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2. The LJN has the tripartite mission of:
 - (a) Promoting a culture of excellence in Nursing Research.
 - (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
 - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
 - (b) Essays and issues papers that contribute to reorienting received ideas, values and practices.
 - (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this edition, nineteen (19) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Assessment of client satisfaction with contraceptive services in public health care facilities in Zamfara State, Nigeria; Sociocultural and economic determinants of open defecation practices in Kano State, Nigeria; effect of simulation based training on midwives' skills in managing retained placenta with umbilical vein oxytocin injection in health facilities, Osun State, Nigeria; Nurses Level Of Preparedness In Management Of Patient With Viral Hemorrhagic Fever In Emergency Ward In University Of Ilorin Teaching Hospital, **Nigeria**; Nursing Education: A Sine Qua Non For Addressing The Healthcare Demands Of The 21st Century; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Prevalence And Outcome Of Malaria Infection Among Children Below 11 Years In A Tertiary Healthcare Facility In Benin City From 2018-2020; Factors Influencing Prevalence Of Gender Based Violence Among Men And Women In Bagudo LGA Kebbi State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Quackery In Nursing, The Causes, Effects And Control Measures: The Nigeria Experience; Knowledge, attitude and practice of injection safety among nurses in Nigeria: a case study of University of Ilorin Teaching Hospital Ilorin, Kwara State, Nigeria; Awareness Of Computer Vision Syndrome Among Staff Of Information Communication And Technology Unit Of University Of Benin Teaching Hospital, Benin City, Edo State, Nigeria; Utilization Of Personal Protective Equipment Against Organic Dusts Among Poultry Farmers In Ona-Ara Local Government Area, Ibadan, Nigeria; Predictors Of Surgical Site Infection Amongst Post Operative Patients In Federal Medical Centre Lokoja, Nigeria; Evaluation Of The Involvement Of Nurses In Policies And Policy Formulation In Nigeria; Determinants of Stress and Coping Mechanisms among Nurses in Aminu Kano Teaching Hospital, Kano State, Nigeria; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Adaptation To Stress And Academic Performance Of Students In Nursing Institutions In Oyo State, Nigeria; Medication Adherence And Quality Of Life Of Hypertensive Patients Attending Selected Hospitals In Port Harcourt, Rivers State, Nigeria; Perspectives Of Youth On The Legalization Of Abortion In North Central Nigeria.

EDITORIAL DESK

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focus on but not limited to research findings in the different areas of Nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Eighty authors have contributed in one way or the other to the thirteenth edition of the journal.

