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Psychosocial Project for LRC Volunteers
Pilot and Evaluation Phase February 7 to March 4, 2010
– Summary –

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1) Objectives & Setting

In February 2010, Umedic representative in Lebanon Ms Heba Hammoud and German psychologist Johanna Schubert (Ludwig-Maximilians-University Munich) visited eight selected field stations in Lebanon. Namely these stations were Tripoli, Zahle, Jounieh, Baabda, Mreyjeh, Nabatiyeh, Tyre, and Tebnin. Objectives of these visits were to

- raise awareness of the consequences of extreme stress, i.e. burnout and PTSD[1]
- facilitate reflection on work-related stressors
- evoke interest in further steps in the process of developing structures of psychosocial support within the organization through presentation of psychosocial project proposal.

These objectives were met providing a two-hours' psycho-educational workshop on stress and psychotrauma among Red Cross volunteers at each station, followed by question-and-answer-sessions and personal conversations with heads of station and individual volunteers.

In order to gain a statistical base for further measures, a prevalence study on stress and PTSD[1] was additionally initiated in the selected stations. This study aims to present valuable practical information about stress levels and coping strategies, which will serve to modify the existing tailored stress management program for the Lebanese Red Cross.

Between 9 and 20 volunteers participated in the bilingual workshops (Arabic/English), their experience ranging from a few months to over 20 years.

[1] Post-traumatic stress disorder

2) Workshop contents

time	content	material
15 min	**Introduction** Welcome, introduction, workshop overview	PowerPoint (PPT)
15min	**Theory I** What is stress	PPT
45-60 min	**Exercise: What is stress?** Group is split up into smaller groups, task: → Discuss stressors in your work as LRC volunteers → Group-wise presentation of the results, discussion	PPT, Flipchart
15min	**Theory II** Stress and PTSD – diagnostics and consequences	PPT
15min	**Presentation of project proposal**	PPT

Table 2.1: Workshop schedule

3) Stress and PTSD in the Lebanese Red Cross

The work of a paramedic – no matter in which culture or political environment – includes certain stress factors inherent to the emergency medical services. Professional pressure when trying to save a critical patient, conflicts with other emergency response bodies such as police and fire brigades, or civilian interference – only few examples for a number of stressful challenges EMTs[2] are facing on duty all across the world. However, there are stressors unique to the Lebanese setting such as political structures, general security situation, recent wars, economical pressures, and infrastructural issues. During the workshops, volunteers were asked to name examples of stress sources in their work as Red Cross EMTs[2]. This way, we received a comprehensive list of stressful and potentially traumatising aspects of LRC volunteer work to be addressed in future projects (most commonly mentioned stressors marked red and with asterisk).

A) During the war

a. War prevented them from going to patients when called (too dangerous)
b. When going to mission, road is blocked (cannot reach patient)
c. After attack on ambulance, they felt unsafe in the ambulance car (direct target)
d. While team leader is not feeling safe, he has to show confidence to the team
e. After war, hardly any appreciation for hard work was expressed
f. "We are all mentally disabled now"
g. Injury or death of colleagues
h. When arrived at an incident scene, people had already died → self-blame, guilt
i. Worry about dispatched colleagues being bombed
j. Smell when transporting fragmented corpses
k. Being in danger while going on mission (dilemma saving vs. being safe)*
l. Flashbacks from traumatic war experiences*

[2] Emergency Medical Technician

B) General/infrastructural obstacles to mission

a. Many bystanders interfere on accident scene, hindrance to EMTs' work, cause pressure, treat patient wrong before ambulance arrives*
b. Driving to mission: Traffic does not make room for ambulances, traffic jams*
c. Accidents on the way to or from mission due to traffic situation
d. Bad road conditions*
e. Many bystanders (especially victims' families) interfere on accident scene, hindrance to EMTs' work*
f. Problem with the ambulance car when going to mission*
g. When victim is regional VIP, too many inquiry calls received at station
h. Families in the ambulance car on the way to hospital (pressure)*
i. Conflicts with police and fire department, lack of cooperation*
j. Housing conditions of patients (e.g. no elevators, transportation problems)
k. Electricity cut-offs
l. Air Conditioning not working properly due to electricity failures
m. Competition: Once LRC worked hard to save patient's life, succeeded, next day in newspaper the competitor had done it

