THE PSYCHOLOGICAL EFFECTS OF COVID-19

TIPS FOR HEALTH PROFESSIONALS FOR FACING AND EMBRACING THE NEW COVID-19 WORLD

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Less than two months ago, Coronavirus disease (COVID-19) hit the earth like a comet. In that short time we have had to adjust to a new world. Public health social distancing measures have shut down our sources of pleasure and imposed unprecedented losses. We have concerns about our own welfare, that of our families, and the potentially dire economic effects of the outbreak. In this brief perspective we explore the psychological impact of, and strategies for embracing this new COVID-19 world, informed by the literature, system's theory and expertise providing staff support and education in a large teaching hospital.

INTRODUCTION

Since the initial outbreak of respiratory illness in Wuhan, Hubei Province, China in December 2019, COVID-19 has spread globally and reached pandemic status.[1] On February 12th 2020, statements such as "China bears the large burden of morbidity and mortality" [2] served psychological distancing strategies ("it doesn't affect us") in warding off panic.

This strategy no longer works. The pandemic is now upon us, and in Australia, particularly in health, our mandate is to prepare our health system and wait, a sensation described by many of our colleagues as akin to watching the wave withdraw before a tsunami. At the same time, public health social distancing measures have shut down many of our usual sources of pleasure and disrupted social connectedness imposing unprecedented losses. The challenge for all of us is to sustain connections while minimising or excluding physical contact. We have concerns about our own welfare and mortality and that of our families and friends. We are worried about the economic effects of the outbreak and the likelihood of a recession. From our straw poll of colleagues, the prevailing affect is a combination of anxiety, depression and anger. Some 16 years ago, following the SARS outbreak, it was recognized that the psychological well-being of health care workers who deal with disease outbreaks needs to be set as a priority area for the future. [3] That future has arrived. In this brief perspective we explore the psychological impact of and strategies for embracing this new COVID-19 world. We take a systems theory approach and are informed by the literature and our recent experience in providing staff support and education in a large teaching hospital.

FACING THE NEW COVID-WORLD

It is understandable that we are reeling from the outbreak. It is also important that our responses be normalized as universally experienced responses to extraordinary life circumstances. [4] From a recent online survey using snowball sampling of 1210 community respondents from 194 cities in China, 53.8% rated the psychological impact of the outbreak as moderate or severe; 16.5% reported moderate to severe depressive symptoms; 28.8% reported moderate to severe anxiety symptoms; and 8.1% reported moderate to severe stress levels. Most respondents (75.2%) were worried about their family members contracting COVID-19. Female gender, student status, specific physical symptoms (e.g., myalgia, dizziness, coryza), and poor self-rated health status were significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, and depression ($p < 0.05$). Up-to-date, accurate health information (e.g., treatment, local outbreak situation) and particular precautionary measures (e.g., hand hygiene, wearing a mask) were associated with a lower psychological impact of the outbreak and lower levels of anxiety, stress and depression ($p < 0.05$). [5]

In Toronto, Canada, during the peak of the first phase of the SARS outbreak in 2003, a study of allied health care professionals, nurses and doctors, from a large teaching hospital demonstrated significant levels of psychiatric morbidity. Almost two-thirds of respondents reported increased levels of concern for personal and family health. Of those completing the 12-item General Health Questionnaire, 29% of the wider group scored above the threshold point for probable emotional distress, with significant differences ($p < 0.001$) demonstrated amongst occupational groups, with nurses showing the highest rates (45%) of distress. Factors significantly associated with increased levels of concern for personal or family health included perception of a greater risk of death from SARS; living with children; personal or family lifestyle affected by SARS outbreak and being treated differently by people because of working in a hospital. Factors significantly associated with emotional distress included: being a nurse; part-time employment status; lifestyle affected by SARS outbreak and ability to do one's job affected by the precautionary measures. [6]

Also from Toronto and related to the same outbreak, a qualitative study of core team members and mental health care providers from another teaching hospital identified the intense emotional reactions of health care workers, including fear of contagion, feelings of stigmatization, loneliness, boredom, anger, anxiety and a sense of uncertainty. [4] Administrators faced the emotional

challenge of balancing responsibilities of patient care with ensuring the safety and well-being of health care workers. Additionally, the tension between prioritising self and family care, and staff care was observed. Specifically, the sense of responsibility to be present with staff made it difficult for supervisors and leaders to leave work or remain at home. [4] At the same time, Nickel et al found that being in a management or supervisory position reduced the likelihood of reporting concern for personal or family health. The authors suggested that this was consistent with previous research which showed that perceived or real control over a situation mitigates against the risk of adverse psychosocial effects. [6] Alternatively, management might be more reluctant to admit to distress. Regardless, there are opportunities for leadership by example, when leaders advocate and use peer support, when they give staff "permission" to refrain from doing too much [4] and proactively take steps to protect the mental wellbeing of staff. [7]

Specifically regarding the recent COVID-19 pandemic, a cross-sectional survey of 1257 health care workers from 34 hospitals in China from January to February 2020, found that more than 70% respondents reported psychological distress, including depression (50.4%) and anxiety (44.6%). [8] Risk factors for distress were being in a frontline position (associated with more distress and psychiatric symptoms than second-line positions) and being a nurse or female, consistent with the SARS outbreak of 2003. [6] We suggest caution in interpreting the latter finding which might have been confounded by reporting variables such as nurses and females being more likely to admit to distress.

An important finding of the latter study was that 34% of staff reported insomnia, [8] again akin to the observation that sleep disruption amongst staff was a "casualty" of the SARS outbreak. [4] Similarly, another study of Chinese medical staff treating COVID-19 patients showed a circular interaction between levels of anxiety, stress and self-efficacy, and social support and sleep quality. [9] This mandates attention to this symptom with vigorous treatment of insomnia where possible, being mindful however, of the risks associated with hypno-sedatives and reminding staff of alternative interventions.