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TABLE OF CONTENTS

1.	Assessment of Client Satisfaction with Contraceptive Services in Public Health Care Facilities in Zamfara State, Nigeria A. Ahmad; J. B. Haruna; A. W. Ismaila; B. M. Tukur; H. A. Musa; M. Kure; & F. U. Bature	1
2.	Socio-Cultural and Economic Determinants of Open Defecation Practices in Kano State, Nigeria Umar Lawal Bello; Abdullahi Haruna Ibrahim; Awwal Muhammad Ladan; Umar Yunusa; Ahmed Rufai Abubakar; Murtala Hassan Hassan; Adamu Dalhatu; Umar Musa Abdullahi; Usman Yahaya; Ahmed Suberu; Usman Ibrahim Muhammad; & Abdullahi Adamu	14
3.	Effect of Simulation Based Training on Midwives' Skills in Managing Retained Placenta with Umbilical Vein Oxytocin Injection in Health Facilities, Osun State, Nigeria Lydia Olubukola Odesanya; Olayinka A Onasoga; Opeyemi Afolabi; & Elisha Oluwatobi Olabisi	26
4.	Nurses Level of preparedness in management of patients with Viral Hemorrhagic Fever in Emergency ward in University of Ilorin Teaching Hospital, Kwara State, Nigeria Ayanbeku, Joy Kofoworola; Oyeleye, Deborah Iyabode; Ayanbeku, Toyese Stephen; Dere, Bashirat Nike; Ayandokun, Adetoun; Longe, Oluremi Oluranti; Fatukasi, Abiodun Omotayo; Adeniyi, Yetunde Elizabeth; & Thomas, Oluwashikemi Mercy	40
5.	Nursing Education: A Sine Qua Non for Addressing the Healthcare Demands of the 21st Century Yetunde Kemi Timothy & Ahaiwe, Chinedum. I.	51
6.	Influence of Nursing training on their Competency in Selecting Wound Dressing Materials at a Secondary Health Facility in Ilorin, Kwara State, Nigeria Oyeleye, D. I., Aliyu, F. T., Ayandokun, A. T., Longe, O. O., Fatukasi, O. A. Dere, B. N. & Oyeleye, O.E	58
7.	Perceived Sociocultural and Economic Determinants of Teenage Pregnancy among Residents of Jere Local Government Area Borno State, Nigeria Robert Teryila Kever; Habu Haruna; Dathini Hamina; Adamu Alhaji & Usman Ruth Dlakwa	72
8.	Prevalence and Outcome of Malaria Infection among Children Below 11 Years in a Tertiary Healthcare Facility in Benin City, Edo State, Nigeria from 2018 - 2020 Chinenyenwa Edo Osagie	83
9.	Knowledge and Practice of Ocular Health among Post Basic Nursing Students of University of Benin Teaching Hospital, Benin City, Edo State, Nigeria Betty Ukhuegbe Ekuobase; Faith Ferdinand Nlumanze; Abigail Maminetu Edeogho; Abiodun Samuel Olowolafe	90
10.	Factors Influencing Prevalence of Gender Based Violence among Men and Women in Bagudo Local Government Area, Kebbi State, Nigeria Ibrahim Nenge	102

11.	Quackery in Nursing, the Causes, Effects and Control Measures: The Nigerian Experience Oyewumi Zaccheus Opeyemi; Oyewumi Lydia Omowumi; & Akinbowale Busayo Temilola	113
12.	Knowledge, Attitude and Practice of Injection Safety among Nurses in Nigeria: A case study of University of Ilorin Teaching Hospital, Ilorin Kwara State, Nigeria Imam A. Ayinla; Ibraheem, M. Ayooade; Maloma, L. Omotayo; Lawal, S. Abiodun & Ibrahim Opeyemi	121
13.	Awareness of Computer Vision Syndrome among Staff of Information Communication and Technology Unit of University of Benin Teaching Hospital, Benin City, Edo State, Nigeria Betty Ukhuebge Ekuobase; Loveth Oghogho Otoide; Abiodun Samuel Olowolafe; & Usifo Patricia Abieyuwa	131
14.	Utilisation of Personal Protective Equipment against Organic Dusts among Poultry Farmers in Ona-Ara Local Government Area, Ibadan, Southwest, Nigeria Adegoke Adenike Idowu & Oyewumi Zaccheus Opeyemi	144
15.	Predictors of Surgical site Infection amongst Post Operative Patients in Federal Medical Centre, Lokoja, Nigeria Gabriel Ekeyi	159
16.	Evaluation of the Involvement of Nurses in Policies and Policy Formulation in Nigeria Olarerin J; Phetlhu D. R. & Aluko J. O.	173
17.	Determinants of Stress and Coping Mechanisms among Nurses in Aminu Kano Teaching Hospital, Kano State, Nigeria Nafisa Umar Usman & Umar Yunusa	189
18.	Adaptation to Stress and Academic Performance of Students in Nursing Institutions in Oyo State, Nigeria Afolabi Tinuola Bolanle & Okafor Ngozi A.	198
19.	Medication Adherence And Quality Of Life Of Hypertensive Patients Attending Selected Hospitals In Port Harcourt, Rivers State, Nigeria Aligwo Clothilda Chinwe, Nwozichi Chinomso, Okafor Ngozi	207
20.	Perspectives of Youth on the Legalization of Abortion in North Central Nigeria Onasoga, Olayinka A., Omotosho Okikioluwa O., Yusuf, Abdurrashid G.; Aransiola Marvellous Mercy	218
21.	Disaster Preparedness and Management among Nurses Working in Emergency Units of Health Facilities in Ibadan, Southwest Nigeria Balogun, Muibat Iyabode	226
22.	Unveiling the Unknown: Investigating Knowledge and Preventive Practices of Rh Factor Incompatibility Among Pregnant Women at Ahmadu Bello University Teaching Hospital, Shika, Zaria. Musa H.A, Abdulraheem A. Okoli C.E, Abdullahi A.S, Murtala H.H, Musa-Maliki A	243
23.	Qualitative Inquiry Into Mother's Experience Of Respectful Maternity Care In Secondary Health Care Facilities In Ondo State, Nigeria Sowunmi Christianah Olanrewaju, Oluwaseyi Omobola Temilola	252

