



Effects of COVID-19 on Healthcare Workers and Physicians: Research and Consultant Findings

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About VITAL WorkLife



VITAL WorkLife, Inc. is a physician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of offerings.

Serving the U.S. healthcare industry since 2007, our national team of certified physician peer coaches and senior behavioral health consultants deliver life-changing well being solutions.

Our passion is helping physicians become their best selves.

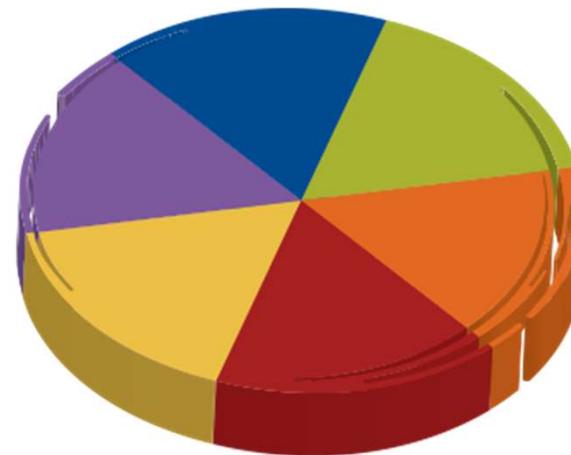
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Our Approach to Well Being



VITAL WorkLife Wheel of Well Being

- A holistic approach
- Evaluate six key dimensions of well being
- Identify dimensions for improvement to positively impact overall well being



*By creating a more balanced life,
we're more likely to secure a more complete sense of well being.*

Presenters



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A MENTAL HEALTH QUALITATIVE STUDY

COVID-19 - THE IMPACTS ON
FRONTLINE HEALTHCARE
WORKERS

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► Benefit experiences that help create and protect financial wellness.

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CORONAVIRUS (COVID-19) IMPACTS



42.6% of Chinese citizens who completed a mental health assessment were positive for anxiety related to the coronavirus epidemic.¹

Of **14,000** evaluated, **16.6%** of individuals may be dealing with moderate to severe depression.¹

During the SARS outbreak, **29%** of those quarantined showed signs of PTSD; **31%** had symptoms of depression following isolation.²

¹ <https://www.businessinsider.com/mental-health-issues-anxiety-depression-skyrocket-china-lockdowns-curb-coronavirus-2020-2> (Last accessed 3/31/20)

² <https://qz.com/1818798/coronavirus-quarantine-has-serious-mental-health-implications/> (Last accessed 3/31/20)



HEALTHCARE WORKER IMPACT IN CHINA

- ◆ China – the mental health consequences (1,257 frontline workers surveyed)
 - **50%** experiencing depression
 - **44%** experiencing anxiety
 - **71.5%** experiencing distress
 - Those in Wuhan experienced higher risk

Source: Lai, J, Ma, S., Wang, Y., Cai, Z., Hy, J., Wei, N., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, G., Liu, Z., Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019.

EXPERIENCE FROM PAST PANDEMICS

The SARS epidemic of 2003 taught us that Mental health outcomes are impacted by:

- ◆ Personal Protective Equipment (PPE), medications, medical equipment availability
- ◆ Whether friends, family, or colleagues contract the virus
- ◆ Communication by management (policies, directives, a clear plan)
- ◆ Allowed to give feedback
- ◆ Peer, spiritual, and psychological supports
- ◆ If needed, effective treatment should be available

THE QUALITATIVE STUDY

Methodology

- ◆ 14 participants
- ◆ 9 nurses
- ◆ 1 patient care technician
- ◆ 2 doctors
- ◆ 1 chaplain
- ◆ 1 emergency medical technician

- ◆ Average Age – 36 years
- ◆ Average Tenure – 12 years
- ◆ 12 Female, 2 Male
- ◆ Geographically dispersed
- ◆ Daily Contact with COVID-19
- ◆ All at risk of contact with COVID-19

- ◆ There were 9 interviews completed by telephone lasting 30-45 minutes, 5 completed with written responses via email
- ◆ All information gathered was analyzed for themes and trends

Source: Prudential's "Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond." Conducted and analyzed April 2020.

THE NATURE OF THE WORK HAS CHANGED

Shortage of PPE

- ◆ “I am on the same N95 mask for the last 10 days; it doesn’t feel good”
- ◆ “We get one surgical mask for the day”

What is required of the shift has changed

- ◆ “My mouth is dry because eating and drinking is now a process we don’t have time to do”
- ◆ “Behind my ears hurts from having the mask on, and I’m always glad to get it off”
- ◆ “It’s awful—we’re double-gloved, double-masked”

Cleared for the shift

- ◆ “We are screened for COVID symptoms and fever”
- ◆ “Once cleared, I get a ticket, like you would use for a carnival ride”

Work changed

- ◆ “I don’t know what I am walking into or how many we’ll be holding [in the ER]”
- ◆ “The ICU is mostly COVID patients”
- ◆ “I am now taking on critically ill patients, not something I have done in the past”



Source: Prudential’s “Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond.” Conducted and analyzed April 2020.



