

Questionnaire survey of post-traumatic stress disorder in doctors involved in the Omagh bombing

Jenny Firth-Cozens, Simon J Midgley, Clive Burges

On 15 August 1998 a bomb exploded in the main street of Omagh. It killed 29 people, including nine children, and injured over 300. The local hospital, Tyrone County Hospital, took most casualties into its very small accident and emergency department, and others were sent to the Erne Hospital in Enniskillen, 40 miles away. A postal questionnaire study of the health of all staff of Sperrin Lakeland Health and Social Care Trust, which covers both hospitals, took place four months later, and analyses are continuing. This paper presents findings on the 41 doctors who replied in terms of their levels of post-traumatic stress disorder.

Participants, methods, and results

All 115 doctors employed by the trust were sent questionnaires that included a well validated measure of post-traumatic stress disorder,¹ which requires particular symptoms to be present and a total score above 6 as an indicator of the disorder. Other questions concerned the doctors' involvement in the event, their prior experiences of serious trauma, and what help they had received since the bombing.

In total, 47 doctors returned questionnaires, with 41 (31 men, 10 women) giving sufficiently complete answers for analysis. Of these, 32 were involved in the bombing in a professional capacity, and one was involved in a civilian capacity only. Eight of those involved professionally had scores above threshold for a diagnosis of post-traumatic stress disorder. Higher mean scores were found among those working at Tyrone County Hospital (8.1) rather than at the Erne Hospital (3.9). Junior doctors' mean scores (7.7) were higher than senior doctors' (5.1), but this difference was not significant. The highest mean scores were reported by those who had informed relatives of a person's death (14.5) and those who felt responsible for the care of an individual after death (12.0). The 19 doctors who had previously experienced frightening trauma had significantly higher mean scores than the 13 who had not (7.95 *v* 3.38, *t* = 2.35, *P* < 0.05). Of these, the six who had had previous emotional disturbance linked to these earlier experiences had significantly higher mean scores than those who had not (15.5 *v* 4.2, *t* = 3.4, *P* < 0.01).

Only half (16/32) of those involved professionally in the trauma sought any kind of help afterwards, and, similarly, only half (4/8) of those with scores indicating post-traumatic stress disorder had sought any help.

Comment

Estimates of post-traumatic stress disorders in health workers after events such as this are rare. The numbers in this study are small, but the warning for doctors is clear: a quarter of those professionally helping the victims of the Omagh bombing had post-traumatic stress disorder. Although this percentage has probably declined over the past few months, disorder present at three months after the trauma is seen as chronic.

Involvement with death was associated with the highest scores, despite the fact that doctors usually report this to be a somewhat minor stressor.² Doctors should be prepared for this response in themselves if they are involved in major traumas, particularly if they have previously experienced traumatic events. Recognising post-traumatic stress disorder should be taught at medical school, not just so that doctors can identify the disorder in patients but because some of them will suffer from it themselves, and it becomes increasingly hard to treat the longer it has been present.³ Despite the trust providing considerable help for staff, half of those doctors with a clear diagnosis had not sought or received any help for their condition, which is in line with previous studies of doctors' help seeking for illness.⁴

In a review of post-traumatic stress disorder in emergency staff, Bamber highlights the popular myth that professional helpers are somehow immune from the same stresses as those they are helping.⁵ They are perceived to be strong, resourceful, and in control. Because of such perceptions, professionals may feel unable to seek help when they need it, for fear of being seen as weak or a failure. Consequently, they are at risk of developing more severe and entrenched symptoms.

Contributors: JF-C designed the study and wrote the paper. SJM conducted the analyses and literature search. CB arranged for the study to take place and contributed to the original questionnaire design. JF-C is guarantor for the study.

Funding: Sperrin Lakeland Health and Social Care Trust.

Competing interests: None declared.

1 Foa EB, Riggs DS, Danaei CV, Rothbaum BO. Reliability and validity of a brief instrument for assessing post-traumatic stress disorder. *J Traumatic Stress* 1993;6:459-73.

2 Firth-Cozens J. Sources of stress in junior doctors and general practitioners. *Yorkshire Med* 1995;7:10-3.

3 Freedman SA, Brandes D, Peri T, Shalev A. Predictors of chronic post-traumatic stress disorder: A prospective study. *Br J Psychiatry* 1999;174:353-9.

4 Baldwin P, Dodd M, Wrate RM. Young doctors' health—II. Health and health behaviour. *Soc Sci Med* 1997;45:41-4.

5 Bamber M. Providing support for emergency service staff. *Nurs Times* 1994;90(22):32-3.

(Accepted 6 December 1999)

See pp 1636, 1648

Centre for Clinical Psychology and Health Care Research, University of Northumbria at Newcastle, Newcastle upon Tyne NE7 7XA

Jenny Firth-Cozens
professor of clinical psychology

Simon J Midgley
senior research assistant

Sperrin Lakeland Health and Social Care Trust, Erne Hospital, Enniskillen, Northern Ireland
Clive Burges
consultant occupational health physician

Correspondence to:
J Firth-Cozens
jenny.firth-cozens@umn.ac.uk

BMJ 1999;319:1609