9-23-2021

Studying the Psychological Impacts of the COVID-19 Pandemic on Frontline Healthcare Workers

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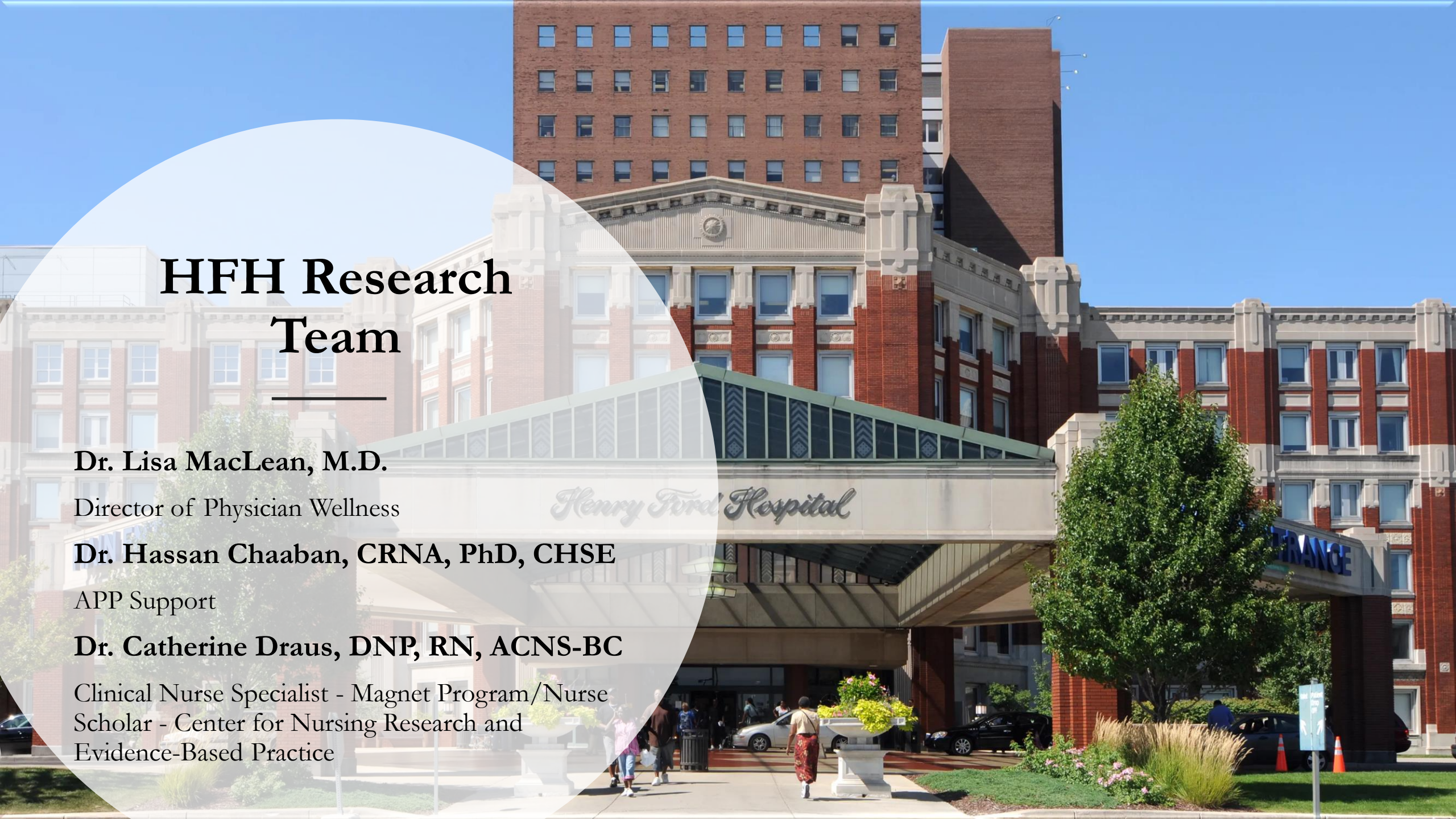

Purpose

The purpose of this study was to determine the prevalence of psychological distress in frontline healthcare workers during the COVID-19 pandemic, and to identify if interventions and higher measures of resiliency helped to minimize the prevalence of symptoms.

Methods

- Longitudinal study
  - Voluntary, anonymous
- Eligible population (n=4900)
- 3-phases
- Six-part survey
  - Demographics
  - Knowledge/perceptions of COVID-19
  - Use of wellness resources
  - BRS
  - DASS-21
  - SPRINT
- Raw data
  - nonparametric statistical tests- statistical correlations
  - Chi-squared tests- nominal data
  - Kruskal-Wallis tests- continuous variables
  - Significant results identified using p-values
- Qualitative data analyzed looking for themes, or sub-themes.

