



Stressful Effects of Disasters on Workers

Module One Workbook

Introduction

This is the first of three workbooks that will support the online Workforce Resiliency modules. The workbook will include exercises that you can fill out during training and use again later, case studies, and some practical examples of the basic concepts and principles of workforce resiliency. The workbook will also identify other related resources and materials that you can explore for more information on the topics in this module.

Exercise 1. Organizational Stressor Awareness

Directions: Organizational systems such as public health agencies can be subjected to systemic stress. These stressors include events and processes such as funding cutbacks, political discord, turnover, and poor leadership as well as more obvious situations such as disasters that can stress an entire organization. Below, identify two or three major recent or on-going system-wide stressors that affect your organization and consider how this organizational stressor also affects your individual stress level.

Organizational Stressor 1 _____

How does this affect you?

Organizational Stressor 2 _____

How does this affect you?

Organizational Stressor 3 _____

How does this affect you?

Exercise 2. Personal Stressor Awareness: Know Your Personal, Job-related Stressors

Directions: People vary greatly in terms of what is stressful for them. It is important to be aware of your own personal stressors. Below, develop a list of two or three personal job-related stressors, such as tight budgets, not enough control over your schedule, or others. If you can, also briefly identify what it is about these stressors that contributes to your stress (why this stressor affects you).

Stressor 1

Stressor 2

Stressor 3

Exercise 3. Assess Your Symptoms of Stress

Directions: The following items are derived from the Symptoms of Stress Inventory (SOS), a valid and reliable measure of an individual's stress symptoms. You may make copies and use this on a regular basis to measure and track your stress levels.

In responding to the following items refer to the **last week** only. Use the scale below to indicate whether a symptom has occurred:

Not at all = 0 Infrequently = 1 Sometimes = 2 Often = 3 Very frequently = 4

Did you experience	Not at all	Infrequently	Sometimes	Often	Very frequently
Flushing of face	0	1	2	3	4
Cold hands or feet	0	1	2	3	4
Pains in heart or chest	0	1	2	3	4
Rapid breathing	0	1	2	3	4
Having to clear throat often	0	1	2	3	4
Nasal stuffiness	0	1	2	3	4
Poor appetite	0	1	2	3	4
Muscles in shoulders excessively tense, stiff, sore, or cramped	0	1	2	3	4
Tension headaches	0	1	2	3	4
Fidgeting with hands	0	1	2	3	4
Early morning awakening	0	1	2	3	4
Feeling alone and sad	0	1	2	3	4
Feeling that worrying gets you down	0	1	2	3	4

Did You Experience	Not at all	Infrequently	Sometimes	Often	Very frequently
Getting nervous when approached by a superior	0	1	2	3	4
When you feel angry, you act angrily toward most everything	0	1	2	3	4
Becoming mad or angry easily	0	1	2	3	4
Must do things very slowly to do them without mistakes	0	1	2	3	4
Becoming suddenly frightened for no reason	0	1	2	3	4
Shaking and trembling	0	1	2	3	4

Self Scoring Directions

Sum all of your non-zero replies

Sum _____

Take that sum and multiply by five to obtain a total score

(5 x Sum = Total Score)

Sum x 5 _____

Total Score Benchmarks

- The average score for healthy men and women in the Seattle metro-area in the late 1980s = 40
- TMJ pain patient samples included an average score of: women = 75; men = 60
- ICU nurse sample = 75–80
- Firefighter sample = 80+
- Suggested benchmarks for public health worker’s SOS total scores:
 - <50: excellent coping
 - 51–65: mild stress symptoms
 - 66–99: moderate stress symptoms
 - 100+: high stress symptoms

Example 1. Samples of Organizational Stressors in Public Health

Routine Organizational Stressors in Public Health

Organizational stressors:

- Lack of communication—horizontal and vertical
- Organizational change
- Multiple conflicting priorities
- Value of public health is often not observable (lack of appreciation)
- Financial climate: funding and staff shortages
- Workloads/time management
- Work/family balance
- Role ambiguity: What am I about?
- Lack of control
- Information overload
- Political upheaval in state/city/country government
- Coming “boomer” retirement exodus
- Bureaucracy within public health agencies

Examples of Organizational Stressors

Alaska Public Health stressors:

- Alaska Public Health Department has 550 employees scattered across the biggest state in the union; knowing (or even meeting) co-workers presents a challenge.
- Many Alaskan communities are isolated and lack resources.
- Travel in and around Alaska can be problematic; especially in the winter months.

Other Examples of Potential Public Health Organizational Stressors

Washington State Department of Health potential disaster-related stressors:

- One key informant felt that it might be difficult to enforce shifts of a reasonable length (shift standards may become difficult to enforce in a disaster).
- Another key informant felt that cross-training of disaster workers was difficult because health department workers do not want to relinquish their role responsibilities during an exercise.

These lists were derived from informal discussions with Northwest Center for Public Health Practice partners (Regional Steering Committee meeting, October 24, 2006), from meetings with Kerre Fisher and Sandra Woods (Alaska Public Health offices Anchorage, December 4, 2006), and from observations and relevant literature.

Example 2. Stressors Associated with Disasters

Stressors Associated with Terrorist Threat Events (e.g., anthrax attacks on the U.S. Postal System)

- Acts are unpredictable, malevolent, and intentional.
- Acts may employ unfamiliar agents such as biological, radiological, and chemical agents.
- Lack of control and the “unknown” are frightening.
- Threat credibility is difficult to gauge.

Other Potential Stressors for Public Health Workers Associated with Disasters

- Personal exposure to hazards, e.g., bioagents
- Encounters with frightened or injured disaster survivors
- Encounters with mass fatalities
- Negative perceptions of the disaster response agency
- Breakdown in communication
- Perceived mission failure