

BACKGROUND

- Child death and injury are common in active war zones
 - In 2022 alone, UNICEF verified over 8,600 pediatric deaths or injuries in areas of armed conflict
- Several factors may cause child death or injury to have an especially pernicious impact on healthcare providers, including:
 - Healthcare providers may view children as uniquely innocent and vulnerable, particularly when compared with adult soldiers
 - Pediatric death and injury may violate cultural norms, including the idea that children will live longer than adults, and that adults have a responsibility to protect them
- By synthesizing results from different literatures, we provide the first comprehensive review of the impact of pediatric death and injury on healthcare providers
- Results were used to identify clinical implications for healthcare professionals exposed to pediatric death and traumatic injury

METHODS

- Multiple databases (Google Scholar, PsycINFO, PsychNET, and PubMed) were searched for articles discussing the impact of pediatric death and injury on wartime healthcare professionals
- To gain a complete understanding of the breadth of the literature, searches were also conducted for articles that discussed the impact of pediatric death and injury on healthcare professionals beyond the context of war

Exposure to child death and injury is associated with a broad range of negative physical, cognitive, and functional outcomes in wartime healthcare professionals



Image credit: Doctors Without Borders

Individuals in this population can benefit from evidence-based clinical strategies such as trauma-informed care, grief leadership services, and self-care initiatives

RESULTS

- **Psychological impacts** of exposure to child death or injury include feelings of emotional exhaustion, compassion fatigue, negative emotions, and dread relating to professional responsibilities, as well as increased risk for PTSD, depression, anxiety, and prolonged grief disorder
- **Physical impacts** include sleep disturbances, chronic fatigue, changes in appetite, nausea, physical exhaustion, headaches, and hyperarousal
- **Cognitive impacts** include difficulty concentrating, hypervigilance, emotional withdrawal, and intrusive thoughts or rumination
- **Functional impacts** include professional burnout and diminished well-being
- Several factors may exacerbate the impact of child death and injury on healthcare professionals, including:
 - Healthcare providers in war zones may not be trained as child providers
 - Higher rates of severe injury and mortality for children in war zones (compared to adults) may cause healthcare workers to feel increased stress and/or self-doubt in their professional capabilities
 - Given their professional commitment to safety and healing, healthcare workers may feel a stronger responsibility for the health and well-being of children
 - Healthcare professionals with children of their own are likely to personalize witnessing children's deaths or injuries

CLINICAL IMPLICATIONS

- Clinicians working with healthcare professionals exposed to traumatically injured or killed children in wartime can benefit from considering:
 - Incorporating evidence-based practices for treatment of identified psychological outcomes (e.g., emotional exhaustion, hyperarousal, rumination) and known clinical conditions (PTSD, depression, anxiety, PGD)
 - Placing an emphasis on self-care, help-seeking, and grief leadership services (which provide professional guidance on dealing with loss, trauma, and bereavement)

CONCLUSIONS

- Exposure to child death or injury can severely impact the health, well-being, and occupational functioning of wartime healthcare professionals
- Implementing evidence-based clinical strategies can help improve provider well-being, enhance professional competency, and support workforce retention in high-stress conflict zones

DISCLAIMERS

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