

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

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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

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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

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