# COVID-19: The Impact of a Pandemic on Mental Health

## Providing Mental Health Interventions for Patients and Healthcare Workers

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will have gained an understanding of and ways to mitigate the mental health impacts of a pandemic. Specific learning objectives to address potential learning gaps include:

- Define the term "pandemic."

- Describe the psychological effects of a widespread infectious illness on the general population and effects unique to healthcare workers.

- Summarize strategies to reduce mental health impacts among patients and healthcare workers.

- Discuss the "duty of care" concept.

## DEFINING PANDEMIC

*Epidemic* and *pandemic* are closely related terms:

- An **epidemic** is an outbreak of a disease occurring over a wide geographic area and affecting a high proportion of the population. It is an event in which a disease is actively spreading. Examples include the recent Zika, Ebola, and SARS epidemics.

- A **pandemic** is an epidemic that has spread to multiple countries or regions of the world. The most recent pandemic is the COVID-19 pandemic that began in 2020.

**HISTORICALLY NOTABLE PANDEMICS**

- Bubonic plague of Justinian of 541–42 A.D.; killed 25 million, perhaps half the population of Europe

- Black plague (Black Death) of 1346–53; killed 75 to 200 million

- Spanish flu pandemic of 1918; killed over 50 million people worldwide, including 675,000 in the United States

- Smallpox pandemic during the 20th century; killed 30,000 to 300,000

- Asian flu (H2N2) of 1956–58; killed 69,800 in the United States alone

- Hong Kong flu (H3N2) of 1968; killed 1 million

- HIV/AIDS pandemic beginning in 1981; infected 70 million and killed 36.7 million

- Swine flu of 2009–2010; killed 1 million globally

- COVID-19 pandemic that began in 2020; killed millions globally
  (MPHonline, 2021; Dotzert, 2020; WHO, 2021)

A formal declaration by the World Health Organization of a pandemic does not mean that the infectious agent has become more aggressive or more deadly or that the personal risk of getting the disease is greater. Rather it alerts governments, agencies, and aid organizations around the world to shift their efforts from containment (strict restrictions on population movement) to mitigation (actions to slow the spread, making the situation or consequences less severe).

Pandemics can cause significant social, economic, and political disruption. On an individual level, a pandemic may also exacerbate anxiety and psychosis-like symptoms and lead to nonspecific mental health problems such as mood problems, sleep problems, phobia-like behaviors, panic-like symptoms, anger, substance use, or feeling overwhelmed both in the general population and among healthcare professionals. It is therefore important to be alert for the effects of mental distress so that early interventions can take place (Moukaddam & Shah, 2020; Fischer, 2020).

## MENTAL HEALTH EFFECTS OF A PANDEMIC

Mental health, as defined by the World Health Organization, is a state of well-being in which the individual realizes their own abilities, can cope with the normal stress of life, can work productively, and is able to make a contribution to their community (PAHO/WHO, 2020).

Pandemics disrupt the mental health of individuals and society on many different levels, one of them being widespread panic and increasing anxiety in people subjected to the real or perceived threats of the infectious agent. The mental health effects of a pandemic can impact health for many years, well past the precipitating event. These effects can compound the many challenges facing people who are already prone to mental health problems. For example, the prevalence of

depression and posttraumatic stress disorder (PTSD) among populations following such an event is comparable to levels experienced following natural disasters and terrorist attacks (Galea, 2020).

There is very little contemporary **epidemiological data on the mental health impacts** of a pandemic, as there have been few such events in the last century. The 2002–2004 SARS outbreaks in Asia and Canada provide the most recent epidemiological data on the mental health concerns related to pandemics:

- Upwards of 40% of the community population experienced increased stress in family and work settings.

- 16% showed signs of traumatic stress levels.

- A high percentage felt frightened, apprehensive, and helpless.

- Only 30% of those surveyed believed they would survive if they contracted the disease, despite an actual survival rate of 80% or more.

- Residents were diligent about adopting appropriate person-to-person transmission precautions; however, they were adopted differentially based on anxiety levels and perceived risk of contracting the disease.

