



Center for the Study of Traumatic Stress

HEALTH CARE PROVIDERS

SUSTAINING CAREGIVING AND PSYCHOLOGICAL WELL-BEING WHILE CARING FOR DISASTER VICTIMS

The magnitude of death and destruction in disasters and the often difficult nature of the medical response require special attention to the needs of health care providers. Supporting caregivers and encouraging them to practice self-care sustains their ability to serve victims of the disaster.

Challenges for the Health Care Provider in the Post-Disaster Environment

- *Disaster areas are often physically ruined and socially unstable.* Accessing a disaster area to establish a clinical setting can be difficult due to disturbances of critical infrastructure such as airports, roads and communications. Ensuring the physical safety and security of providers (as well as patients) is a top priority but can be a challenge.
- *The magnitude of suffering.* The suffering of the large number of people needing assistance, the extreme physical injuries being treated and the almost unbearable losses that many patients have experienced—can challenge the fortitude of even the most seasoned practitioner. Disasters often produce mass physical trauma, and the injuries seen may be more severe or, because of delays in treatment, more complicated than many clinicians are accustomed to treating. Disfiguring injuries such as head/facial trauma or burns can be especially difficult emotionally. Disasters may result in the deaths or severe injuries of children which can be especially tough for many providers.
- *Providing support as well as medical care.* Many patients in the post-disaster setting are distressed and filled with a range of emotions. They may not have family or friends. Health care providers often take on extra support roles. This is especially the case when the patient is a child who is injured and may have lost or be separated from his/her family.
- *Poor Conditions.* Post-disaster clinical settings are often substandard, and health care providers must adapt to work in under-resourced environments. Diagnostic tests (e.g. laboratory or radiographic studies) and interventions (e.g. medications or surgeries) that are clinically indicated may not be possible due to limited resources. Patients may die from illnesses that clinicians regard as quite treatable. Some interventions may take place, but in suboptimal conditions. For example, life-saving amputations may need to be performed, even without proper anesthesia. It is difficult for health care providers to inflict pain on patients (especially children), even if necessary.
- *Unfamiliar and unexpected conditions.* Working in a disaster setting often means traveling to an unfamiliar place, usually away from a one's family and other social supports. Accommodations may be rudimentary and provisions of food and water may be somewhat sparse.

Psychological Stress of Health Care in Disaster Settings

While health care providers find the experience of assisting in a post-disaster environment gratifying, many also experience the intense emotions and thoughts of loss and concern as part of their work. Some common reactions include:

- physical and emotional exhaustion
- Identification with the victims –“It could have been my child, my spouse...”
- feelings of grief, hopelessness, helplessness, sadness and self-doubt
- difficulty sleeping
- guilt over not being able to do more, or having resources back home that their patients do not
- frustration and anger at the delivery system

Strategies for Mitigating Psychological Distress in Health Care Providers

- **Communicate:** Communicate with colleagues clearly and in an optimistic manner. Identify mistakes or deficiencies in a constructive manner and correct them. Compliment each other—compliments can be powerful motivators and stress moderators. Share your frustrations and your solutions. Problem solving is a professional skill that often provides a feeling of accomplishment even for small problems.
- **Monitor basic needs:** Be sure to eat, drink and sleep regularly. Becoming biologically deprived puts you at risk and may also compromise your ability to care for patients.
- **Take a break:** Give yourself a rest from tending to patients. Allow yourself to do something unrelated to the traumatic event and which you find comforting, fun or relaxing. This might be taking a walk, listening to music, reading a book, or talking with a friend. Some people may feel guilt if they are not working full-time or are taking time to enjoy themselves when so many others are suffering. Recognize that taking appropriate rest leads to proper care of patients after your break. Remember that your family and friends are awaiting you at home.
- **Connect:** Talk to your colleagues and receive support from one another. Disasters can isolate people in fear and anxiety. Tell your story and listen to others’.
- **Reach Out:** Contact your loved ones, if possible. They are an anchor of support outside the disaster area. Keeping in contact may help them better support you upon return home.
- **Understand differences:** Some people need to talk while others need to be alone. Recognize and respect these differences in yourself, your patients and your colleagues.
- **Stay updated:** Participate in meetings to stay informed of the situation, plans and events.
- **Check in with yourself:** Monitor yourself over time for any symptoms of depression or stress disorder: prolonged sadness, difficulty sleeping, intrusive memories, hopelessness. Seek professional help if needed.
- **Honor your service:** Remind yourself that despite obstacles or frustrations, you are fulfilling your profession’s highest calling—taking care of those most in need. Recognize your colleagues—either formally or informally—for their service.

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