



Resilience Among Primary Care Providers

Primary care providers serve on the front lines of the nation's health care system to treat a wide range of patient needs and physical concerns. In the aftermath of the September 11th terrorist attacks on the World Trade Center and Pentagon, the personal and professional burden on many primary care providers has increased even further.

The objective of this fact sheet is to provide information to support the psychological resilience of primary care providers before, during, and after a disaster, act of terrorism, or other traumatic event. This fact sheet provides strategies to help primary care providers to respond and cope with these increased professional and personal demands.

Primary Resilience: Before Disaster Strikes

Here are some steps that primary care providers can take in order to stay mentally prepared for a disaster, should one strike.

(1) Providers should think through concerns they may have about family, friends, pets, homes, etc., as part of any disaster preparation or drill.

- Make back up arrangements for family and pets.
- Make sure food, water, and medicines for family and pets are in supply.
- Leave written contact information for extended family and friends in other parts of the country.
- Leave calming, comforting notes and pictures for small children that can be given to them during an emergency for reassurance.

(2) Develop a communication plan with others in the hospital and at home.

- Develop a crash team and specify who is in charge and how decisions will be made.
- Specify who will make family decisions for the provider's children in the absence of one or both parents.

- Specify who will check on the provider's family and furnish instrumental support to them (such as running critical errands) during the crisis or disaster.

(3) Develop contingency plans should lines of communication be interrupted or hospital duties prevent quick communication.

Secondary Resilience: When Disaster Strikes

In the midst of a catastrophe, primary care providers may be confronted with and exposed to the effects of extensive death, injury, and disease. While normal for a hospital environment, the sudden and extensive nature of these events can overwhelm even the most seasoned medical program. Long hours, staff shortages, and other logistical problems can push the provider's limits.

The following are some of the common reactions to these types of events:

- Increased anxiety
- Fear, heightened sense of danger, feeling less secure
- Exhaustion, reduced energy
- Sleep problems, nightmares
- Anger, irritability, and frustration
- Disillusionment, discouragement
- Extreme altruism, self-denial
- Dissociation (i.e., "feeling as if one is in a dream")
- Substance use

To respond to the professional and personal challenges that may arise from large-size disasters, it is important to activate and apply these resources and coping strategies:

(1) During the disaster response

The following are some strategies that may be applied during a disaster:

- *Take a team approach.* Shared coverage of cases and adequate time off decrease the probability of providers feeling overwhelmed and "burnt out" by the unique stresses of trauma work.
- *Limit caseloads.* The cumulative impact of heavy caseloads of patients with traumatic experiences can put the provider at risk for secondary traumatization.

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- *Schedule brief meetings* to discuss strategy, schedules, concerns, and leadership changes. Open, direct, and honest communication among staff members increases a sense of unity and focus. This strategy allows for sharing of information regarding work procedures, goals, responsibility, and expectations of others. Minor problems can be solved before they become crises.
- *Have adequate supervision available.* Professionals who work with trauma survivors need supportive, confidential relationships with qualified professionals who have an understanding of the potential psychological effects of working with trauma survivors.
- *Devote time to debriefing.* * While the benefits of debriefing techniques are not conclusive, giving providers the opportunity to discuss the stories and graphic images described by trauma patients can be helpful to some, particularly if integrally connected with close-knit referral and follow-up service.
- *Take breaks or naps.* Naps can restore energy levels, calm irritable moods, and increase clear thinking and productivity.
- *Maintain proper hydration, nutrition, sleep hygiene, and brief exercise.* Providers must pay attention to their own self-care in order to provide quality care for their patients.

(2) Maintain personal resilience

Self-care is essential. In general, good adjustment in stressful circumstances is associated with the presence of a positive outlook, active engagement in coping with the stressor, and finding meaning in the events.

- *Seek help from others* to share problem-solving ideas or decrease emotional burden, or spend some quality time together with others.
- *Help others during difficult time*—it may be beneficial to all concerned.
- *Reaffirm ties to larger social institutions*, such as social and religious groups.

