

THE PSYCHOLOGICAL IMPACT OF COVID- 19 ON CRITICAL CARE STAFF AND COPING MECHANISMS USED

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Children's Health Ireland



Nothing to Declare



**BACCN & IACCN's
1st Joint Annual
Conference**

17th & 18th October 2022, ICC Belfast



Outputs

Psychological impact of COVID-19 on staff working in paediatric and adult critical care

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ORIGINAL ARTICLE



International Archives of Occupational and Environmental Health

A model for occupational stress amongst paediatric and adult critical care staff during COVID-19 pandemic

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EDITORIAL | Free Access

The psychological impact of COVID-19 on frontline workers 'From Heartbreak to Hope'

Claire Magner PhD, MSc, BSc, Grad Dip Critical Care Nursing (Children), RGN, RCN

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Virtual Symposium

“The Psychological Impact of COVID-19 on Frontline Healthcare Workers”



To access symposium recording:

https://www.youtube.com/watch?v=_rWfOOt153w&list=P_Lbi9eaLzFHqNIL4wZ9sBV6s6l0FODMHpn6

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Clinical Nursing WILEY

EDITORIAL

The psychological impact of COVID-19 on frontline healthcare workers ‘From Heartbreak to Hope’

It is over a year since the first death of a patient in Ireland with COVID-19, and the national healthcare system continues to experience extreme levels of demand on all resources. In the context of persistently high COVID case numbers, the emergence of highly resistant strains and the possibility of a fourth wave, there remains unease about how the health system is coping. Frontline healthcare workers continue to risk infection and transmission of infection, endure increased workloads, suffer trauma through bearing witness to high levels of death and disability, and experience moral distress

sufficiently severe can impact on job performance. Those with dependent children, or those who were required to quarantine demonstrated increased vulnerability during this COVID crisis. In addition, the occurrence of moral injury (a profound cognitive and emotional response arising from events that violate one's moral code) is ever more likely as individuals struggle with the question ‘did I do the right thing?’.

It became evident during our virtual session that exposure to morally injurious events is more common during this pandemic.



Date: 05th March 2021
Time: 10.00–14.00
Register via Zoom webinar

KING'S
College
LONDON



NUI Galway
OÉ Gaillimh

Background

- Paucity of research focusing on challenges confronted by PICU staff
- Some existing evidence relating to adult ICU staff
- By end 2021 much more published literature available, ICU focus



Aim

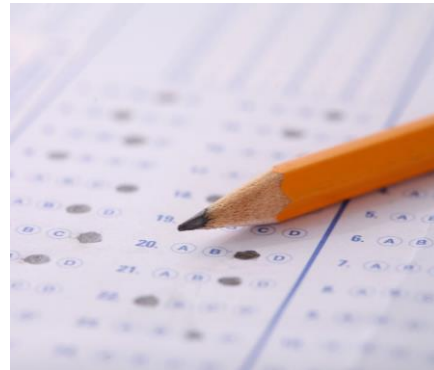
- Assess the degree of psychological distress experienced by healthcare staff working in both adult and paediatric ICU settings during the COVID-19 pandemic
- Examine coping strategies used by staff, and the uptake of available supports



Children's Health Ireland

Methodology

- Cross sectional multi-centre study
- 2 PICUs and 2 Adult ICUs
- Anonymous web based survey
- All staff working in the PICU/ICU, clinical and non-clinical
- Data collected May-June 2020



Trauma Screening Questionnaire (TSQ)

If you have recently been exposed to a potentially traumatic event (a PTE), here is a tool that may help you to identify whether or not you should seek additional help in recovering from its effects. Have you recently experienced any of the following:

	YES at least twice in the past week	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning)		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Feeling jumpy or being startled by something unexpected		



It is recommended that the TSQ be offered 3-4 weeks post-trauma, to allow time for normal recovery processes to take place. If at that point an individual has 6 or more YES answers, a referral to a behavioral health practitioner is indicated.

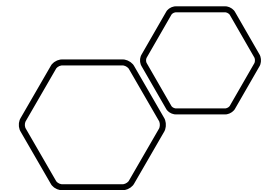
C. R. Brewin, et al, 2002. (Used by permission)



Sample Moral Distress Items

Please place an X or ✓ in the single most appropriate box for each dimension

	Frequency					Level of Disturbance				
	Never	1	2	3	Very frequently	None	1	2	3	Great extent
	0	1	2	3	4	0	1	2	3	4
1. Provide less than optimal care due to pressures from administrators or insurers to reduce costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Witness healthcare providers giving "false hope" to a patient or family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Follow the family's wishes to continue life support even though I believe it is not in the best interest of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Psychological Distress Measures

- Trauma Screening Questionnaire (TSQ)
- Measure of Moral Distress for Healthcare Professionals (MMD-HP)

Brewin et al, 2002.

