

Global Journal of **Health Science** (GJHS)

**Disaster Preparedness and Staff Well-being in Healthcare Staff: A
Comprehensive Study in the UAE**

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Article History

Received 20th November 2023

Received in Revised Form 2nd December 2023

Accepted 13th December 2023



How to cite in APA format:

Alsuwaidi, M. (2023). Disaster Preparedness and Staff Well-being in Healthcare Staff: A Comprehensive Study in the UAE. *Global Journal of Health Sciences*, 8(3), 14–23. <https://doi.org/10.47604/gjhs.2239>

Abstract

Purpose: This paper examines the crucial role of healthcare administrators in the United Arab Emirates (UAE) in ensuring both disaster preparedness and staff well-being.

Methodology: It uses mixed methods to review the literature on emergency medical teams in disaster response and the prevalence and impact of burnout among healthcare workers. It also explores factors and interventions to prevent and reduce burnout in the UAE context.

Findings: Key findings are that administrators have a vital role in preparedness and need strategies for service continuity and quality. They also need to address staff burnout and its impact on patient care by implementing interventions to prevent and reduce it.

Unique Contribution to Theory, Practice and Policy: The paper proposes recommendations for healthcare administrators in the UAE to improve their disaster preparedness and staff well-being strategies based on evidence and best practices. Disaster preparedness and staff well-being are interrelated in healthcare administration, affecting patient care quality and safety. Administrators should integrate well-being initiatives into preparedness planning and leverage related resources and expertise. Recommendations for healthcare organizations include enhancing preparedness efforts, prioritizing staff well-being, and integrating related interventions for positive implications on staff and patient health and well-being, organizational resilience and performance, and community resilience. The paper emphasizes administrators' important roles in promoting preparedness and staff well-being in the UAE context.

Keywords: *Burnout, Administrators, Disaster Preparedness, Emergency Medical Teams, Well-Being Initiatives*

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INTRODUCTION

The provision of quality health service for the population is made possible through healthcare administration, which is a very significant aspect. However, as they conduct day-to-day activities such as disaster readiness and protecting personnel well-being, health administrators face various challenges and risks.

Disasters such as natural hazards, pandemics, and conflicts may overwhelm the health system, plunging it into total disorientation. For instance, EMTs are mobilized to assist local Health Boards, but this is only effective if there is efficient coordination of other relevant players coupled with adequate resources and training. These critical events may also cause healthcare professionals to be subjected to intense stressors that lead to emotional fatigue, depersonalization, and a decreased sense of personal success that amounts to burnout and eventually impairs effectiveness and work satisfaction.

Health executives must have efficient strategies and policies in place to safeguard readiness against catastrophes and staff health. UAE is constantly experiencing varying disasters such as floods, earthquakes, fires, and contagious diseases. The nation has set up a national emergency response protocol supported by an advanced health sector that comprises both public and private realms.

This research aims to critically examine how healthcare leaders are prepared for a catastrophe during disasters and provide staff with adequate services. It will involve a review of the literature on how emergency medical teams can support disasters and their coordination and integration challenges and opportunities in the UAE situation. It will also appraise burnout in healthcare workers, considering its causes and solutions within the UAE. Lastly, it will suggest ways in which healthcare administrators of the UAE can improve disaster preparedness and workers' well-being using evidence and best practices.

Theoretical Framework

Three key theories were used in this study to examine the role of healthcare leaders in disaster readiness as well as the promotion of employee health welfare within UAE settings. According to social support theory, people can more easily overcome stressful events when they have helpful people around them. Social networks give access to assistance, which can reduce the negative impacts of disasters on well-being. Thus, social support may lessen the effects of crises on an individual's mental health. Meanwhile, the Stress and Coping Theory looks at how people perceive stressors and deal with them. This theory suggests that coping skills have an indirect influence on well-being outcomes (Bakker et al., 2021). In short, social support theory says social networks aid resilience. At the same time, Stress and Coping Theory examines how mindsets towards stress and associated coping abilities shape well-being during adversity, but in an indirect way. Finally, the Health Belief model examines how people's perceptions of their risks, barriers, and results relate to health-related actions.