NURSES LEVEL OF PREPAREDNESS IN MANAGEMENT OF PATIENT WITH VIRAL HEMORRHAGIC FEVER IN EMERGENCY WARD IN UNIVERSITY OF ILORIN TEACHING HOSPITAL, NIGERIA.

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ABSTRACT

The outbreaks of Viral Hemorrhagic Fever (VHF) in Emergency Departments have raised concerns regarding the preparedness of nurses towards its management. Emergency nurses, regarded as frontline healthcare workers, frequently encounter uncertainty and changes during the management of emerging infectious diseases, which challenge their capability to perform duties in a well-organized and systematic manner. This study assessed the preparedness of nurses working in emergency wards towards management of patients with Viral Hemorrhagic Fever (VHF) at the University of Ilorin Teaching Hospital, Nigeria. The study utilized a descriptive, non-experimental research design. Total population used. The research instrument used was a self-developed structured and unstructured questionnaire. Data were analyzed using frequency tables and inferential statistics with Chi-square tests. This study observed that nurses' knowledge of core components of emergency preparedness was average (58.4%). The level of preparedness among nurses working in emergency wards towards management of patients with viral hemorrhagic fever was very high (81.3%). Factors influencing the level of preparedness included staff training (71.1%), proper handling of scarce commodities (53.3%), appropriate management of information communication systems (61.1%), and nurses' abilities and actions needed to prepare and respond to threats (62.2%). The study revealed a significant relationship between the preparedness of nurses working in Emergency wards and the management of patients with Viral Hemorrhagic Fever. As a step forward to develop better preparation for future VHF occurrences, it is recommended that hospital management sponsor nurses for ongoing training and frequent retraining on infectious disease knowledge and skills, thereby improving nurses' actions and promoting better management of any incident cases that may arise in Nigerian hospitals.

Keywords: Viral Haemorrhagic Fever; Preparedness; Management; Emergency; Nurses

INTRODUCTION

An emergency is generally considered to be a serious, unexpected, and often dangerous situation requiring immediate action. The emergency preparedness of nurses working in hospital emergency units towards outbreaks of Viral Haemorrhagic Fevers (VHF) is now a main concern, as nurses are major contributors to global healthcare (Holmgren, 2017). They have been at the frontline responding to every infectious disease outbreak in history (Lam et al., 2020). VHF has been one of the challenges in nursing practice that needs adequate preparation, as nurses constitute the largest group in the global healthcare system. Viral hemorrhagic fevers (VHFs) are a group of febrile illnesses caused by a heterogeneous group of viruses traced to four taxonomic families of RNA viruses: Arenaviridae, Bunyaviridae, Filoviridae, and Flaviviridae (CDC, 2021). The Old-World arenaviruses include Lassa (LASV), Sabia, and Lujo viruses, with their primary hosts being zoonotic vectors, except for yellow fever, which has humans as primary viral reservoirs in urban environments (WHO, 2016). Currently, most Viral Hemorrhagic Fevers have no cure or vaccine (CDC, 2021). The initial presentation of a VHF case is largely non-specific due to the lack of specific early signs and symptoms. This makes it difficult for healthcare workers to recognize its presence, thereby delaying immediate isolation and treatment. Fatal disease syndromes can present with fever, vomiting, edema, hypotension, malaise, and mucosal and gastrointestinal (GI) bleeding. VHF can affect both humans and other primates and can be acquired through

contact with bodily fluids from infected humans or animals (Pigott et al., 2021).

