

is a need to integrate more systematic monitoring, evaluation and research to appraise the applicability and effectiveness of MHPSS measures in future pandemics and other crises.

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Determining the Impact of Hurricane Dorian & the Covid-19 Pandemic on Moral Distress in Emergency Medical Providers at the Rand Memorial Hospital

Latoya Storr MBBS¹, Attila Hertelendy PhD^{1,2}, Alex Hart MD^{1,3}, Fadi Issa MD¹, Todd Benham PsyD¹, Gregory Ciottone MD¹

1. BIDMC Disaster Medicine Fellowship, Harvard Medical School, Boston, USA
2. Department of Information Systems and Business Analytics, College of Business, & Herbert Wertheim College of Medicine, Florida International University, Miami, USA
3. University of Connecticut School of Medicine, Farmington, USA

Introduction: Cumulative disasters have been shown to influence mental and physical health in both responders and victims, with studies showing associations in rates of depression and Post Traumatic Stress Disorder. Systemic problems that impact patient care such as limited resources, overcrowding of emergency rooms, and staffing shortages can be morally challenging for healthcare workers. Andrew Jameton, in 1984 defined Moral Distress (MD) as the inability of a moral agent to act according to his or her core values and perceived obligations due to internal and external constraints. Unresolved MD can create significant long-term debilitating physical and mental damage. Emergency medical providers on the island of Grand Bahama had the unique experience of responding to both the aftermath of Hurricane Dorian and the Covid-19 Pandemic. The aim of this study is to determine the prevalence of Moral Distress (MD) in Accident & Emergency (A&E) Physicians, Nurses, and Emergency Medical Service (EMS) staff at the Rand Memorial Hospital (RMH) in the Bahamas.

Method: This is a descriptive, qualitative, prospective cross-sectional study, utilizing a three-part survey sent to participants. Sociodemographic information, Hurricane Dorian & Covid-19 experiences, and responses to a validated modified Moral Distress Scale will be collected and uploaded to a secure, encrypted data management program. The data will be analyzed using the most current IBM SPSS statistical analysis package. Descriptive and Inferential statistics will be used to determine the impact of Hurricane Dorian & Covid-19 on MD and its associated sociodemographic factors.

Results: Data collection and analysis are planned for completion by March 1, 2023.

Conclusion: Addressing the causes of Moral Distress early can help improve healthcare systems' resiliency by ensuring a

healthy and supported workforce equipped with the resources to respond to future disasters.

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Evidence-informed Mental Health and Psychosocial Support (MHPSS) Guidelines: Are They Any Good and Where Do They Lead Us When Disaster Strikes?

Michel Dückers PhD^{1,2}, Andrea Willems MSc², Charlie Steen², Wera van Hoof MSc², Hans Te Brake PhD²

1. Nivel - Netherlands Institute for Health Services Research, Utrecht, Netherlands
2. ARQ Centre of Expertise for the Impact of Disasters and Crises, Diemen, Netherlands

Introduction: Disasters and humanitarian crises can have a tremendous impact on the mental health and psychosocial well-being of affected populations. Reliable and practical evidence-informed mental health and psychosocial support (MHPSS) guidelines are indispensable for policy and practice to address the mental health impact. Our objective was to review the quality of available guidelines and to explore similarities and differences in content.

Method: The review was conducted in two steps. Firstly, MHPSS guidelines, frameworks, manuals and toolkits were selected via a systematic literature review as well as a search in the grey literature. A total of 13 MHPSS guidelines were assessed independently by 3–5 raters using the Appraisal of Guidelines for Research and Evaluation–Health Systems (AGREE-HS) instrument. Secondly, we analyzed the content of the highest-ranking guidelines.

Results: Guideline quality scores varied substantially, ranging between 21.3 and 67.6 (range 0–100, M= 45.4), with four guidelines scoring above midpoint (50). Overall, guidelines scored highest (on a 1–7 scale) on topic (M = 5.3) and recommendations (M = 4.2), while implementability (M = 2.7) is arguably the area where most of the progress is to be made. The four guidelines proved largely similar, overlapping or at least complementary in their MHPSS definitions, stated purpose of the guidelines, user and target groups, terminology, and models used. Many recommended MHPSS measures and interventions were found in all of the guidelines and could be categorized. The guidelines stress the importance of monitoring needs and problems, evaluating the effect of service delivery, deliberate implementation and preparation, and investments in proper conditions and effective coordination across professions, agencies, and sectors.