C) Organisational stressors

a. Overworked and understaffed: increasing number of missions, not enough volunteers to tackle the problem (helplessness)*
b. Not enough or damaged equipment*
c. No or wrong information by operation room (unavailable address, different problem reported, false alarms)*
d. Interpersonal problems in the team (often due to stress, but also causing stress), miscommunication*
e. Damage exceeds expectations (e.g. more injured people than announced)
f. Civilians transfer patients incorrectly, when LRC takes over, they get blamed for damage (e.g. paralysis)*
g. Private ambulances interfere with RC work, often not professional → conflicts*
h. Phone calls during mission (mobile not turned off)
i. State of the station building, sewage getting into the bed and sanitation rooms (Jounieh)
j. No fresh water at the station, water salty and unclean (Mreyjeh)
k. Renovation of station in addition to shifts (Baabda)
l. Continuous demands during duty, not enough breaks
m. Volunteer work not insured medically
n. Challenges of future goals and plans of the station
o. Too much LRC program (training, conferences, shifts, social events), becomes burden
p. Mock emergency calls
q. People crowd the station to get treatment (think, LRC is Primary Health Care Station) → overload for volunteers (Mreyjeh)

D) Hospital handover

a. Hospitals rejects patients (space, money)*
b. After CPR during transfer hospital won't do anything else ("enough") although EMTs strongly recommend further intensive care
c. Effort in ambulance to keep patient alive, at arrival the patient is declared dead by doctor → disappointment, embarrassment
d. Effort in ambulance to keep patient alive, doctor refuses to continue CPR, declares patient dead although he/she might have had a chance to survive
e. Hospitals don't respect patient
f. Emergency Room not accessible (cars parking in the way etc); no proper action is taken by hospital to unblock access
g. Conflicts between EMTs and ER staff*
h. Families insist on specific hospital that might be too far away (patient in critical condition), conflicts arise
i. Doctors treat patients disrespectfully, unfriendly, underestimate their problem*

E) Personal, societal and psychological stressors

a. Private life in addition to volunteering (jobs, studies, exams, family, …)*
b. Private life can be more stressful than being EMT; Volunteering can help relief other stress
c. Volunteers too poor to afford even food
d. Relatives and friends don't understand why volunteer instead of "real job"
e. Involvement of children in accident
f. Coping with the death of patients, especially children*
g. Fear of making mistakes*
h. Believing in 7 Red Cross Principles, but sometimes cannot apply
i. Critical patient, uncertainty if hospital will be able or willing to help
j. Patient's deterioration during transfer, loosing a patient
k. Pressure from patient's relatives, especially when no help can be provided (due to severity of injury, lack of equipment or traffic)*
l. Sound of sirens all day
m. Patient screaming → team has to shout to hear each other
n. Driving style of the ambulance driver*
o. Although emergency call was late, bystanders blame LRC for being (too) late*
p. Lack of awareness in public towards LRC → no respect and low support, interference*
q. Witnessing accident scenes, particularly when many people injured Missions, where relatives or friends are involved as patients
r. Death of friends/volunteer colleagues
s. Patients with low socioeconomic status (can't help enough due to financial reasons)
t. Lack of recognition from superiors
u. Lack of sleep, waking up for missions, tired on emergency, fatigue due to shifts + jobs*
v. Long hours on duty, no time for family (which would help to recover from stress)*
w. Being on time for shift when coming straight from work
x. Physical pain (e.g. back pain from lifting heavy patients)
y. The more responsibility, the more stress & pressure (e.g. team leaders)
z. Serious cases (heavy bleeding, death, mass casualty)*
aa. No motivation for volunteers to stay with LRC
bb. Neglect from the government for LRC

F) Current security situation (specific for Tripoli)

a. Deteriorating security, missions getting increasingly even more dangerous
b. Different sects/clans fighting: LRC needs to obtain "green light" beforehand to collect the wounded, if not they are being attacked; even with "green light", attacks happen

Certainly, many of these stressors have to be accepted, as they are 'normal' aspects of emergency medical services. Also, quite a number of factors are due to political or economic circumstances, which are hard or near impossible to change. However, many of the examples can be tackled and dealt with through structural improvements, on the organisational level, but also through the establishment of a professional psychosocial support system, which is currently lacking. In any case, modern mental health support in the Lebanese Red Cross would enable volunteers to cope with and minimise this large number of stress factors.

