

Coping during COVID: Guidance from Experts for Managing Stress Associated with the COVID-19 Virus Outbreak

Mental health experts at UAMS including Dr. Sacha McBain, the Associate Director of the Center for Trauma Prevention, Recovery, and Innovation (TPRI) and Department of Psychiatry Chair, Dr. Rick Smith, along with many others have been working diligently to meet the mental health needs of healthcare workers and Arkansas residents during the COVID-19 (coronavirus) virus outbreak. Healthcare workers play a vital role in maintaining the health of our communities during this uncertain time. As we are already seeing in places like Italy, New York, and Seattle, and know from past pandemics, providing care during conditions of a pandemic puts healthcare workers at greater risk to experience depression, anxiety, and posttraumatic stress disorder.

Stress during this time can come from many places. Increased stress may come from growing work demands or managing the distress and questions of patients, family, and friends. Stress can result from efforts to keep up with constant shifts in guidance or the availability of resources, like PPE. Stress is a companion to feelings of fear of infection or infecting others. It could even result from ways in which the pandemic has disrupted personal lives, stalled professional goals, or even highlighted or worsened existing seemingly unrelated stressors. This is all to say, stress has even more opportunity to enter healthcare workers lives right now.

Maintaining physical and mental health during this time is crucial to minimizing the detrimental effects of stress and promoting longevity and health through this pandemic.

Below you will find evidence-based resources to manage your own stress as well as tools to reference when patients, family or friends look to you for guidance or comfort. We hope you will take the time to review the resources. As Benjamin Franklin wisely said, “a penny of prevention is worth a pound of cure.”

Be well and take care of yourself and others,



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ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak

The wellbeing and emotional resilience of healthcare workers are key components of maintaining essential healthcare services during the COVID-19 virus (coronavirus) outbreak. Therefore, it will be crucial to anticipate the stresses associated with this work and put in place supports for healthcare workers. Monitoring and assessment of mental health and wellbeing of healthcare personnel will be important, along with efforts to ensure their successful reintegration with work colleagues, should they themselves become infected.

Both institutional supports and self-care strategies are important.

Fighting Stress through Preparedness

Healthcare workers are accustomed to participating in frequent formal and informal trainings. Additional organizational efforts during the COVID-19 outbreak should be ongoing and can provide a measure of stress reduction. Healthcare workers need training in:

- specific details about transmission of the COVID-19 virus
- when and how to screen patients and, potentially, family members
- the use of personal protective equipment
- when to invoke quarantine and isolation
- ethical decision-making about triage and surge capacity issues
- taking creative measures to provide adequate healthcare when necessary, such as substituting phone encounters for in person encounters when clinically appropriate

In order to increase their sense of self-efficacy, workers may also want to take part in training and planning exercises that include:

- practicing response roles
- implementing all levels of quarantine
- enforcing movement restrictions
- managing limited supplies when necessary
- dealing with potential staffing shortages in the face of greater demands for healthcare
- handling mass fatalities
- understanding surge-related triage decision trees
- conducting mental health screening

- coping with high-stress demands
- preparing for the needs of their families if workers are required to be more engaged at work or quarantined

Staff in healthcare facilities may also want to meet with leaders to discuss the importance of stress management and psychosocial support for the workforce. Discussions could include the possibility of frontline stress control teams, appropriate work/rest schedules, and support for the needs of providers' family members.

Stress in Healthcare Workers during the Outbreak

There are specific sources of stress for healthcare workers treating patients with the COVID-19 virus. These stressors include:

Need to employ strict biosecurity measures

Healthcare workers who are called upon to assist or treat those with COVID-19 may experience stress related to:

- physical strain of protective equipment (dehydration, heat, exhaustion)
- physical isolation (restrictions on touching others, even after working hours)
- constant awareness and vigilance regarding infection control procedures
- pressures regarding procedures that must be followed (lack of spontaneity)

Risk of disease transmission

Infection control is a significant concern that can be exacerbated by:

- common flu and cold symptoms being mistaken for COVID-19
- the extended symptom-free incubation period of COVID-19
- a relatively higher mortality rate compared to influenza
- concerns about shortages of needed supplies, such as masks
- the tension between public health priorities and the wishes of patients and their families regarding quarantine

Multiple medical and personal demands

The complexity of responding to COVID-19 may result in conflicting personal and professional demands, including:

- continued daily workload demands competing with COVID-19 preparation and treatment measures
- a need to maintain high standards in the face of a low-frequency event within which official recommendations and policies change regularly
- possible separation from and concern about family members
- fears about infection and subsequent implications for self, patients, and family
- inner conflict about competing needs and demands

Stigma

Healthcare workers can be affected by both internal and external stigma related to the COVID-19 virus and its impact, such as:

- others' fear of contact with those treating patients with COVID-19
- healthcare workers' self-stigma about voicing their needs and fears

Dealing with Stress during the Outbreak

A strong service-orientation, a lack of time, difficulties in acknowledging or recognizing their own needs, stigma, and fear of being removed from their duties during a crisis may prevent staff from requesting support if they are experiencing stress reactions. Given this, employers should be proactive in encouraging supportive care in an atmosphere free of stigma, coercion, and fear of negative consequences.