- Studies of nurses who treated SARS patients indicated high levels of stress and a rate of approximately 11% traumatic stress reactions, including depression, anxiety, hostility, and somatization symptoms.
  (CSTS, 2021)

The **strength and type of personal reaction** to a crisis varies depending on a combination of the following:

- A person's prior experience with a similar event

- Intensity of the disruption to the individual's life (the more disruption, the greater the psychological and physiological reactions may become)

- The meaning of the situation to the individual (the more catastrophic the event is perceived to be personally, the more intense the person's stress reaction)

- The emotional well-being of individuals and their resources for coping

- Having experienced other recent traumatic events, which can result in failure to cope well with additional stressors
  (FEMA, 2019)

## Psychological Effects and Stressors

During a pandemic, it is common for people to feel stressed, anxious, worried, and fearful. Fear of the unknown or fear of uncertainty may be the most debilitating of the psychological effects of a pandemic. **As the pandemic begins to spread**, people may experience:

- Fear of contagion and death of self or loved ones

- Fear of contracting illness while caring for sick loved ones

- Fear of infecting a loved one

- Guilt regarding being the source of illness for a loved one

- Inability to intervene to prevent illness or death of loved ones

- Witnessing the illness or death of family members

- Bereavement and grief from loss of loved ones

- Psychological trauma due to quarantine and social distancing

- Difficulty maintaining self-care activities

- Domestic pressures caused by school closures, disruptions in daycare, or family illness

- Sense of ineffectiveness and powerlessness

- Loss of faith in health institutions, employers, or government leaders

- Belief that medical resources are not fairly distributed

- Restrictions on civil liberties that are perceived to be inequitable

- Frustration with lack of information and available resources

- Loss/disruption of job, financial hardship

**As the pandemic decelerates**, additional stressors begin to arise, which may include:

- Multiple losses

- Personal and population-wide bereavement

- Fear of recurrent waves of the pandemic returning

- Recuperation from illness

- Long-term medical complications

- Continued scarcity of basic necessities

- Massive economic disruptions

- Delays in reopening schools, daycare centers

- Ongoing stress on healthcare infrastructure

- Dealing with dependent family members who have lost their caretaker

- Changes in social support due to death and illness

Psychological stressors for **health professionals** may be related to:

- Dealing with an overwhelming surge of patients

- Inability to save lives despite maximal effort

- Experiencing death on a mass scale

- Observing population-wide bereavement

- Dealing with chronic shortages of supplies, vaccines, treatments, facilities

- Elevated to extreme risk for infection, illness and death

- Overwork and fatigue

- Witnessing illness and death of colleagues

- Constantly working in PPE

- Enforced separation from family and loved ones

- Ongoing and seemingly unending duration of work shifts

- Inability to be home to support ailing, dying, or bereaved loved ones

- Fear of spreading infection from exposure at work to loved ones at home

- Witnessing illness on a mass scale

- Witnessing persons suffering with extreme symptoms

- Dealing with extreme reactions and possible panic

- Threats of violence from persons seeking scarce or limited services

- Lack of communications
  (Shultz, n.d.)

## Behavioral Responses to Real or Perceived Threats of a Pandemic

When confronted with a real or perceived threat, responses range widely. For instance, one individual may act in extreme and sometimes irrational ways to avoid the threat. Another may accept that the threat is real but feel the situation is hopeless and begin to withdraw (U.S. DOE/ORAU, n.d.).

It is important for healthcare professionals to be aware of the many types of behaviors that may occur in response to the threats of a pandemic:

- **Denial:** Members of a community will often experience denial in some form or another (e.g., "it can't happen to me," "I'm invincible," "it's a hoax," etc.), which manifests by avoiding taking the recommended precautions necessary to keep oneself and others safe from contagion (U.S. DOE/ORAU, n.d.).

- **Alcohol and other substance use:** Stress and addiction often go hand-in-hand; stress can lead to increased alcohol and/or substance abuse and also trigger relapses (Ellis, 2020).

- **Exacerbation of mental health symptoms and behaviors:** These may include PTSD, anxiety disorders, depression and somatization, obsessive-compulsive behaviors (OCD), phobic behaviors, or psychotic-like symptoms. It has been found that a substantial portion of those quarantined display symptoms of PTSD and depression. In those with OCD, fear of the disease may worsen negative behaviors, leading to unwanted and intrusive worry as well as cleaning and washing compulsions (Shigemura et al., 2019; Moukaddam & Shah, 2020).

- **Negative reactions of children and teens:** Most children and teens respond, in part, to what is happening to the adults around them. Reactions that may occur include:
  - Infants to 2-year-olds may display irritability, excessive crying, and a need to be cuddled more.

