Mitigating the psychological effects of COVID-19 on health care workers

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Although tremendous efforts are being made to investigate the pathophysiology, clinical outcomes and treatment of coronavirus disease 2019 (COVID-19), the psychological effects of this pandemic on health care workers cannot be overlooked.

Experience from the 2003 severe acute respiratory syndrome (SARS) outbreak and early reports related to COVID-19 show that health care workers experience considerable anxiety, stress and fear.1,2 The psychological effects related to the current pandemic are driven by many factors, including uncertainty about the duration of the crisis, lack of proven therapies or a vaccine, and potential shortages of health care resources, including personal protective equipment. Health care workers are also distressed by the effects of social distancing balanced against the desire to be present for their families, and the possibility of personal and family illness. All of these concerns are amplified by the rapid availability of information and misinformation on the Internet and social media.

Health care workers may experience psychological distress from providing direct care to patients with COVID-19, knowing someone who has contracted or died of the disease, or being required to undergo quarantine or isolation.1–3 Mitigation strategies for all scenarios are vital to ensure psychological wellness and in turn ensure a healthy and robust clinical workforce.

Not surprisingly, providers caring for patients with COVID-19 are among those at greatest risk of psychologic distress. A survey of 1257 nurses and physicians caring for patients with the disease in China found that these providers (41.5% of respondents) had significantly more depression, anxiety, insomnia and distress than providers who did not care directly for patients.1 Another observational study of 180 health care workers providing direct care for patients with COVID-19 found substantial levels of anxiety and stress that adversely influenced sleep quality and self-efficacy.3 Importantly, those who reported a strong social support network had a lower degree of stress and anxiety, and a higher level of self-efficacy.4 A qualitative study of medical residents during the 2003 SARS outbreak in Toronto showed that anxieties around personal safety and risk of contagion to loved ones conflicted with their professional duty to care.5 This highlights the complexity of issues faced by health care workers and the dissonance they are required to reconcile. Providers not directly caring for patients with COVID-19 are not immune to psychologic effects and may have vicarious trauma at levels similar to the general public.6 It has been postulated that this may relate to their concerns for patients with the disease, their at-risk colleagues,6 and for themselves and their families.

A letter to the editor of Psychiatry and Clinical Neurosciences7 and a qualitative study conducted in a teaching hospital during the SARS outbreak8 described measures to mitigate the psychosocial impact on health care workers and identified themes that commonly arose in other studies exploring this issue. Clear and rapid hospital communication was helpful to address the reactions of health care workers based on uncertainty or fear.4 Frequent communication, without being overly reassuring, was identified as helpful.5,7,8 Leadership at the hospital level, infection prevention and control services, and other supervising bodies need to be transparent and flexible, acknowledge uncertainty and provide clear evidence-based plans that will bolster workers’ trust, confidence and self-efficacy. This includes direction about hospital processes and appropriate provision of supplies and equipment, particularly in the face of potential shortages.3,5,7,8

Psychiatric support was offered to health care workers during the SARS outbreak, at first informally and then through confidential...
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Failure to ensure appropriate support could result in posttraumatic stress disorder, depression, stigmatization and fear among health care workers who are self-isolating or under quarantine report symptoms of anxiety.9 System-level changes (i.e., safe hospital policies and adequate resources) are likely to have more far-reaching effects than individual support, especially since capacity to counsel large numbers of affected health care workers may be limited. Box 1 lists select resources for health care workers who are seeking psychological support.

A rapid review of existing evidence found that health care workers who are self-isolating or under quarantine report symptoms of posttraumatic stress disorder, depression, stigmatization and fear of financial loss.3 Failure to ensure appropriate support could result in underreporting of symptoms and increase the risk of inhospital transmission from those who work while sick against advice. A strong social support network can offset feelings of isolation.3 Video calls and virtual meetings allow for maintenance of social relations while preserving physical distance. Other mitigating interventions include delivery of general and medical supplies, limiting isolation to the shortest duration necessary, and emphasizing that altruism and serving of the greater good are core values of the profession.3 Medical students across Canada are showing altruism as they offer their services (e.g., running errands, delivering groceries and providing child care) to health care workers in need,2 as well as volunteering to assist with contact tracing.11 All these interventions can reduce the effect of quarantine or isolation and help to preserve wellness and fitness in health care workers so that they can return to work when able.

Supporting health care workers in all aspects is vital to sustaining a healthy workforce during the pandemic in Canada. Taking care of ourselves is vital so that we may continue to take care of others.

Box 1: Resources for support of health care workers


References


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