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Results

- Phase 1- June/July
  - N= 829
- Phase 2- Sept/Oct
  - N=356
- Phase 3-Dec/Jan
  - N= 493

		RN			DOC			APP			RRT		
Stress	1	265	12.20	9.77	318	9.98	7.99	117	10.19	8.48	41	11.17	8.59
	2	107	14.28	11.82	173	10.01	9.18	31	13.10	8.87	17	10.71	10.95
	3	128	14.17	10.52	217	9.88	9.26	71	11.54	9.44	19	10.42	9.72
P-value			0.180			0.646			0.200			0.769	
Anxiety	1	268	7.69	8.75	316	3.08	4.41	119	4.08	4.93	41	6.59	7.24
	2	104	8.96	10.44	176	3.33	5.05	29	3.66	4.69	17	7.76	10.62
	3	131	8.31	8.12	216	3.49	5.39	73	5.42	6.07	20	6.90	7.52
P-value			0.425			0.980			0.181			0.911	
Depres	1	265	8.15	8.79	316	5.70	6.90	120	5.92	7.69	42	7.00	8.84
	2	106	9.75	11.68	172	6.26	7.91	31	8.84	9.03	17	5.65	8.16
	3	127	10.03	9.40	214	6.62	8.46	73	8.49	7.66	21	8.19	9.55
P-value			0.088			0.842			**0.010**			0.674	
Sprint	1	270	8.66	7.05	321	4.89	4.78	120	6.54	5.81	42	7.43	6.21
	2	107	9.37	8.59	177	5.02	5.28	31	7.84	4.89	15	7.33	8.74
	3	122	10.22	8.04	218	5.55	5.97	71	8.13	6.88	20	8.60	6.13
P-value			0.263			0.846			0.149			0.903	

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Results- across all 3-phases

- **Higher scores of psychological impact:**
  - Nurses amongst all measures
    - average/borderline stress, mild anxiety, mild depression, and with an increase in PTSD symptoms (twice fold of MDs)
  - Females across all measures
  - Younger participant groups
    - resulting in mild stress, anxiety, depression and PTSD over the course of the study
  - Critical care, Observation and Nursing Administration

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Challenges, Limitations, and Future Research

- **Challenges:**
  - Tracking with anonymity
  - Building large population
  - Multiple electronic surveys
- **Limitations:**
  - Survey fatigue
  - Not statistically possible to determine if higher levels of resiliency helped one's psychological impact over time
- **Future Research:**
  - Longer term
  - Use of "opt out" interventions instead of "opt in"

Impact at the Bedside

- Chasing our tails
- High rates of turnover
- Increased burnout
- Moral distress
- Leaving roles/profession
- Won't go away
- Students, new workforce
- Pressure to rebuild

Implications For Practice

- *During all of this I have felt very isolated, but I cannot stand "phone" consultations and similar things as they are still isolating*
- *A lot of talk and emails but feeling lonely and abandoned*
- *I wanted to, but there was very little time to access these resources, I wish EAP personal would have circulated amongst us…The general stress level in my department was enormous, exhaustion was high. These resources need to be brought right to us where we are in times of need*
- *Wish they would come around to the units*
- *EAP was only available on zoom, and they aren't even located in building, I think we should be mandated to attend a session or two and they should be in house and we should be able to go during a shift*
- *FaceTime was not nearly cutting it as far as stress relief went*
- *Don't want another "virtual" aspect to my life*
- *I am not about to reach out to some artificial "virtual" support. I already feel isolated enough*
- *I found the constant emails offering zoom support offensive. Including links for frontline providers while mental health stayed home and couldn't relate to our experience was isolating.*
- *I have difficulty with Zoom calls when it comes to speaking about sensitive topics as it seems very impersonal*
- *What would feel more meaningful would have someone actually come visit us and hear our stories*
- *I did have the additional energy to try to talk to someone that was too afraid to come into the hospital*
- *Trying to send out zoom links to people suffering is not a lifeline. I wish people understood how detrimental and demoralizing these attempts were*
- *It is just one more completely impersonal thing in an increasingly impersonal world and I will not be reaching out via video or phone*

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Take Home Messages

- While studies may show virtual therapy may be just as effective as in-person therapy…it should be cautioned.
- Does not seem to be effective choice for frontline clinical staff during a crisis such as the COVID pandemic.
- Virtual options can leave staff feeling isolated and left out in a time when face-to-face contact was been ripped away.
- What was learned?
  - Consistent themes for why participants did not use wellness resources:
    - time & availability
    - stigma, embarrassment, shame
    - mistrust in system resources, anonymity, support
    - strong displeasure with virtual resources
    - received support from family, friends, spiritual/religion- was helpful


Thank You!!