

Motivating Healthcare Workers to Work During a Crisis: A Literature Review

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Healthcare professionals are vital for assisting society through public health crises, natural disasters, and catastrophes. A review of the literature reveals many such professionals, however, are unwilling to work during these times, for various reasons. Motivational tools are reviewed and suggestions are made on how to best ensure healthcare workers will report for duty when they are most needed.

INTRODUCTION

Clinical staff members are essential components in the delivery of care to patients, yet the healthcare industry is facing an ongoing shortage of these human resources. Many acute and long-term care facilities have difficulty meeting their day-to-day staffing needs. If the nation is already struggling to meet the staffing needs of its facilities under normal conditions, what happens in the event of a natural disaster, public health crisis, or a terrorist attack? How can facilities meet the exponentially increased demands for patient care under such circumstances? To compound the problem, fewer healthcare professionals are available to work during a crisis due to a multitude of reasons. For example, during the SARS outbreak, hospitals in the affected regions experienced severe staffing shortages (Davidson, Sekayan, Agan, Good, Shaw, & Smilde, 2009). Fear for their own safety, concern for the welfare of their loved-ones or pets, childcare issues, fear of contracting the very illness from these victims, and fear of litigation are many reasons cited for failure of healthcare professionals to report for duty during crisis (Balicer, Omer, Barnett, & Everly Jr, 2006; Balicer, Barnett, Thompson, Hsu, Catlett, & Watson, 2010; Davidson et al., 2009; Imai, Matsuishi, Ito, Mouri, Kitamura, & Akimoto 2010; Kane-Urrabazo, 2007; Martinese, Keijzers, Grant, & Lind, 2009; Maunder, Lancee, Rourke, Hunter, Goldbloom, Balderson, 2004; Maunder, Hunter, Vincent, Bennett, Peladeau, & Leszcz, 2003; Nickell, Crighton, Tracy, Al-Enazy, Bolaji, & Hanjrah, 2004; Shiao, Koh, Li-Hua Lo, Meng-Kin Lim, & Yueliang, 2007; Straus, Wilson, Rambaldini, Rath, Lin, & Gold, 2004; Vawter, Garrett, Prehn, & Gervais, 2008; Yonge, Rosychuk, Bailey, Lake, & Marrie, 2010). It is incumbent upon hospital administrators to implement measures that motivate professionals to respond to the increased healthcare needs of their community in the event of an emergency. These measures must be identified well before such an event.

A review of existing literature reveals no research evaluating the best way to motivate medical professionals to report for duty in the face of catastrophe. Many journal articles retrospectively identify why some medical professionals choose not to work during public health crises or natural disasters. For

example, several articles examine the fears or hesitancy many professionals have when reporting for work during pandemics or other disasters (e.g. Balicer et al., 2006). Some articles research medical personnel's willingness to respond in the event of a catastrophe (e.g. Balicer et al., 2010), while other articles summarize the psychological impact on healthcare providers who worked during recent pandemics (e.g. Imai et al., 2010). The purpose of this literature review is to pool information from various articles on the topic of how best to motivate healthcare professionals ensuring they will report for duty, even in the face of uncertainty or catastrophe.

REVIEW OF THE LITERATURE

An extensive review of the literature using health care literature databases included PubMed, Medline (Ovid), CINAHL, EBSCO, and The Cochrane Collection. Keywords entered into these databases included healthcare professional(s), health care professional(s), nurse(s), physician(s), healthcare provider(s), health care provider(s), medical professional(s), crisis, emergency, disaster, catastrophe, pandemic, epidemic, public health, motivation, motivating, inspiring, and inspirational. This review will categorize the literature based on the differentiations of public health crises and disasters.

Lussier and Achua define motivation as "anything that affects behavior in pursuing a certain outcome. Motivation is a quest for personal gain" (Lussier & Achua, 2010, p. 79). Many theories exist regarding what motivates people. Unfortunately, no one universal theory can reliably predict what will motivate everyone. One popular school of thought is the Expectancy Theory based on Victor Vroom's formula: "motivation = expectancy x instrumentality x valence" (Vroom, 1964). Vroom suggests that people are motivated when they believe they are able to accomplish a task, will be rewarded, and the reward will be worthy of the effort needed.

