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Coping with stress during disaster response: anecdotal evidence from EA professionals who helped victims of Hurricane Katrina suggests that paying more attention to job satisfaction may help reduce the impact of burnout and stress.

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When a natural disaster strikes, organizations look to their employee assistance program (EAP) for guidance. During these times, EAPs are asked to do everything from provide critical incident stress debriefings (CISDs) to help manage the technological infrastructure for locating employees and deploying basic necessities.

Because of the urgency inherent in disaster response, this type of work inspires employee assistance (EA) professionals to go the extra mile to fulfill their professional mission of making a genuine, tangible difference in the lives of other human beings. Moments like these are the reason many EA professionals entered the profession, and they willingly apply their skills to meet the overwhelming needs of client organizations and their constituents.

Disaster response work, however, can have a tremendous impact on responders as well as victims. EA professionals share stories of experiencing difficulty sleeping and visualizing troubling events described to them by survivors of natural disasters. Furthermore, the literature is replete with warnings about the dangers of stress, burnout, and compassion fatigue for service workers.

While these outcomes are damaging to the health and well-being of EA professionals, they can also prove detrimental to the quality of care provided to clients and can have a negative impact on the confidence that work organizations have in our profession. Consequently, it is vital for every EA professional to be aware of the potential emotional impact of disaster response and the skills and tools that can help us manage these stressors.

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FINDINGS FROM DISCUSSION GROUPS

After the 2005 hurricane season ended, I was curious about the types of stress experienced by EA professionals who had responded to these disasters and the effectiveness of the coping skills they had used to minimize the stress. I organized small, informal discussion groups of EA professionals who had provided telephonic assistance to victims of Hurricane Katrina. I gathered anecdotal information from them about the stressors and coping skills and compared it with data from the literature. I am presenting it here in an effort to start a professional dialogue about how to provide the best service to our clients by first providing the best care for ourselves.

Stressors. The EA professionals in the discussion groups reported several different stressors that accompanied their response to Hurricane Katrina. Some of the stressors seemed to emanate from the unique challenges presented by the sheer scope of the devastation caused by Hurricane Katrina; others seemed related to the well-documented concepts of role stressors and secondary traumatic stress.

The response to Hurricane Katrina was unique because the storm overwhelmed traditional community resources and destroyed telephone systems. Consequently, clients would wait in line for hours to use a working telephone to call their EAP for help,

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only to learn they had already contacted the resources being recommended to them and had not received any help. This caused clients to feel frustrated and disappointed and was very disheartening to the responding EA professionals. Many discussion group participants reported feeling powerless following these interactions with clients.

As would be expected, some stressors seemed related to secondary traumatic stress. Group participants reported experiencing troubling visualizations of the events described to them. For those who had responded to other large-scale crises, Katrina triggered some flashback-like memories of previous response efforts, prompting comparisons between the various events. Many EA professionals reported that the combination of media coverage of the event and the day-to-day interaction with the survivors was emotionally exhausting.

The concept of secondary traumatic stress is fairly well-documented in the literature. One can find many studies under the headings secondary traumatic stress, compassion fatigue, and vicarious traumatization. Bell (2003) argues that these studies examine the same thing: the impact of working with trauma survivors. Figley (1999) defines this phenomenon as natural behaviors and emotions resulting from knowledge of a traumatic incident experienced by a significant other. For simplicity's sake, the term secondary traumatic stress (STS) will be used in this discussion.

STS has been connected with many serious symptoms. Trippany, White Kress, and Wilcoxon (2004) attribute changes in the cognitive schemas of a counselor's identity, memory system, and belief system to STS. They also argue that physical symptoms, emotional symptoms, behavioral symptoms, work-related issues, interpersonal issues, and decreased concern for clients are connected to STS. Sexton (1999) argues that STS contributes to a decreased quality of work, increased turnover, and difficulty maintaining appropriate professional boundaries. Clearly, STS can have an extremely detrimental impact on EA professionals and the work they perform.

Another stressor experienced by the discussion group participants was role ambiguity. In fact, role questions seemed to be a focus of the discussions. Group members reported asking themselves repeatedly, "What is my role with this client?" Often these questions precipitated, or occurred in conjunction with, feelings of inadequacy. The discussion group participants said that some disagreements arose with colleagues around the role EA professionals should play in a disaster response effort.

These concerns suggest that role ambiguity was a significant stressor during the disaster response efforts for these professionals. Role ambiguity is defined as a lack of clarity about performance expectations (Landy and Conte 2004). While this may seem relatively innocuous, role ambiguity can have a deleterious effect on EA professionals.