Viral hemorrhagic fever has been reported among patients and healthcare workers nationwide. During the 2014-2016 Ebola outbreaks in West Africa, two imported cases were reported in the United States, including one death, along with two locally acquired cases in healthcare workers (Chevalier et al., 2014). Lassa fever has also been reported in the United States among travelers from West Africa, with a recent case in 2010 (Pigott et al., 2021). Dengue virus remains endemic in Central America, South America, Southeast Asia, and Africa, while sporadic cases of Hantavirus pulmonary syndrome (HPS) continue to be reported throughout the western United States (Marx et al., 2017).

Cases of viral hemorrhagic fever (VHF) in the United States are extremely rare and typically occur in patients who have recently visited endemic areas or among those with potential occupational exposure to hemorrhagic fever viruses (Pigott et al., 2021). In the United Kingdom, four cases of Ebola virus were confirmed: one case in 1976 was connected to laboratory exposure, while the remaining three cases occurred in 2014-2015 when health workers were infected with Ebola virus disease in West Africa (United Kingdom Health Security Agency, 2021). In 1994, a virologist working with Sabia, a Brazilian Haemorrhagic Fever virus, accidentally contracted the disease (Pigott et al., 2021).

The Democratic Republic of Congo (DRC) reported another Ebola virus outbreak between 2018 and 2020. The largest Ebola outbreak occurred in West Africa between 2014 and 2016 (Ramat et al., 2020). Data recorded through June 2020 showed more than 3,400 cases and 2,200 deaths, establishing this as the world's second-largest Ebola outbreak (WHO, 2021). The Benin health zone in North Kivu province, Democratic Republic of Congo, announced an Ebola virus disease outbreak in October 2021. Eight confirmed cases, six deaths, and three probable cases were reported,

with the outbreak 42 days from being declared over (United Kingdom Health Security Agency, 2021). Arenaviruses are responsible for sporadic VHF outbreaks throughout South America, while Lassa fever cases have been reported throughout West Africa, particularly in Nigeria, Sierra Leone, Guinea, and Liberia (Centers for Disease Control and Prevention, 2021). The major outbreak primarily affected Guinea, Sierra Leone, and Liberia, resulting in more than 28,000 cases and 13,000 deaths. Nigeria recorded 3,878 suspected and 430 confirmed cases of Lassa fever virus in 2021, with 80 deaths and an 18.6% case fatality rate, though Nigeria's reported numbers may be lower than actual figures.

The outbreaks of Viral Hemorrhagic Fever (VHF) worldwide have raised concerns regarding emergency unit preparedness. The role of nurses in Emergency Departments is vital in curtailing epidemic disease outbreaks, and immediate action plans describing appropriate, safe, and effective steps are of utmost value. Nurses need to maintain current knowledge of available emergency resources, plans, policies, and procedures to ensure emergency strategies work appropriately and in a timely manner to protect themselves, patients, and other hospital staff (Stanley et al., 2020).

The University of Ilorin Teaching Hospital's Viral Hemorrhagic Fever Response Committee (2020) published a Standard Operating Procedure (SOP) manual for VHF diseases for use at hospital service points. These SOPs were designed to guide healthcare personnel in appropriate care for patients infected with Viral Hemorrhagic Fevers. The manual highlights protective measures, general guidelines, and instructions for identifying VHF infection symptoms, prevention, and control. Previous research has emphasized disease occurrence reporting without adequate focus on nurses, who are the first point of contact at hospital emergency units. The University College Hospital (UCH) Ibadan management issued a directive to all clinical department heads in March 2022 (Oguntola, 2022), emphasizing

the need for heightened vigilance, particularly at hospital entry points including emergency wards, clinics, and general outpatient departments. The hospital mandated detailed travel history documentation and contact tracing with sick or deceased individuals while evaluating suspected cases using standard VHF case definitions.

