Healthcare Professional Wellness During Natural and Man-made Mass Casualty Incidents COVID-19 Pandemic vs. October 7th War

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INTRODUCTION

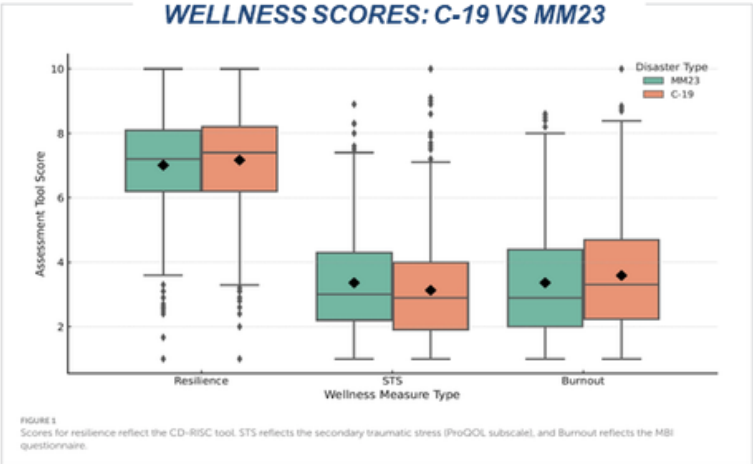
Mass Casualty Incidents (MCIs) represent a unique challenge to both healthcare systems and staff, however, limited quantitative research exists to describe the variable impact of natural and manmade MCIs on healthcare professional wellness (HCPW) measures. The aim of the study is To compare resilience, burnout and secondary traumatic stress (STS) outcomes between health care professional (HCP) respondents during the Covid-19 (C-19) pandemic and post October 7th War (MM23). We considered factors such as direct patient contact (DPC) and the role of non-clinical activities and previous experiences on HCPW measures.

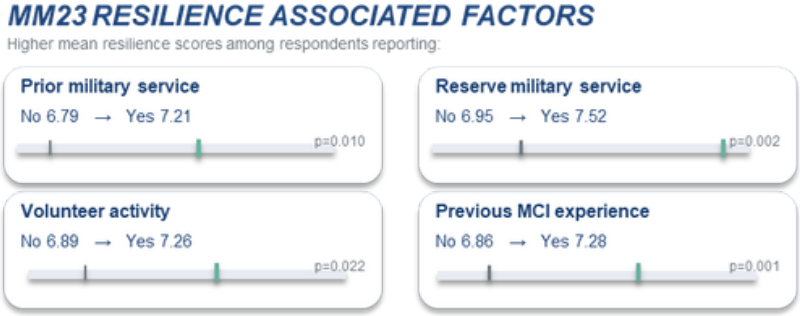
METHODS

A retrospective cross sectional survey based study. Resilience, burnout and STS were assessed using CD-RISC 10, MBI and ProQOL questionnaires. Continuous variables were analyzed using Mann Whitney U and Kruskal Wallis tests; categorical variables were assessed using Chi square or Fisher's exact test.

RESULTS

Distinct wellness patterns were observed across the two MCIs. Resilience remained comparable between COVID-19 and the October 7th War: 7.17 vs. 7.01, p=0.112.
Burnout was higher during COVID-19: 3.59 vs. 3.36, p=0.010 and Secondary traumatic stress was higher following the October 7th War: 3.36 vs. 3.13, p=0.020.
In the October 7th War cohort, direct patient contact was associated with higher resilience: 7.21 vs. 6.80, p=0.001.
Higher resilience was also observed among respondents with prior military service, reserve military service, volunteer activity, and previous MCI experience.





CONCLUSION

Our findings suggest that healthcare professional wellness varies by MCI type. While resilience remained relatively stable, COVID-19 was associated with higher burnout, whereas the October 7th War was associated with higher secondary traumatic stress. Direct patient contact showed different associations across disaster types. In the October 7th War cohort, prior military service, reserve military service, volunteer activity and previous MCI experience were associated with higher resilience. These findings highlight the potential role of previous adaptive experience, mission oriented engagement and preparedness in supporting resilience during man made MCIs.

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