Public Health Crisis

A research article by Balicer et al. in 2010 examines how willing hospital employees at Johns Hopkins hospital would be to report for duty in the event of an influenza pandemic. An anonymous, voluntary, on-line survey to all employees between January and March of 2009 had a response rate of 18.4%, about one-third of those being health professionals. Reported in the study is a willingness to respond to an influenza pandemic of 72% (Balicer et al., 2010). The willingness to respond increases to 83.7% if a vaccine/ preventive medication is made available to all the employees. In the event that no vaccines are available, however, the willingness to respond (WTR) falls to 55.4%. Additionally, if personal protective equipment (PPE) is not available for all staff, WTR falls to 36.3%. The article emphasizes the importance of addressing voluntary absenteeism in situations requiring "all hands on deck." The survey reveals that 28% of hospital staff surveyed are unlikely to report for duty in the event of pandemic. Furthermore, of those that are willing to report for duty, when asked if they would be willing to work more hours during an emergency, a quarter of those respondents are not willing. Balicer et al. (2010) cites previous studies suggesting an unwillingness to work extra hours is an issue that may be used as a screening tool in identifying staff at risk for voluntary absenteeism in a crisis. The study also reports a positive correlation between a person's perceived role efficacy during a pandemic, and their WTR. The authors conclude from the study that pre-planned care for employees' dependents at home, assurance of PPE for staff, and vaccines/antivirals for all hospital employees might assist in creating programs to increase employees' willingness to respond to emergency situations, such as influenza pandemic (Balicer et al., 2010).

In a previous study, Balicer et al. (2006) evaluated public health workers' perceptions about responding to an influenza pandemic. This study identifies several significant factors affecting emergency response of public health workers including: uncertainty of the safety in the work environment, safety and well-being of family members, a poorly defined role importance of each employee to the emergency response, and inadequate training about stress management techniques. They used a self-administered, anonymous survey of all health department personnel of Carroll, Dorchester, and Hartford counties in Maryland between March and July 2005. The overall response rate was 58%. About 54% of respondents

indicate they would be likely to report to work in the event of influenza pandemic. Over three-quarters of respondents believe they would benefit from additional training activities with regard to pandemic influenza. Additionally, over half of survey participants perceive psychological support during and after the crisis as important. Based on the findings of the survey, the authors suggest staff preparedness education, provisions for PPE, crisis counseling, and family preparedness with social support in order to improve the willingness of public health staff to report for duty during an influenza pandemic (Balicer, et al., 2006).

In 2004, Huber and Wynia detailed physician responsibilities during epidemics. The authors assert that the physician has a professional obligation to care for contagious patients as a larger concept of “duty to treat.” Furthermore, the authors stress this duty to treat epidemic patients, even in the face of great personal risk. The authors also quote a 1957 revision of the Principles of Medical Ethics code that states, “A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability” (Huber & Wynia, 2004, p. W7). In their article, the authors argue physicians have a professional duty to care for patients during epidemics, especially in light of emerging risk for bioterrorism and global pandemic.

Imai et al. (2010) evaluate factors affecting healthcare professionals’ motivation to work during the 2009 H₁N₁ pandemic in Japan. Researchers used self-administered, anonymous surveys among 3635 employees at three major hospitals in the city of Kobe, Japan. The survey had a 46.7% response rate. Of those surveyed, only 28.4% have a strong motivation to work. They report a positive correlation between the employees’ perception of support by the national and local governments and a higher motivation to work during the pandemic. Additionally, a feeling of protection by the hospital has a positive correlation with a higher motivation and a lower hesitation to work. Protection by the hospital is defined as procedures instituted to prevent illness among workers and their families, providing care for workers that fell ill, protection from malpractice, and financial support for families of workers who died as a result of their exposure on the job. The authors suggest that protection by the government and hospitals would have a profound impact on non-illness absenteeism. Additionally, they suggest that preferential access to antiviral therapy/PPE for employee and their families could also provide increased motivation to work during an influenza pandemic (Imai et al., 2010).

Martinese et al. (2009) evaluate how Australian hospital staff would respond to an avian influenza pandemic. The survey, distributed during hospital staff meetings, had a 98% response rate. Thirty-six percent of respondents state they would not attend work in the event of an avian flu pandemic in their hospital. That number increases to 53% if antiviral medications are immediately available. This study reinforces the notion that providing PPE and antiviral medications for all staff is important for motivating hospital workers to report for duty. They also assess the most effective possible incentives for the staff to report for work. The incentives rating highest in the survey are preventative measures for self and family, followed by alternative accommodations, and financial incentive. Moreover, the authors emphasize that staff members who perceive their roles as central to and important in the response to a public health crisis are more willing to report for duty, keeping with findings of other studies (Martinese et al., 2009).

