



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak

The wellbeing and emotional resilience of healthcare workers are key components of maintaining essential healthcare services during the COVID-19 virus (coronavirus) outbreak. Therefore, it will be crucial to anticipate the stresses associated with this work and put in place supports for healthcare workers. Monitoring and assessment of mental health and wellbeing of healthcare personnel will be important, along with efforts to ensure their successful reintegration with work colleagues, should they themselves become infected.

Both institutional supports and self-care strategies are important.

Fighting Stress through Preparedness

Healthcare workers are accustomed to participating in frequent formal and informal trainings. Additional organizational efforts during the COVID-19 outbreak should be ongoing and can provide a measure of stress reduction. Healthcare workers need training in:

- specific details about transmission of the COVID-19 virus
- when and how to screen patients and, potentially, family members
- the use of personal protective equipment
- when to invoke quarantine and isolation
- ethical decision-making about triage and surge capacity issues

In order to increase their sense of self-efficacy, workers may also want to take part in training and planning exercises that include:

- practicing response roles
- implementing all levels of quarantine
- enforcing movement restrictions
- managing limited resources
- handling mass fatalities
- understanding surge-related triage decision trees
- conducting mental health screening
- coping with high stress demands
- preparing for the needs of their families if workers are required to be more engaged at work or quarantined

Staff in healthcare facilities may also want to meet with leaders to discuss the importance of stress management and psychosocial support for the workforce. Discussions could include the possibility of frontline stress control teams, appropriate work/rest schedules, and support for the needs of providers' family members.

Stress in Healthcare Workers during the Outbreak

There are specific sources of stress for healthcare workers treating patients with the COVID-19 virus. These stressors include:

Need to employ strict biosecurity measures

Healthcare workers who are called upon to assist or treat those with COVID-19 may experience stress related to:

- physical strain of protective equipment (dehydration, heat, exhaustion)
- physical isolation (restrictions on touching others, even after working hours)
- constant awareness and vigilance regarding infection control procedures
- pressures regarding procedures that must be followed (lack of spontaneity)

Risk of disease transmission

Infection control is a significant concern that can be exacerbated by:

- common flu and cold symptoms being mistaken for COVID-19
- the extended symptom-free incubation period of COVID-19
- a relatively higher mortality rate compared to influenza
- the tension between public health priorities and the wishes of patients and their families regarding quarantine

Multiple medical and personal demands

The complexity of responding to COVID-19 may result in conflicting personal and professional demands, including:

- continued daily workload demands competing with COVID-19 preparation and treatment measures
- a need to maintain high standards in the face of a low-frequency event within which official recommendations and policies change regularly
- possible separation from and concern about family members
- fears about infection and subsequent implications for self, patients, and family
- inner conflict about competing needs and demands

Stigma

Healthcare workers can be affected by both internal and external stigma related to the COVID-19 virus and its impact, such as:

- others' fear of contact with those treating patients with COVID-19
- healthcare workers' self-stigma about voicing their needs and fears

Dealing with Stress during the Outbreak

A strong service-orientation, a lack of time, difficulties in acknowledging or recognizing their own needs, stigma, and fear of being removed from their duties during a crisis may prevent staff from requesting support if they are experiencing stress reactions. Given this, employers should be proactive in encouraging supportive care in an atmosphere free of stigma, coercion, and fear of negative consequences.

Self-care for healthcare workers can be complex and challenging, given that people in these roles may prioritize the needs of others over their own needs. Therefore, a self-care strategy should be multi-faceted and phased properly to support the sense of control and contribution of healthcare providers without making them feel unrealistically responsible for the lives of patients. For instance, during work shifts, providers should engage in these behaviors:

- self-monitoring and pacing
- regular check-ins with colleagues, family, and friends
- working in partnerships or in teams
- brief relaxation/stress management breaks
- regular peer consultation and supervision
- time-outs for basic bodily care and refreshment
- regularly seeking out accurate information and mentoring to assist in making decisions
- keeping anxieties conscribed to actual threats
- doing their best to maintain helpful self-talk and avoid overgeneralizing fears
- focusing their efforts on what is within their power
- acceptance of situations they cannot change
- fostering a spirit of fortitude, patience, tolerance, and hope

At the same time, they should avoid:

- working too long by themselves without checking in with colleagues
- working “round the clock” with few breaks
- feeling that they are not doing enough
- excessive intake of sweets and caffeine
- engaging in self-talk and attitudinal obstacles to self-care, such as:
 - “It would be selfish to take time to rest.”
 - “Others are working around the clock, so should I.”
 - “The needs of survivors are more important than the needs of helpers.”
 - “I can contribute the most by working all the time.”
 - “Only I can do. . .”

Dealing with Stress in the Aftermath of the Outbreak

After a period of caring for those with COVID-19—especially quarantined patients—a readjustment period is to be expected. Healthcare workers will need to commit to making personal reintegration a priority. This includes:

- seeking out and sharing social support, which may need to occur virtually
- checking in with other colleagues to discuss work experiences
- increasing supervision, consultation, and collegial support
- scheduling time off work for gradual reintegration into personal life
- preparing for worldview changes that may not be mirrored by others in one's life
- avoiding negative coping strategies such as:
 - use of alcohol, illicit drugs, or excessive amounts of prescription drugs, which all interfere with sleep cycles and prolong recovery
 - suddenly making big life changes
 - negatively assessing their work contributions
 - keeping too busy
 - viewing helping others as more important than self-care
 - not wanting to talk about work experiences with others

If stress persists for longer than two to three weeks and interferes with functioning, healthcare workers should consider participating in formal mental health treatment.

References

- Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., ... & Watson, P. (2006). Psychological first aid: Field operations guide. National Child Traumatic Stress Network and National Center for PTSD. Retrieved from www.nctsn.org and www.ptsd.va.gov
- Gonzales, G. (2003). *Deep survival. Who lives, who dies, and why. True stories of miraculous endurance and sudden death.* W.W. Norton & Company. New York.
- Hobfoll, S. E., Watson, P. J., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry, 70*(4), 283-315.
- Reissman, D. B., Watson, P. J., Klomp, R. W., Tanielian, T. L., & Prior, S. D. (2006). Pandemic influenza preparedness: adaptive responses to an evolving challenge. *Journal of Homeland Security and Emergency Management, 3*(2).