

MINDING HEALTH CARE WORKERS

Psychological responses of health care workers
during the Covid pandemic

Margie Stuchbery April 2020

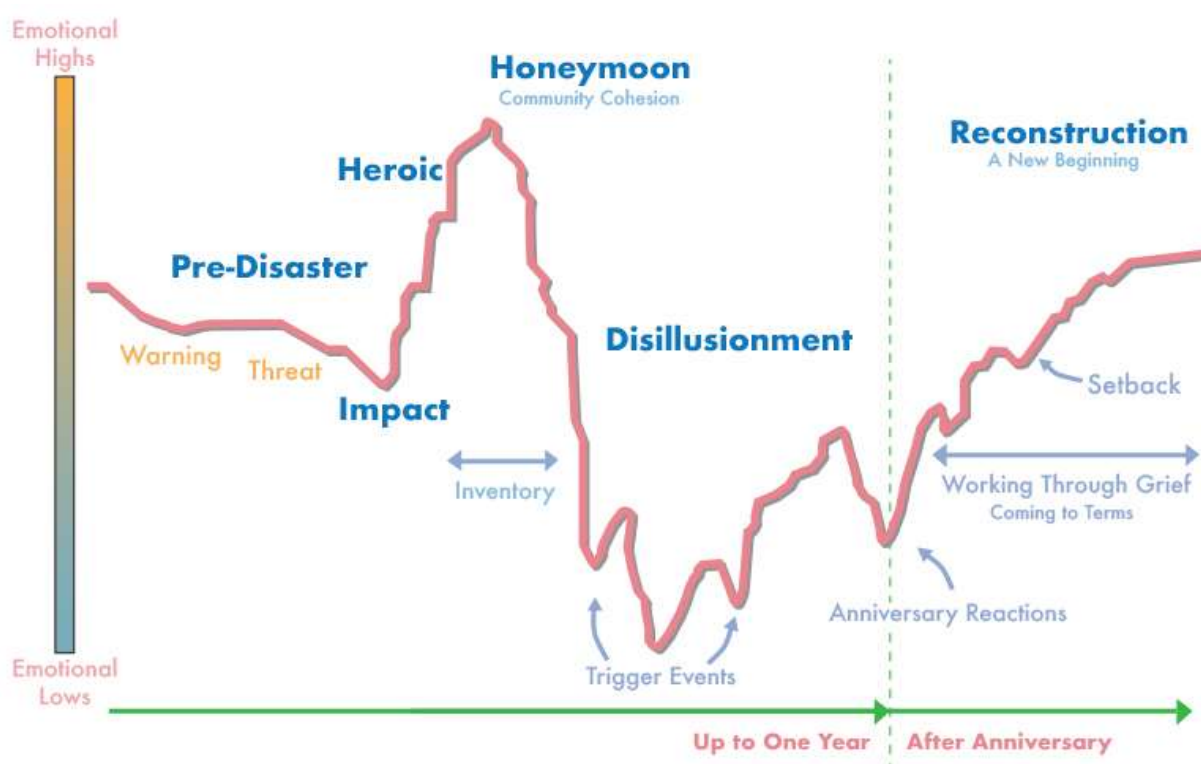
margiestuchbery@hotmail.com

Acknowledgements: Dr Karen Gaunson, Dr Kym Jenkins & Prof Brett McDermot
have generously contributed their time and considerable expertise in the
development of this document

Emotional Landscape of Health Care Workers During Covid-19 Pandemic

Connecting with others is a known antidote to stress. Speaking openly about your thoughts and feelings without fear of judgement, fear of burdening others or fear of not being truly understood connects us to powerful calming effects through our attachment system. The person you talk to doesn't have to be able to "fix" your stressors; they just need to be a good listener, someone who'll listen attentively without becoming distracted or expressing judgment. When speaking with your usual supports isn't helping or you find yourself avoiding them, speaking with a professional can be incredibly helpful – someone who can help you to make sense of your internal experience.

Below is a map of the timeline of typical emotional trajectory through a disaster for a population.