Maunder et al. (2003) published a study evaluating the immediate psychological impact of the 2003 SARS outbreak in Toronto. This study, implemented retrospectively, collected verbal impressions from staff that had cared for severe acute respiratory syndrome (SARS) patients at Mount Sinai Hospital in Toronto. The findings of the study indicate that hospital staff are socially isolated due to fear of spread of the disease. Staff members were prevented from working in multiple facilities in an attempt to control the spread of SARS, creating financial hardship for those staff members dependent on income from multiple facilities. Staff members who had potential direct contact with SARS victims entered a voluntary 10-day quarantine, further compounding their social isolation. “Many (staff) expressed conflict between their roles as health care provider and parent, feeling on one hand altruism and professional responsibility and, on the other hand, fear and guilt about potentially exposing their families to infection” (Maunder et al., 2003, p. 1249). Findings from the study led researchers to suggest that sleep and treatment of insomnia are important interventions to maintaining the healthcare team in a physiologic state. Additionally, the authors suggest that good education and support as well as efforts to overcome isolation are important

methods to deal with the stress brought on by the responsibilities of the SARS pandemic (Maunder et al., 2003).

In 2004, Maunder et al. examined factors that had a psychological impact on hospital workers in Toronto during the SARS outbreak. The study was a cross-sectional, anonymous, self-report survey conducted at three Toronto hospitals with a response rate of 23.3%. This study highlights the tremendous stress caused by social isolation of healthcare workers during a pandemic. Interestingly, this study does not confirm the benefits of having PPE available to staff, but the authors point to the possibility of a lack of variability in the distribution of scores as the reason for this unexpected finding (Maunder et al., 2004).

Nickell et al. (2004) also examine the psychosocial effects of SARS on hospital staff in Toronto. Self-administered questionnaires were given to all willing employees of two hospitals in Toronto. Two thousand and one surveys were returned with a cited response rate of 47%. Almost 65% of respondents state concern for their own health during the SARS outbreak, with 62.7% being concerned about their family's health. The authors use logistic regression analysis to identify four factors as the most significantly associated with increased level of concern for personal or family health: perception of greater risk of death from SARS, children living in the home, personal lifestyle impacted by SARS outbreak, and being treated differently by people because of career in healthcare (Nickell et al., 2004). The authors indicate the need for greater personal and family support services for employees in times of crisis, such as the SARS pandemic.

In 2008, Tia Powell published a paper addressing how to keep healthcare workers on the job in the event of a public health crisis. Powell states healthcare professionals have a duty to provide care in times of crisis. She further argues that, although shortages of medications and equipment can occur, the most critical resource during a crisis is actually the healthcare providers. Powell claims that for a variety of reasons, public health officials should assume there will be a shortage of staff during a pandemic. Some states like Maryland and South Carolina established legislative mandates that in the event of a public health crisis, healthcare workers must report for duty, or face sanctions (Powell, 2008). Powell counters that despite such legislation, in the event of an actual emergency, healthcare professionals might simply ignore the legislation and deal with the consequences of their choices after the crisis has passed. She proposes that rather than mandating healthcare providers must work during crises, perhaps policy makers should investigate the reasons for voluntary absenteeism, and implement solutions. Some areas for incentives to work include: access to PPE, vaccines, childcare arrangements, financial incentives, volunteers networks, additional training, and protection from litigation (Powell, 2008). She concludes by reiterating that depending upon healthcare professionals' duty-to-care is not a viable option for ensuring an adequate healthcare workforce in the face of a public health disaster.

Shiao and colleagues in 2010 conducted a survey to determine factors that influenced nurses' considering leaving their jobs during the SARS outbreak in Taiwan. These healthcare professionals were at an increased risk of contracting SARS from their patients and transmitting it to their inner circle of friends and family. During the SARS outbreak, these same professionals dealt with high stress at work due to the pandemic. Some of these professionals temporarily or permanently left their jobs under the strain (Shiao et al., 2007). Nurses surveyed in four different healthcare settings in Taiwan completed the self-administered, anonymous questionnaire. The overall response rate was 83%, with only 14.7% of those actually caring for SARS patients. The findings of the study indicate the most important predictors for nurses considering leaving their jobs were increased stress, workload, perception of the lethality of SARS, and affect on social relationships. Additionally, the study demonstrates a tremendous social stigma placed on nurses during the SARS outbreak, having a significant impact on their contemplation of leaving the job. Adding even greater stress, at one point during the pandemic, the mayor of Taipei City announced that healthcare workers leaving their jobs would be considered as serious an offense as military desertion (Shiao et al., 2007).

