

12. Associated feelings of severe guilt or shame;
13. Associated feelings of inadequacy, betrayal or spiritual conflict.

What is the risk of emergency response personnel developing post-traumatic stress syndromes?

Emergency response professionals (emergency response personnel, public safety personnel, nurses, doctors and disaster workers) are at a higher than normal risk for developing post-traumatic stress syndromes because they routinely find themselves working in very traumatic situations. Although the majority of emergency response workers because of their training, experience and mental preparation usually respond to traumatic situations without emotional reactions, various studies have estimated their life-time prevalence of developing post-traumatic stress disorder (PTSD) at 15%-20%.

It is generally accepted that the psychological well-being of emergency response personnel dealing with an emergency greatly affects its overall outcome, including the health of the primary victims of the trauma. Clearly, the development of potentially disabling syndromes in emergency response personnel need to be prevented at all cost.

Apart from repeated exposure to traumatic situations, what other factors might predispose emergency responders to experience critical incident stress?

Emergency response workers tend to have personality traits that help them to do a good job, but these same traits may increase their vulnerability to stress reactions. These traits include:

1. High levels of internal motivation;
2. An action-oriented approach to challenges;
3. A dedication to their jobs which they view as life-long careers;
4. A need for stimulation and excitement;
5. A rescue personality with a willingness to take risks;
6. A need to see quick results;
7. A strong need to be needed;
8. A tendency to deny the possibility of being affected emotionally by traumatic incidents;
9. Reluctance to accept change;
10. A need to be in control and to do a perfect job.

It must also be noted that organizational stressors can raise the job-related stress levels of emergency response personnel which would in turn increase their susceptibility to critical incident stress reactions. Below is a list of possible organizational stressors:

1. Inappropriate reward for the job done;
2. Unreasonable demands;
3. Lack of opportunity for participation in the decision-making process;
4. Problems with feedback;
5. Too much uncertainty;
6. Poor organizational style;
7. An unsupportive or threatening work environment;
8. Poor staff relations;
9. Lack of opportunity for self-actualization and career development.

The following account is fictional, but is an illustration of a situation in which organizational stressors exist and put staff performance at risk.

The Quality Assurance Committee of the Hopetown General Hospital called an urgent meeting with the Chief of the Medical Staff, the Matron and all medical and nursing staff attached to the Accident and Emergency Department of the hospital.

The Committee was very concerned that despite there having been no increase in the number or change in the spectrum of cases being handled by the Department, the number of acutely ill persons dying in the Department, the number of complaints from users of the Department and the number of medico-legal settlements related to the Department had increased steadily over the past year, with an all time high last month.



The problem seemed to have started about two years before when a new style of management was implemented in the Department. Staff who attended the meeting appeared to be quite frustrated, demoralized and disillusioned. They complained about:

- 1. Inadequate staffing of the Department;*
- 2. Frequent staff changes;*
- 3. Unreasonable working hours;*
- 4. Very poor staff relations;*
- 5. Unhealthy competitiveness among staff at all levels;*
- 6. A very dictatorial and ill-defined management hierarchy;*
- 7. Over-emphasis of the status quo;*

8. *Lack of opportunity for staff to participate in the decision-making process;*
9. *Feedback only about poor performance;*
10. *Gross insensitivity of senior management;*
11. *Clear evidence of favoritism;*
12. *Lack of accountability for all;*
13. *Verbal abuse from the public and poor security;*
14. *Lack of cooperation from interfacing departments.*

At the end of the emotionally charged four hour meeting, the Chairperson of the Committee thanked staff for their frankness and expressed surprise at the majority of information that had come to light. She then pledged to have the matter thoroughly investigated during the upcoming month. In the meantime, she promised that there would be urgent recruitment of 8 doctors and 20 nurses, even if only on a part-time basis initially.

Before the official closure of the meeting, one young nurse who was new to the Department advised that there was also an urgent need for a comprehensive stress management program to be put in place for staff in the Department.

Is it possible for emergency responders to be overwhelmed by the magnitude of some traumatic events?

Emergency responders can sometimes be so overwhelmed by the nature and/or magnitude of a traumatic event and by the conditions under which they have to function that their performance is significantly impaired. If this does happen, the affected person must be allowed to withdraw from the scene.

It must be understood by everyone that if an emergency responder feels the need to withdraw from a situation this does not mean that he/she has “copped out” or that he/she is ineffective. Instead, withdrawal should be viewed as a form of mature and responsible behavior which should be highly commended. Such an individual may still be able to function effectively in routine situations.

All emergency responders should be trained to recognize when they have become dysfunctional. If such a situation does occur the responder should report to their supervisor and withdraw from duty.

Exercise:

What impact did exposure to a recent traumatic stressor have on you?



Try to remember the most recent traumatic event to which you were exposed within the last 24 months.

What was your involvement with that incident?

What was the date of the incident?

Read each symptom below carefully, then circle the answer which best describes the frequency of any of the symptoms that you may have experienced after exposure to the traumatic event. Please see Appendix 1 for an interpretation of the total score.