  - Preschool and kindergarten children (3–6 years) may return to behaviors they have outgrown (such as bed-wetting), fear of separation from parents/caregivers, tantrums, or difficulty sleeping.

  - Older children (7–10) years may feel sad, mad, or afraid the event will happen again; they may focus on details of the event and want to talk about it all the time or not want to talk about it at all.

  - Pre-teens and teenagers may experience irritability and more "acting out" behaviors, as well as use alcohol, tobacco, or other drugs. Others may become afraid to leave home or may cut back on how much time they spend with their friends. Their emotions may lead to increased arguing and even fighting with siblings, parents/caregivers, or other adults.

- Older children and teens may experience difficulty with attention and concentration and avoid activities enjoyed in the past.
  (CDC, 2020)

- **Attempts to stock or hoard food and other essentials:** People in a pandemic situation may become concerned that supply chains of food and other items (e.g., medications, hand sanitizers, disinfectants, wipes, and toilet paper) will be inefficient during a time of crisis, reducing access to what is needed to maintain health and safety for oneself and others in the community.

- **Scapegoating/xenophobia:** Giving a disease the name of a foreign country or particular group results in the desire to wall off those who are viewed as threats of contagion. This fear of the "other" can lead to violence against them. Such incidences of violence toward individuals of a certain race or country can also be directed toward healthcare workers (Parmet & Rothstein, 2018).

- **Mistrust of authority figures, scientists, and healthcare professionals:** This has been seen in multiple countries and with multiple infectious agents. During pandemics, mistrust of medical professionals and efficacy of medical-related measures have been linked to conspiracy theories and mixed messages. At its extreme, such mistrust can lead to the lowering of or disregard for adherence to health recommendations (Moukaddam & Shah, 2020).

- **Domestic violence and abuse:** Service organizations, healthcare facilities, and law enforcement often report surges of domestic violence, child abuse, and animal abuse during major crises. Pandemics cause feelings of powerless and loss of control, both of which are at the root of domestic violence. A small study comparing data from 2017 through 2019 with data from 2020 during the COVID-19 pandemic found a 1.8-fold increase in incidents of physical intimate partner violence (Gosangi et al., 2020).

## Stress and Its Physical and Psychological Health Consequences

When a crisis lasts for an extended period of time, as in a pandemic, stress causes the body to be in a more-or-less constant state of guardedness. This results in long-term activation of the body's stress response system. Prolonged exposure to cortisol and other stress hormones may increase the risk for or contribute to the development of various problems:

- Gastrointestinal effects can include bloating and other intestinal discomfort. Changes in gut bacteria may occur, which can influence mood.

- Cardiovascular effects may include increased risk for hypertension, heart attack, or stroke. Persistent chronic stress contributes to inflammation in the circulatory system, particularly the coronary arteries.

- Endocrine system effects include an increased production of steroid hormones.

- Impaired immune system function may affect inflammatory processes, wound healing, and responses to infectious agents and other immune challenges.

- Reproductive system effects in both men and women may make it harder to conceive.

- Respiratory effects can present with shortness of breath and rapid breathing and exacerbate pre-existing respiratory disease.

- Nervous system changes may include long-term impact on the autonomic nervous system, which continues to affect other bodily systems.

- Psychological effects include an increased risk for depression.
  (AIS, 2020; Seiler et al., 2020)

## Psychological Stressors among Healthcare Professionals

Because of their prominent role in responding to a pandemic, healthcare professionals are at high risk for mental health effects. For instance, following the SARS outbreak, a survey found that up to 75% of healthcare workers experienced psychiatric morbidity related to the epidemic (Sadeghi & Wen, 2020).

During the COVID-19 pandemic, several studies have demonstrated an increased risk of psychological implications to healthcare workers. Such effects include increased risk of acquiring trauma or stress-related disorders, depression, and anxiety. Fear of the unknown or becoming infected were at the forefront of mental challenges healthcare workers face. In addition, being a nurse and being female appeared to confer greater risk (Cabarkapa et al., 2020).