Self-care for healthcare workers can be complex and challenging, given that people in these roles may prioritize the needs of others over their own needs. Therefore, a self-care strategy should be multi-faceted and phased properly to support the sense of control and contribution of healthcare providers without making them feel unrealistically responsible for the lives of patients. For instance, during work shifts, providers should engage in these behaviors:

- self-monitoring and pacing
- regular check-ins with colleagues, family, and friends
- working in partnerships or in teams
- engaging with a wider array of stakeholders than usual, to foster problem-solving, resource sharing, and mutual support
- brief relaxation/stress management breaks
- regular peer consultation and supervision
- time-outs for basic bodily care and refreshment
- regularly seeking out accurate information and mentoring to assist in making decisions
- keeping anxieties conscribed to actual threats
- doing their best to maintain helpful self-talk and avoid overgeneralizing fears
- focusing their efforts on what is within their power
- acceptance of situations they cannot change
- fostering a spirit of fortitude, patience, tolerance, and hope

At the same time, they should avoid:

- working too long by themselves without checking in with colleagues
- working "round the clock" with few breaks
- feeling that they are not doing enough
- excessive intake of sweets and caffeine
- engaging in self-talk and attitudinal obstacles to self-care, such as:
 - "It would be selfish to take time to rest."
 - "Others are working around the clock; so should I."
 - "The needs of survivors are more important than the needs of helpers."

- “I can contribute the most by working all the time.”
- “Only I can do. . .”

Dealing with Stress in the Aftermath of the Outbreak

After a period of caring for those with COVID-19—especially quarantined patients—a readjustment period is to be expected. Healthcare workers will need to commit to making personal reintegration a priority. This includes:

- seeking out and sharing social support, which may need to occur virtually
- checking in with other colleagues to discuss work experiences
- increasing supervision, consultation, and collegial support
- scheduling time off work for gradual reintegration into personal life
- preparing for worldview changes that may not be mirrored by others in one’s life
- avoiding negative coping strategies such as:
 - use of alcohol, illicit drugs, or excessive amounts of prescription drugs, which all interfere with sleep cycles and prolong recovery
 - suddenly making big life changes
 - negatively assessing their work contributions
 - keeping too busy
 - viewing helping others as more important than self-care
 - not wanting to talk about work experiences with others

If stress persists for longer than two to three weeks and interferes with functioning, healthcare workers should consider participating in formal mental health treatment.

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Emotional Response to Crisis

Our daily lives have a certain rhythm or balance. Emotional balance involves everyday stress, both positive and negative. We have good times like a wonderful dinner with family and bad times like an awful day at work or school. But for the most part, we stay in a familiar range of equilibrium or balance.

When things happen to us that are not part of what we see as normal, we can be in a state of crisis. However, learning of unexpected and often overwhelming news, such as that of a national disaster, school shooting, the death of a peer serve as perfect examples of such a traumatic events that can throw us off our rhythm. It can be difficult to make sense of such profound tragedies.

It is easy to be traumatized by a catastrophic event. No one is ever prepared, and for the most part, it is unexpected. Given this event, we may have a crisis reaction. This is normal even though it may not seem so. There are many reactions to a crisis, which can be grouped into four main categories:

COGNITIVE	PHYSICAL	EMOTIONAL	BEHAVIORAL
<ul style="list-style-type: none">• Confusion in thinking• Difficulty making decisions• Loss of attention span• Lowered concentration• Problems with abstract thinking• Calculation problems• Memory dysfunction• Lowering of all higher cognitive functions	<ul style="list-style-type: none">• Headaches• Fatigue• Excessive sweating• Chills• Dizzy spells• Light headedness• Globus hystericus• Thirst• Hunger• Increased heart rate• Elevated blood pressure• Rapid breathing• Chest pain• Difficulty breathing	<ul style="list-style-type: none">• Irritability• Emotional shock• Emotional numbness• Anger• Grief• Depression• Feeling overwhelmed• Heightened anxiety• Panic feelings• Loss of emotional control• Fear	<ul style="list-style-type: none">• Changes in ordinary behavior patterns• Changes in eating• Decreases personal hygiene• Increased or decreased association with fellow workers• Withdrawal from others• Loss of interest in work• Prolonged silences

How to Cope with Crisis Reactions

- Periods of appropriate physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- Structure your time: keep busy.
- You're normal and having normal reactions – don't label yourself "crazy".
- Talk to people – talking is the most healing medicine.
- Be aware of *numbing* the pain with overuse of drugs or alcohol; you don't need to complicate this with substance misuse.
- Reach out to people care, and spend time with others.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Do things that feel good to you.
- Realize those around you are also under stress.
- Don't make any big life changes.
- Do make as many daily decisions as possible in order to will give yourself feelings of control over your life (i.e., if someone asks you what you want to eat – answer them even if you're not sure).
- Get plenty of rest.
- Reoccurring thoughts, dreams or flashbacks are normal. Don't try to fight them. They'll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

For Family Members & Friends

- Listen carefully and don't feel the need to give advice.
- Spend time with the traumatized person.
- Offer your assistance and a listening ear even if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are "lucky it wasn't worse" – traumatized people are not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.