Health care workers around the world have faced unprecedented challenges during the past year, battling the global coronavirus disease 2019 (COVID-19) pandemic with limited resources and unlimited stress.

The MJH Life Sciences™ COVID-19 Coalition discussed the pressure placed on medical professionals during the pandemic during a recent webinar titled “Care for the Caregiver: Avoiding Burnout, Anxiety, and Stress on the COVID-19 Front Lines.”

The coalition, a partnership with top health care thought leaders across a variety of medical disciplines, shared personal experiences with physical, cognitive, emotional, and system challenges; discussed success stories; and examined strategies for caring for the caregivers.
Health care workers have faced a wide variety of physical challenges during the pandemic. From the pain of wearing personal protective equipment (PPE) for long shifts to limitations to nutrition and hydration and even changes to building access, the pandemic has created a maze of physical challenges for health care workers.

Sinnwell described the complicated process of starting the workday during the pandemic, beginning with choosing a parking spot based on which building entrances are open, completing attestation, undergoing screening, wiping down his workstation, and putting on PPE.

“There’s a huge time component that’s now taken up that wasn’t pre-COVID,” he said.

The process at the end of the day is similarly time-consuming for many health care workers. Some undress in their garage or entryway, put their clothes in the washer, sanitize their keys and other belongings, and take a shower before greeting their families.

Sinnwell and Rampurwala shared photos of the marks left on their faces after long days of wearing N95 masks.

“These marks on my face became more and more prominent after every shift. I could feel the burn on my nose and the top of my ears,” Rampurwala said.

In addition to enduring the discomfort of the masks, health care workers often work long shifts without eating or drinking to maintain the protection from exposure, which contributed to frequent headaches and dizziness. Shortages early in the pan-
demic meant equipment was often reused and had to be sanitized.

“Your face hurts. You have headaches. You have pressure sores. And of course, all of the stress also affects your sleep,” Sinnwell said, describing the physical challenges of working while short-staffed and lacking sufficient fuel and sleep.

2. Cognitive challenges have persisted as the pandemic has progressed.

New information is continually emerging about the novel SARS-CoV-2 virus, and medical professionals race to keep up with the rapidly evolving landscape.

“Everything is new every day,” Sinnwell said. “Guidelines, recommendations, current literature is changing day to day, so it is very difficult to keep up to make sure you’re practicing evidence-based medicine and really taking the best care you can, not only for your patients, but protecting yourself.”

Additionally, patients have been putting off care and avoiding going to the hospital for fear of contracting COVID-19, causing more complicated problems and higher risk of morbidity and mortality.

Health care professionals also have faced staffing shortages as frontline workers become infected and end up in quarantine or hospitalized.

As hospitals reach capacity, another cognitive challenge for providers is caring for patients who may be boarding in the emergency department or in hallways, while also trying to see new patients. Diagnosis and treatment have been challenges, with some patients presenting with atypical symptoms that initially go unrecognized as COVID-19.

“Another struggle for me has been to keep up with the ever-changing management guidelines and to really cause no harm,” Rampurwala said. “After a long, extremely busy day at work, I try to keep myself up to date on the current strategies. I’ve subscribed to various updates and even groups on social media. My goal is to connect with other physicians who are taking care of COVID-related illness and learn from their experiences and share my own. There is still a lot of unknown about the virus. Throughout the pandemic we have changed gears so many times.”

Rampurwala said hospitalists have stepped out of their comfort zone, managing care of critically ill patients with a range of complications and frequent readmissions amid efforts to conserve PPE and limit exposure, which reduces access to help from subspecialists.

3. Emotional challenges include fear of infecting loved ones; loss of loved ones, coworkers and patients; and facing their own mortality.

“Personally, I think this has been one of the biggest challenges for me: the loss,” Sinnwell said. “We’re suffering loss of friends, family members, coworkers, loved ones. And that’s difficult. And then on top of that, frontline staff is also suffering loss of their patients.”

Those losses are complicated by restrictions that prevent traditional memorial services or funerals.

“Another big one for me is to see so much
mortality in such a short span of time,” Rampurwala said. “As hospitalists we see dying patients all the time, but this is different. There is no family around them to hold their hands to say the final goodbye.”

The guilt, uncertainty, and stress contribute to the physical and emotional exhaustion and sleeplessness.

“I’ve woken up with nightmares mostly about sick patients and also sometimes about entering a COVID room without a mask,” Rampurwala said.

The loss of social interactions and celebrations like weddings, birthdays, and other events also takes an emotional toll.

Exposure to infections poses another emotional challenge, both when caring for COVID-19 patients directly and in the case of inadvertent exposure. Sinnwell described treating a victim of gun violence who was left at a hospital unresponsive. Doctors performed CPR and intubated the patient before learning that he was positive for COVID-19.

Health care workers also experienced anticipatory anxiety during the fall as they awaited the second surge of the pandemic.

“Unfortunately, this second surge did come and it was much worse than the first,” Rampurwala said. “Not only the numbers increased, but also the severity and the complication rate.”