Along with facing all the stressors being experienced by the general public during a pandemic, healthcare workers on the frontline (i.e., those who provide direct care and services to the sick or injured) experience additional stressors. These may include:

- Stigmatization and ostracization due to caring for infected patients and their remains

- Shaming oneself about voicing one's own fears and concerns

- Fear of passing the infectious agent on to family and friends and the need to isolate oneself from them

- Tension between public health priorities and the wishes of patients and their families regarding quarantine

- Strain of strict bio-security measures:

  o Physical strain of having to constantly use protective equipment
    (e.g. dehydration, heat, exhaustion)

- o Physical isolation, which makes it difficult to use touch to provide comfort to a sick or distressed patient or to give/receive comfort after working hours

  o Need to be constantly aware and vigilant regarding infection control procedures

  o Strict procedures that prevent spontaneity and autonomy

- Psychological effects when the system fails to provide adequate personal protective equipment (PPE):

  o Fear of increased risk of infection

  o Extreme stress around disregarding usual practices for caring for oneself in order to remain uninfected and to continue to provide safe patient care

- Higher demands both professionally and personally:

  o Long hours

  o Increased patient numbers

  o Working in unfamiliar areas

  o Keeping up-to-date with best practices and developing information

  o Possible separation from and concern about family members

  o Inner conflict about competing needs and demands (e.g., "I want to take care of my patients; it's my calling and I am expected to; but I know I am taking great risks by doing so.")

- Witnessing human suffering and dealing with life-and-death decisions

- Reduced capacity to use social support due to intense work schedules and stigma within the community toward frontline workers and the need for social distancing

- Insufficient ability to carry out adequate self-care because of work demands and time constraints

- Lack of information about long-term exposure to infected individuals related to insufficient scientific knowledge about the infectious agent

- Burnout and compassion fatigue (see below)
  (IASC, 2020)

**LACK OF PPE**

Months after the start of the COVID-19 pandemic, the shortage of personal protective equipment persists, leading frontline workers to ration their use of disposable gloves, gowns, and N95 respirator masks meant to reduce their chances of becoming infected. Healthcare workers continue to be required to reuse their tight-fitting respirator masks up to six times before disposing of them. Although they are sterilized each day with ultraviolet light, the masks invariably sag after two or three shifts, leaving gaps that can allow the virus to seep through. Hospitals, nursing homes, and medical practices routinely have to spend time and heighten their disease exposure by decontaminating disposable masks and gloves for reuse (Finkenstadt et al., 2020).

**BURNOUT AND COMPASSION FATIGUE**

Burnout is a gradual process by which people detach from meaningful relationships in response to protracted stress and physical, mental, and emotional strain. This results in a feeling of being drained, being unproductive, and having nothing more to give. Compassion fatigue is a state of chronic physical and mental distress and exhaustion following the strain of feeling others' pain.

In a 2021 survey, 76% of healthcare workers reported being exhausted and experiencing burnout, while 52% experienced compassion fatigue (MHA, 2021). Another survey found that while nursing staff have had low morale in the past, "this time they're broken," and their trauma is continuous, with no time to recover. Some nurses have reported that both the demands of the job and a lack of support due to shortages have had a negative impact on their career and that they were thinking of leaving the profession (Ford, 2021).

**MORAL DISTRESS**

Moral distress is the result of having to act in a manner that is in opposition to one's own values and beliefs. Members of the healthcare professions have ethical values that focus on the well-being of each individual patient and in which decisions are made based on:

- Autonomy: The right of patients to retain control over their own bodies according to their personal values and beliefs

- Beneficence: The obligation of healthcare providers to do all they can to benefit the patient in each situation

- Nonmaleficence: The exhortation "to do no harm"

- Justice: An element of fairness in all medical decisions as well as equal distribution of scarce resources

Moral distress, the result of an ethical dilemma, occurs when there is a disparity between what healthcare providers **can** do and what they believe they **should** do. For example:

- When healthcare professionals feel they are abandoning their patients because they believe they can no longer provide the quality of care they know is correct

- When triage protocols force difficult decisions that may determine who lives and who dies. For example, between who will and who will not receive care or in the rationing of limited resources (SJU, 2020; Pearce, 2020)

- When requirements for one's own safety interfere with the needs of a patient. For example, when a COVID-19-infected patient who is unable to get out of bed without assistance unexpectedly falls while the nurse is taking the time to properly don PPE.