For example, Kirk-Brown and Wallace (2004) found that role ambiguity contributes significantly to burnout in EA professionals. Tubre and Collins (2000) found that role ambiguity has a negative relationship with job performance. Helping EA professionals understand what is expected of them when responding to a disaster would seem to be essential to their well-being and the quality of care they provide to clients.

Coping skills. The satisfaction that results from believing you have helped another person may significantly reduce the impact of burnout and STS. For example, Kraus (2005) found that compassion satisfaction may play a moderating role in reducing the risk of burnout. Collins and Long (2003) found similar results suggesting that compassion satisfaction may be a protective factor against both burnout and STS. Thus, compassion satisfaction seems to be an important strategy in reducing the risk of burnout and STS.

Discussion group members also identified satisfaction as helpful in managing the stress of disaster response work. They reported that an increased sense of teamwork and frequent expressions of appreciation from their supervisors helped them feel more satisfied with the work they were doing. This helped them better manage the stressors they encountered.

The benefits of self-care as a coping strategy have also been documented in the literature. In one comprehensive study, Steffy, Jones, and Noe (1990) followed 3,337 employees from 58 organizations across three industries and found that health habits and lifestyle have a direct impact on reducing symptoms related to stress. Discussion group members provided anecdotal support to the literature by reporting that healthy behaviors and habits such as getting adequate rest, obtaining proper nutrition, and following an exercise routine helped them cope with the stress of responding to Hurricane Katrina.

Social support has also been shown to correlate with a reduced risk of burnout. For instance, Oktay (1992) found work-related support groups to be a significant negative predictor of burnout for hospital social workers. Discussion group members also reported that support from colleagues, family, and friends helped them cope with the stressors associated with responding to Hurricane Katrina.

In fact, when discussion group members were asked what coping strategies were helpful to them, most identified an equal number of social support and self-care strategies. However, when asked what coping strategies they would recommend for colleagues, they identified many more self-care strategies than social support strategies, and social support usually was added as a final addendum to their list. In addition, some participants reported feeling surprised by their increased need for social support at some point during the disaster response effort.

This could represent an incredible missed opportunity. For instance, Um and Harrison (1998) found that individual coping skills provide little benefit in moderating the effects of burnout on clinical social workers, but they found significant benefit in social support

strategies. Given this information, it might be wise for EA professionals to place more emphasis on social support as a coping strategy.

While much of the information about self-care and social support examines their benefits as a primary coping strategy, some data suggest they play a more secondary role. For example, Kraus (2005) found that self-care increases compassion satisfaction and that compassion satisfaction plays a moderating role in reducing the risk of burnout. Collins and Long (2003), meanwhile, found that many social support strategies increase compassion satisfaction and that compassion satisfaction may be a protective factor against both burnout and STS. Given these study findings, perhaps more attention should be given to compassion satisfaction as a primary coping strategy, while other self-care and social support strategies should be used in supporting roles.

CONCRETE DIRECTION

All in all, the discussion groups provided some interesting anecdotal information about how EA professionals responded to Hurricane Katrina and the accompanying stressors they experienced and coping strategies they utilized. This information now needs to be verified by formal research into the most effective coping skills for EA professionals responding to a large-scale disaster.

The resulting data would provide some concrete direction for reducing the deleterious effects of stress, burnout, and STS on EA workers. It would not only improve the health and wellness of EA professionals, but would also improve the quality of their services. Providing better services would enhance the value that EAPs bring to an organization and increase employers' confidence in, and respect for, our profession.

While the discussion groups and literature review were initiated to obtain some insight into stress and coping, the results suggest that examining how one fulfills his or her mission may be a better line of inquiry to explore. Does a feeling of being frustrated in trying to accomplish a mission contribute more to stress, burnout, and STS than an unsatisfactory outcome? Should a sense of satisfaction be the primary goal of stress-prevention programs instead of focusing primarily on coping skills?

Given the current data, EA professionals may want to give increased consideration to the importance of job satisfaction. It is possible that the satisfaction resulting from fulfilling the professional's sense of mission may provide a significant buffer to stress, burnout, and STS. EA professionals may want to concentrate their efforts on finding fulfillment and satisfaction from their work when stressors increase, rather than rely on using coping skills.

EA professionals may also want to consider increasing their opportunities for social support. This might mean scheduling more time for consultation, starting a work-related support group, spending more time talking with colleagues, or use working lunches to maximize the benefits of social support.

Ultimately, addressing the effects of stress, burnout, and STS is the responsibility of every EA professional. Developing coping skills to combat these conditions helps protect the health and well-being of the EA professional and his or her clients. It also helps the profession continue to provide the essential, caring services upon which so many work organizations depend.

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