Many traditional coping methods for alleviating stress—such as working out at the gym, attending classes or social events, going to concerts or sporting events, and traveling—have been restricted during the pandemic.

Disparity in cautiousness among the public also has an emotional impact on health care workers when they encounter people who don’t follow the advice of health officials to wear masks, maintain social distance, and wash hands.

“It’s really difficult on the front line when you invest yourself for caring for your community and you work hard and have a very difficult shift taking care of many sick COVID patients, and then on your way home you notice in your neighborhood people throwing block parties or barbecues and having dozens of people eating and drinking and sharing things without any masks,” Sinnwell said. “We have this prudence disparity in our society that sometimes I think gives us some emotional trauma.”

These challenges lead to burnout and compassion fatigue among health care workers, which is exacerbated by the deep political unrest and racial violence in the country.

4. Starting with a lack of PPE, system challenges have complicated the response to the pandemic.

Early in the pandemic, health care workers faced challenges, including a lack of PPE, that left them reusing N95 masks up to four times and using UV sterilization to extend their use.
Staffing shortages as health care workers have fallen ill also have complicated the response to the pandemic. Some health care workers with preexisting conditions and immunocompromised health have left the field during the pandemic.

An influx of COVID-19 patients quickly overran capacity at some hospitals. After negative-pressure rooms filled up, health care workers turned to creative solutions such as using scrubbers to purify the air in other rooms.

“Our current ICU was converted into a COVID unit, changing the rooms into negative-pressure rooms by installing temporary suction devices and filters,” Rampurwala said.

To minimize exposure, 2 intensivists and 2 hospitalists were assigned to lead the unit, seeing all COVID-19 patients before the team was gradually expanded.

“When I was asked to take this lead role, I had mixed emotions about it,” Rampurwala said. “As physicians, we consider it our duty to take care of patients regardless of how contagious the disease is or how sick the patient is. This was no different. However, some questions did come to my mind, like, ‘Why me?’ and ‘Could I say no?’ I did have the option of turning it down, but I didn’t.”

There also was a lack of sufficient testing early in the pandemic that left physicians to make diagnoses of a new disease clinically.

Some hospitals have faced a lack of oxygen and decisions about rationing care.

5. Burnout is not a resiliency deficit.

Fear of stigma has been a barrier to reaching out for counseling or support services for some health care workers, and many don’t know where to turn or how to get help.

“We’re good at masking how we’re feeling,” Sinnwell said. “I think we come up with coping strategies and I think we compartmentalize a lot of the trauma we deal with.”

Burnout is not a factor of lack of resiliency, Rampurwala said, but rather a system issue.

“As health care workers, we live and thrive under the daily adrenaline rush that gets us through the day,” she said. “Somehow, we are accustomed to working like that and we think it’s normal—busy work hours and limited time for self-care. Also, not even knowing that there are resources available. Physicians themselves, being caregivers, usually don’t seek help themselves.”

Lack of recognition also can contribute to burnout.

6. The successes that have been achieved throughout the pandemic have eased the burden for some.

The vaccine is giving health care workers hope along with protection as many health care workers have received their immunizations. Cases of the disease are on the decline nationally. Advancements in care have improved outcomes as research has boosted understanding of the disease.

Collaboration has been a significant part of the response to the global pandemic, providing support.

Adaptations necessitated during the pandemic may improve care going forward. One example Sinnwell cited was the de-
cision to discharge lower-acuity patients home with oxygen rather than admitting them to the hospital.

Additionally, telemedicine has become robust and virtual meetings have increased engagement.

Struggles experienced during the pandemic also have renewed focus for health care workers.

Rampurwala said some hospitals have celebrated COVID-19 discharges with good-bye parades, with upbeat music and staff cheering the departing patients. Community members have reached out, sending countless cards as well as food and supplies and expressing gratitude to health care workers.

Some hospitals have created quiet spaces for health care workers to unwind during the day, organized wellness walks, and offered weekly debriefs and chaplain services.

7. Burnout is widespread and was a challenge for health care workers even before the pandemic.

Research before the pandemic\(^1\) showed that doctors were among the loneliest workers in America, and loneliness takes a toll on physical and emotional health, Kalia noted.

“The virus has exacerbated the underlying and systemic problems that contribute directly to physician burnout, loneliness being one of them,” she said. “The COVID pandemic, perhaps, has helped highlight the issue in front of society at large more than ever before.”

The Kübler-Ross model outlining the five stages of grief is a helpful tool for understanding what frontline workers are experiencing during the pandemic, both within in the health care industry and throughout society, starting with denial or disbelief when the disease first started overseas, including
anger over such things as shortages of PPE and test kits, and including bargaining for a way out, Kalia said.

Almost two-thirds of about 7500 physicians surveyed by Medscape\(^2\) said the pandemic has intensified their sense of burnout and nearly half said they personally treated patients with COVID-19. Kalia also noted that about half of physicians said their workplace didn’t offer a program to reduce stress or burnout and that burnout disproportionately affects female physicians.