Straus et al. (2004) looked at SARS and its impact on physician behaviors during the public health crisis. The article details a random sampling, phone interview of physicians involved in the care of SARS patients at three university hospitals in Toronto, Canada. The study reports a small sample size of fourteen physicians. Study participants indicate the importance of PPE availability in the decision to proceed with

high-risk procedures on SARS patients. Additionally, all participants state a feeling of professional obligation to care for the SARS patients, and difficulty in putting their personal safety before their patients' needs. Several physicians surveyed expressed sadness for the quarantined SARS patients who faced death alone, and for the families not allowed to be present to comfort their loved-ones (Straus et al., 2004).

In 2006, Dr. Dessmon Tai published a commentary about his experience with the SARS pandemic in China, labeling it a plague. He describes the isolation that occurred when healthcare workers stopped having physical contact with their families for fear of passing the infection to their loved ones. Healthcare providers grew evermore afraid of dying from SARS, watching their own colleagues dying in the very hospitals in which they once worked. Tai notes that providers, afraid of falling victim to SARS, felt compelled to care for all the SARS patients, especially their colleagues. Healthcare workers feared death from SARS because it is a very lonely death due to the need for isolation to prevent spread of the disease. "To be by yourself in a strange country, in a room full of people in spacesuits who cannot touch you...that is not a good way to die" (Tai, 2006, p. 375). Tai also describes the social isolation healthcare workers endured because of their jobs. Healthcare workers were forbidden to use elevators, were ostracized on public transportation vehicles, and received suspicious looks if they wore their uniforms out in public. "Only you (healthcare workers) will know how it feels to be outcast by the very society that you're serving" (Tai, 2006, p. 376). Dr. Tai concludes the article by identifying factors that made healthcare workers carry on in the face of the SARS pandemic. He cites their professional commitment as the number one reason to serve during the pandemic. Secondly, a sense of altruism helped healthcare workers divert attention away from their own fears and focus on their patients. Additionally, he highlights the importance of an adequate supply of PPE for healthcare workers and their families and of the assurance of medical insurance for healthcare workers and their families. Interestingly, verbal messages of gratitude and encouragement were extremely important for the medical staff's morale. He also states that some turned to their faith to carry them through the challenges of the pandemic.

In 2008, Vawter et al. evaluated health care workers' willingness to work in a pandemic. The authors state that in the event of a public health crisis, relying on professional codes of ethics would not be adequate to ensure an ample healthcare workforce. They revisit four assumptions about healthcare workers during a pandemic, established by Malm and colleagues in (Malm et al., 2008). The authors declared the need for development of effective strategies to motivate healthcare workers to serve during a pandemic, in spite of personal risk. Finally, Vawter and colleagues denounced the ethics of healthcare workers who decline to work in the event of pandemic (Vawter et al., 2008).

Yonge and colleagues studied the willingness of nursing students to volunteer during a pandemic. The authors state that absenteeism would be the greatest threat to the ability to deliver essential healthcare services in the event of an avian flu pandemic. Indeed, the Canadian Nurses Association issued a statement that nurses have an obligation to provide care in the event of a natural or man-made disaster (Yonge, Rosychuk, Bailey, Lake, & Marrie, 2010). Researchers surveyed a cross-section of over 1,500 university nursing students. Sixty-one percent of respondents believe volunteers should receive preferential access to scarce health resources and vaccines. Nearly 71% believe healthcare students have an obligation to volunteer in the event of pandemic influenza. However, 82.8% believe the government should not penalize students refusing to provide healthcare services. The data support previous findings (e.g. Martinese et al., 2009) that healthcare workers would be more likely to volunteer during a pandemic if supplied with PPE, thus preventing infection of themselves and their families. Surprisingly, almost 64% of study respondents disagree with the notion that healthcare volunteers should receive financial compensation for providing services during a pandemic. The authors recommend some form of emergency response teaching be included in nursing curriculum in order to better prepare healthcare professionals in the face of public health crisis or natural disaster (Yonge et al., 2010).

