

PRELIMINARY FINDINGS REPORT – October 2020

Project: COVID-19: Clinical and personal perspectives from Healthcare Providers in the United States

Principal Investigator:

Dr. Ellen Block

Associate Professor of Anthropology, Department of Sociology,
College of St. Benedict & St. John's University, Collegeville, Minnesota

Contact: eblock@csbsju.edu

Student Research Assistants: D'Havian Scott, Mackenzie Carlson, Grace Savard

Overview: This qualitative research examines how COVID-19 is impacting healthcare providers, their families, and their patients.

Research Questions:

- What are the personal and professional experiences of healthcare providers working during the COVID-19 pandemic?
- What are the reverberating effects of COVID-19 on healthcare providers, patients, and communities?

Data Collection and Analysis: The research team received IRB approval from the College of St. Benedict & St. John's University (Minnesota). We have conducted 55 hour-long semi-structured interviews with healthcare providers across 18 different states between April-September 2020. Data is being analyzed using MAXQDA and standard group coding protocols.

INTRODUCTION:

"People are in a period of crisis when they come to the ER. You're in this very tense environment...COVID has heightened that beyond anything I've experienced...In addition to the daily stress, there's the risk of you getting the disease. Also, you know, there's a high risk of bringing it home to your family. And so, there's that physical and mental stress that no one can prepare for." (Jorge, ER doctor, Washington State)

"My first couple shifts, I have to say, were an absolute dumpster fire. It was terrifying. I got floated to a COVID unit and I hadn't been briefed on what it looks like, what to expect, how to prepare yourself. And that was really hard." (Kristen, nurse, Massachusetts)

The virus SARS-CoV-2 and the resulting disease, COVID-19, has greatly disrupted healthcare providers (HCPs) both in their work lives and their personal lives. In the United States, HCPs have dealt with increased stress and hardship at work, rapidly changing protocols around patient

care and personal protective equipment (PPE), fluctuating job insecurity, and in some cases pay cuts. Furthermore, the emotional strain and insecurity of treating a disease about which there is still much to learn is taking its toll on HCPs. While HCPs have largely come to accept their own increased risk of illness, they are constantly aware of the risk they pose to their friends, family and patients as potential vectors of infection. Like the rest of the population, their everyday lives and relationships have been disrupted by COVID-19. All of these “normal” effects of the global pandemic are amplified by HCPs daily work-related risk and stress. It is essential that we learn from the early experiences of frontline HCPs in order to make changes that both protect patients and mitigate work-related stress. While there has been a great deal of diversity in HCPs experiences based on a variety of geographic, economic, and social factors, there are some notable trends across the data.

FINDINGS:

1. PROFESSIONAL IMPACTS OF COVID-19 ON HCPs

➤ **Challenge: Communication and Changing Protocols:**

“We’ve had a PPE shortage and so many shortages within the hospital that it’s hard for hospital administrators to try and balance that and the ever-changing conditions. I understand a little bit, but a lot of the nurses are very sick of having to change their routines every day just because hospital administration changes their mind so much.”
(Amelia, Nursing assistant, Minnesota)

At the start of the pandemic, constantly changing protocols were a source of stress and frustration for HCPs, particularly in relation to PPE. Their frustration was accentuated by the unequal risk burden between HCPs working on the ground and administrators making decisions from their offices. Uncertainty surrounding transmission, as well as perceived lack of transparency in protocol development, left HCPs feeling scared and distrustful.

➤ **What has improved?**

- There has been a general improvement in supply-demand matchup for PPE.
- Anxiety about potential PPE shortages has lessened.
- Initial feelings of acute crisis and panic has passed, and administrators and HCPs have settled into protocols and practices in response to the COVID-19 pandemic.

➤ **Recommendations:**

- Transparency in communication is essential, especially when information about best practices and protocols for treatments and supportive care are preliminary, uncertain, or temporary.
- Administrations should communicate regularly with HCPs and offer opportunities for feedback.
- Ensure HCPs have some autonomy and feel in control of their own safety.

- There needs to be national coordination of PPE, from supply chain to distribution, by a coherent centralized organization.

➤ **Challenge: Uncertainty and Steep Learning Curve of COVID-19:**

“Doctors like to think we’re so damn smart, we have all these tricks up our sleeve that we can do to get people better. And we just do not have that with this virus. It’s like, we don’t know why some people get so sick and others don’t. We don’t know if any of the things we’re doing are working or have no impact or are harming people. I just feel totally powerless.” (Matt, ER doctor, Minnesota)

“I’ve just never felt more unprepared as a nurse, so that is really scary.” (Kate, ICU nurse, Wisconsin)

Due to the novelty of COVID-19 and the uncertainties around transmissibility of SARS-CoV-2, appropriate PPE, effective treatments, supportive care, and best practices for patients, many HCPs have experienced a threat to established confidence in their skills and medical knowledge. They feel moral distress stemming from difficult decisions they have had to make regarding patient care. Many HCPs improvised extensively in order to manage emerging patient needs and mitigate risks to themselves and others.