Assessment of Coping Strategies: BriefCope

Brief-COPE (Brief-COPE)

Instructions:

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

		I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
1	I've been turning to work or other activities to take my mind off things.	1	2	3	4
2	I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3	I've been saying to myself "this isn't real".	1	2	3	4
4	I've been using alcohol or other drugs to make myself feel better	1	2	3	4
5	I've been getting emotional support from others.	1	2	3	4
6	I've been giving up trying to deal with it.	1	2	3	4
7	I've been taking action to try to make the situation better.	1	2	3	4
8	I've been refusing to believe that it has happened.	1	2	3	4

Which supports are most helpful to you during this time?

1	Psychological Support- face to face or telephone counselling
2	Employee Assistance Programme
3	Occupational Health
4	Your General Practitioner
5	Mindfulness or Resilience Training
6	Online resources such as Mindthefrontline.com
7	Departmental debriefs of critical events
8	Informal debrief of events with peers
9	Hospital App to provide regular general staff updates and information
10	COVID-19 helpline for healthcare staff 1850 420 420
11	COVID-19 specific clinical training
12	Being allocated to non-COVID-19 duties for intervals
13	Resources from training bodies (e.g. fight fatigue from Association of Anaesthetists)
14	Public Recognition- such as 'feed the heroes campaign'
15	Other- Please specify

Free text items

Are there any factors relating to the current crisis causing you stress currently?

Are there any obstacles or barriers to making use of available supports?

What other supports would you or your colleagues benefit from, but are not currently provided?

Do you have any other comments or information about your experiences that you would like to share?



Results

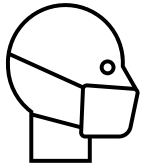
408 Participants
(59% Response Rate)



Nurses 67%



Doctors 17.4%



Allied Health Professionals 8.5%



Administrative and Support Staff 6.8%

81% Female





Context

- To be taken in context of timing of data collection: 2-6 weeks post First Peak
- National Context:
- Shortage of 2590 acute care hospital beds
- Shortage of 190-300 Critical Care Beds
- Shortage of 500 Hospital Consultants
- Shortage of >1,200 nurses



Results

Trauma Screening Questionnaire (TSQ)

	Total	PICU	ICU	P Value
TSQ ≥ 6	60 (14.2%)	27 (13.8%)	31 (14.6%)	P=0.08

Measure of Moral Distress for Healthcare Professionals (MMD-HP)

	Total	PICU	ICU	P Value
MMD-HP	7.81 (10.96)	4.85 (7.54)	10.54 (12.78)	P<0.001

*Composite score range (0-64).