Disasters (Natural or Man-made)

Dr. Susan Buttross published an article for *Pediatrics Journal* describing how The University of Mississippi Medical Center (UMC) responded to challenges delivered by Hurricane Katrina to the

Mississippi Gulf Coast. UMC had recently revised their emergency response plan and felt prepared to deal with the aftermath of the major hurricane. Managers of the facility realized they would need to provide childcare for the employees' children to enable employees to work in the wake of the storm. "The burning issue now was that (sic) if we were to get the hospital employees in to work, they had to have a place for their children to stay" (Buttross, 2006, p. S446). Buttross describes at length the many challenges and rewards of creating a makeshift childcare center on the medical center campus, during the disaster, to care for children of all ages. She concludes by observing the importance of essential personnel having a safe place for their children to stay in order for personnel to be able to work during a disaster. Additionally, she states that this component should be an essential part of any disaster plan (Buttross, 2006).

Davidson and colleagues (2009) studied factors affecting the decision to come to work during a natural disaster. The article details the importance of addressing Emergency Department (ED) staffing concerns prior to the occurrence of a natural disaster. Davidson et al. (2009) note from previous works it is not realistic to assume staff will report for duty during the occurrence of an emergency or natural disaster. The authors cite primary employee concerns in a crisis as the safety of loved ones followed by basic needs of food, shelter, water and rest. The article emphasizes that leaders must address the emotional needs of employees in order to maintain adequate staffing in a crisis. One study respondent stated, "I have dogs, cats, and horses...I could not even think about coming to work" (Davidson et al., 2009, p. 252). As well, respondents report negotiating with their spouses who wanted them to stay home for emotional and physical support, a point made by the authors not previously noted in other studies. Additionally, access to supportive and caring supervisors increases the willingness to report for work. Furthermore, if the employee perceives the importance of their role during a crisis as high, they are more willing to work (Davidson et al., 2009).

In 2010, Paula Stangeland reviewed research studies evaluating the disaster preparedness of the nursing profession. Stangeland states that communication with and support by management is a strong factor in healthcare workers' decision to work during a disaster. Stangeland reveals that nurses believe they do not receive adequate training to effectively handle bioterrorism victims. Additionally, in the event of disaster, nurses fear if they report for duty, they would not be permitted to leave due to staffing shortages. The article also indicates nurses believe planning and education are essential to emergency preparedness, and nurses should be instrumental in the planning stages. "Conflicting issues between family and self, safety, and work obligations often make it difficult for nurses and other HCPs (Healthcare Providers) to decide to work during a disaster" (Stangeland, 2010, p. 428). Stangeland concludes by stating the need for further research to evaluate nurses' intentions to respond to disaster.

DISCUSSION

A review of the literature indicates in the event of a large scale or protracted public health emergency or disaster, a significant and potentially crippling healthcare provider shortage is likely to occur. Healthcare organizations large and small must proactively plan to ensure an adequate supply of trained professionals to care for casualties. We cannot rely on a "sense of duty" or obligations alone to motivate healthcare workers to report for work, a recurring finding in the literature. Preventing voluntary absenteeism of healthcare workers could be the greatest challenge in preparing for disaster. The question then becomes, "How do we motivate healthcare workers to come to work under extraordinary circumstances?" The answer can be found by examining previous events and focusing on what healthcare workers needed the most during those situations. The utilization of motivation theories will also guide construction of programs aimed at ensuring an adequate healthcare workforce in the face of catastrophe.

Expectancy Theory represents the belief that people are motivated when they perceive a task as both surmountable and rewarding, and believe the reward will be worth the required effort. Victor Vroom states that motivation is equal to the sum of expectancy (the person's belief in his ability to achieve the goal), instrumentality (belief that his performance will be rewarded), and valence (value that he places on the expected reward). Expectancy Theory is based on several assumptions: internal (needs) and external

(environment) factors affect individual behavior; behavior is a decision of the individual; needs, desires, and goals differ per person; and behavior decisions are based on a person's perception of the outcome (Vroom, 1964). Additionally, according to this theory, all three variables of the equation must be met for motivation to occur.

