01.001.

Kim, H., Sefcik, J. S. and Bradway, C. (2017) 'Characteristics of Qualitative Descriptive Studies: A Systematic Review', *Research in Nursing & Health*, 40(1), pp. 23–42. doi: 10.1002/NUR.21768.

Kimin, A. *et al.* (2022) 'Factors affecting nurses' ability to provide effective care in a disaster response: A review', *Journal of Public Health Research*, 11(2), pp. 03–03. doi: 10.4081/JPHR.2021.2732.

Kitagawa, K. (2021) 'Disaster risk reduction activities as learning', *Natural Hazards*, 105(3), pp. 3099–3118. doi: 10.1007/S11069-020-04443-5/TABLES/1.

Labrague, L. J. *et al.* (2018) 'Disaster preparedness among nurses: a systematic review of literature', *International nursing review*, 65(1), pp. 41–53. doi: 10.1111/INR.12369.

Lim, G. H., Lim, B. L. and Vasu, A. (2013) 'Survey of factors affecting health care workers' perception towards institutional and individual disaster preparedness', *Prehospital and disaster medicine*, 28(4), pp. 353–358. doi: 10.1017/S1049023X1300349X.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. London: SAGE.

Loke, A. Y., Guo, C., & Molassiotis, A. (2021). Development of disaster nursing education and training programs in the past 20 years (2000-2019): A systematic review. *Nurse Educ Today, 99*, 104809. doi:10.1016/j.nedt.2021.104809

Luo, Y. *et al.* (2025) 'Levels of nurse disaster preparedness: A systematic review and meta-analysis', *Nurse education in practice*, 85. doi: 10.1016/J.NEPR.2025.104372.

Motsepe, T. L. and Schmollgruber, S. (2025) 'Emergency nurses' disaster preparedness competencies: A focused mapping review and synthesis', *Health SA = SA Gesondheid*, 30. doi: 10.4102/HSAG.V30I0.2770.

Phrampus, P. E. *et al.* (2016) 'Rapid Development and Deployment of Ebola Readiness Training Across an Academic Health System: The Critical Role of Simulation Education, Consulting, and Systems Integration', *Simulation in healthcare : journal of the Society for Simulation in Healthcare*, 11(2), pp. 82–88. doi: 10.1097/SIH.0000000000000137.

Rivera, L. R. *et al.* (2019) 'The Use of Simulation Games and Tabletop Exercises in Disaster Preparedness Training of Emergency Medicine Residents', *Prehospital and Disaster Medicine*, 34(s1), pp. s82–s82. doi: 10.1017/S1049023X19001729.

Sandelowski, M. (2000) 'Focus on Research Methods Whatever Happened to Qualitative Description?', *Research in Nursing & Health*, 23. doi: 10.1002/1098-240X.

Sandelowski, M. (2010) 'What's in a name? Qualitative description revisited', *Research in Nursing & Health*, 33(1), pp. 77–84. doi: 10.1002/NUR.20362.

Santinha, G., Forte, T. and Gomes, A. (2022) 'Willingness to Work during Public Health Emergencies: A Systematic Literature Review', *Healthcare (Basel, Switzerland)*, 10(8). doi: 10.3390/HEALTHCARE10081500.

Scott, L. A. *et al.* (2018) 'Preparing for the Surge: A Half-Day Emergency Preparedness Training Course for the "Second Front"', *Disaster medicine and public health preparedness*, 12(1), p. 121. doi: 10.1017/DMP.2017.30.

Shapira, S. *et al.* (2019) 'Healthcare workers' willingness to respond following a disaster: A novel statistical approach toward data analysis', *BMC Medical Education*, 19(1), pp. 1–12. doi: 10.1186/S12909-019-1561-7/FIGURES/2.

Al Thobaity, A. (2024) 'Overcoming challenges in nursing disaster preparedness and response: an umbrella review', *BMC Nursing*, 23(1), pp. 562-. doi: 10.1186/S12912-024-02226-Y/TABLES/2.

Tong, A., Sainsbury, P. and Craig, J. (2007) 'Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups', *International journal for quality in health care : journal of the International Society for Quality in Health Care*, 19(6), pp. 349–357. doi: 10.1093/INTQHC/MZM042.

Uluplnar, F. *et al.* (2025) 'Disaster Nursing Preparedness and Response Competency: A Comparative Study of Nurses Instantly Deployed and Not Deployed in the 2023 Kahramanmaraş Earthquakes in Turkey', *Disaster medicine and public health preparedness*, 19. doi: 10.1017/DMP.2025.10079.

UNDRR (2025) *Global Assessment Report (GAR) 2025: Resilience Pays: Financing and Investing for our Future*. Available at: https://www.undrr.org/gar/gar2025 (Accessed: 25 January 2026).

WHO (2025) *World health statistics 2025: monitoring health for the SDGs*. Available at: https://www.who.int/publications/i/item/9789240110496 (Accessed: 25 January 2026).

How to cite this article: Kimin, A., Nurachmah, E., Putri, A. F., Gayatri, D., Lestari, F., Afriyanti, Y., Supartono, B., and Sujianto, U. (2026) 'Family Matters and Readiness in Disaster Training: A Descriptive Qualitative Study on Nurses' Willingness To Respond', *Jurnal Ners*, 21(1), pp. 51-58. doi: http://dx.doi.org/10.20473/jn.v21i1.78266