



## Center for the Study of Traumatic Stress

### SUSTAINING CAREGIVING

#### MAINTAINING 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 demand that special attention be paid to the needs of health care providers. Supporting caregivers and encouraging them to practice appropriate self-care sustains their ability to best serve victims of the disaster. Working in a post-disaster setting to care for victims at a time of immense and profound suffering is an important and often rewarding experience. There are many challenges to working in such a setting. Being aware of such challenges and how to deal with them are keys to an effective disaster response.*

#### 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—in terms 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.
- Many patients in the post-disaster setting will not only be emotionally traumatized but also may not have family or other social support accessible. Health care providers may need to take on extra supportive 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.
- 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. Certain interventions may take place, but in suboptimal conditions. For example, life-saving amputations may need to be performed, even without proper anesthesia.

It can be difficult for health care providers to inflict pain on patients (especially children), even if necessary.

- 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.
- While many health care providers will find the experience of assisting in a post-disaster environment gratifying, many of those same people will experience psychological stress as a result of their service. Some common reactions include:
  - physical and emotional exhaustion
  - grief over the loss of patients
  - feelings of hopelessness in the face of such extreme, widespread suffering
  - feelings of helplessness and self-doubt
  - difficulty sleeping
  - guilt over not being able to do more, or having resources that their patients do not
  - frustration and anger at aspects of the delivery system
  - longer-term sadness and even depression

### **Strategies for Preventing or Mitigating Psychological Distress in Health Care Providers**

- **Communicate with care:** Communicate with colleagues clearly and in an optimistic manner. Identify any mistakes or deficiencies in a constructive manner and correct them. Compliment each other—compliments can be powerful motivators and stress moderators.
- **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. It is important to recognize that taking appropriate rest leads to proper care of patients after your break.
- **Connect:** Talk to your colleagues and receive support from one another. Disasters can isolate people in fear and anxiety. Telling one's own story and listening to others' can alleviate this isolation.
- **Reach Out:** Contact your loved ones, if possible. They can serve as an anchor of support from outside the disaster area. Keeping in contact may also enable them to 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 department- or hospital-wide meetings to keep people informed of 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 any 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 dedicated service during a disaster.

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*CSTS is the academic arm and a partnering Center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.*