4) Workshop evaluation and feedback

The general evaluation of workshop and project proposal was very positive. All stations confirmed that there was great need for more systematic psychosocial support for them in order to deal with work stress on LRC duty and in consequence to provide better service to the community. Volunteers' appraisal of workshop and project were rated as follows:

A) Evaluation of workshop *(1= Minimum, 10= Maximum)*

a.	General impression of the workshop	8,6
b.	Presentation	8,9
c.	Clarity of contents	8,9
d.	General usefulness	8,4
e.	Usefulness for EMTs	8,5
f.	Knowledge before	5,1
g.	Knowledge after	8,8

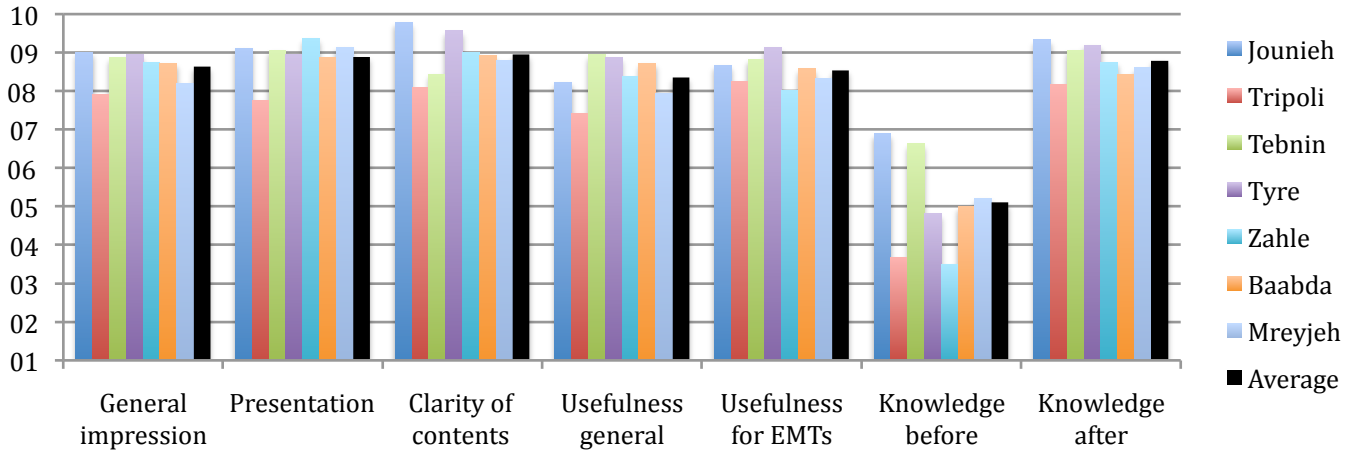

Figure 4.1: Workshop ratings across stations

B) Evaluation of project proposal *(1= Minimum, 10= Maximum)*

a. Liking of the project 9,2
b. Necessity of psychosocial support 9,2
c. Usefulness of a psychosocial project 9,2
d. Likelihood of participation in project 8,9

