

Addressing the mental health of healthcare workers during the COVID-19 pandemic.

Mario Vargas, March 29, 2020

Since the beginning of the COVID-19 pandemic in Wuhan (Hubei, China) in December 2019, extensive medical research has been conducted, and medical publications are emerging consistently. The media flood screens with an onslaught of statistics and information about the impact of COVID-19 on the world, the Country, and the healthcare system. Measures are being taken to flatten the curve, decrease infection among healthcare workers (HCW), develop a vaccine, maximize the availability of personal protective equipment (PPE), and protect the economy. All items that require the full attention of policymakers and healthcare organizations to ensure the best possible outcome of the pandemic. This “best possible” outcome, however, is not solely dependent on the logistical and operational items such as those mentioned above; no, the “best possible” outcome is also reliant on the HCW’s ability to perform during this time of extreme pressure and stress.

A quick scroll on Facebook inundates the eyes with posts of the struggles that nurses, respiratory therapists, physicians, and first responders are facing every day. While the lack of PPE and increased number of COVID-19 positive patients increase the general stress and challenges of the job, the emotional and psychological effect resulting from the pandemic appears to be a second thought. The New York Times published an article this morning, “N.Y.C’s 911 System is Overwhelmed. ‘I’m Terrified,’ a Paramedic Says.” There is fear, doubt, and anxiety among HCW. These individuals are at the front lines treating patients who may or may not be infected, who may or may not survive. These HCW face uncertainty and are given information faster than can be absorbed, information that changes every day. The Country depends on the selfishness and altruism of all these individuals to care for the victims of the novel Coronavirus, but for how long can these HCW survive these difficult times before the psychological effects, the fear, the doubt, and the anxiety creates more damage than the virus itself?

Many HCW are having to balance the demands of their profession, caring for their families, and their patients and are encouraged to adhere to self-care to maintain their emotional well-being (Coons, Berkowitz & Davis, 2020). These recommendations are fundamental and much needed; however, there is a need to do more and needs to be done fast. Previous disasters and pandemics have provided many lessons. The literature has revealed that during these times, HCW display heightened stress, anxiety, and depression, and become emotionally traumatized (Ho, Chee & Ho, 2020). Findings that are fueled by the fear of becoming infected, and fear infecting family and loved ones. These HCWs are in a constant struggle to balance their duty, altruism and fear leading to a pronounced dissonance (Ho, Chee & Ho, 2020).

The previous findings are a call to action during the pandemic that is unprecedented by most who are in the front lines. It has had a profound effect on HCW and the entire population and, those who fight to protect and help others must become a priority. First responders, Paramedics, EMTs, Fire-Fighters, Police Officers, Nurses, Physicians, Respiratory Therapists, and all other health care staff are the foundation of the response against the COVID-19 pandemic. Efforts have to be made to ensure their emotional and psychological well-being now and during the aftermath. The literature will catch up, and strategies will be developed, however, until those are readily available, some steps can be taken by organizations, management, and supervisors to assist the benevolent individuals facing the pandemic head-on.

Supervisors can provide much-needed support to their staff by providing clear and concise information. Many organizations, in their attempt to keep their team informed, release information faster than it can

be absorbed overwhelming HCW. In addition, this information frequently changes, leading to confusion and anxiety. Supervisors and organizations can assist in simplifying the information in a manner that can be easily digested and understood. Frequent communication is also necessary to ensure that providers have the right communication. With such large amounts of information available, most utilize social media as a primary source of news and communication, leading to contradictory, confusion, and inaccurate information. The organizations must ensure that HCW have accurate, up-to-date information and limit the spread of “fake news.”

The availability of mental health services must be enhanced. Most organizations provide employee assistance programs that provide mental health services. Now more than ever, and with readily available virtual mental health providers, HCW should be encouraged to utilize such services, and organizations should invest in making these services readily available to their employees.

Lastly, and perhaps most importantly, it is paramount to value first-line healthcare workers. This is not financial compensation, while it is helpful for most, monetary compensation is an extrinsic motivator that will not be able to stand against fear and depression. Most who are in the profession, as cliché as it may sound, have an intrinsic desire to help others; financial assistance will temporarily keep the negative impact at bay; however, more is necessary. The ability to be resilient and decrease burnout is directly impacted by the knowledge that one is making a difference by doing meaningful work (Edward, 2016); therefore, HCW must be reminded that they are making a difference.

A nurse has committed suicide after finding out that she was infected with COVID-19, according to Steinbuch (2020) for the New York Post, the 34-year-old nurse had been under heavy stress from fear that she was spreading the virus and took her own life after testing positive. Such fear is one that is shared by many first responders and HCW on the front lines. This, unfortunately, is a story that, if the mental well-being of HCW and first responders is not protected, is bound to repeat itself many times over.

References:

Coons, H. L., Berkowitz, S., & Davis, R. (2020) Self-care advice for healthcare providers during COVID-19. *American Psychological Association*. Mar 26. From: https://www.apaservices.org/practice/ce/self-care/health-providers-covid-19?_ga=2.46378855.1161981744.1585511085-321995163.1585511085

Edwards, D. L. (2016). Emergency responder resiliency: Predicting burnout with alexithymia, neuroticism, altruism, and sensation seeking (Order No. 10189068). Available from Psychology Database. (1862201970). Retrieved from <http://library.capella.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocview%2F1862201970%3Faccountid%3D27965>

Ho, C. S., Chee, C.Y., & Ho, R.C. (2020) Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Annals Academy of Medicine Singapore*. Jan. 49(1); 1-3 From: http://www.annals.edu.sg/pdf/special/COM20043_HoCSH_2.pdf

Steinbuch, Y. (2020) Italian nurse with Coronavirus kills herself over fear of infecting others. *New York Post*. Mar. 25. From: <https://nypost.com/2020/03/25/italian-nurse-with-coronavirus-kills-herself-amid-fears-of-infecting-others/>

Watkins, A. (2020) N.Y.C.'s 911 system is overwhelmed. 'I'm terrified,' a paramedic says. *The New York Times*. Mar, 29. From <https://www.msn.com/en-us/news/us/nycs-911-system-is-overwhelmed-im-terrified-a-paramedic-says/ar-BB11QwEv?ocid=se>