Taken together, these three frameworks provide relevant models for analyzing disaster preparedness and staff well-being among healthcare workers in the UAE. The study design is based on theory, and it guides study analysis. This work focuses on applying theories such as these in evaluating administrators' perceptions of preparedness risk versus benefit, what drives these decisions, and what results ensue. These findings will be used to formulate suggestions for making

the organization a better-prepared place with an emphasis on employee care and welfare. The government could also encourage citizens to use recycled products in order to reduce pollution. Therefore, this study draws on three key theories, Social Support, Stress coping, and Health belief model, to examine administration roles towards preparedness and wellness. These theories help in carrying out investigations and informed recommendations based on evidence so that the staff, as well as the patients, can benefit through improved disaster and wellness programs.

LITERATURE REVIEW

Three fundamental theories underpinned this investigation in regard to healthcare administrators' involvement with disaster readiness and staff welfare in the UAE context. Social Support Theory states that, because of assistance support networks, individuals are able to cope with stress more effectively. It means that social support may mitigate the adverse effects of disaster on welfare (Yu et al., 2021). The Stress and Coping Theory looks at how people think about stress and choose ways to cope with it. It affects their health (Bakker & de Vries, 2021). Also, the Health Belief Model looks at what people believe about health signs. It thinks about what they see as barriers and benefits. Together, these three ideas help to study how ready UAE healthcare workers are for disasters. They are the main part of the theory. They help to make and analyze studies. The study will, in particular, look at why administrators perceive a risk or advantage toward preparedness and wellness. These will guide the suggested measures to enhance organizational readiness and consideration of employee health. Consequently, this study utilizes these significant theories, namely Social Support, Stress and Coping, and the Health Belief Model, in considering administrator roles for readiness and health. It ensures that an extensive appraisal is conducted through the theories, leading to informed recommendations for improving disasters and wellness strategies for employees and patients.

Healthcare leaders have a responsibility to put in place measures aimed at averting burnout among their members, raising resilience so as to allow people to cope with stress, and enhancing rejuvenation so as to allow people to recover from trauma and strain. Sufficient staffing, shorter shifts, autonomy in work assignments, positive relationships, and management support all have a significant impact on employee wellness to protect it. Moreover, joint-collaboration abilities training in conjunction with recognition and rewards chances, as well as routine counseling debriefings and availability of mental health services, is essential. Additionally, developing a disaster plan tailored towards specific threats can also help prepare both administrators and staff for any crises. According to the findings of Reedy et al. (2022) cross-sectional study, this approach might differ depending on the individual.

One thing that analysis of academic works has pointed out is the enormous responsibility of healthcare administrators for disaster readiness, as well as the essential part they play in fighting staff burnout and its influence on health. In addition, it identifies critical issues as well as opportunities that must be taken into account by these officials in order to improve their policies of preparedness as far as emergencies and the provision of safety to workers are concerned using reliable references and commendable approaches.

However, research exploring UAE healthcare administrators' contribution to disaster preparedness/staff well-being remains quite large. Most studies have focused solely on frontline workers like nurses and doctors, neglecting administrator responsibilities for ensuring normal and

emergency health service continuity/quality. Moreover, the relationship and interactions between preparedness and well-being and their joint impact on patient care quality and safety still need to be explored. Hence, comprehensive research is needed to investigate administrator roles in UAE preparedness and wellness strategies while drawing on evidence-based best practices for recommendations.

This mixed-methods study aims to address this research gap with quantitative and qualitative data gathered through surveys, secondary sources, interviews, and focus groups. The objectives are threefold: reviewing the disaster response coordination challenges/opportunities for UAE emergency medical teams; examining UAE healthcare worker burnout prevalence, impacts, and prevention factors/interventions; and proposing preparedness and well-being strategy improvements for UAE healthcare administrators based on evidence-based best practices.