Conclusion: The MHPSS knowledge base embedded in guidelines is rich and contains invaluable content for disaster risk reduction. Although application contexts differ

geographically, available guidelines should allow policymakers and practitioners globally to plan, implement, and evaluate MHPSS actions.

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An In-Depth Mixed-Method Study on Stress Exposure and Coping Strategies in Civilian and Military Prehospital Emergency Personnel from a Systemic Perspective

Martine Van Puyvelde PhD^{1,2}, Jolien Van Herck MD², Jeroen Van den Bossche MD³, Frederic Goethals MD³, Daisy Gijbels¹, Nathalie Pattyn^{1,2}

1. Royal Military Academy, Brussels, Belgium
2. Vrije Universiteit Brussel, Brussels, Belgium
3. Military Hospital, Brussels, Belgium

Introduction: Although prehospital emergency care in a civilian versus military context may differ in terms of working conditions and injuries, in both contexts the exposure to stressful and extreme events are present. Besides the continuous reports of post-traumatic stress symptoms, an alarming increase of burnout and suicide in (emergency) physicians is recognized as well. However, most of the research on this topic is either retrospective or peri-recovery, which might have an impact on the availability of information with regard to causes and underlying processes. Hence, in the current study, we conducted an in-depth study of well-functioning emergency care-takers, studying their profile while including their perspective on both their professional and personal context and the interconnectedness with their operational performance.

Method: We used a mixed method approach, combining the results of a quantitative questionnaire and a thematic analysis of 23 in-depth semi-structured interviews to gain additional qualitative information. We interviewed well-functioning and operating prehospital emergency professionals, recruited in three different settings, i.e., a military hospital, a military Special Operations Surgical Team, and a civilian hospital in the capital city.

Results: The quantitative part showed a preference for task-oriented coping. However, the interviews broadened this result, showing how the personnel are continuously seeking to find a balance between emotional connection and disconnection. Several risk-factors for mental injury were detected and the support and recognition from both the personal and professional environment showed to be crucial in finding a balance between job passion and the sacrifice of one's personal life.

Conclusion: The interviews showed that a variety of interrelated underlying professional and personal factors are related with how emergency personnel perceive and cope with stress events. A systemic approach to prevent mental health problems is highly recommended.

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Health Care Worker Wellness Interventions during the COVID-19 Pandemic

J Lee Jenkins MD, MS, Bridget Sullivan MD, Edbert Hsu MD, MPH

Johns Hopkins University, Baltimore, USA

Introduction: The COVID-19 pandemic has not only put a strain on the health care system throughout the world but has had an extreme impact on health care workers caring for these patients on a daily basis. These workers have been isolated from their families and experienced significant stress and loss at work and home. Some health care workers experienced rationing of care, inadequate personal protective equipment, and found themselves without the resources needed to care for patients. This paper reports on a systematic review of wellness and stress interventions targeting healthcare workers during the COVID-19 pandemic.

Method: A systematic review of Pubmed and SCOPUS articles published between January 1, 2020 and November 1, 2022 was conducted using the terms “healthcare worker”, “nurse”, “doctor”, “paramedic”, “emergency medical technician”, “mental health”, “resilience”, “wellness”, “stress”, “sleep”, “intervention”, “Covid-19”, “coronavirus”, and “pandemic.” These results were imported into Covidence. Inclusion criteria were studies on interventions of healthcare workers. Exclusion criteria were papers not describing health care workers, papers not describing interventions, health care workers not caring for COVID19 patients, and papers not written in English.

Results: A total of 26 papers were included in the analysis after the final screen. These papers were examined and sorted into groups based on the types of interventions on health care workers. The groups of interventions included 1. Psychological interventions, 2. Wellness or well-being interventions, 3. Work-related interventions, and 4. Pharmacologic interventions. Two studies were longitudinal in nature. The most common intervention was psychological (10), followed by work-related interventions (6).

Conclusion: Psychological interventions were the most commonly deployed and included hotline establishment or speaking with a therapist. This was followed by wellness interventions such as exercise, sleep regulation, breathing exercises, and healthy eating. Fewer interventions were included in the work-related or pharmacologic categories. Data regarding effectiveness and feasibility of interventions was heterogenous.

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Effects of the Six C's Psychological First Aid Model on Acute Stress Responses in a Simulated Emergency Situation

Moshe Farchi MPH, PhD¹, Yori Gidron PhD²

1. Tel-Hai College, Upper Galilee, Israel
2. Haifa University, Haifa, Israel

Introduction: Arrival to the emergency room (ER) can increase stress levels in patients and family members. Thus, there is a