## STRATEGIES TO REDUCE THE MENTAL HEALTH IMPACTS OF A PANDEMIC

Public mental health measures must address a number of areas of potential distress, health risk behaviors, and psychiatric disease. When anticipating a significant disruption of day-to-day life and loss of life, it is essential that protective public health behaviors be promoted among the entire population. These include:

- Issuing accurate, consistent, clear, and easy-to-understand communication regarding risk of contagion, danger to family and pets, and the topic of authority and government

- Providing mental health surveillance to estimate levels of mental health problems in order to effectively direct services and funding

- Addressing psychological responses people may have to community containment states such as quarantine, movement restrictions, school/work/other community closures

- Preparing for a surge in demand for all healthcare services (CSTS, 2020)

**Mental health professionals** should coordinate planning and response activities with government and nongovernmental organizations. Such activities may include:

- Developing public education tools and materials

- Identifying and developing pandemic disease-specific educational tools and materials that describe signs of distress, traumatic grief, coping strategies, and skills for building and sustaining personal and community resilience

- Identifying and listing behavioral and psychological support resources

- Increasing the awareness of potential mental health implications that occur during a pandemic

- Providing information about psychological reactions to public health emergencies and recommendations for positive coping

- Maintaining an updated website containing information about the pandemic-related mental health issues

- Sharing resources through social media and other appropriate outlets
  (Gierer, 2020)

**Individual healthcare providers** are in a position to offer mental health interventions to patients under their care, which may include:

- Answering questions and providing answers based on factual information

- Encouraging patients to take breaks from watching, reading, or listening to news stories, including social media (since repeatedly hearing about a pandemic can be upsetting)

- Being observant for patients who are experiencing serious distress reactions, assessing their needs, and referring them to appropriate resources

- Making efforts to increase effective response behaviors and protective health behaviors such as taking care of one's own health, limiting potentially harmful behaviors, exercising regularly, getting sufficient sleep, eating a healthy diet, and avoiding alcohol and drugs

- Stressing the need to continuing taking one's own medications and ensure that older adults and children take theirs

- Teaching calming skills and maintenance of natural body rhythms, including following a set routine for eating, resting, and exercising

- Encouraging connectedness to family and other supports where possible, which may require digital rather than physical presence

- Recognizing that certain events ("tipping points") will occur which can abruptly increase fear and decrease helpful health behaviors or increase risky ones (e.g., death of a family member or a decrease in available healthcare)
  (CSTS, 2020)

> **HEALTHCARE WORKERS AS ROLE MODELS**
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> Healthcare providers are looked upon as "experts." In addition to how they speak, they can model behaviors that reflect adherence to evidence-based recommendations, to the best of their ability.

## Early Mental Health Interventions among Patients

For the general population, early interventions should support normalizing everyday life as much as possible as well as identifying and triaging the seriously mentally ill for psychiatric treatment. The most intensive intervention in this phase is psychological first aid, which consists of listening, conveying empathy and compassion, and ensuring that basic needs are met.

> **PSYCHOLOGICAL FIRST AID**
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> Psychological first aid (PFA) is an evidence-informed approach to assist children, adolescents, adults, and families involved in a crisis situation. The goal of PFA is to promote an environment of safety, calm, comfort, connectedness, self-efficacy, empowerment, and hope during a crisis such as a pandemic. This can be done by actively listening to patients who want to share their stories and emotions and remembering that there are no right or wrong ways to feel.
>
> Healthcare workers provide psychological first aid by recognizing the importance of communicating calmly and establishing rapport with a person who is experiencing and expressing intense emotions resulting from anxiety, fear, and uncertainty about the eventual outcome. This includes:
>
> - Remaining compassionate even when a patient is being difficult
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> - Offering accurate information about the situation and the efforts that are underway to help
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> - Whenever possible, helping patients contact family or friends
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> - Engaging people in meeting their own needs and being prepared to inform them of available government and nongovernment services
>
> - Avoiding giving false reassurances such as "everything will be okay"
>   (FEMA, 2019)

## Strategies for Reducing Mental Health Impacts on Healthcare Workers

Healthcare workers include any and all who work in healthcare services. Besides physicians and nurses, this includes first responders, housekeeping personnel, clerical personnel, lab technicians, respiratory therapists, occupational therapists, physical therapists, pharmacists, among many others, as well as community-based workers and those who work in mortuaries.

The mental and psychological well-being of healthcare workers is imperative to their ability to function effectively, particularly when exposed to extreme conditions. Such exposure could result in negative mental health consequences, which may in turn affect the functioning and productivity of entire healthcare organizations. Keeping all healthcare workers from chronic stress and poor mental health means that they will have a better capacity to fulfill their roles (Surya et al., 2017). This can be quite difficult to accomplish during a pandemic. Following are some strategies that can be applied to help reach this goal.