➤ **What has improved?**

- The rapid pace of change has slowed as the medical community learns more and HCPs gain experience treating COVID-19.
- The steep early learning curve for appropriate treatments and supportive care was largely based on anecdotal evidence and experience. Data from randomized studies is now becoming available.
- HCPs have a better sense of supportive ventilation strategies and are more confident in the approach to hypoxia in a COVID-19 patient.
- Some interventions have shown promise in improving morbidity and mortality.

➤ **Recommendations:**

- Ensure up-to-date, evidence-based multidisciplinary protocols are in place.
- Prioritize effective actions to support HCPs’ physical and mental wellbeing.
- Support growth of COVID-19 knowledge base, including effects on HCPs, by encouraging and facilitating well-designed randomized control trials, and support efforts to increase public and government support for this research.
- Coordinate centralized channels of communication about important developments in COVID-19 protocols and prevention for the public.
- Centralize translation and dissemination of evolving knowledge and research into protocols and best practices for providers to ensure patient safety and ease decision-making stress on providers

2. PERSONAL IMPACTS OF COVID-19 ON HCPs

➤ **Challenge: Increased stress, fear and anxiety at work and at home:**

“There are people that I work with...that just crack. They hit their tipping point and are really just scared and broken down and just a real, real mess.” (Olivia, ER doctor, Colorado)

Healthcare providers have experienced increased stress, fear and anxiety as a result of their role in responding to the COVID-19 pandemic. They worry about becoming infected at work and bringing it home to their families and they worry about transmitting SARS-CoV-2 to immunocompromised patients. HCPs also worry about making a wrong and potentially fatal decision about a patient’s care, and many HCPs continue to worry over decisions they made regarding the care of patients who have died. Many of the HCPs worry about high rates of burnout and expressed feeling exhausted themselves. Concern over employment status has exacerbated the stress for many providers.

➤ **What has improved?**

- For some HCPs, the initial chaos, stress and fear of COVID-19 has lessened.
- Patient volumes and suspended services (i.e. elective surgeries) are returning to normal after initial reduction, so job insecurity is less prevalent.
- HCPs are less anxious about contracting the virus because of increased knowledge about transmission.
- HCPs have grown accustomed to the risky environment and feel safer knowing their PPE has adequately protected many of them from COVID-19 over the past six months.

➤ **Recommendations:**

- Prioritize effective actions to support HCPs’ physical and mental wellbeing.
- Transparent communication about employment status is essential for feeling of job security.

➤ **Challenge: Embodied Stress:**

“The masks, when you’re breathing your same CO2 over and over again, it gets very hot and your goggles are fogging up so you don’t see clearly...I just open my windows on the way home from work, and just breathe the fresh air to try to settle myself down.” (Alex, ER nurse, Minnesota)

“It doesn’t matter how careful you are, in the back of your mind you think to yourself, ‘Is this the day that I infect myself?’...And that thought is what consumes us all.” (George, hospitalist, Arizona)

The nature of COVID-19 as well as the physical discomfort of PPE creates a constant awareness of the virus among HCPs. Most HCPs leave work feeling more exhausted than before. They also spend a good deal of time after their shift mitigating risk by implementing rigorous decontamination routines when leaving work and upon their arrival at home. As a result, they spend many hours a day worrying about and trying to mitigate the risk of infection to themselves, colleagues, patients, and family members. Several expressed feeling a sense of physical relief when leaving the hospital. As healthcare providers, they also feel an increased sense of risk while not at work, and many expressed feeling like a pariah among friends and family.

➤ **What has improved?**

- As more is known about transmission of SARS-CoV-2, in particular the likelihood of transmission on objects, some of this embodied stress has reduced.
- Summer allowed healthcare providers to socialize safely outside.
- Most HCPs have not become infected with COVID-19, which has lowered their stress and made them feel less stigmatized in their communities.

➤ **Recommendations:**

- Consider how the timing and duration of shifts might impact the comfort and stress level of HCPs.
- Provide resources to keep HCPs safe including appropriate PPE.
- Prioritize effective actions to support HCP wellbeing.
- Provide information for the public that helps to reduce stigma of healthcare providers.
- Continue to encourage community support of HCPs.

3. ISOLATION AND ITS REVERBERATING EFFECTS

➤ **Challenge: Visitor Policies and Patient Care Protocols:**

“I think it’s very isolating and it’s fear provoking. Because you have these family members that are bringing their sick loved ones in, and you’re telling them basically ‘Ok, thanks, but I got it from here...you can’t come visit, you can’t come back to the ER.’ Even if they’re gasping for breath.” (Dillon, ER nurse, Illinois)

“You know, [COVID patients] are at their moment of greatest need, and absolutely no one wants to be near them.” (Chris, anesthesiologist, Wisconsin).