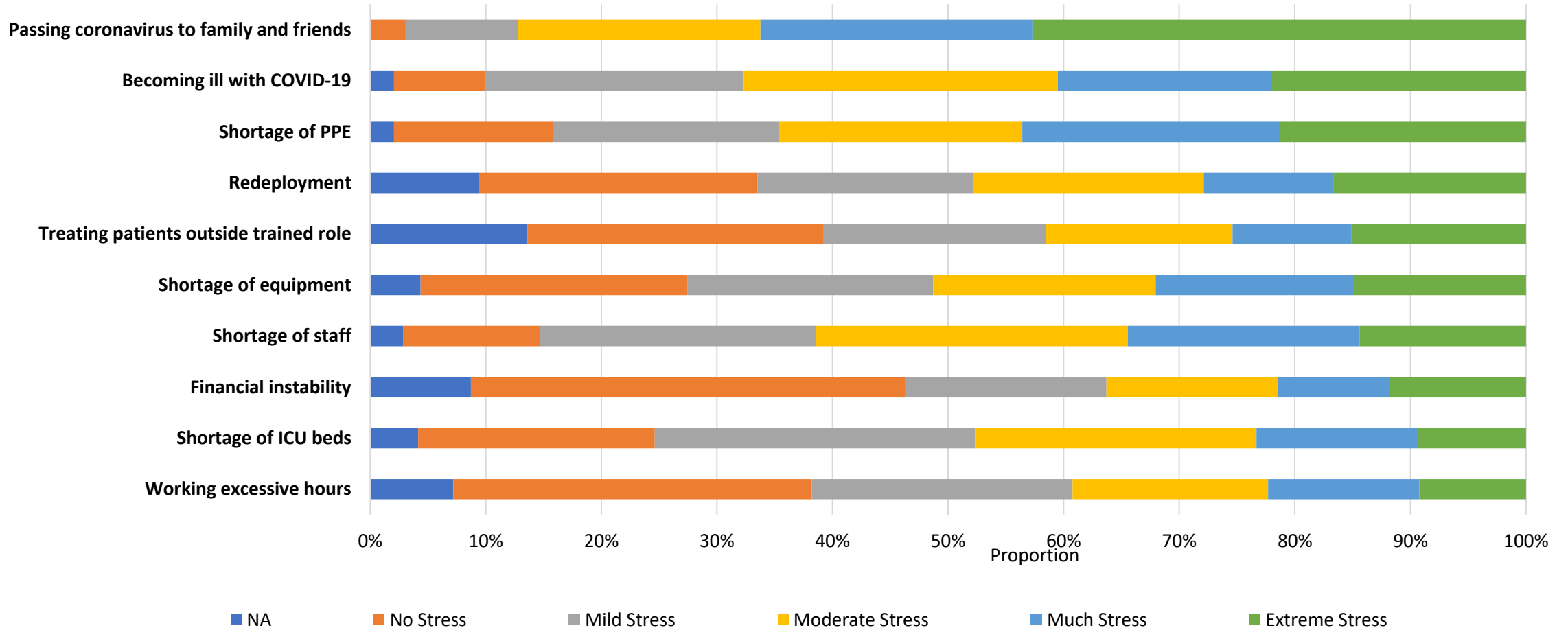
	Total n=408	PICU n=196	ICU n=212	Relationship to TSQ >/= 6	Relationship to MMD HP
Exposure to COVID-19 confirmed cases					
None	135 (33.1%)	123 (62.8%)	12 (5.7%)		
1-5	88 (21.6%)	70 (35.7%)	19 (9.0%)	p=0.88	p=0.0001
6-10	25 (6.1%)	1 (0.5%)	24 (11.3%)		
11-15	45 (11.2%)	1 (0.5%)	44 (20.8%)		
16-20	44 (10.8%)	0	44 (20.8%)		
20-40	47 (11.5%)	0	46 (21.7%)		
>40	22 (5.4%)	0	22 (10.4%)		
Inadequate PPE training	47 (11.5%)	26 (13.3%)	21 (9.9%)	p=0.893	p=0.796
Staff Redeployment	50 (12.3%)	1 (0.5%)	49 (23.1%)	p=0.71	p=0.0002
Extra Shifts Worked in Previous Week	38 (9.3%)	21 (10.7%)	17 (8.0%)	p=0.068	p=0.471
Quarantined	111 (27.2%)	42 (21.6%)	69 (32.5%)	p=0.954	p=0.308