**EDUCATION**

It is essential for healthcare workers to be educated and to remain up-to-date about the risks, symptoms, and precautions to be taken in order to provide factual information about a pandemic to their patients. Such education can be effective in calming patients who are experiencing fear and panic, discouraging the dismissiveness by others of the risks, and reducing annoyance caused by necessary precautions.

Healthcare workers should be prepared to dispel misconceptions people have gleaned from inaccurate sources and to provide them with facts and accurate information in an honest, direct, concise, and understandable manner. Healthcare providers can also direct patients to informational resources such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) (Terrie, 2020).

**SUPPORTING COWORKERS**

During a crisis situation such as a pandemic, it is necessary for coworkers to care for each other to ensure everyone's physical and mental safety and to provide safe patient care. It can be helpful to partner with another for support and to monitor one another's stress levels and safety. During the work shift, partners can set up times to check in and to listen carefully while sharing experiences and feelings. Partners can offer each other help, monitor their workloads, and encourage breaks. It is helpful to share opportunities for stress relief using deep breathing and other relaxation techniques.

When a coworker exhibits exhaustion, irritability, inability to concentrate or remember important things, or begins making errors, displays lack of confidence, and withdraws from contact, it is necessary to communicate these concerns to management (CDC, 2018).

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**WORKING IN "PODS"**

In order to best utilize available personnel, healthcare workers can be organized into "pods" consisting of a group of individuals skilled at different levels who work together throughout a shift. For example, when caring for a COVID-19 patient in the ICU or on a ventilator, such a pod may include a skilled ICU nurse to care for those specialized needs, a nurse without ICU experience to provide skilled nursing care, a respiratory therapist to manage respiratory care, and nursing assistants to provide other basic skills.

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**SELF-CARE STRATEGIES**

During the increased stress of a pandemic, it is vitally important for healthcare workers to be active in taking good care of themselves. The following are recommendations to help reduce stress levels among frontline workers:

- Schedule time to destress and engage in enjoyable activities, even for brief periods of time.

- Schedule and take brief breaks to care for basic needs.

- Take a short, 5-minute walk to improve energy and focus.

- Maintain a healthy diet.

- Exercise (e.g., bike or walk to work if possible).

- Get outdoors in the sunlight.

- Get news and information from reputable sources (such as the CDC) but limit the amount of news consumed so as not be become overwhelmed.

- Pace oneself and monitor for excessive fatigue, irritability, poor focus, or anxiety.

- Take time to breathe slowly before entering a patient room or a work area, since slow breathing is calming and helps the body cope with symptoms of stress.

- Reframe anxiety-provoking statements (e.g., say, "A great many people get sick and recover" instead of "I might get sick and die.").

- Seek out services from a mental health professional when needed.

- For those who regularly see a mental health professional, inquire about video or phone services if needed.

- Look for support from friends, families, and colleagues, and problem-solve together.

- Find ways to connect virtually with friends and family (e.g., social media, phone, FaceTime, Skype), since meaningful interactions with those we are close to are important for well-being.
  (Benyon, 2020; NCCN, 2020)

**PANDEMIC-RELATED TRAINING**

Formal and informal training during a pandemic can prepare healthcare workers to face the stressors involved in working under such conditions. Such training can include:

- Specific and accurate information about transmission of the infectious agent and methods of containment

- When and how to screen patients and, potentially, family members

- When to appeal for quarantine and isolation

- Ethical decision-making about triage and surge capacity issues

In order to increase the sense of confidence in one's work-related performance, workers can also take part in training and/or planning exercises such as:

- Management of limited resources

- Implementation of various levels of quarantine

- Enforcement of movement restrictions

- How to handle mass fatalities

- How to conduct mental health screening

- How to cope with high stress demands

- Ways to prepare for family needs when required to be more involved at work or when in quarantine

- Ways to provide psychosocial support to colleagues
  (VA, 2020)

**MANAGEMENT STRATEGIES TO SUPPORT STAFF**

Team leaders or managers in a health facility also face similar stressors and additional pressures due to the level of responsibility inherent in their roles. It is important that stress-relief provisions are in place for both workers and managers, and that managers serve as role models for strategies to mitigate stress. The following measures can be taken by management to help reduce the impact of stress on healthcare frontline staff.