This study is poised to contribute to literature and practice on multiple fronts meaningfully. Firstly, spotlighting the overlooked but vital role of UAE healthcare administrators in navigating disasters and staff wellness. Secondly, elucidates the interconnectedness between preparedness and well-being and their combined influence on patient care. Finally, informing organizational policies and administrator strategies to enhance preparedness and better support staff welfare through turbulent times.

METHODOLOGY

The study used a mixed-methods approach to investigate the role of healthcare administrators in disaster preparedness and the factors contributing to staff burnout. Quantitative data sources encompassed a survey of UAE healthcare administrators, utilizing a self-administered questionnaire adapted from existing tools such as the Emergency Preparedness Information Questionnaire (EPIQ) and the Maslach Burnout Inventory (MBI). The study also entailed the secondary evaluation of existing data from UAE MoHP and WHO, among others, to assess the consequences of disasters and burnout symptoms.

The qualitative data sources were semi-structured interviews involving key informants like healthcare administrators, emergency managers, and EMT leaders, among others, plus focus group discussions with the healthcare workers, including nurses, doctors, and allied health specialists. The interviews aimed to explore such aspects as experience, challenges, and opportunities around disaster preparedness and staff wellness.

Through the triangulation method, the study compared findings from two data sources, namely descriptive and inferential statistics. Data analysis was done using NVivo qualitative data analysis software. This study assessed the tasks of health center managers and determinants of employee burnout on staff turnover.

RESULTS

The results in this study were derived from a mixed methods approach involving a survey, secondary sources, interviews, and focus groups. The results are structured per the core study topics: an analysis of healthcare administrators' importance in disaster preparation and factors for staff burnout.

Study findings revealed an average level of understanding and practice of disaster preparation among UAE healthcare administrators. Understanding, attitude, and implementation mean scores of 3.2, 3.5, and 3.4 were obtained on a five-point scale. Stakeholder communications, including coordination and synergy, comprised their strengths. Conversely, their least effective domains were aligned by congruent resources with contingency planning and related training opportunities directed at enhancing associated competencies. Secondly, it was found out through secondary data analysis that from 2007 until 2019, the UAE suffered 23 natural disaster events, which affected over 1.2 million people, caused the death of more than 200 people, and led to 500 million USD in economic losses (Alketbi et al., 2022).

Common disasters include floods, storms, and earthquakes (Alketbi et al., 2022). Analysis of staff burnout indicators, including absenteeism, turnover, and patient satisfaction, revealed a negative correlation with disaster preparedness levels.

Interviews corroborated survey and secondary data findings while providing deeper insights into the challenges and opportunities facing healthcare administrators in disaster preparedness. Key informants emphasized the necessity of a national emergency preparedness and response plan, as well as a comprehensive health system covering both public and private sectors. They stressed improved coordination among emergency medical teams (EMTs) and other stakeholders, such as emergency management, public health, and security. Informants also highlighted several barriers and facilitators for disaster preparedness, including political will, legal framework, cultural diversity, and technological innovation.

Focus group outcomes supplemented survey and interview results, reflecting the perceptions, emotions, and coping strategies of healthcare workers regarding disaster preparedness. Concerns were expressed about inadequate resources, training, and support for disaster preparedness. Participants shared experiences, challenges, and lessons from past disasters, including the COVID-19 pandemic, the Hatta flood, and the Dubai fire. Suggestions to augment disaster preparedness entail a multifaceted blueprint, including elevating public and staff awareness, streamlining resource allocation, updating contingency protocols, instituting rigorous training for personnel and EMTs, creating robust communication frameworks, promoting coordination amongst stakeholders, and establishing a sturdy evaluation and monitoring structure to enable refinements in healthcare quality and efficacy.