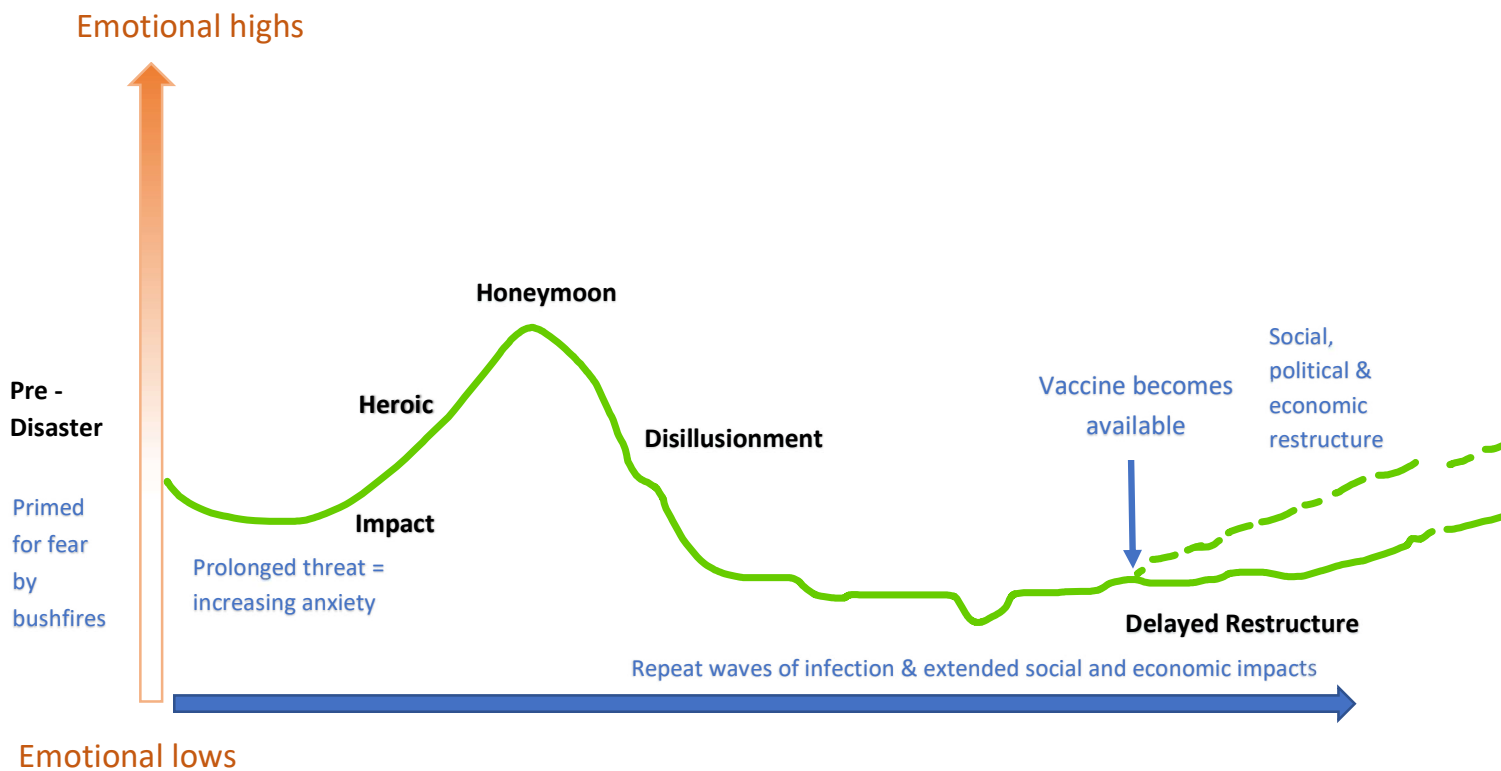


Zunin & Myers as cited in DeWolfe, D.J. (2000). [Training manual for mental health and human service workers in major disasters](#) (2nd ed., HHS Publication No. ADM 90-538). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

The Covid pandemic in Australia however has four unique features which will impact our journey through these phases:

1. A prolonged build up and preparation phase
2. A likely protracted delay in entering reconstruction
3. In Australia the pandemic arrived on the heel of major bushfire trauma
4. Whole of population effect (shared experience)

A Covid Disaster Journey



This graph shows that in Australia we began at an emotional low point after having experienced the catastrophic bushfires. The long lead up to covid-19 impact in Australia as we watched the impact on the rest of the world added anticipatory anxiety into our midst. The likelihood of repeated waves of infection and the broad social and economic impact across society make a protracted delay in entering the reconstruction phase highly likely. No-one knows what the future journey will actually look like as there are many unpredictable variables so this graph is intended as an estimate only.

Emotional landscape of Health care workers through the phases of covid pandemic

As the nature of your experiences of the disaster change, so too will your emotional needs and responses as a health care worker. Below are some of the phases and experiences we can expect during the disaster.