- Ensure a clear system for coordination and communication with frontline workers to keep them apprised of the current recommendations for patient care and personal protection.

- Establish policies regarding work hours, duration of deployment, shift rotation, and rest periods, rotating workers from higher-stress to lower-stress functions.

- Train all frontline workers, including non-healthcare workers in quarantine sites, in essential psychosocial care principles, psychological first aid, and how to make referrals when needed. Online training might be used if it is not possible to bring staff together due to infection risks.

- Partner inexperienced workers with more experienced colleagues and ensure that outreach personnel enter the community in pairs. A buddy system can help provide support, monitor stress, and reinforce safety procedures.

- Develop stress-management protocols for frontline medical personnel and ensure that time is built in for colleagues to provide social support to one another.

- Create psychological supports for healthcare workers, including hotlines and access to trained mental health professionals.

- Once the pandemic begins to recede, actively monitor, support, and (where necessary) provide all staff with evidence-based treatments.

- Once the pandemic is over, allot debriefing time to reflect on and learn from the difficult experiences to create a meaningful rather than traumatic narrative.

    (Sadeghi & Wen, 2020; IASC, 2020; Greenberg et al., 2020)

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**CASE**

Ginger is a 40-year-old RN who is divorced and lives with her two young children and her elderly mother. Ginger has a history of treatment for anxiety and depression in the past and has been doing well for quite some time. She is a fairly recent nursing graduate and works in a large hospital in a major metropolitan area. There is a global pandemic occurring, and Ginger has been working 12-hour shifts for the past 12 days in a row. The hospital has no more beds available for the large influx of patients needing care, and protective equipment supplies are being severely rationed.

As Ginger tends to her duties, she finds herself feeling more and more isolated from her coworkers, since they are all very busy. She becomes extremely fearful of making an error, becoming infected herself, and "killing my mom." As the days pass, Ginger is no longer sleeping well, has lost her appetite, and has difficulty staying focused. She now feels irritable, hopeless, and fatigued, and she begins to severely doubt her abilities as a nurse.

Elizabeth is a coworker who has been covering the same unit and shift along with Ginger. While she, too, is under a great deal of stress, she has begun to notice that Ginger is not doing well. She approaches Ginger in the hallway and asks her how she is coping. When Ginger begins to cry, they go to the breakroom, where Elizabeth encourages her to talk about how she is feeling and asks her what she can do to help her.

Ginger tells her she does not think she can continue to come to work anymore. Ginger explains that there are so many ill patients and that they are scared. They cannot see their families, and she wants to help them cope with the isolation and fear. Elizabeth reassures Ginger that she is doing a good job and that she will be there to help her when needed. After their discussion, Elizabeth talks to her supervisor, who approaches Ginger, talks with her, and promptly refers her to employee assistance for mental health management.

**Discussion**

Ginger provides an example of how someone with preexisting mental health issues can quickly succumb to stress and become symptomatic once again. Her situation might have been

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improved if she had been assigned to work in a team along with a more experienced nurse. Together they could have supported each other, monitored each other's stress level and safety, and perhaps avoided the present situation. When a coworker, Elizabeth, does recognize Ginger's signs of inability to continue to cope with stress, she immediately intervenes to assess her status and to refer her so that she can receive mental health support.

## DUTY OF CARE

During a pandemic, there are thousands of frontline healthcare providers being called to care for infected patients, placing their own health and lives at risk. Because healthcare providers are critical to an effective response during a pandemic, it is important for them to be aware of the rights and responsibilities around caring for patients during a pandemic.

Duty of care is defined as the ethical and legal responsibility of a person or organization to avoid any behaviors or omissions that could reasonably be foreseen to cause harm to others (LD, 2017). Healthcare professionals have an ethical duty to provide care. They have an obligation to treat all patients and are not at liberty to abandon them.

Considerations during a pandemic involve weighing the potential harm to a healthcare worker against the potential benefit to a patient. Where risk to the worker is low and benefit to the patient is high, the duty of care obligation increases. However, where the risk to the healthcare worker is high and the benefit to the patient is low, the obligation to care for the patient decreases.

Governments and healthcare employers also have duties and obligations to healthcare professionals. They have a responsibility to ensure safe working conditions, including making certain there are appropriate safety precautions in place to protect those healthcare providers and to ensure that counseling and mental health supports are in place during such a crisis (Gruben & Czarnowski, 2020).