* *Debriefing* is a broad-based term for a variety of programs and processes designed to assist people who have experienced a trauma. For the purpose of this fact sheet, we use the term debriefing to mean giving people an opportunity to talk about their traumatic experience. Our use of the term should not be considered an endorsement of any particular debriefing program; in fact, the research is mixed as to the effectiveness of some such programs.

- *Take an active problem-focused approach* to the challenges that the event poses. It can minimize feelings of helplessness and replace them with an increased sense of control and personal mastery.
- *Develop realistic goals and the plans* to achieve them and take steps on a regular basis—even if they seem small—toward achieving those goals.
- *Keep things in perspective* by considering the broader context and trying to maintain a longer-term view.
- *Accept that change is a part of living.* Successful coping involves accepting what cannot be changed, focusing attention and effort on what can be changed or improved, and bearing in mind that change—both good and bad—is an essential part of life and growth.
- *Maintain a hopeful outlook.* Visualizing what you want, rather than worrying about what you fear, is a more optimistic, and therefore more resilient, way of approaching life and life's challenges.

Tertiary Resilience: After the Disaster

After the acute phase of the disaster, the business of the hospital will return to normal, but the effects of these high-intensity episodes can linger. What are the important red flags to look for?

- Depression
- Reduced energy, exhaustion
- Emotional numbing
- PTSD symptoms
- Difficulties returning to work (i.e., avoidance and disengagement)
- Feeling ineffectual; questioning one's career choice
- Personnel problems
- Irritability, angry outbursts
- Blaming
- Substance use
- Marital and family problems; feeling disconnected from others
- Feeling guilty over competency (i.e., "I should have been able to do more")

Because of the intensity involved in providing medical care during and after a disaster, it is possible that primary care providers will continue to feel distressed. It is important to be aware of these red flags and to become educated about building resilience and/or seek help from a behavioral health

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professional. The following are some examples of ways for professionals to find care:

- Most hospitals provide employee assistance programs (EAP) to assist and counsel staff in a confidential and safe setting. Following a disaster, EAP or behavioral health staff may provide an open door or drop-in policy to discuss events or reactions following a disaster.
- Initiation or use of professional individual or group psychotherapy can be an excellent source to build personal resilience, competency, and self-efficacy.
- There are many Web sites now available to building resilience and coping. For example, www.apa.org has many links to organizations that provide assistance to professionals.

Building Resilience Following a Disaster

After the crisis, it is typical for providers to be preoccupied with reducing the distressing emotions brought on by the event and getting back to "normal" and routine patient care as soon as possible. After some sense of normalcy has returned, providers and staff will benefit from thinking about lessons learned from the disaster in order to prepare for any future events. This process of reflection can result in changes that go far beyond planning the response to the next disaster.

Traumatic events challenge our basic assumptions about the world and who we are. As we attempt to integrate these experiences into a new understanding of the world, a reexamination of values and personal choices often takes place. This transformation in understanding can bring about changes in behavior that diminish future distress. For example, individuals who survive a trauma often experience a greater sense of invulnerability and self-reliance, both of which can lead to coping behaviors that build resilience. Giving up an illusion of invulnerability can result in a willingness to ask for help, decreasing of risky or unhealthy behaviors, and having a greater appreciation of supportive, interpersonal relationships. A perception of increased self-reliance from handling the trauma appears to be experienced as a feeling of strength and confidence that generalizes to all kinds of situations less difficult than the original trauma.

Thus, the time spent assessing and reflecting post-trauma is critical in building primary resilience. It allows primary care providers to share information and fine-tune strategies that will improve conditions found to be stressful or inefficient during the crisis. It also provides an opportunity for reflection and integration of new experiences that can lead to both professional and personal growth.

Additional Resources

Getting help when it is needed is an important aspect of taking care of oneself, and it can also contribute to resilience. In addition to turning to family members and friends for assistance, a person can take other helpful actions, including joining community support or self-help groups, reading books about how others have successfully managed hardships and challenges, and gathering related information on the Internet (though quality can vary by source).

One online resource that may be a good place to start is the **APA Help Center at www.APAHelpCenter.org**.

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Recommended Readings

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