Several primary studies have examined nurses' experiences and perceptions in epidemic response (Anliu et al., 2022) and assessed knowledge of infectious disease prevention and treatment (Wasiu et al., 2019). However, research exploring nurses' preparedness for viral hemorrhagic fever outbreaks remains limited. Nurses' preparedness for responding to sudden and emerging health threats encompasses knowledge, skills, abilities, and actions needed for threat response (Anliu et al., 2022). A literature review by Lam et al. (2018) examined nurses' preparedness in 2016, but included few qualitative studies and was limited by the small article sample size, leaving the underlying components of nurses' preparedness inadequately synthesized. The progression of nurses' preparedness for infectious disease management remains uncertain, although research indicates that 98% of nurses report capability in managing infectious diseases (Fryk et al., 2020). This study examines the preparedness of nurses working in emergency wards towards management of patients with viral hemorrhagic fever at the University of Ilorin Teaching Hospital, Nigeria.

OBJECTIVES OF THE STUDY

1. To assess the nurse's knowledge on core components of emergency preparedness of University of Ilorin Teaching Hospital, Nigeria.
2. To identify the level of preparedness of Nurses working in Emergency wards towards management of patient with viral hemorrhagic fever in University of Ilorin Teaching Hospital, Nigeria.
3. To determine the factors influencing the level of preparedness of Nurses working in Emergency wards towards management of patient with viral hemorrhagic fever in University of Ilorin Teaching Hospital, Nigeria.

Hypothesis

There is no relationship between Emergency nurses' preparedness and management of patient with Viral Hemorrhagic Fever.

METHODOLOGY

Design: The study utilized a descriptive, non-experimental research design.

Setting: University of Ilorin teaching Hospital is located in Ilorin east local government area in Kwara state, North central geopolitical enclave of Nigeria. It belongs to the second generation of Teaching Hospitals in the country.

Population: A total of 97 nurses are working in all the Emergency department of UITH. About 90 of them were included in this study. The exclusion criteria are 7 Nurses that were on leave due to inability to reach out to them.

Sample Size Determination: Total population used.

Sampling Technique: Total population used.

Instrument: Questionnaire that consists of both open and close ended questions was administered to 90 nurses working in Emergency units of the hospital.

Validity of the instrument The face and content validity of the questionnaire was done by giving it to colleagues to prove read. Also the research instrument was also submitted to Project supervisor and external assessor for corrections and modification.

Reliability of the instrument: The reliability of the instrument was checked using Test and retest method of reliability testing before questionnaire was administered to the group of respondents. The reliability test score was 0.89, which made the researcher to see the

instrument to be reliable.

Data Collection: It was self – administered and was collected on the spot as soon as the respondents are through with the filling.

Data Analysis: The data was analyzed using SPSS version 22. Descriptive statistical analysis such as bar chart, pie chart, frequency tables and percentages was computed.

Ethical Clearance: Meanwhile, before data was collected, consent was obtained from the respondents as they were made to participate in the study. Also, Permission was taken from the informatics Nursing Research unit of nursing services department and Ethical clearance was taken from ethical unit of the administrative section of University of Ilorin Teaching Hospital. Confidentiality was maintained by ensuring anonymity of each respondent and no sensitive questions were asked. All respondents were given equal chances of to participate at their own free will.

RESULTS

Table 1 presents the demographic characteristics of the respondents. The age distribution shows that 32 (35.6%) respondents were between 31-40 years, 32 (35.6%) were between 21-30 years, 21 (23.3%) were between 41-50 years, and 7 (7.8%) were 51 years and above. Gender distribution reveals that the majority were females, comprising 81 (90%) of respondents, while males constituted 9 (10%). Religious affiliation shows that 47 (52.2%) were Christian, while 43 (47.8%) practiced Islam. Regarding educational qualifications, 56 (62.2%) respondents held bachelor's degrees, 27 (30%) held diplomas, 5 (5.6%) held master's degrees, and 2 (2.2%) held PhDs. The study's demographic profile indicates that the majority of respondents were between 31-40 years (35.6%), female (90%), and Christian (52.2%). Additionally, most respondents specialized in RAEN (52.2%), held the rank of SNO (27.8%), and had 1-10 years of experience (65.6%).