EMBRACING THE NEW COVID-WORLD: OPPORTUNITY MINIING

Is the notion of embracing the COVID- 19 outbreak unrealistic and a symptom of denial? Perhaps not. During the SARS outbreak, positive aspects of the outbreak were reported, and included an increased awareness of infection control, which had ongoing benefit for the hospital community for the future. Other identified benefits were that 23.8% of hospital staff felt an increased sense of togetherness and cooperation. [6] Potential opportunities from this pandemic include improved communication and advance care planning for compassionate and ethical end of life care, generally [10] and specifically in dementia, [11] a thorn in health care which we have been crying out to remedy for years.

Cognitive approaches may be useful here. As discussed above, evidence from previous outbreaks suggests that cognitive responses such as catastrophic fear of death are associated with more adverse psychological outcomes. It is important, therefore, to balance informed risk appraisals with information regarding more adaptive strategies that promote hopefulness. The Australian Psychological Society (APS) has offered a number of cognitive strategies for dealing with coronavirus anxiety by "keeping things in perspective". [12] Lessons can also be learnt from Developmental Psychology theories that seek to understand behavioural and cognitive strategies by which people, individually and collectively, master the losses of ageing. For example, the model of Selection, Optimization, and Compensation (SOC) promotes the focusing of one's emotional resources on things that are achievable and where there are gains to be made to ensure maintenance of functioning. [13] In practical terms, this means channelling our efforts where we can make a difference, such as with our families and close friends and in the health care environment where we are needed more than ever. Implicit in this approach is a prioritisation and selection of goals and rationalisation of our hitherto unrealistic and unbounded expectations of life.

Such a rationalisation could be applied to mandatory health training. In the face of this health emergency, the focus is on Personal Protective Equipment training and up-skilling health staff for specific deployment tasks to deal with the pandemic. This will be prioritised over other non-essential training. This might beg the question when the system recovers and a new normal is restored, what training should be mandatory and should be reinstituted to once again burden our health care workers with? The interminable meetings to which we are subject in our everyday working lives as health professionals might also be advantageous casualties of the epidemic, unless we lose this opportunity and convert them all to virtual meetings. Perhaps rationing of such is in order, even now.

In a new world of isolation and disconnection, with significant effects on the family and lifestyle of health professional staff, it is not surprising that highlighting the need for greater personal and family support for employees during such crises was recommended in past outbreaks. [6] The circular relationship between psychological impact and social support in the recent epidemic has been demonstrated. [8] Support and distancing need not be oxymorons. However, while many of us revert to online support and social media platforms, the risks of herd panic being perpetuated by these forums cannot be underestimated. The APS has noted the effects of bombardment of constant media coverage which keep us in a heightened state of anxiety. [11] Conversely, use of familiar and trusted social media resources can be invaluable in keeping and developing personal connections both locally and across the globe – while maintaining spatial and not social isolation.

We have integrated the literature and our expertise to develop a brief guide to support health care professionals (see Box 1). This crisis is not only one that threatens physical survival, it is a threat to economic, social and relational systems that are just as critical to survival. We must do what we can to sustain all these systems.

Reference: Peisah C, Quadrio C, Hockey P. (2020) The psychological effects of COVID-19: tips for health professionals for facing and embracing the new COVID-19 world. Capacity Australia. Monograph 1.1

BOX 1: 10 TIPS FOR HEALTH PROFESSIONALS FOR FACING AND EMBRACING THE NEW COVID-19 WORLD

1. Feeling anxious, worried, frightened, angry and depressed is understandable regardless of how senior you are. These are universally experienced responses to extraordinary life circumstances. It is also OK to feel fine and unaffected by the outbreak;

2. Enjoy the paring down of life to what is essential. Select and focus on what is important to you. Mine the opportunities afforded by the outbreak both personally to improve relationships, and professionally to improve patient care;

3. Maintain your ethical and professional stance in clinical decision-making as best as possible but recognize you are still at risk of moral injury (feeling bad about actions or decisions over which you may have no control); check-in with and ask for advice from colleagues;

4. If you are a leader, or if you have the opportunity to step up, lead by example and model adaptive responses. Recognize your lack of omnipotence. If you need a break, take a break and give staff permission to do so similarly; you can be 'present' for your followers/team through use of online video and messaging;

5. Watch your own sleep and ask others about theirs; and make a concerted effort to exercise more;

6. Limit media exposure and restrict yourself to factual information from reliable sources; Use social media judiciously and mindfully to gain support and maintain connection. Avoid input with panicking or distressing overtones; develop your trusted Twitter resources;

7. Support our nurses. They are pivotal to the workforce response to the outbreak and yet may be most vulnerable to emotional distress. Alternatively, they may be more likely than medical staff to admit, not deny their distress. Remember, and thank, all those others who contribute – therapists, pharmacists, portering staff, administrative support; radiographers, security ambulance staff to name but a few;

8. Check cognitive responses of self and others. Maintain realistic hope and confront catastrophization where possible; foster compassion and ban isolationist, aggressive outlets for your anger and fear such as racism or fighting over resources;

9. If you need help get it. New Medical Benefits Schedule (MBS) items for COVID-19 have specifically been developed to ensure ongoing access to psychiatric services through telehealth and telephone consultations. Online resource available to protect your mental health include (https://covid19.thiswayup.org.au) and (https://blackdoginstitute.org.au/coronavirus-anxiety-resources)

10. There is no shame in putting self-care and that of family first. Martyrdom is neither necessary nor appropriate in this pandemic.

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