“If we are trying to focus our targeted interventions to help frontline workers, these statistics can help us identify who is at most risk,” Kalia said. “If you are a physician directly working with COVID-19 patients, you are at very high risk. If you are a female physician working directly with COVID-19 patients, you are at even higher risk. Perhaps, as we heard from one of the panelists, if you are a female physician of color working directly with COVID-19 patients, you are at a much greater risk.”

Nearly half of emergency room doctors are uncomfortable seeking mental health care, with reasons including not feeling like their symptoms are bad enough, feeling like they can deal with the issue independently, being too busy to seek help, and not wanting to risk disclosure.

8. Organizations can help alleviate stress by listening, protecting, preparing, supporting, and caring for health care workers.

A Stanford University focus group\(^3\) examined the sources of anxiety among health care workers, reporting that frontline workers want to be heard, protected, prepared, supported, and cared for.

Involving health care workers in decision-making and providing outlets such as town hall meetings for them to share their input can be helpful, Kalia said. Providing resources such as adequate PPE and testing also is important for protecting health care workers. Allowing access to experts and sharing knowledge can help them feel prepared. Meeting needs for healthy meals, hydration, transportation, child care, and other resources can help health care workers feel supported. Finally, checking in on workers on a regular basis and allowing paid time off are some ways to care for them.

“Extensive evidence suggests that the organization and practice environment can play a very critical role in whether physicians remain engaged or they burn out over a period of time,” Kalia said.

Mayo Clinic research\(^4\) undertaken before the pandemic found several drivers that can improve physician engagement and prevent burnout, including having control and flexibility in scheduling, feeling integrated into work life, being a part of the work community, and having work that resonates with organizational culture and values, resources to be more efficient, and a manageable workload.

A common misconception is that health care workers adjust to increased stressors
search at Yale School of Medicine suggests that stressors accumulate and erode mental health over time.

9. Self-care is crucial during the pandemic.

Watching for signs of burnout can help health care workers know when to seek help. Some signs to watch for include feeling irritation, anger, or denial; feeling uncertain, nervous or anxious; feeling helpless or powerless; lacking motivation; feeling tired, overwhelmed, or burned out; feeling sad or depressed; having trouble sleeping; and having trouble concentrating.

The American Psychiatric Association recommends self-care steps including meeting basic needs for nutrition, sleep, and hydration; taking breaks, including screen detox; staying connected with positive people; staying informed; and regularly practicing self-check-ins.

“I think these are very important tools, however, I will say as we heard from our panelists before, the logistics of using some of these self-care tools has been a challenge,” Kalia said.

Many wellness apps and self-care tool kits are available online free of charge to help health care workers, including the American Academy of Allergy, Asthma & Immunology (AAAAI) Physician Wellness Toolkit, American Medical Association (AMA) Steps Forward, Stanford WellMD, Institute for Healthcare Improvement, Alliance for Academic Internal Medicine (AAIM) Collaborative for Healing and Renewal in Medicine (CHARM), Art of Living’s Living Well Happiness Program for Healthcare Workers, Headspace, and Ten Percent Happier.

“Empowerment is the antidote for feeling powerless and out of control,” Kalia said. “Most people do not want to be taken care of. They want to be empowered to take care of themselves. I believe leadership should encourage staff to talk about their effective strategies and encourage sharing among the team. By doing so they can give the message, “We truly care about you and we are genuinely in this together.””

Different coping strategies work for different people, and flexibility is key.

10. Connecting with others going through similar experiences can help build moral fitness.

Moral challenges are a concern among health care workers who are rushing to make life-and-death decisions with limited resources, particularly in contested situations.

“Leaders can take an opportunity to honor the service they’re doing,” Kalia said. “They can do things like post-shift team huddles. They can talk as a team about what happened, what went well, what did not go so well. And this opportunity right there can help correct distortions of thought processes.”

Cultivating connections outside immediate peer groups also can be valuable, with things like social media campaigns allowing health care workers to share their experiences and realize that they are not alone. Health care workers can reach out to others they see struggling, by actively listening, paraphrasing what is being said, validating feelings, sharing strategies that have helped them, sharing resources, and checking in regularly.
Expressing gratitude in any form is another effective way to support health care workers.

“With every challenge comes an opportunity,” Kalia said. “I think we have potential for a lot of posttraumatic growth with this pandemic. It has helped shine a spotlight on mental and behavioral health.”

References


About MJH Life Sciences™

For over 20 years, MJH Life Sciences™ has established a reputation for embracing agility and offering relevant, practical information that meets the needs of our diverse audience.

As the largest privately held medical media company in North America, we provide integrated communication products, services, education, and research to professionals within health care, animal health and industry sciences.

Brian Haug
Executive Vice President, Healthcare
bhaug@mjhlifesciences.com

Robert Goldsmith
Vice President of Sales
rgoldsmith@mjhlifesciences.com