This study's findings accentuate healthcare administrators' vital position in disaster readiness, necessitating the assumption of diverse responsibilities and execution of tactics to guarantee continuous, quality healthcare delivery under both normal and emergency contexts. Additionally, the results unveil preparedness challenges and opportunities for UAE healthcare administrators, leveraging evidence and best practices from existing literature.

Discussion

In this study, a case is made for the complex relationship between disaster readiness and the well-being of staff in healthcare administration. It examines whether strong disaster readiness assists in mitigating worker fatigue and, conversely, that staff health promotes greater resilience in emergency preparation.

This study highlights a robust, reciprocal link between disaster preparedness and employee health within healthcare leadership. Disaster preparedness is extremely important in minimizing workers' burnout. It is done through its primary focus on reducing medical workers' burnout due to high workloads, as discussed above (Montgomery et al., 2019).

Montgomery and colleagues (2019) indicate that burnout can precipitate deteriorating job performance, compromised patient care quality, safety hazards, adverse events, and intensified intention to leave the profession. Furthermore, healthcare staff experience substantial adverse mental and emotional health consequences from burnout, encompassing anxiety disorders, substance misuse, and even suicidal ideation (Montgomery et al., 2019). By instituting disaster preparedness strategies encompassing appropriate staffing levels, flexible schedules, shorter shifts, increased decision latitude, constructive workplace relationships, supportive leadership, team collaboration, recognition, training, and access to mental health services, healthcare administrators can proactively combat and alleviate staff burnout while cultivating resilience and recovery. In turn, this enhanced well-being translates into more engaged, empowered, and capable staff with the bandwidth to tackle the complex demands of disaster response, creating a virtuous cycle that benefits workers and patients alike.

On the other hand, staff prosperity can significantly upgrade disaster response by lifting the quality and security of patient consideration during such testing conditions. Healthcare workers are inevitably engaged when disasters impact their communities. As disaster management personnel, healthcare workers undertake a variety of tasks, such as identifying and treating mental health issues among affected individuals, providing evidence-based psychosocial care, and supporting recovery efforts (Burns et al., 2021). These roles can be overwhelming for them, resulting in high levels of stress, burnout, or even trauma. Such adverse outcomes not only harm the well-being of these caregivers but also have implications on their performance quality while delivering patient care services (Burns et al., 2021). To address this concern effectively, administrators must prioritize worker welfare by creating comprehensive support systems that provide adequate resources, including training to tackle emergencies better. This way could improve standards for the continuous delivery of exceptional service.

Thus, this study highlights the interdependence and mutual reliance between staff well-being and disaster preparedness in healthcare administration. These factors hold significant implications for patients' safety and care quality during regular as well as emergencies. This analysis also identifies the challenges and opportunities facing healthcare administrators in their quest to refine strategies related to disaster preparedness and staff well-being, drawing from a wealth of evidence and best practices gleaned from the existing literature.

Proposed Interventions

This study's recommended measures originate from a thorough examination of literature and data gathered through surveys, secondary sources, interviews, and focus. The plan wants to solve worker tiredness and improve health administration health by mixing it with disaster planning. One idea to make patient care better and safer is to deal with worker tiredness and to help the health of health bosses. We can do this by adding more staff, having different skills in the team, making work times flexible, having shorter work hours for rest, and giving workers more control in a kind workplace that helps team people not fight. To make workers ready for big emergencies

like sickness spread or big nature events, we need to make training with special certificates for crisis times. After a disaster, we must give counseling and mental health support. It reduces stress and aids with trauma. Leaders must learn from disasters and discuss them. It makes recovery quicker. It helps workers do their job well and build bonds with locals.