Expectancy is a subjective probability that a specific amount of effort results in a specific level of performance; several factors shape a person's expectancy for a particular task. Willingness to exert effort is affected by both internal and external factors. Any program designed to eliminate voluntary absenteeism during disaster must first ensure staff's physiological (internal) needs are met. Making provisions to provide food and beverages for employees on the job and facilities for rest during breaks and between shifts could help healthcare workers maintain a balanced physiological state, enabling them to meet the increased demands of their jobs.

Secondly, the need for safety is an internal factor influencing behavior. A consistently reported concern of healthcare workers during a crisis is fear for the safety of self and loved ones (family, friends, or pets) (Balicer et al., 2006; Balicer et al., 2010; Davidson et al., 2009; Imai et al., 2010; Kane-Urrabazo, 2007; Martinese et al., 2009; Maunder et al., 2004; Maunder et al., 2003; Nickell et al., 2004; Shiao et al., 2007; Straus et al., 2004; Vawter et al., 2008; Yonge et al., 2010). The implementation of strategies to ensure that high-risk healthcare workers and their families have preferential access to preventative medications and PPE would help attenuate this concern. The provision of supervisory care for dependent children or adults (the elderly or mentally incompetent) of employees while on the job would also fulfill the need for safety. Additionally, services to provide care for pets of employees while on the clock would alleviate yet another concern of some workers. Furthermore, allowing employees to communicate with loved ones during their shifts could assuage family safety concerns and motivate workers to carry on with their professional duties.

Another example of an internal need influencing behavior of healthcare professionals is the need to feel a sense of belonging to something larger than them, to feel connected. Much has been written about the psychological needs of healthcare workers who respond to the call of duty during disasters. Sadly, during public health crises, healthcare workers often find themselves isolated from society and stigmatized due to the high-risk nature of their jobs (Imai et al., 2010; Maunder et al., 2004; Maunder et al., 2003; Nickell et al., 2004; Shiao et al., 2007; Tai, 2006). Increased work demands and stresses, compounded by social isolation, can be draining for them. Establishing a continuing psychological support network could be critical, not only ensuring that workers report for duty, but that they are able to continue to perform their professional tasks. Furthermore, psychological support might aid providers resolve their internal conflict between their familial obligations and professional responsibilities.

Expectancy Theory also recognizes the influence of external factors on behavior. For example, a review of the literature reveals healthcare workers' fear of litigation resulting from caring for victims of public health emergencies or disasters as a possible cause of voluntary absenteeism (Imai et al., 2010; Shiao et al., 2007). Similar to a "Good-Samaritan Law," legislation protecting healthcare workers who put themselves on the line to care for casualties of such events, could be effective in alleviating this potential impact on behavior.

Although the literature does not reflect financial incentives as particularly motivating to most healthcare workers during a disaster (e.g. Martinese et al., 2009), professionals could realistically be required to work extended hours at potentially great personal risk. As such, a financial reward or "hazard pay" system might help motivate some healthcare providers to report for work, adding a tangible and positively valenced outcome. Monetary rewards probably would not motivate all workers to report for duty, thus positively valenced intangible alternative rewards such as additional paid-time-off, promotions, or recognition-of-service awards could be useful.

Another common theme in the literature is the importance for healthcare workers to understand the significance of their role in responding to an emergency event. The literature indicates that if employees feel their jobs are instrumental in dealing with a disaster, they are more willing to report for work (Balicer et al., 2006; Balicer et al., 2010; Davidson et al., 2009; Imai et al., 2010; Lussier & Achua, 2010). Furthermore, several study respondents report that additional education on emergency

preparedness would increase their willingness to report for duty (Balicer et al., 2006; Balicer et al., 2010; Davidson et al., 2009; Nickell et al., 2004; Stangeland, 2010; Yonge et al., 2010). Thus, frequent in-services preparing staff to deal with disasters could go a long way in ensuring healthcare workforce readiness. Additionally, integration of an emergency preparedness curriculum into nursing and medical education is essential. Such education should emphasize the important concept of duty of care, particularly during emergencies.

CONCLUSION

In conclusion, it is essential for healthcare organizations to prepare in advance for the likelihood of either public health emergency or widespread disaster. The greatest challenge lies in ensuring a healthcare workforce that will respond to the call. A disaster of any sort would certainly stress our already short-staffed healthcare network. Loss of portions of the healthcare workforce to illness and voluntary absenteeism could be potentially devastating to victims of a crisis. Our challenge lies in deciding how best to motivate healthcare workers to answer the call for help under extraordinary circumstances.

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