Table 1 Showing Demographic Data of the Respondents

Demographic Characteristics	VARIABLES	FREQUENCY
Age	21-30	30(33.3%)
	31-40	32(35.6%)
	41-50	21(23.3%)
	51-60	7(7.8%)
	Total	90(100.0%)
Gender	Male	8(8.9%)
	Female	82(91.1%)
	Total	90(100.0%)
Religion	Christianity	47(52.2%)
	Islam	43(47.8%)
	Total	90(100.0%)
Level of education	Diploma	27(30.0%)
	Degree	56(62.2%)
	Masters	5(5.6%)
	PhD	2(2.2%)
	Total	90(100.0)
Specialty in Nursing	RN	26(28.9%)
	RM	10(11.1%)
	RAEN	47(52.2%)
	Others	7(7.8%)
	Total	90(100.0%)
Rank	NOI	7(7.8%)
	NOII	24(26.7%)
	SNO	25(27.8%)
	PNO	20(22.2%)
	ACNO	2(2.2 %)
	CNO	6(6.7 %)
	ADNS	4(4.4 %)
	DDNS	2(2.2 %)
	Total	90(100.0%)
Years of experience	1 – 10	59(65.6%)
	11 -20	20(22.2 %)
	21 – 30	9(10.0%)
	31 and above	2(2.2 %)
	Total	90(100.0%)

Table 2 shows that the 71.1% of respondents agreed that the term emergency preparedness refers to steps to take to make sure you are safe before, during and after emergency while 28.9% said no. 53.3% agreed that the steps in emergency preparedness include prevention, mitigation, preparedness response and recovery and 46.7% disagreed. 32.2% of respondents agreed that the national preparedness goals describe mission areas as prevention, protection, response and recovery and 67.8% disagreed. Further findings indicate that 74.4% of respondents agreed that the preparedness is a continuous cycle of planning, organizing, equipping and exercising, while 25.6% disagreed. 65.6% of respondents agreed that preparedness means every hospital/community to be prepared for all types of disaster while 38.9% disagreed. 61.1% of respondents agreed that evacuation process,

training and getting informed about emergency preparedness is vital and 38.9% disagreed. 33.3% of respondents agreed that the core component of emergency preparedness include risk assessment and emergency planning while 66.7% disagreed. 62.2% of respondents agreed that communication plan is also a core component of emergency preparedness while 37.8% disagreed. this study observes that 70% of respondents agreed that the core component of emergency preparedness is policies and procedures complies with the federal and state law and 30% disagreed Lastly 61.1% of respondents agreed that another core component of emergency preparedness is training and testing and 38.9% disagreed. This study concludes that the Nurses knowledge on core components of emergency preparedness is average (58.4%).

Table 2: The Nurses Knowledge on Core Components of Emergency Preparedness

SN	VARIABLES	YES	NO
1	The term emergency preparedness refers to steps to take to make sure you are safe before, during and after emergency	64(71.1%)	26 (28.9%)
2	The steps in emergency preparedness include prevention, mitigation, preparedness response and recovery	48 (53.3%)	42 (46.7%)
3	The national preparedness goals describes mission areas as prevention, protection, response and recovery	29 (32.2%)	61 (67.8%)
4	Preparedness is a continuous cycle of planning, organizing, equipping and exercising	67 (74.4%)	23 (25.6%)
5	Preparedness means every hospital/community to be prepared for all types of disaster	59 (65.6%)	31 (31%)
6	Evacuation process, training and getting informed about emergency preparedness is vital	55 (61.1%)	35 (38.9%)
7	The core component of emergency preparedness include risk assessment and emergency planning	30 (33.3%)	60 (66.7%)
8	Communication plan is also a core component of emergency preparedness	56 (62.2%)	34 (37.8%)
9	The core component of emergency preparedness is policies and procedures complies with the federal and state law	63 (70%)	27(30%)
10	Another core component of emergency preparedness is training and testing	55(61.1%)	35(38.9%)
	Average	58.4%	41.23%