It is important to plan for disasters and think about health. Health leaders must add these steps to their daily emergency work. It entails creating and updating procedures and backup plans that put the enhancement of employees' and patients' mental health first and doing frequent exercises to gauge their efficacy (Reedy et al., 2022). Furthermore, in order to educate the general public and medical professionals about the available initiatives, efficient communication systems that make use of social media platforms should be put in place. These channels fulfill two purposes: they continuously assess people's requirements and respond to issues as they arise. Finally, enhancing coordination amongst stakeholders—such as healthcare administrators, emergency medical technicians, and EMTs—and establishing partnerships can improve integration, allowing wellness inclinations to be successfully integrated with all components of comprehensive emergency preparation programs (Reedy et al., 2022). In conclusion, this strategy guarantees the smooth integration of resources, experience, and support that are all focused on methodically implementing wellness principles without any difficulties in the event of future crisis responses inside institutions or whole communities affected—anywhere, at any time, going ahead.

The recommended actions are supported by validated data and tried-and-true methods extracted from published works. They provide the ability to prevent worker burnout, support healthcare administrators' well-being, and seamlessly incorporate wellness initiatives into disaster preparedness plans. Furthermore, it is anticipated that these treatments would improve patient care quality and safety in both emergency and regular settings.

Conclusion

This study concentrated on the critical role that UAE hospital administrators have in guaranteeing worker well-being and readiness for disasters. To do some research, we collected surveys, interviews, focus groups, and other materials. The main findings show that managers need a good plan for quality care and disaster prep. If workers get too tired, patient care can suffer. So, bosses need plans to help stop or reduce worker burnout and help them bounce back. This study shows that preparing for emergencies and looking after staff health helps patient safety and care quality in hospitals. Planning steps required to handle these complex difficulties must include wellness programs. If successful, this alignment and integration will increase the intervention's overall effectiveness for optimal outcomes, which will occur continuously going forward under any condition faced today, tomorrow, and in the future. Contingency reactions will be skillfully addressed, firmly based on the best approaches. They will need to hold everyone responsible, keeping them focused and unwavering in their drive to reach the objectives they have committed to, accepting nothing less.

Recommendations

Through a comprehensive review of research, surveys, interviews, and focus groups, this study offers helpful recommendations to healthcare organizations looking to improve their preparedness for disasters and give staff well-being a priority. The proposals support both the establishment of

an all-inclusive public-private health system and a national emergency plan. The strategy from Hertelendy et al. (2021) will keep medical services going in emergencies and normal times.

Hertelendy and others (2021) say that giving out and sharing resources is very important in disaster planning. It would help if you had enough people, things, and machines. It would help if you watched how well they do their jobs. You must see how they affect the patients and the workers.

Healthcare groups have to train their people and Emergency Medical Teams a lot. They need to do this to keep their papers to work. They also have to offer help for the mind, like talking to someone after hard work. Hertelendy et al. (2021) said these actions help people handle bad times well. They learn what to do when things go wrong.

Raising awareness and encouraging information sharing are two benefits of using social media and other venues to share updates on the issue (Hertelendy et al., 2021). Effective teamwork requires collaboration with a variety of agencies, including emergency management, public health, and security. Creating an effective union or association structure is essential to creating effective and thorough pre-planning strategies. Staff burnout must also be addressed by implementing initiatives such as hiring more people or diversifying the skill set, offering flexible work schedules or short shifts that allow autonomy and flexibility in decision-making, fostering healthy relationships with supportive leadership that provide incentives and recognition, and so on (Mangory et al., 2021).

Healthcare facilities should assess the relationship between staff burnout and adverse patient outcomes to improve patient care during crises. To this end, objective measures such as the Maslach Burnout Inventory (MBI) can be used in conjunction with other indicators, including patient falls, medical errors, infections, and satisfaction (Mangory et al., 2021). Healthcare organizations can prioritize staff well-being while strengthening their disaster preparedness efforts by implementing these tips. Furthermore, implementing these recommendations increases institutional resilience, performance, and the community services that healthcare organizations provide, in addition to improving the well-being of workers and patients.

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