

Healing Hearts and Minds Through Medical Mission Trips



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Guest Columnist

Volunteer work can greatly benefit you as well as those you are helping, but be aware that it often carries a personal burden that needs to be recognized. This month, Shamim Ullah, BSN, a senior nurse anesthesia student at Oakland University/

Beaumont Hospital in Royal Oak, Mich. and FY 2010 student representative to the Wellness Committee, relates what she has learned by sharing her on volunteers nursing skills on medical mission trips and describes the impact such missions can have when they return home.

Mission trips are excellent opportunities to use our anesthesia skills to serve those in need. Throughout my nursing career, I have volunteered for many mission trips. In February 2010, I traveled to Santiago, Dominican Republic, for two weeks to work with the International Children's Heart Foundation. This is my third mission with this organization, and my first as an anesthesia professional. With a team of trained medical professionals, I cared for infants, children, and teenagers with complex congenital heart defects requiring open heart surgery. Typical patients included those suffering from coarctation of aorta, hypoplastic left heart syndrome, transposition of great arteries, pulmonary atresia, and tetralogy of fallot. The team performed 14 surgeries in two weeks and faced many challenges including patients in very critical condition, nonfunctioning equipment, shortage of blood products, and inaccurate preoperative echocardiograms. Our typical day was 12 hours long.

Many children recovered well, were extubated in the operating room, and walked with their chest tubes to the step-down unit the following day! It was inspirational to witness the strength of these children and their families and to realize that without the help of our medical team, they would not survive. After surgery, the families were so thankful that they would have no words, only tears of appreciation for helping their children. This trip was a greatly rewarding experience that reminded me of the true joy of nursing. I left with a strong sense of fulfillment and pride in caring for these gracious patients and their families.

The Risks of Post-Mission Depression

Although most volunteers arrive home from missions with feelings of fulfillment and satisfaction, greater than one-half return experiencing symptoms of post-mission depression, a syndrome that I too experienced.¹ Four of our 14 pediatric cardiac patients passed away during the mission, two in the operating room and two in the intensive care unit. After a death occurred, we were expected to continue with the

next case as if nothing had happened. Without any debriefing after the tragic outcomes, we had no discussion of our sad and unsettled feelings. For a week after returning home, I suffered from post-mission depression and even questioned my career. I experienced mixed emotions of failure, inadequacy, lack of motivation, sleep disturbances, and withdrawal, all symptoms of posttraumatic stress disorder (PTSD).^{2,4} Fortunately, with the help of my colleagues and friends, I was able to discuss my experiences and feelings, and my symptoms subsided after one week of returning home.

After researching this topic, I learned that this is a normal emotional reaction to tragedies that medical professionals witness after mission and relief work.^{2,3} Most individuals' symptoms resolve after weeks to months, but some require help from mental health professionals.² Literature suggests that individuals with a history of mental health disorders such as depression, panic disorder, and anxiety have a higher risk of developing PTSD and may require assistance from mental health professionals.⁵ Women are more likely than men to experience symptoms, as well as members of minority groups and those with poor social support.^{1,6} The level of and severity of exposure to tragedies directly relates to the degree of PTSD symptoms.⁶

Preparing for the Challenges of Mission Work

In preparing to embark on a medical mission trip or medical relief trip, it is important to recognize that you will not be untouched by the extreme stress, casualties, poverty, illnesses, and traumatic injuries.^{2,3} It is imperative to prepare yourself mentally for those psychological and emotional challenges that you may encounter. Normal reactions to a disastrous event include profound sadness, grief, and anger. You may find yourself refusing to leave the hospital or scene of tragedy until all of the patients are cared for. Displacing stress and fatigue with dedication and commitment are common reactions to witnessing these events. You may deny the need for rest and recovery time; but remember, taking rest is one of the effective coping strategies to manage your emotional and physical stress.³

Other interventions to help combat stress and minimize post-traumatic depression include limiting work hours to less than 12 hours per day, rotating duties from areas of high stress to areas of low stress, and debriefing with colleagues after emotionally challenging cases.^{3,4} Maintaining a healthy diet and drinking plenty of bottled water will also help you stay well.^{2,3} Regular contact with family and friends via Internet or phone will help you communicate your feelings.³

On a mission trip, the friends you make on your medical team will become your family. The other mission volunteers understand best what you are experiencing, and you will help each other by sharing your feelings of sorrow, frustration, and guilt.³

When to Seek Professional Assistance

Medical professionals who continue to experience symptoms of depression after one month should seek professional assistance.² These signs of depression include difficulty communicating thoughts and remembering instructions, impaired gait, confrontational behaviors, indecisiveness, decreased concentration, inappropriate risk-taking, tremors, headache, nausea, vision and hearing disturbances, cold or flu-like symptoms, disorientation or confusion, frustration, inability to solve problems, and an increased use of drugs or alcohol.^{2,3,7} Other symptoms include anger, confusion, nightmares, fear, irritability, loss of appetite, frequent thoughts about the incident, sleep disturbances, anxiety, increased or decreased appetite, sadness, and low levels of energy.^{2,3}

The use of counseling assistance programs may provide assistance. A helpful support group, Medically Induced Trauma Support Services, (MITSS) provides confidential emotional support to healthcare workers who experience adverse medical events including disasters and trauma.⁸ Many health professionals do not recognize symptoms of depression, and symptoms of PTSD often go undiagnosed.¹⁻² Some may feel that seeking help is a sign of weakness. Seeking support from close family members and friends may provide more emotional comfort.²

It can be difficult to recognize the symptoms of post-traumatic stress and one may often deny the need for help.² It was clear in my experience that I did not recognize why I had these feelings of depression, and it was not until the symptoms dissipated that I realized I had suffered from post-mission depression.

Feelings of post-mission depression may also be suppressed for weeks or months, and re-emerge at a later time. Often, pairing up with a member from the team and monitoring his or her reaction to the stress encountered during the mission helps both healthcare professionals deal with post-mission depression.²

I plan to continue volunteering for medical missions and encourage other healthcare providers to help others by participating in a medical mission trip. You will change the lives of many patients and their families, and you will be changed as well. We have such a great gift as nurse anesthetists, and this gift is needed all over the world! Share your talents and skills with patients in need—you will enjoy every minute of it! But, please be aware of the signs and risks of post-mission depression. Educating and preparing yourself and the medical team for this potential problem may prevent and minimize your symptoms. If you have any questions regarding medical mission trips or post-mission depression, please contact me at shamimullah@hotmail.com, or the Wellness Committee at wellness@aana.com ■

References

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