Table 3 shows that 92.2% of respondents agreed that they address the preparation and mitigation properly in their hospital while 4.4% agreed that there is no disaster preparedness in their hospital. Majority of the respondents (96.7%) agreed they respond to care and recovery in critical phases and 2.2% of respondent disagreed to this. Also, 70% of the respondents agreed that they collaborate with all services in the areas of the hospital and non-health sectors while 16.6% disagreed to collaborating with other sector. 13.3% neither agree nor disagree with it. Also, 77.8% agreed to collaborate with all other health facilities for proper care and 12.2% disagree but few respondents (10.0%) neither agree nor disagree. More so, 87.8% agreed that they have hospital emergency committee while 3.3% disagreed. 80% of respondents agreed to have

plans including hazard specific sub plans while minority (4.4%) of the respondents disagreed. 70% agreed to having appropriate management and good information communication system while 16.6% disagreed. 77.8% of respondents agreed that they have a trained task force comprising of both clinical and non-clinical staff ready to intervene in emergency at all times, but 12.2% of respondents disagreed. 80% of respondents agreed that there is availability of mechanism for transporting victims while minority (4.4%) did not agree. Similarly, 80% of respondents agreed that there is availability of basic life support while 4.4% of respondents also disagreed. The level of preparedness of nurses working in emergency wards towards management of patient with viral hemorrhagic fever is very high (81.3%).

Table 3: The Level of Preparedness of Nurses Working in Emergency Wards Towards Management of Patient with Viral Hemorrhagic Fever

ITEMS	S A	A	N	D	SD
In disaster management of our hospital we address preparation and mitigation properly	43(47.8%)	40(44.4%)	3(3.3%)	4(4.4%)	-
We also respond to care and recovery in critical phases.	35(38.9%)	52(57.8%)	1(1.1%)	2(2.2%)	-
We collaborate with all service areas of the hospital and non health sectors such as water and electricity.	19(21.1%)	44(48.9%)	12(13.3%)	13(14.4%)	2(2.2%)
We also collaborate with all other health facilities for proper care.	33(36.7%)	37(41.1%)	9(10.0%)	8(8.9%)	3(3.3%)
We have hospital emergency committee	24(26.7%)	55(61.1%)	8(8.9%)	3(3.3%)	-
We have plans including hazard specific sub plans	23(25.6%)	49(54.4%)	14(15.6%)	2(2.2%)	2(2.2%)
There is appropriate management and good information communication system	19(21.1%)	44(48.9%)	12(13.3%)	13(14.4%)	2(2.2%)
We have a trained task force comprising of both clinical and non clinical staff ready to intervene in emergency at all times	33(36.7%)	37(41.1%)	9(10.0%)	8(8.9%)	3(3.3%)
Mechanism for transporting victims is available.	23(25.6%)	49(54.4%)	14(15.6%)	2(2.2%)	2(2.2%)
There is availability of basic life support	23(25.6%)	49(54.4%)	14(15.6%)	2(2.2%)	2(2.2%)
	30.6%	50.7%	10.7%	6.31%	1.76
	81.3%		18.8%		

Table 4 presents the analysis of factors influencing emergency ward nurses' level of preparedness in managing patients with Viral Hemorrhagic Fever. The analysis reveals that 71.1% of respondents agreed that staff training influences preparedness levels, while 28.9% disagreed. Regarding proper handling of scarce commodities, 53.3% of respondents agreed this was an influential factor, while 46.7% disagreed. The appropriate management of information communication systems was identified as influential by 61.1% of respondents, with 38.9% disagreeing.

Additionally, 62.2% of respondents agreed that nurses possess the necessary abilities and actions to prepare and respond to threats, while 37.8% disagreed. In summary, the key factors influencing emergency ward nurses' preparedness for managing patients with Viral Hemorrhagic Fever include staff training (71.1%), proper handling of scarce commodities (53.3%), appropriate management of information communication systems (61.1%), and nurses' ability to prepare and respond to threats (62.2%).

