

Wellbeing Among Healthcare Personnel During the COVID-19 Public Health Crisis

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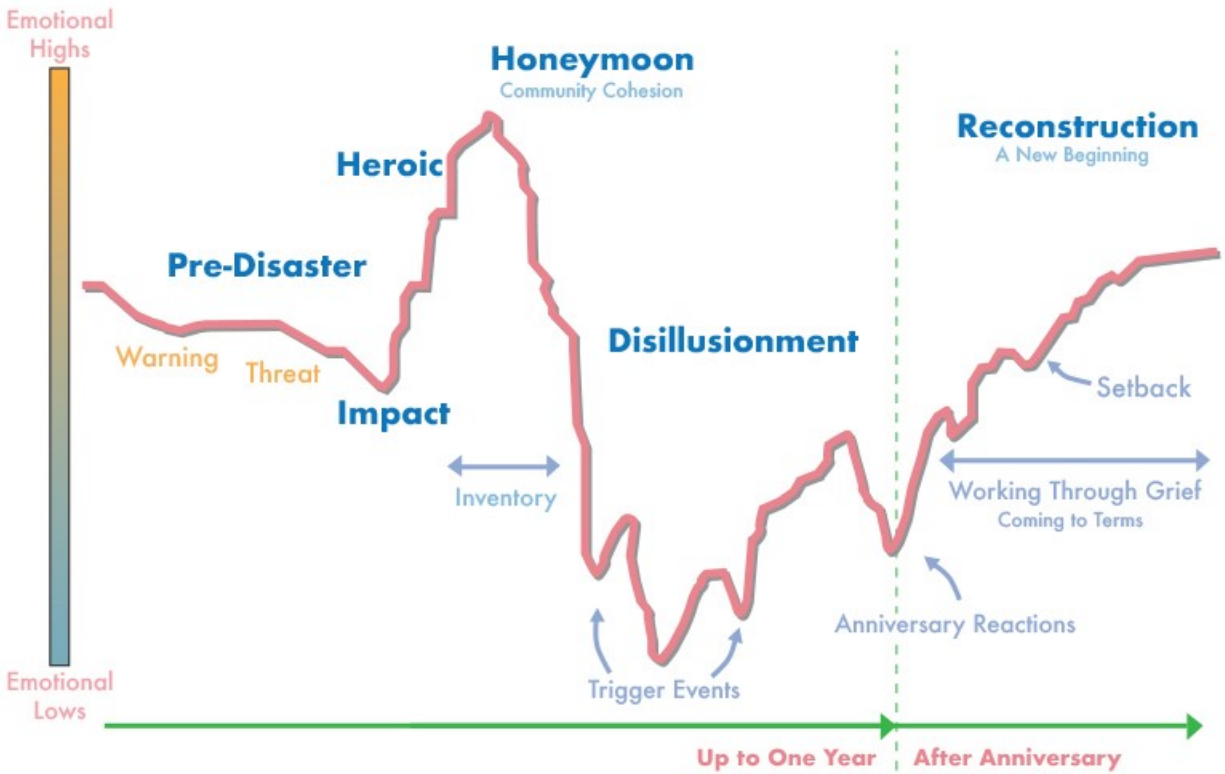
In the face of this unprecedented COVID-19 public health challenge, the people we rely on most, healthcare professionals, are facing deleterious impacts of COVID-19 on their physical, emotional and mental health. Prior to COVID-19, the well-being of healthcare workers was already under duress, as evidenced by high rates of burnout, anxiety, depression, substance abuse and suicidality¹⁻³ among physicians and nurses. The COVID-19 pandemic poses unique threats to the well-being of all healthcare workers^{4,5} at every level of Shapiro's wellness hierarchy (Figure 1). Overwhelming clinical demands challenge the clinician's ability to meet their basic needs such as sleep, nutrition and hydration. In addition, fear of exposure to the infection, becoming ill or spreading infection to family members or patients, and the lack of clarity and evolving guidelines about best practices for PPE use threaten healthcare workers sense of safety. The possibility of hospitals being overwhelmed by COVID-19 patients and having insufficient PPE resources to protect the workforce has led to modifications of care delivery and scope of practice that add additional stress. Both the possibility and reality of redeployment creates a loss of control and autonomy, a known driver of burnout.⁷ Practicing outside one's typical scope, lack of treatment options, limited resources and caring for critically ill and dying patients who are separated from family and friends challenge healthcare providers' perception of competency and moral obligation to provide compassionate care.^{8,9} The rationing of care necessitated by shortages of critical care beds, respirators, and staff has led to dilemmas that fracture a clinician's moral compass and conflict with their commitment to professional ethical standards. Some healthcare providers have expressed feelings of guilt in the midst of this crisis, which could be exacerbated by messages of appreciation and respect. Expressions of gratitude may conflict with providers' sense of "not doing enough," minimizing their ability to feel appreciated.

