basic human structure (wellbeing), lines of resistance (coping), and stressors (WPV).

**Methods/Approach** We used a cross-sectional survey design with ED workers from six Midwestern EDs. A convenience sample completed the Coping Resources Inventory (CRI) and Freidman Wellbeing Scale (FWBS). Survey domains were coded using instrument guidebooks including reverse coding to generate overall survey scores. Sample scores were compared to national normative scores (CRI female: 176.96, CRI male: 170.16, FWBS: 63.34) using two-tailed t-tests.

**Results** The majority of the 208 respondents were registered nurses (58.3%), full-time employees (79.1%), female (74.5%), and White (89.9%). Their mean years of experience was 12 years and age was 37 years. The sample’s CRI score was 123.05. After comparing sample scores to their national normative sex-based scores, the sample’s mean difference of 52.17 was significantly lower than the national normative score, t(207)=34.011, p<0.001. The FWBS score for the sample was 68.31, which was significantly higher than the national normative score, t(207)=4.829, p<0.001.

**Conclusion** Although use of coping skills after experiencing WPV was significantly lower than the general population, participants’ overall wellbeing remained high. These findings can be explained by Neuman’s System Model where wellbeing is part of the basic human structure, which develops across the lifespan and would remain intact following intermittent WPV incidents.

**Significance** Our findings represent ED workers’ need to learn effective coping skills prior to and after exposures to WPV in order to maintain wellbeing. Stress inoculation training can aid EDs in developing workers’ skills.

### Occupational safety

**0042 WORK PRODUCTIVITY AND STRESS OF EMERGENCY NURSES WORKING WITH TRAUMA PATIENTS**

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**Statement of purpose** Our research purpose was to examine the effects on the productivity and stress of emergency nurses working with acute trauma patients in the emergency department (ED) setting.

**Methods/Approach** A cross-sectional survey design was used. Participants were recruited from three trauma center EDs in the Midwest United States. Participants completed the Impact of Events Scale—Revised (IES-R) and Healthcare Productivity Scale (HPS) based on a trauma care experience within the preceding 30 days. Item responses to IES-R and HPS were summed to yield stress and work productivity scores. Descriptive statistics were calculated to describe the study sample. A 2- tailed Pearson correlation was calculated to explore the relationship between stress impact of providing trauma care and emergency nurses’ work productivity.

**Results** Of the 255 respondents, the majority was White (n=231, 90.9%), female (n=206, 86.2%), treated both adult and pediatric patients (n=190, 74.5%), and had access to employer-provided Critical Incident Stress Debriefing (CISD) (n=147, 59%). About a third reported high stress (n=97, 38%) and 72 (28.2%) reported decreased work productivity. The correlation between stress and work productivity was not significant (r=-0.005, p=0.933).

**Conclusions** Although only mild to moderate stress and work productivity changes due to caring for trauma patients were reported, more research is needed to capture real-time stress/response or data reflecting the stress/work productivity changes immediately following the caring for a trauma patient. The availability of CISD may have been a protective factor to mitigate the negative impact of stress. Further investigation is warranted to study the impact of CISD and training on self-reported stress levels of emergency nurses.

**Significance** Identifying characteristics of trauma patient care leading to increased stress, particularly when coupled with decreased work productivity, is important for the safety of the trauma patients receiving clinical care.

**Tweetchandle** Emergency nurses globally are committed to the care of traumatically injured patients. This care can adversely impact the mental health of emergency nurses and their overall work productivity. @glillespie2 @UCnursing