Demographic and Professional Characteristics of Participants

Logistic Regression Analysis Showing Factors Related to Staff Distress

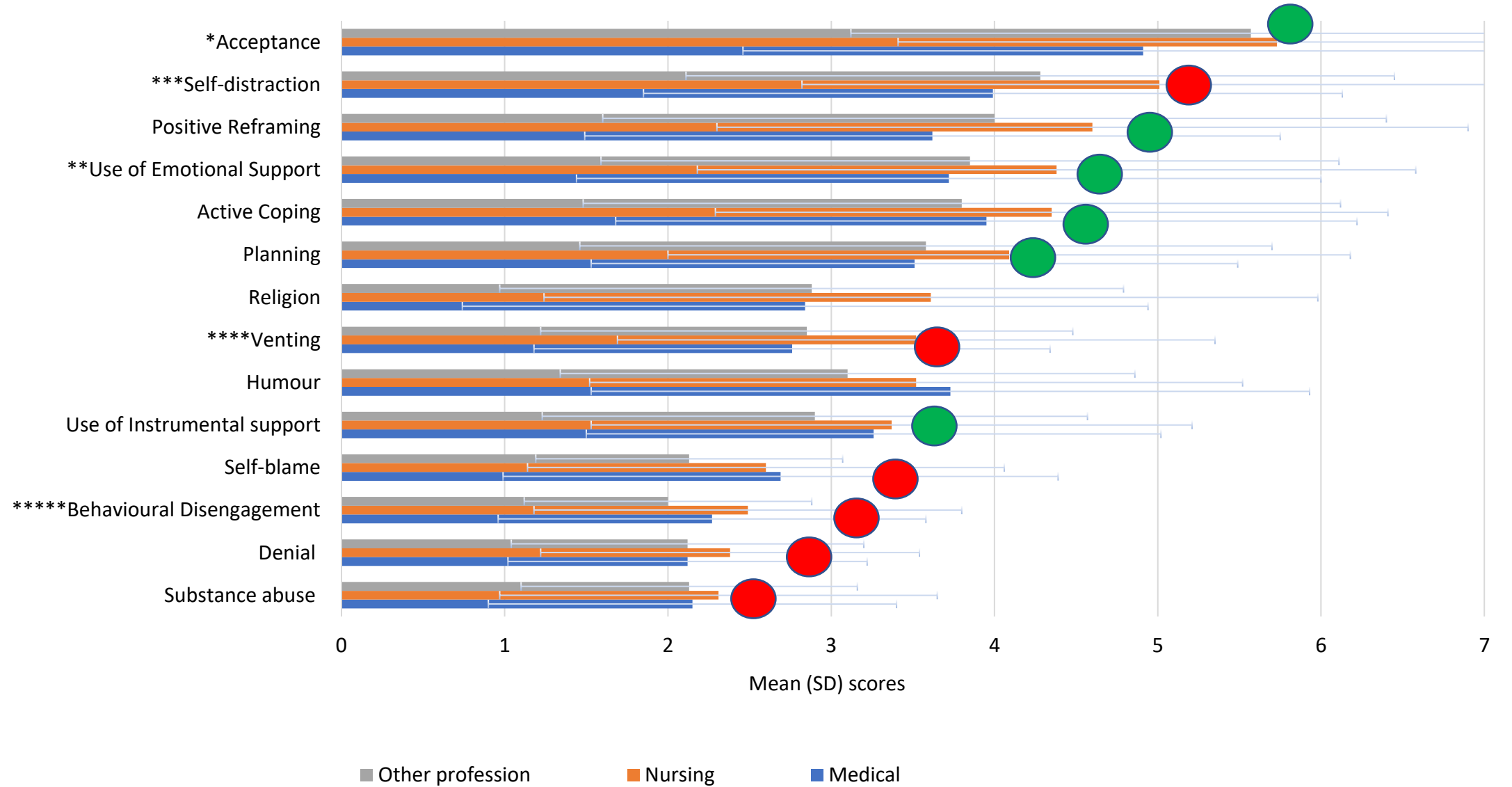
Variable	Relationship to TSQ scores ≥ 6 , OR (CI)	p value
Female Gender	2.65 (0.86-8.15)	p=0.079
No children	1.98 (0.92-4.24)	p=0.088
Increasing age (5 year increments)	1.16 (0.96-1.36)	p=0.139
White Irish	0.35 (0.17-0.74)	p=0.006
Total MMD HP (mean)	1.03 (1.01-1.06)	p=0.005
Maladaptive coping strategies (mean)	1.18 (1.11-1.26)	p=0.000
Asian Filipino	0.46 (0.16 – 1.34)	p=0.15

TSQ = Trauma Screening Questionnaire, MMD HP = Measure of Moral Distress for Healthcare Professionals,

