

Crisis managers' response to large scale incidents: Social identity implications

Poster presentation

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Context

Large scale disasters, caused by natural or human forces, require well-connected health systems actors for responses to be fast and effective. The focus on the evacuation and psycho-medical treatment of disaster victims in case of a mass emergency is paramount. The intervention, however, puts a strain on emergency services and can entail immediate or long-term consequences (e.g. ASD, PTSD).

The present study explores the role of professional social identities for emergency service leaders' (=crisis managers') attitudes and reported behaviors in the face of crisis situations.

This study is embedded in a multi-country EU-project on psycho-social support in crisis management. PsyCris (PSYcho-social Support in CRISIS Management) aims at improving psycho-social support in crisis management. The main goals are to deliver a status quo analysis of support in crises in European countries, improvement of support strategies, contingency planning, development of interventions, and provision of efficient self-help strategies to communities affected by crises as well as investigation of long-term impact of crises. The results will impact public health, community resilience, international cooperation and cost containment.

Methods

Focusing on emergency service leaders' perception of large scale incidents (natural or manmade) shall help to better understand crisis managers' individual coping strategies, the institutionalization of mutual peer support and the need for additional support. It is assumed that strong professional social identities guide leaders' attitude and behavior in situations that trigger social identity salience. First important insights were gained in the context of a simulated fire incident in one Austrian community. In a second step, guideline-based interviews were conducted to form the basis for a more in-depth analysis of crisis managers and team members' attitudes of one specific organization (Austrian Red Cross).

The scenario of a major fire incident was simulated in one Austrian city with involvement of fire brigade, police, emergency medical services, and municipal and international authorities. The fire scenario was scripted to involve international and severely stressed victims as well as fatalities and was scientifically accompanied and complemented by interviews with on-site commanders and workshop discussions. In addition, guideline-based interviews were conducted with Red Cross leaders and team members in two Austrian federal states on crisis intervention in large scale incidents. The

workshop minutes on an extensive debriefing group discussion as well as seven interviews with Red Cross crisis managers and team members serve as basis for this analysis.

Results

Major incidents require well-aligned interprofessional collaboration. Crisis managers are more than willing to share their experiences with large-scale incidents or disasters. In the course of the post-scenario workshop, diverging priorities concerning professional goals and limitations emerged. Respective differences in organizational structures and processes become visible that are engrained in the crisis managers' professional identities.

“The Red Cross vehicles are tactical lone fighters, everyone has one single order. And if case X occurs, all [the vehicles] are concentrated. When it comes to operational tactics and the interplay of single actors, it is much more difficult to capture this flea circus compared to [working with] a platoon.”

[Deputy Commander / Austrian Red Cross]

“I honestly have to admit that we have never dealt with the issue [of psycho-social support]. For day-to-day operations, the fire attack group is more trained on rescuing people the fastest possible and on transferring them to the Red Cross. Quite simply, because we certainly do not have the capacities for taking care. [...] We are talking about smoke, the resuscitation limit for an adult is at 17 minutes. Confronted with a big apartment I really need to search it thoroughly. We simply got a problem here with survival of the person enclosed. And here we are desensitized or sensitized, however you might see it.”

[Commander / Fire brigade]

„I experienced those affected as highly impatient and their information demands exorbitant. [...] Concerning identification, we recognized that correctly naming the actual fatalities needs a certain time. And that was very difficult for the people affected.”

[Colonel / Police: Disaster victim identification]

With regard to the perception of (large scale) incidents, the crisis managers' assessment of their organization's potential to support preparedness by structure and leadership was diverging.

“I think every operation follows the same pattern, as does every disaster and major incident. The question is how wide the scope is. [...] Your leadership process at the Red Cross will probably not differ from our leadership process at the fire brigade. That remains the same. Here I have potentially more hierarchies because the size asks for something different. Still the system in itself has to function the same way, otherwise we'll get an operation in 3D and then everything would be upside down.”

[Commander / Fire brigade]

The structure of the emergency and rescue services always displays the same pattern. But the people affected by and belonging to the operation while collaborating do not follow the same pattern. They act differently with every operation, because different people will participate. And that's what makes it different every time.

[Commissary / Emergency pastoral care]

The willingness and ability to perform (or “help”) under adverse circumstances appear to be strong professional virtues. In general, professional expectations are taken very seriously. Emerging and potentially conflicting themes include the crisis managers' need for (psychological) distance versus proximity and the organizational focus on rescuing lives according to standardized protocols versus situational flexibility for individualized treatment.

The subsequent interviews with leaders and team members of the Red Cross were following up on these themes. Embedded in the Austrian Red Cross are crisis intervention teams that comprise a multidisciplinary group of professionals including psychologists, pedagogues, social workers, theologians or nurses. Crisis intervention teams differ in the degree of institutionalization across Austria and in the respective level of awareness among the emergency services and the population.

Red Cross leaders and team members revealed coping strategies such as talking to close friends or partners, taking up physical work, identifying individual needs and counteracting (e.g. searching solitude, quietness or animation) or debriefing the operation with colleagues. The implementation of peer support was perceived as either a positive or standard way of dealing with an event, or seen more critically as contingent on the relationship quality with the allocated peer.

Discussion

Mass emergencies confront emergency service leaders with complex challenges during and after a crisis. The leader has to demonstrate decision-making power and operational effectiveness in an uncertain situation with a high degree of interdependence from complementary professional forces. The provision and configuration of psycho-social care aim foremost at providing support to disaster victims. This present study aims at shedding light on professional responsibilities as perceived by crisis managers, the effective support available to crisis managers and scope for additional psycho-social support at the emergency service leaders' level. In a next step, additional interviews are going to be conducted and the resultant findings are going to expand the current database for an in-depth analysis to follow.

keywords: large scale disaster, emergency service leader, coping strategies, social identity, Austria

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