Table 4: Factors influencing the level of preparedness of Nurses working in emergency wards towards management of patient with Viral Hemorrhagic Fever

ITEMS	YES	NO
Training of staff	64(71.1%)**	26 (28.9%)
Proper handling of scarce commodities	48 (53.3%)**	42 (46.7%)
Management of medical economy constraint	29 (32.2%)	61 (67.8%)
legal risk resources,	23 (25.6%)	67 (74.4%)
political instability facilities	31 (31%)	59 (65.6%)
appropriate management of good information communication system	55 (61.1%)**	35 (38.9%)
Knowledge and skills of nurses.	30 (33.3%)	60 (66.7%)
Nurses have the abilities and action needed to prepare and respond to a threat	56 (62.2%)**	34 (37.8%)

Significant **

Testing for Hypothesis

Research Hypothesis: There is no significant relationship between preparedness of nurses working in Emergency wards and Management of patient with Viral Hemorrhagic Fever

The P-value in this table (0.049) is by far lesser than the significance value (0.05). Therefore, the null hypothesis which states that there is no significant relationship between preparedness of nurses working in Emergency wards and Management of patient with Viral Hemorrhagic Fever is rejected. Therefore, alternate hypothesis is accepted

Table 5: Cross tabulation chi-square test between preparedness of nurses and management of patient with Viral Hemorrhagic Fever

		Management				Total
		1	2	3	4	
Preparedness	Count	8	6	37	4	
	Expected Count	7.9	11.0	33.0	3.1	
	Count	5	12	17	1	
	Expected Count	5.1	7.0	21.0	1.9	
	Count	13	18	54	5	
Total	Expected Count	13.0	18.0	54.0	5.0	

Table 5 b: Chi -square test between preparedness of nurses and management of patient with Viral Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.843 ^a	3	.049
Likelihood Ratio	7.770	3	.051
N of Valid Cases	90		

DISCUSSION OF FINDINGS

This study examined the preparedness of emergency ward nurses for managing patients with viral hemorrhagic fever at the University of Ilorin Teaching Hospital, Nigeria. Among the 90 nurse respondents, demographic data revealed that the majority were female, aged 31-40 years, and Christian. Most respondents held bachelor's degrees, specialized in RAEN, held the rank of SNO, and had 1-10 years of professional experience.

The findings demonstrated emergency nurses' preparedness levels at the University of Ilorin Teaching Hospital. The average knowledge to core emergency preparedness components was 58.4%, showing potential improvement compared to Chinyere et al. (2022), although their study included various healthcare workers beyond nurses. The high level of preparedness may be attributed to widespread compliance with federal and state policies and

procedures. The hospital management had previously implemented Standard Operating Procedures for VHF management (UITH Viral Hemorrhagic Fever Response Committee, 2020). Additionally, following the 2014-2016 Ebola virus outbreak in West Africa, governments and healthcare institutions established systematic emergency plans to provide necessary support during VHF outbreaks (Griffin et al., 2020).

Staff training (71.1%) and appropriate management of information communication systems (61.1%) emerged as key components of Emergency Preparedness among respondents. These findings align with Chinyere et al. (2022), where 79.2% of respondents identified staff training as influential in determining nurses' preparedness levels. Raab et al. (2022) further emphasized training's importance in controlling VHF disease spread and ensuring effective patient

care. The significance of information communication systems was demonstrated by the University College Hospital, Ibadan, where management directed clinical department heads to maintain heightened vigilance at hospital entry points, including emergency wards, clinics, and general outpatient departments (Oguntola, 2022). Such systematic information dissemination enhances Emergency Preparedness among nurses and other healthcare staff. Prior to this study, the University of Ilorin Teaching Hospital had implemented similar communication strategies through Standard Operating Procedures for VHF management (UITH Viral Hemorrhagic Fever Response Committee, 2020), potentially contributing to the 58.4% average response rate for core Emergency Preparedness components.

CONCLUSION

This study revealed that while many emergency nurses possess current information about disease control and prevention, their knowledge of core preparedness in managing patients with VHF remains suboptimal. The importance of core emergency preparedness for VHF management among emergency nurses and other healthcare workers cannot be overstated. Hospital management should maintain continuous training and communication initiatives regarding VHF for all healthcare workers. Furthermore, nurses' willingness to respond to infectious disease outbreaks should be supported by appropriate welfare packages.

RECOMMENDATIONS FOR FURTHER RESEARCH

Future research should include:

1. A prospective study with a larger sample size within the current study location
2. Comparative studies across multiple hospitals to enable broader generalization of findings

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