Impact Phase	Heroic Phase	Disillusionment Phase	Recovery Phase
Anxiety and preparation	Surge & energy	Depletion & despair	Reconstruction & long term effects
<p>Fear and uncertainty, concerns about protecting yourself and your family, feeling vulnerable</p> <p>Possible guilt or self-blame at failure to heed warnings or anger at others who minimize the risk</p> <p>A focus on protecting family and self</p>	<p>High energy and even exhilaration may be experienced</p> <p>Increased camaraderie with peers. Feeling needed and relevant are heightened</p> <p>Risk of overextension, disregarding of self needs and even risky behavior in order to push through or to regulate intense emotions. Increased reliance on instinctive reacting may lead to error, may lack headspace to think through decisions</p> <p>Usual boundaries around breaks, working hours dissolve. Focus shifts to actions, “getting the task done” and urgency as relating with courtesy falls away</p> <p>Intrusive thoughts common</p> <p>Cohesion with team is usually high, occasionally teams become fractured. Feeling valued by community can be sustaining</p>	<p>During this phase there is definite shift in emotion and you may feel overwhelmed and exhausted. You reach the limits of resources and assistance available and to bear witness to the profound impact of this. This may lead to feelings of abandonment.</p> <p>Working harder/smarter no longer means success and meeting goals- frustration, despondency</p> <p>During this phase the potential for moral distress* and burnout is high</p> <p>As optimism turns to discouragement and stress continues to take its toll, negative reactions, such as anger, irritability or despondency surface. Emotional disconnection and compassion fatigue are common. It can feel hard to show up at work and to be part of a team</p> <p>This phase is prolonged and punctuated by apparently innocuous trigger events</p> <p>Media coverage may shift to stories which are less sympathetic to health care workers leading to feelings of devaluation and despair after such great personal sacrifice</p>	<p>Characterised by an overall feeling of recovery. Rebuilding lives while intermittently grieving for self and others</p> <p>Genuinely looking forward to future</p> <p>Not just coping- “getting on with it”</p> <p>Work feels meaningful again</p> <p>May struggle with feelings of shame and guilt and dissonance with the heroic narrative</p> <p>Some people will have trauma related mental effects which impact on their day to day life with persistent distress and reduced functioning. This can be prevented or ameliorated by seeking professional help along the way</p>

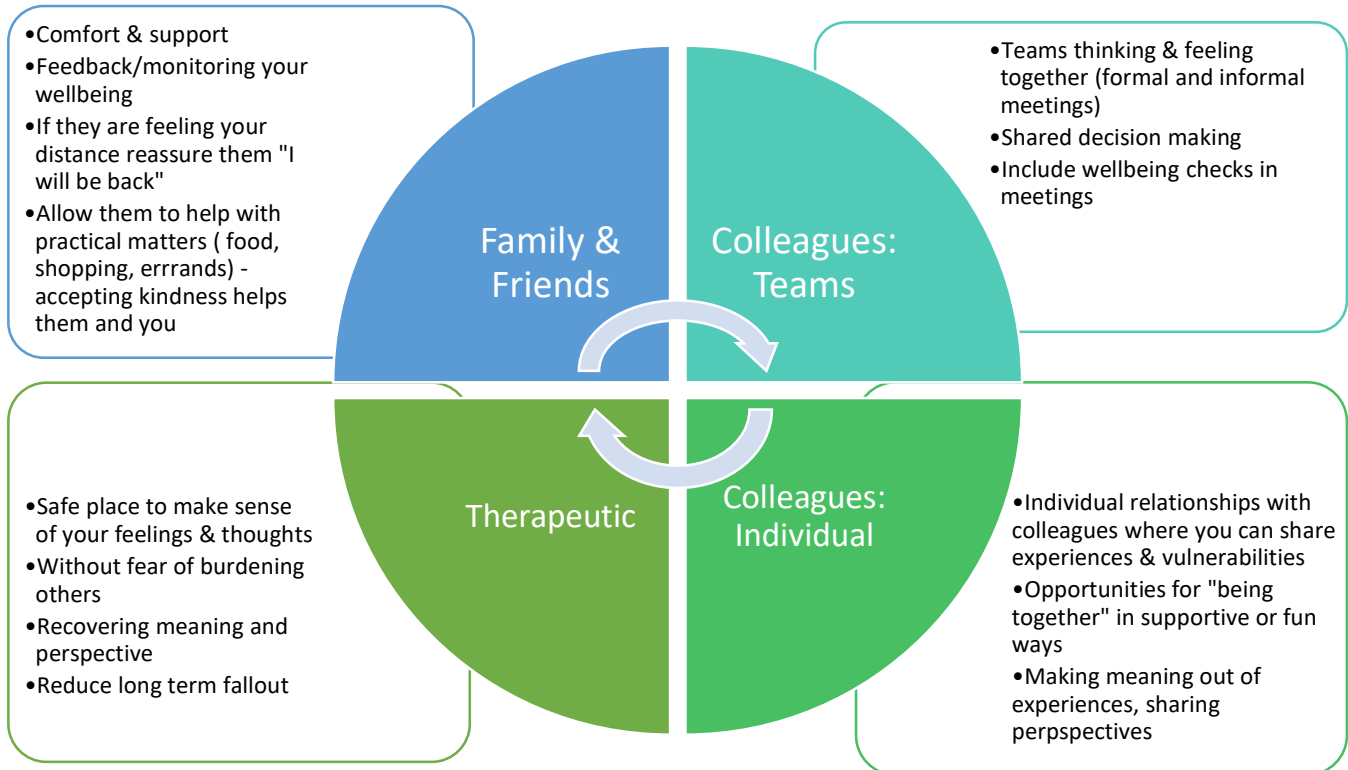
Isolation as a variable and a vulnerability