Figure 1. Health professional wellness hierarchy⁶



In parallel to stress on the health care workforce, the COVID-19 pandemic has impacted every dimension of health and wellness on a global level, including the emotional and mental health of individuals and communities.⁴ Figure 2 illustrates how distinct phases of crises are associated with varying degrees of emotional distress.¹⁰ The pre-disaster phase, characterized by fear and anxiety is briefly followed by the impact phase, characterized by self-preservation. During the heroic and honeymoon phases, both associated with more positive emotions, altruism is high; assistance becomes more reliable; optimism grows; and community bonding evolves. As the limits of assistance become clear and stressors persist, there is a growing discouragement and exhaustion. The negative emotional impact and resultant behaviors are magnified during this phase, which can be drawn out, with periods of exacerbation, prior to entering a recovery phase with adjustment to a new normal. The COVID-19 pandemic presents a unique challenge as future waves of infection may interrupt this sequence, making it less predictable. We have seen some of these phases play out in our own community, with shortages of cleaning supplies and food early on, as fear and uncertainty drove communities to hoard certain items. Heroism has been celebrated in the media, with stories celebrating essential employees and community acts of altruism.

Figure 2. Phases of Disaster¹⁰



The cumulative effect of the challenges unique to COVID-19, superimposed on an already vulnerable healthcare labor force, is likely to perpetuate the known consequences of burnout, namely anxiety, depression, increased substance abuse, relationship issues, and suicidality. Early data arising from a large study of the mental health impact of COVID-19 on physicians and nurses in China found that large numbers reported having symptoms of depression (50.4%), anxiety (44.6%), insomnia (34%), and distress (71.5%).¹¹ The devastating news of suicides of an EMT¹² and emergency physician¹³ are grim reminders of the emotional trauma suffered by healthcare personnel as they honor their commitment to patient care. Attending to the emotional and mental health of the entire healthcare community as part of our response to COVID-19 needs to remain a top priority, as the impact of this pandemic will be long-lasting, with implications for healthcare providers, as well as for those they care, a phenomenon referred to as the Parallel Pandemic.¹⁴

Healthcare workers may employ individual tactics to sustain their well-being during this crisis such as taking care of their basic needs: nutrition, hydration and rest. Further, if they are aware of the risk and symptoms of stress disorders and depression, they can self-monitor and seek support services if they are experiencing prolonged sadness.⁴ Individuals can seek connection with others and attempt to limit their exposure to sources of stress. During a crisis, individual leadership behaviors can promote and sustain well-being. Presence is critical, and leaders can look for innovative ways to forge connections with their teams, find opportunities to assess needs in an informal way, normalize reactions to stress, model realistic optimism, and demonstrate gratitude and appreciation.⁵

Additionally, system-level interventions are critical to help mitigate the occupational risks to healthcare workers.^{6,15} Ideally, infrastructure already exists prior to a crisis to identify and support emotional well-being and mental health needs, and resources can be evaluated for