There are also limits to the personal risk of harm that healthcare personnel can be expected to accept as an ethical duty. Harm includes emotional, psychological, physical, or spiritual. Balancing their professional demands with the need to protect and care for self and family may therefore introduce a dilemma. Some may feel the personal risks are too great and choose not to care for infected patients. When this happens, the effects on the healthcare system could be profound.

An American Nurses Association "Position Statement" (2015) indicates that caring for an individual with an infectious disease that places a healthcare worker at risk of harm is considered a duty rather than an option if **all** of the following four criteria are met:

1. The patient is at significant risk of harm, loss, or damage if the healthcare worker does not assist

2. The healthcare worker's intervention or care is directly relevant to the prevention of harm

3. The healthcare worker's care will probably prevent harm, loss, or damage to the patient

4. The benefit the patient will gain outweighs any harm the healthcare worker might incur and does not prevent more than an acceptable risk

Nurses must balance their perceived duty to care against their perceived risk of harm to determine their willingness to report during a pandemic or other disaster event, potentially creating an ethical dilemma and impacting patient care. Nurses have both an ethical and a moral obligation not only to care for others but also to care for themselves. Moral considerations are subjective and vary with each individual (McNeill et al., 2020).

## CONCLUSION

A pandemic is, without a doubt, an extremely stressful situation for everyone. It is especially difficult for healthcare workers who are responsible for the provision of safe and effective care to those who have become infected.

The general population is faced with many mental health challenges, including fear, anxiety, and uncertainty. Healthcare professionals are faced with overwhelming demands to provide care for others, care for their families, and care for themselves.

It is important to remember, however, that for healthcare providers who risk their lives for the good of many, there is a reciprocal obligation that society keep them safe and ensure they are provided with everything they require to maintain their own safety. At the same time, it is important for everyone to be involved in actively caring for their own well-being.

**RESOURCES**

Emergencies: diesase outbreaks (WHO)
https://www.who.int/emergencies/diseases/en/

Pandemic planning and preparedness resources (CDC)
https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/index.html

Resources to support the health and well-being of clinicians during the COVID-19 outbreak
(National Academy of Medicine)
https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/

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# TEST

[ Take the test online at wildirismedicaleducation.com ]

**1.** A pandemic is best defined as:

    a. An outbreak of disease occurring over a large geographical area.

    b. An outbreak that affects a high proportion of the population.

    c. An epidemic that spreads to multiple countries or regions of the world.

    d. A formal declaration by the World Health Organization.

**2.** Which negative response during a pandemic has been identified as occurring in older children and teens?

    a. Fear of separation from parents/caregivers

    b. Difficulty with attention and concentration

    c. Obsessive-compulsive behaviors

    d. Bed-wetting and tantrums

**3.** The increased risk for physical health consequences of stress is related to:

    a. Prolonged exposure to cortisol and other stress hormones.

    b. The presence of preexisting underlying medical conditions.

    c. The age and gender of the individual.

    d. Impairment of the immune system.

**4.** During a pandemic, healthcare workers are put at increased risk of contagion when:

    a. There is an increase in the number of staff members providing care.

    b. There is an increased use of coworkers as social support.

    c. There is recognition for working long hours.

    d. There is inadequate protective equipment.

**5.** Which is a goal of psychological first aid?

    a. Promoting safety, a sense of calm, and hope in the patient

    b. Diverting the patient's attention away from asking questions

    c. Referring the patient to a mental health facility for treatment

    d. Reminding the patient that everything will be okay

**6.** Which management strategy should be implemented once a pandemic is over?

    a. Creating psychological supports such as a hotline

    b. Establishing policies regarding work hours and shift rotation

    c. Allotting debriefing time to reflect on and learn from difficult experiences

    d. Training all frontline workers in psychological care principles

**7.** Which is a **correct** statement concerning duty of care?

    a. Healthcare professionals have no ethical duty to care for patients who have a contagious infection.

    b. Healthcare professionals are morally obligated to provide care to any patient who has a contagious infection no matter how great the risk.

    c. Because of their legal responsibilities, there is no limit to the personal risk healthcare professionals must accept.

    d. Accepting personal risk exceeding limits of duty is a moral option, not an obligation of healthcare professionals.