Most of us are becoming familiar with *physical isolation* as a result of this pandemic. Given the restorative power of emotional connection and feeling truly known and understood through our most difficult experiences -How do we begin to assess *emotional isolation* during this crisis?

For health care workers emotional sharing and connection follow typical patterns along the phases of the disaster experience. The degree to which you are able to share your feelings and thoughts varies between individual personalities but will also vary as you pass through the phases of disaster. So too will the people you feel able to share thoughts and feelings with. Limits to sharing and connecting constitute a risk factor for ongoing mental and emotional wellbeing.

Impact Phase	Heroic Phase	Disillusionment Phase	Recovery Phase
Family and friends	Peers	Isolation risk	Reconnecting
<p>May feel greater closeness with family & close friends as you all express concern for one another and share anxieties</p>	<p>May feel more inclined to share feelings and strains with your team members and colleagues.</p> <p>The sheer physical demands of this phase usually mean greater isolation from family & friends. Your experiences during this phase may be so far removed from that of your non-medical circle that you feel unable to share with those you would ordinarily trust.</p> <p>Fears of burdening others, feelings of shame at decisions taken and not taken and moral dilemmas you have experienced can lead to furthering sense of emotional isolation</p> <p>A desire to protect others from the harsh realities of your own experiences can deepen your isolation</p>	<p>During this phase the need for emotional connectedness is at its greatest. Yet the barriers to connecting may seem insurmountable</p> <p>Barriers to emotional connectedness with close family and friends remain. The desire to protect others, possible shame at moral decisions taken, fear of not being understood, the sense that others can never truly 'know' your experience remain impediments to sharing thus reducing the opportunities for connection and understanding which can be profoundly reparative</p> <p>If this is not recognized there is risk of depression, anxiety and other mental health consequences</p>	<p>May see a return to 'lost' connections and shared activities</p> <p>May feel renewed value in important relationships</p> <p>Conversations may facilitate reconnection through</p> <ul style="list-style-type: none"> - resolution of grief and feelings of shame -resolving difference between how people see me and how I feel -recovering sense of self efficacy and worth -resolution of trauma related feelings such as depression & anxiety

Building Connections that Sustain



***Moral distress**

Moral distress describes the experience of having to take a course of action that is different from that which one feels is morally correct. It is a recognized risk in health care workers. During the Covid pandemic Italian doctors have given vivid accounts of their experience and reactions to moral distress.

Making decisions about who shall get access to ventilators and for how long have resulted in ongoing grief and distress for these doctors and nurses. A decision to save one person because they are much younger or have children might seem easier than say a decision where there is a choice between a parent with complications versus an older person without family but who may be more likely to survive ventilation. You may be required to enact decisions that you find morally wrong and feel deeply distressed at this. It may be difficult to recover a perspective and meaning after such events. The effects of this may linger in your mind and cause conflicted and difficult feeling

Monitoring stress and burnout

Recognising what you are experiencing and knowing when to seek help is important. None of us is invulnerable. Below is a chart describing some of the different experiences pointing towards burnout and stress. It is not an exhaustive list but may serve to guide you.