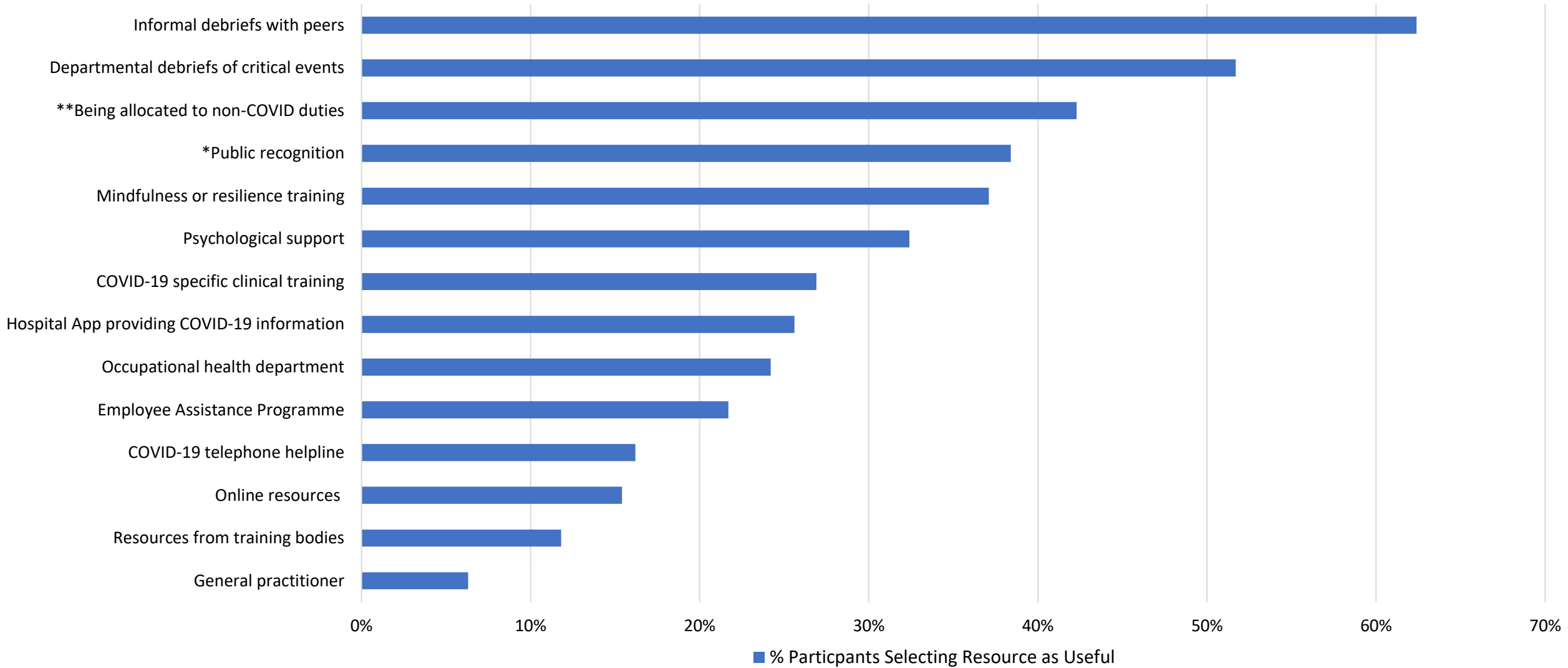


Sources of Stress for Participants

Brief COPE coping strategies according to profession



Supports and Resources which Participants Reported as Useful



Overarching theme	Subthemes
Environment – work structures	Team structure (+ and -) Work related resources Difficulty getting breaks or relief from COVID duties
Environment – social	Communication (+ and -) Colleague support (+ and -) Inescapable nature of COVID communications
Environment – the nature of the work	Job demand-control imbalance Quality of training Moral distress from barriers to usual practice
Environment – safety	PPE – guidance, quality and quantity (+ and -) Contracting COVID-19 and/or transferring to colleagues and family Long working hours
Personal	Response to public recognition (+ and -) Stigma to seeking supports Finance
Home-work interface	Alteration of usual stress-relieving activities/supports Social isolation from friends/family Childcare and accommodation issues
Uncertainty about the future	Global illness trajectory Further redeployment to COVID19 patient care Social interventions

Qualitative findings

Staff Experiences

“I have never been so stressed in my life. I was a ward nurse put into an ICU with not enough support after 1 hour of training. I was given a patient on a ventilator and dialysis. I was so scared I would cause harm to this patient”

“Social distancing and PPE is a barrier to providing compassionate care to parents of critically ill children.”

“I’m tired - I don't feel like I have been able to rest as COVID information is everywhere.”

“teaching and training [...] all stopped when Covid hit.”

“Doctors got to avoid coming near patients, but nurses stuck for 13 hours/ day breathing in potential virus.”

“No Childcare. Minding two very small babies at home and then going into an ICU setting to give my all. No downtime. Very, very stressful”

What Staff Need

“not [being] able to take leave or rest days, knowing if myself or a colleague get sick it will lead to intolerable increase of workload”

“additional PAY would be great....rather than just being tagged as heroes and getting claps”

“Staff all express frustration at lack of information or knowing what was going on”

“A quiet space to go to while on duty”

“debriefing on unit; more support in work as opposed to outside of work”

“mental health day - not sick leave day”

“I was kicked out of my accommodation of 3 years”