FEAR AND ANXIETY ARE COMMON

Afraid of infecting others

- ◆ “I am 100% sure I am a carrier—it's scary; I don't worry about myself, I worry about others”
- ◆ “Some are isolating from their family, it's hard”

Unpredictability

- ◆ “I don't know what I am walking into”
- ◆ “I am anxious when I am there, and I feel guilty when I am not, I feel like I should always be thinking about it”
- ◆ “It's scary because you don't know who is going to do well and who isn't”; this thing doesn't discriminate”
- ◆ “I got about a day of training for this, its anxiety provoking” [of rotating to a COVID unit]

Lack of equipment

- ◆ “The scariest thing is running out of PPE”
- ◆ “We ran out of a sedative; it came in and we had it in time, but what happens if I can't properly sedate my patient on a ventilator?”
- ◆ “I know I have what I need right now, but the information about the virus is always changing. Is it droplets, is it airborne? Am I really protected?”

Trauma

- ◆ “Younger nurses aren't prepared for this: when you have just talked to someone and they die on you”
- ◆ “Normally we work 30-60 minutes on a 40-year-old—, not now. Plus they are dying alone”
- ◆ “We're all going to be waiting for it to come back”

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GRIEF IS ANOTHER THEME

The loss of being able to save everyone

- ◆ “It’s tough”
- ◆ “You expect to have to do that [sign a do not resuscitate order] in older patients, but not 30-40-year-olds”

The loss of practicing as before

- ◆ “I thought of doing a loss chart—we need to process our losses. My peers are strong, but we have to get it out and get it out now.”
- ◆ “I feel like I can’t provide comfort. I am used to that: holding someone’s hand before they pass. Just being there”
- ◆ “It’s difficult for us”

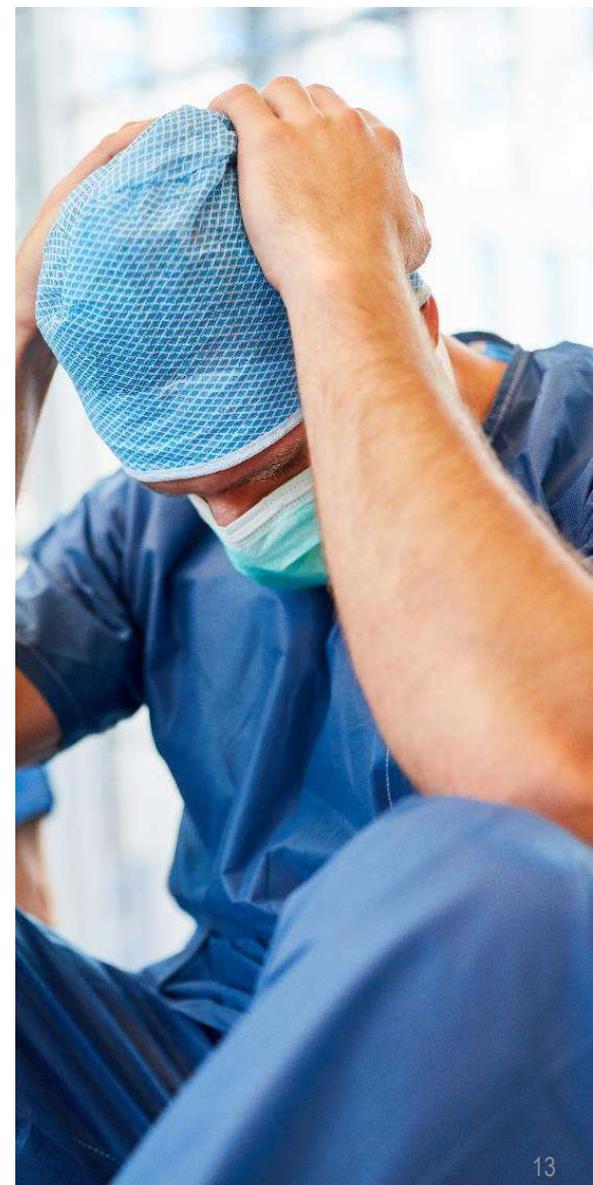
Loss of co-worker to the Virus

- ◆ “It’s scary—it makes you think about your own mortality”

The loss for the family members impacted by COVID

- ◆ “A lot of healthcare workers are self-isolating at home. It’s hard for everyone; you should study the effects on family members as well”
- ◆ “When a spouse of 40 years is told she can’t see her husband, it’s heartbreaking”

Source: Prudential’s “Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond.” Conducted and analyzed April 2020.