		Never	Sometimes	Often	Always
1.	Any reminder brought back feelings about the experience.	1	2	3	4
2.	I felt afraid of and avoided similar situations.	1	2	3	4
3.	I tried not to think of and/or talk about the incident.	1	2	3	4
4.	I felt numb and detached from the incident.	1	2	3	4
5.	Pictures of the incident kept popping into my mind.	1	2	3	4
6.	I would try to deny that the incident did really happen.	1	2	3	4
7.	I would dream about the incident.	1	2	3	4
8.	I would think about the incident even when I didn't want to.	1	2	3	4
9.	I would get very strong feelings about the incident.	1	2	3	4
10.	I would find it difficult to fall asleep because of pictures or thoughts about the incident that would keep entering my mind.	1	2	3	4
11.	I would try very hard not to get upset when I remembered or thought about the incident.	1	2	3	4
12.	I became irritable and hostile for no good reason.	1	2	3	4
13.	I lost interest in my job and in previously pleasurable activities.	1	2	3	4
14.	I started using substances, e.g., nicotine, caffeine, sedatives, hypnotics, cannabis, cocaine, etc.	1	2	3	4
15.	My eating habits changed.	1	2	3	4

16.	I became socially withdrawn and found it difficult to relate to other people.	1	2	3	4
17.	I felt overwhelmed and helpless with no sense of a future.	1	2	3	4
18.	I had difficulty concentrating and/or making decisions.	1	2	3	4
19.	My thoughts would race and/or I felt confused.	1	2	3	4
20.	I felt guilty and/or started to question my religious values.	1	2	3	4
21.	I experienced memory impairment and/or became accident prone.	1	2	3	4
22.	I became preoccupied with possible unknown threats.	1	2	3	4
23.	I felt anxious.	1	2	3	4
24.	I felt "moody" and/or depressed.	1	2	3	4
25.	I experienced a number of unexplained physical complaints.	1	2	3	4

Total Score: _____

Exercise:

As a service provider, what is your level of work-related stress?

Read each statement below carefully, then circle the best answer to each question as it relates to the preceding 12 months of your life and find the total score. Please see Appendix 1 for an interpretation of the total score. Note carefully that tests like these serve only to alert us that there may be a problem.

		Never	Sometimes	Often	Always
1.	I feel that too much is expected of me.	1	2	3	4
2.	Just thinking about going to work makes me feel angry.	1	2	3	4
3.	I view the persons whom I have to serve as objects.	1	2	3	4
4.	I feel as if my job is "eating away my flesh".	1	2	3	4
5.	I feel overwhelmed and helpless.	1	2	3	4
6.	I have become isolated at work.	1	2	3	4
7.	I feel frustrated with my job.	1	2	3	4
8.	I find it difficult to concentrate at work.	1	2	3	4
9.	I use coffee, tobacco, alcohol and/or other drugs to try and cope.	1	2	3	4
10.	My work no longer brings me satisfaction.	1	2	3	4
11.	I am unable to empathize with others.	1	2	3	4
12.	I no longer care about the quality of my work.	1	2	3	4
13.	My job leaves me feeling emotionally exhausted.	1	2	3	4
14.	I am unable to provide a personalized service.	1	2	3	4
15.	I find it difficult to make decisions at work.	1	2	3	4
16.	My work attendance is poor.	1	2	3	4

17.	I feel the need to resign my job.	1	2	3	4
18.	I have become irritable and confrontational on the job.	1	2	3	4
19.	I dislike my job but I work because I need the money.	1	2	3	4
20.	My work performance has declined and I seldom finish anything.	1	2	3	4
21.	My work relations with my co-workers and my boss have declined.	1	2	3	4
22.	I feel inadequate and/or like a failure with respect to my job.	1	2	3	4
23.	I get suicidal and/or homicidal ideas because of my job.	1	2	3	4
24.	I have become disorganized on the job.	1	2	3	4
25.	I have become absent-minded and accident prone at work.	1	2	3	4

Total Score: _____

End of Section Quiz

Please circle the correct answer.

- | | | | |
|-----|---|---|---|
| 1. | Major depression can occur after exposure to a traumatic stressor. | T | F |
| 2. | Re-experiencing, arousal and psychosis are the three basic signs and symptoms that may follow exposure to a traumatic stressor. | T | F |
| 3. | Emergency service personnel are usually eager to admit that they may be having a distress reaction. | T | F |
| 4. | The death of a child is not a very traumatic event. | T | F |
| 5. | A feeling of confusion may result after exposure to a traumatic stressor. | T | F |
| 6. | Exposure to traumatic stressors can produce very intense arousal. | T | F |
| 7. | PTSD is a formally recognized psychiatric disorder. | T | F |
| 8. | The intensity and duration of the stress reaction after exposure to a traumatic stressor can be minimized. | T | F |
| 9. | Memory impairment may follow exposure to a disaster situation. | T | F |
| 10. | The incidence of PTSD is believed to be significantly over-reported. | T | F |

Note: Answers to questions are on page 128.

NOTES

[illegible]