Discussion

- PICU Staff equivalent risk of PTSD compared to adult ICU staff. 14% critical care staff at significant risk of developing PTSD, literature cites up to 58% ^{1,5}
- Female workers, nurses, redeployment and greater COVID-19 exposure associated with higher stress scores.
- Higher exposure in adult than paediatric sites, stress levels equivalent-novel finding
- Extra-organisational factors major contribution to staff stress during the pandemic
- Departmental debriefs, peer-support and allocation to non-COVID duties ranked as more useful than established psychological and counselling supports. Peer support burdensome.
- Studies advocate a flexible system of support including peer, organisational and professional support^{5,6}

Conclusions and Recommendations

- Staff need help with practicalities of working in pandemic in addition to clear guidelines and communication from management
- Highly ranked supports are generally easy to facilitate e.g peer support & departmental debriefs.
- Important to support peer supporters and not overburden individuals
- Barriers to accessing support must be investigated, including stigma
- Research needed to examine structural, systemic and individual barriers to accessing psychosocial support.
- Greater collaboration, consultation and co-production of support services and their evaluation warranted.

Wellbeing Resources ON PICU



We welcome PICU wellbeing (WB) feedback to the PICU drop box.

**See WB Team/Information in WB folder on PICU I-drive*



PICU Ward Support

Wellbeing Wed – PICU Detox

PICU Times Newsletter

Wellbeing Wed – Mindfulness

PICU Buddy Team

PICU Wellbeing Time

PICU Staff Meeting

PICU WhatsApp Wellbeing Group

PICU Wellbeing Meeting

Wellbeing Resources **WITHIN** CHI



CHI Employee Assistance Programme (EAP)

CHI provides for our staff a free confidential counselling and information service (an Employee Assistance Programme), delivered by **Spectrum Life**. In times of crises or emotional distress, our EAP can provide practical assistance and emotional support. Support is available 24 hours a day, 365 days a year. You can also see a counsellor locally for face to face counselling. The EAP service can help you or your family with problems in any of these areas:

To register, <https://CHI.spectrum.life/login?org=CHIEAS1>

Free ☎ 1800 814 243 | WhatsApp & SMS: Text 'HI' to 087 369 0010

Schwartz Round Virtual Session

Schwartz Rounds are conversations with staff about the emotional impact of their work. They provide an opportunity for staff working in all areas of the hospital to reflect on the emotional aspects of their work. It is an evidenced based framework proven to reduce psychological distress and improve staff well-being and teamwork, which ultimately has an impact on person-centred care.



Occupational Health (OH)

A confidential independent advisory service whose role is to provide impartial advice regarding your fitness to work.

OH aims to assist staff to regain their physical and emotional health and return to a suitable job as soon as their recovery allows. It can be self-referrals, or referrals through HR.

[Fairless
eilish.fairless@olchc.ie](mailto:Fairless@olchc.ie)
 +353 (0)1 409 6106 |
409 6100 | Bleep 8106



Aware www.aware.ie

The Aware Support Line service is a free service and is available to anyone, who is seeking support and information about issues relating to their own mood or the mood of a friend or family member, or who experiences depression or bipolar disorder.

It is available to you, if you are feeling anxiety or worry in relation to the current Covid-19 outbreak and would like to know what supports and services are available to you.

supportmail@aware.ie | Free ☎ 1800 80 4848



MyCHI Employee App www.myapp.is/mychi/

It provides a range of information, including regular updates on COVID-19, news about Children's Health Ireland, supports for staff and health and wellbeing tips.

Login: Employee number | Password: [chiapp](#) (temporary)



CHI Professionalism Peer Support Team

Confidential, free peer to peer support for all staff during stressful events

professionalismpeersupport@nchg.ie ☎ 087 6599 417



Learning from Excellence

Safety in healthcare has traditionally focused on avoiding harm by learning from error. This approach may miss opportunities to learn from excellent practice. We believe that studying excellence in healthcare can create new opportunities for learning and improving resilience and staff morale. Please see intranet for Nomination process and templates.

GP

Your GP is a great source of advice and support. If you are not registered with a GP, now is a good time to do so. All healthcare workers should have their own GP, as part of overall mental and physical well-being.

Healthcare worker COVID-19 helpline | Free ☎ 1850 420 420



Samaritans www.samaritans.org

Whatever you're going through, a Samaritan will face it with you. We're here 24 hours a day, 365 days a year. If you need someone to talk to, we listen. We won't judge or tell you what to do.

jo@samaritans.ie Free ☎ 116123



Pieta www.pieta.ie

Pieta provides a free, therapeutic approach to people who are in suicidal distress and those who engage in self-harm. Free 24 Hour

THANK YOU

Acknowledgements

Ms Mong Hoi Tan

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questionnaires



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