At the start of the pandemic, most hospitals had comprehensive no-visitor policies in place. While most visitor policies have remained stringent, some flexibility has been allowed for patients on comfort care and those without COVID-19. Additionally, in order to reduce risk of transmission, HCPs have reduced the number of times they enter COVID-19 patients’ rooms by clustering tasks, communicating by phone, talking to patients from the halls, and foregoing unnecessary physical examinations. These policies and practices have left patients alone and isolated during much of their often-lengthy

hospital stays. The limited interaction and physical touch between HCPs and patients increase fear and loneliness among patients and prevent HCPs from connecting with their patients in typical ways. Patients' families are not present to observe care and communicate with HCPs, making it difficult for family members to make informed decisions about end of life care, sometimes extending a patient's life and prolonging suffering. Finally, the isolation patients experience, especially those who are near the end of life, draws attention to the ways that COVID-19 robs people of the ability to have a "good death" by preventing appropriate processing for patients and their families, and by not giving family members the time and space to appropriately process and grieve their loved ones' last days.

➤ **What has improved?**

- Most hospitals have eased their visitation policies, allowing visitors in at end of life for COVID patients and relaxing visitor policies for non-COVID patients.
- Many hospitals have invested in technologies such as tablets which facilitate communication between patients, families, and HCPs.

➤ **Recommendations:**

- The risk mitigation benefits of no-visitor policies need to be weighed against the enormous cost to the physical health of patients and the psycho-social health of patients and their families that stem from extended periods of isolation and dying alone.
- Flexibility in visitor policies should be allowed when appropriate.
- Hospitals should consider the adoption of effective technologies that facilitate communication, and hospital staff need to have work time allocated to facilitate this communication.

➤ **Challenge: Bearing Witness to Isolation:**

"I've held up phones to patients' ears as they're dying and their family is not able to get there in time to say goodbye." (Leo, 4th year resident, Colorado)

"I've had so many conversations over the phone, end of life discussions and death notifications and about to die notifications and...I mean I've been doing medicine for nine years so I've done a lot of death notifications, and these are the worst. I mean I've had to call people that are out of town or something and that just feels different. You call somebody that's in the parking lot. It just feels wrong!" (Regan, ER doctor, Louisiana)

- Healthcare providers find it exhausting, draining, and depressing to witness the isolation that patients experience as a result of COVID-19. It has been very difficult for HCPs to witness patients dying alone, to watch families have to say goodbye to their loved ones over video, or for someone to be given only twenty minutes with their parent or spouse as they are dying. This is adding to the emotional burden and to burnout of HCPs working with COVID-19 patients.

- What has improved?
 - Mortality rates appear to be going down in many parts of the US as younger people are impacted by COVID-19 and more effective interventions emerge.
 - Visitor policies are loosening slightly.
- Recommendations:
 - Prioritize effective actions to support HCP physical and mental wellbeing.
 - Visitor policies need to be considered against the cost to the mental health of HCPs as well as patients and their families.

CONCLUSIONS

“This virus causes suffering beyond the physical illness.” (Matt, ER doctor, Minnesota)

“It’s going to be hard because this is a major kind of trauma across society. And there’s going to be PTSD, not only from healthcare workers’ families but across the board. This is affecting everybody and as the death toll goes up, more and more people are going to have a personal connection...that’s going to be the new reality.” (Steve, ER doctor, Washington State.)

COVID-19 is rearranging society on an unprecedented scale. The effects of COVID-19 have been both devastating and extremely revealing. It exposes the fault lines of inequality and the ways that policies, structures, and institutions leave the most vulnerable populations exposed to negative outcomes. COVID-19 is also characterized by a unique isolation and loneliness for patients and families that healthcare providers bear witness to. The effects of this isolation are devastating and disrupting the fundamental ways that humans make meaning, especially around the important rite of passage of dying.

Piecemeal or limited mental health and wellness efforts for healthcare providers will not be adequate to address the immense physical and psychological challenges that have been exacerbated by COVID-19. Dzau et al. (2020) propose a five-pronged approach: (1) integrate HCP wellbeing programs with COVID-19 response team, (2) establish opportunities for anonymous reporting mechanisms, (3) continue to fund and supplement existing wellbeing programs, (4) allocate funding for HCPs who experience negative physical and mental health effects from COVID-19, and (5) federally measure and track HCP wellbeing and report on interventions. As the authors state, “In the race to respond to the COVID-19 crisis, we must not neglect to care for those who care for us.” (Dzau et al, 2020: 515).

References:

Dzau, V.J., Kirch, D. and Nasca, T., 2020. Preventing a parallel pandemic—a national strategy to protect clinicians’ well-being. *New England Journal of Medicine*, 383:513-515.