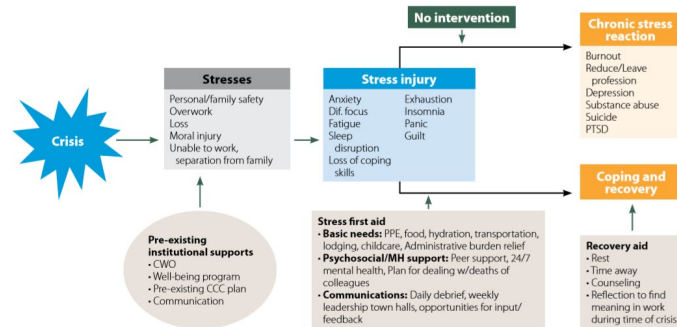
adaptability to the current situation. Organizational leadership can respond with the development of new resources, as necessary, including novel ways to support basic needs and additional mental health and psychiatric support services.¹⁶ The paramount role of effective communication during public health crises was emphasized in the prescient October issue of the Delaware Journal of Public Health¹⁷ and has been repeatedly identified as one of the most important contributors to wellbeing among healthcare workers.¹⁵ In contrast, ineffective communication exacerbates anxiety and frustrations.⁸ Effective communication is described as frequent, consolidated, consistent, and provides reliable information which serves to establish trust within the organization.

Despite the challenges posed by this global crisis, there is room for some optimism. Although the timeline is uncertain, this pandemic will come to an end, and the majority of our communities will recover without developing chronic mental health disease. Some, in fact, may develop new strengths and skills in response to having faced this crisis. Healthcare workers have been lauded for their altruism and professional dedication,¹⁸ which suggests a long-lasting positive shift in community appreciation of healthcare professionals. The provision of health care services has been adapted, modelling flexibility and requiring rapid responses in a system that typically is not nimble. Other positive experiences related to COVID-19 may enhance well-being among healthcare workers, such as forming new collaborations, learning to work across traditional silos, implementing innovative solutions to delivering health care that takes advantage of technology, and developing new tools and skillsets.⁹

These silver linings alone are not enough to protect healthcare workers from the potential harmful effects of the psychological stress they face. As we begin re-opening, figuring out new boundaries, and loosening restrictions on shelter in place, new anxieties will arise. COVID-19 will continue to threaten the health of our community, undermine our financial security, interfere with our daily lives, and limit our personal freedoms for the foreseeable future. We can expect these stressors to take their toll, with predictable periods of emotional and mental fatigue, and discouragement consistent with the disillusionment phase¹⁰ (Figure 2).

As we enter the latter phases of the COVID-19 pandemic, the need to consider and care for emotional and mental health needs of healthcare workers may be more pressing than ever. During this phase, the risks of more chronic stress reactions¹⁶ (Figure 3), such as clinician turnover, burnout, depression, and suicide persist. Maintaining mental health and psychiatric support should remain a priority, with re-assessment of the specific needs within the organization. In addition, organizations can learn from this experience, in order to prepare for future crises by debriefing with individual units and cataloging successes and opportunities for improvement.¹⁵ Highlighting and tending to the well-being needs of our workforce during the pandemic can be a catalyst for meaningful culture change within healthcare. Building on what we have learned, sustaining what we have created and continuing to grow, we can shore up the foundational levels of wellness⁶ (Figure 1), providing meaningful and continued support to all healthcare workers. Moving forward, we must prioritize the well-being of our healthcare workers, thereby reducing the rates of burnout, mental illness and clinician turnover. As we recognize the dedicated, altruistic actions of healthcare workers today, let us also recognize our obligation to insure and sustain their well-being, so that they can continue to meet the healthcare needs of our population, and respond to future crises with the same dedication and compassion.

Figure 3. Conceptual model: Stress first aid during and after crisis impacts outcomes Adapted from The Schwartz Center, Patricia Watson, PhD, “Caring for Yourself & Others During the COVID-19 Pandemic: Managing Healthcare Workers’ Stress.”¹⁵



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