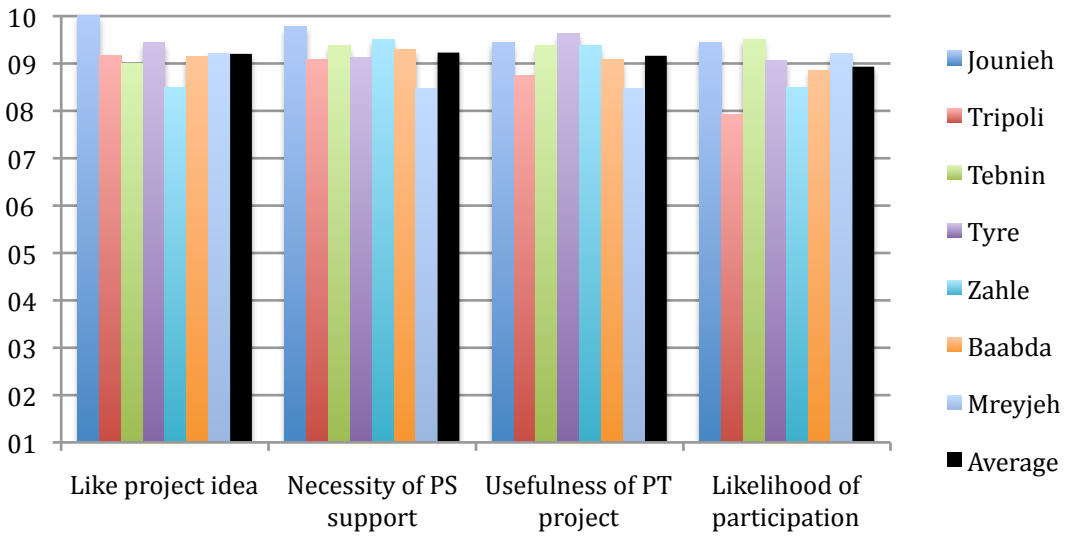

Figure 4.2: Project Proposal ratings across stations

C) Written comments received from volunteers

a. "Hope we participate in psychosocial project"
b. "It would be very effective to us as paramedics to have psychological and psycho-social support"
c. "Perfect, no comment. Thank you very much, and I hope to see you soon."
d. "I like this workshop, because it contains very good information for my job."
e. "To make the program for the EMS volunteers and let them talk about their experiences and what they remember (debriefing serious)"
f. "We hope that will come true"
g. "All the best"
h. "Everything is perfect"
i. "There is no more time to go in a further discussion in this project"
j. "I hope this project will continue"
k. "I wish the project continue and progress"
l. "To help as minemom 3 time ane one years becuse really we need this project always" (To help us minimum three times in one year because we really need this project always)
m. "Thanks for your time"
n. "Good project +++"
o. "Thanks for your time to help and improve the system at the LRC - it's really needed. Thanks for your support again."
p. "Very kindly both"

q. “I strongly hope that this will achieve its subjects”
r. “Maybe the participation of LRC volunteers should be obligatory because the highly importance of such project/workshop”
s. “Yes, I can help the team in developing the project with Technical and contents support. Good luck with your PhD.”
t. “I would like to be trained to such projects and participate in workshop of such kind. Thank you for being so helpful.”
u. “Thank you for your support.”
v. “It was a very good and there should be a workshop with all volunteers.”
w. “Good Luck!”
x. “I think that psychological project will be so useful, I think I will participate in such a project”
y. “I think that we really need this project in Lebanon”
z. “Thank you!”
aa. “Thank you. Very fruitful.”
bb. “Wishing you good luck in your PhD along with this great project :)”
cc. “If the psychologist can talk in the stations that he/she visits with everyone of the group individually it can help a lot for the study and project as for the volunteers. Thank you and good luck.”
dd. “I think that psychosocial support for volunteers is a big need & a necessity that the Red Cross organisation does not provide yet for its volunteers but it should.“
ee. “When I heard about the workshop I was interested. An so on I've increased my knowledge in psychology specifically in PTSD and stress. It was important for me because I study a very (...) domain at university. Thank you!”
ff. “Try to get more psychologists as volunteers on order to have a support center. God bless you.”
gg. “Thank you”
hh. “Thank you, you were great! Keep on, with love LRC :-)”
ii. “Thanks, really it was so useful”
jj. “Good work; keep going”
kk. “Thanks a lot...”
ll. “Thank you a lot, we wish you the best and perfect places.”
mm. “Thanks a lot. Best regards for your cooperation with our country.”
nn. “Very important inside the EMS even in our life. Thanks a lot for your support”
oo. “Was a very good + useful presentation, but I think it’s better if it takes less time.”
pp. “We need more time to learn about this. Very good idea, thank you.”
qq. “Thank you”
rr. “Perfect, wish you success”
ss. “Do it now, before tomorrow if you can. Thank you”

5) Recommendations, Project Benefits & Perspective

Based on my professional impression from the workshops, individual conversations, and volunteers' comments, I strongly recommend the implementation of a systematic psychosocial support infrastructure in the Lebanese Red Cross. I am convinced that statistical figures resulting from my stress and PTSD prevalence study will underline this impression.

The benefits of a project like this are

- Promotion of health among response staff
- Improvement of team structures
- Reduction of missed time
- Increased motivation
- The training can prevent:
    - PTSD
    - Burnout
    - High turnover rates
    - Reduced quality of service given by the response givers
    - Sick days
    - Marital and family problems
    - Psychological problems in general
    - Tension between staff members and subsequently damaged teamwork
- Reduction of cost burden on the health care system
- Provision of a more comprehensive emergency service for the population

In order to assess feasibility, acceptance and cultural fit of the proposed training program, I suggest selecting three pilot stations. To gain realistic experience, a possible selection of stations could include for example Baabda, Tyre, Tripoli.

The following steps both on the side of Umedic and the Lebanese Red Cross will include the completion of the study in cooperation with the Lebanese Red Cross, provision of a financial proposal for a one-year pilot program, and the evaluation of different funding options.

I think that a program like this is vital to the service quality provided by the Red Cross volunteers on the one hand, on the other hand crucial for the protection of EMTs' mental health. It would be my personal and my university department's pleasure to support the LRC in the establishment of advanced psychosocial support for its EMTs.

Munich, 9th of March 2010

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