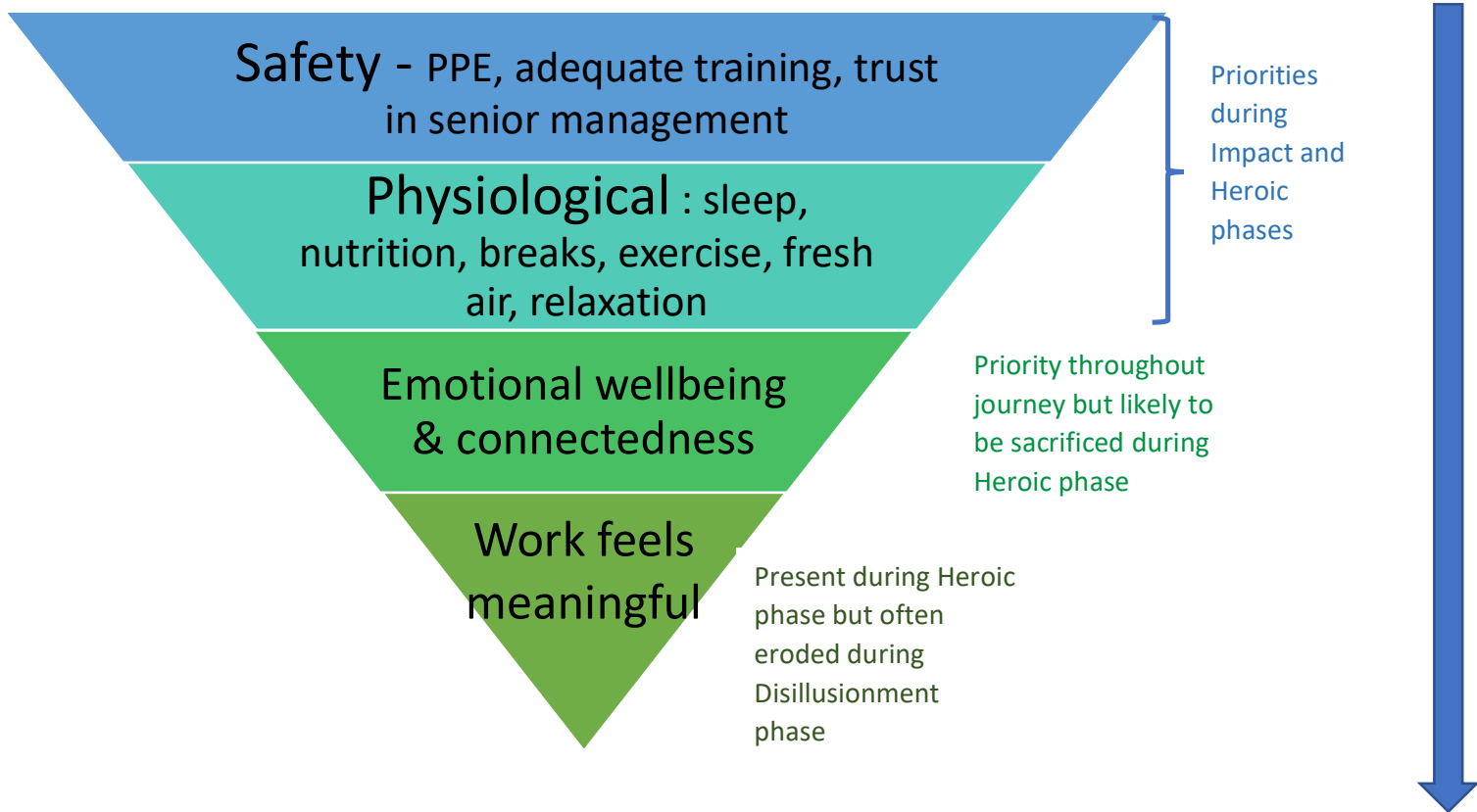
Stress	Burnout
Characterized by over-engagement	Characterized by disengagement
Emotions are overreactive (eg irritability)	Emotions tend to be blunted (<i>especially</i> compassion)
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Can lead to anxiety disorders	Can lead to detachment and depression
Primary damage is physical	May make life seem not worth living

Perhaps the best indicator of approaching burnout is the phenomenon of compassion fatigue. The feeling that you have nothing left to give or that compassion for others seems to bypass you.

Warning signs of compassion fatigue include:

- Dreading seeing patients
- Chronic complaining
- Delaying doing paperwork
- Loss of confidence in ability
- Fantasizing about change in career

Priorities During the Pandemic Phase



How are you travelling during the Pandemic?

These are some dimensions which you can reflect on to monitor how you are travelling during the pandemic. See where you are on the scales and reassess your feelings in a week's time. Reflect on what these changes mean for how you are travelling and whether you need to take preventative action.