MENTAL HEALTH TECHNIQUES

Venting/Support

- ◆ “It helps to vent, and the camaraderie with my co-workers helps a lot.”
- ◆ “It’s not just about spirituality—the ones who aren’t religious are going too. It helps to have the extra support.”

Powering through

- ◆ “We are the worst at taking help. I think most of my co-workers will just think this is how it is and power through. They need to be told there are risks.”
- ◆ “I haven’t really thought about it; I guess exercise helps”

Self-help

- ◆ Meditation, breathing exercises
- ◆ Praying
- ◆ Exercise
- ◆ Music

Source: Prudential’s “Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond.” Conducted and analyzed April 2020.

THE JOB IS A CALLING

Amid all the chaos, they still find the work rewarding.

- ◆ “This reminds me why I went into medicine; this work is a calling.”
- ◆ “I still love going to work—this is what I do.”
- ◆ “This isn’t a job, it’s a calling. We just want to be able to come in every day and do what we can to help people.”

Source: Prudential's "Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond." Conducted and analyzed April 2020.





MANAGEMENT MAKES A DIFFERENCE

Lack of management support has a negative impact

- ◆ “[His response] made me uncomfortable, like I can’t ask something in the future”
- ◆ “They should stop acting like it’s OK— acknowledge we are not properly protected and tell us the plan. I’d have so much more respect for them if they did.”
- ◆ “There are no thank yous for coming into work. Management is not visible. They should come on the floor with us and see what we do and what we are dealing with. There is a lack of teamwork in this facility.”

Management support can have a positive impact

- ◆ “Management has been wonderful. They have our backs and always pitch in to help”
- ◆ “I don’t fear coming to work; I love my job”
- ◆ “They have an infectious disease nurse available to answer questions, and they ask how we are—it goes a long way”

Advice to management

- ◆ “Deeply listen”
- ◆ “Whether we think they have our back, that will be the biggest emotional impact”

Source: Prudential’s “Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond.” Conducted and analyzed April 2020.



RECOMMENDATIONS FROM THE STUDY

MANAGEMENT RECOMMENDATIONS



- ◆ Be visible and be present
- ◆ Say thank you
- ◆ Walk with frontline workers
- ◆ Communicate, communicate, communicate
- ◆ Be honest, communicate a clear plan, and stick to it
- ◆ Listen and take feedback
- ◆ Offer mental health resources
- ◆ Offer debrief sessions
- ◆ Remember workers will need support after this is over

Source: Prudential's "Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond." Conducted and analyzed April 2020.

MENTAL HEALTH NEEDS NOW



- ◆ Mental health resource utilization is more likely when communicated through the employer
- ◆ Interventions such as meditation, breathing exercises
- ◆ Encourage exercise and wellness
- ◆ Provide outlets for preparation and debriefing sessions with peers, chaplains, and counselors
- ◆ Advertise employee assistance programs
- ◆ Talk about mental health: “It’s OK to not be OK.”
- ◆ Offer tele-health mental health resources

Source: Prudential's "Healthcare workers on the front lines of the coronavirus (COVID-19): Firsthand accounts of their trauma and mental health challenges and strategies for how employers can support them through this crisis and beyond." Conducted and analyzed April 2020.

MENTAL HEALTH RECOMMENDATIONS, LONG TERM



- ◆ Workers will need trauma and grief processing and support
- ◆ Raise awareness to warning signs
- ◆ Normalize mental health and mental health discussions
- ◆ Proactively provide mental health screenings
- ◆ Be aware that mental health will be an issue for months/years to come
- ◆ Listen and validate

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WARNING SIGNS OF POST TRAUMATIC STRESS DISORDER (PTSD)

- ◆ Inability to remember important aspects of the trauma
 - ◆ Persistent negative beliefs about oneself or others
 - ◆ Persistent or distorted blame toward self or others about the cause or consequences of the traumatic events
 - ◆ Persistent fear, horror, anger, guilt, or shame
 - ◆ Diminished interest or participation in significant activity
 - ◆ Feelings of detachment
- ◆ Inability to experience positive emotions
 - ◆ Irritable or aggressive behavior
 - ◆ Hypervigilance
 - ◆ Self-destructive behavior
 - ◆ Difficulty concentrating
 - ◆ Difficulty falling or staying asleep



REDUCE THE STIGMA OF MENTAL HEALTH

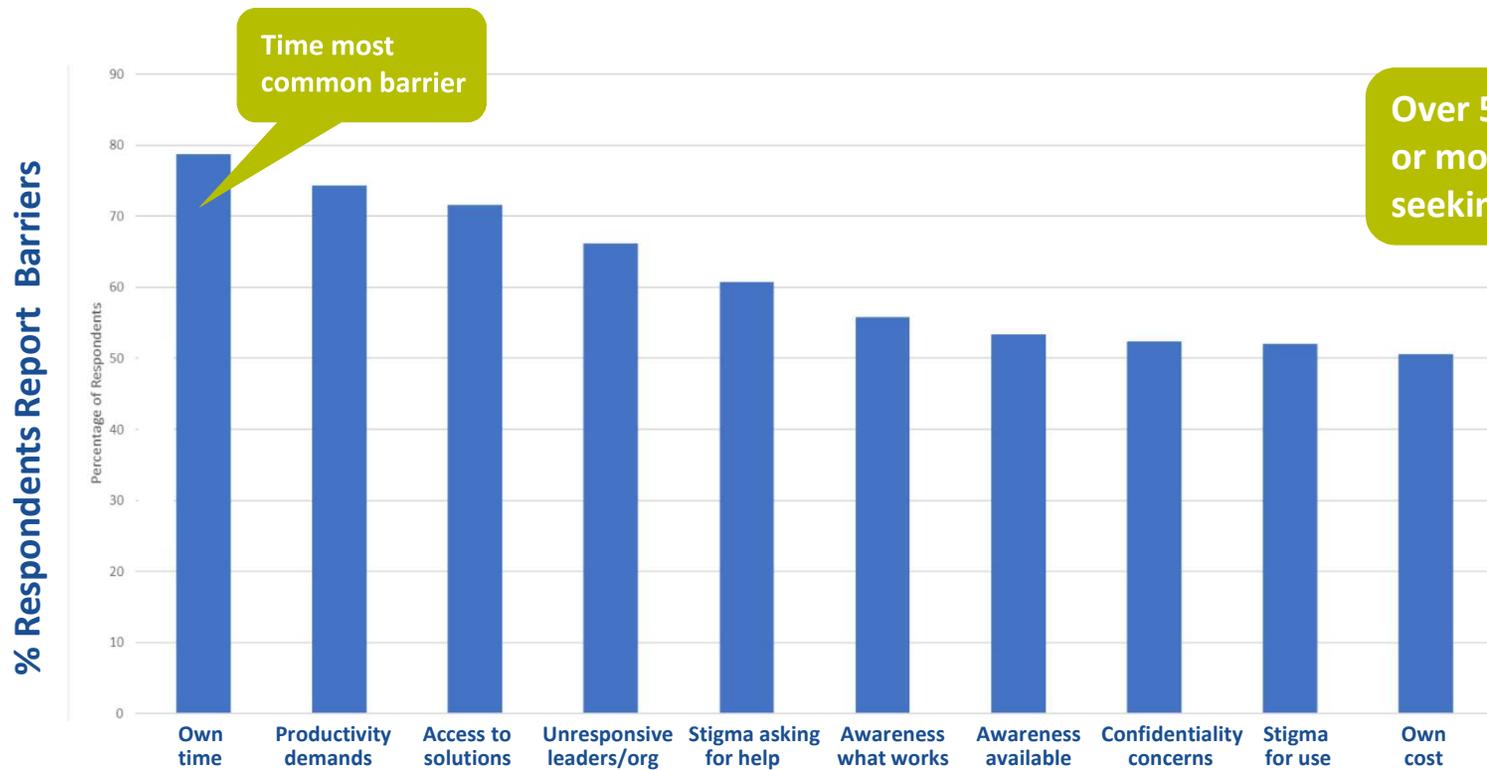
- ◆ Promote transparency and openness in discussions of mental health concerns
- ◆ Encourage symptom management through early recognition
- ◆ Support employees when they seek assistance
- ◆ Share personal stories
- ◆ Promote mental health parity
- ◆ Reach out to HR and/or EAP for support on how to have these conversations

People are less impaired at work if they have **positive expectations** and knowledge about the effectiveness of **treatment**.



Addressing Barriers to Physician Well Being

Barriers to Physicians Accessing Well Being Solutions



2017 VITAL WorkLife Physician and Advanced Practitioner Well Being Solutions Survey

Barriers to Physicians Accessing Well Being Solutions



Most Common Barriers

- **87% Time** to use what is available
- **74% Productivity** demands
- **71% Access** to solutions
- **66% Unresponsive** management or rigid organization
- **63% Stigma** for requesting help or suggesting change
- **56% Awareness** of what works

Offering Employer Sponsored Support to Physicians



- Offer time-saving solutions – including virtual concierge
- Have resources at their fingertips – a mobile app
- Ensure “in the moment support” 24/7
- Offer relevant resources that build trust:
 - Peer Coaching – someone who can speak to the experience of “having been there”
 - Senior level counselors, experienced in working with healthcare professionals
- Program should be labeled as a resource specifically for healthcare practitioners
- Offer counseling and coaching outside of regular clinic hours, face to face and virtually
- Train Well Being Advocates to provide support in real time, and promote resources available for care



Questions?

Contact Us



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