

Saving healthcare provider lives

By Patricia Horwell

Some of those people who are dedicated to saving the lives of others are now taking their own. And COVID-19 is the culprit.

Healthcare as a profession, although often rewarding, is stressful enough. And right now, it can be mentally and emotionally debilitating.

The recent suicides of Dr. Lorna Breen, medical director of New York-Presbyterian Allen Hospital's emergency department and Bronx EMT John Mondello have brought what medical professionals already knew into the open. Suicide statistics among the general population are disturbing as it is. Those numbers multiply for front-line workers and first responders.

According to the Centers for Disease Control, suicide rates are on the rise, increasing by 35%, from 10.5 per 100,000 to 14.2 between 1999 and 2018. It remains the 10th-leading cause of death in the United States. And although most recent numbers are not in, mental health professionals expect the numbers to be higher due to the pandemic, particularly among healthcare professionals.

The National Institute of Health states that the "COVID-19 pandemic has the potential to significantly affect the mental health of healthcare workers." The CDC cites chronic workplace

stress and exposure to traumatic events during the pandemic as causes of compassion fatigue and burnout in nurses and other health professionals.

In response, hospitals and other healthcare facilities have made a concerted effort to provide the support exhausted, overburdened medical professionals need.

MU Healthcare

Coronavirus is affecting healthcare personnel differently than other healthcare situations, according to Craig Rooney, director of MU Healthcare's office of clinical wellness at the University of Missouri. "Depending on whether the healthcare worker is on the front line of the pandemic and is being repeatedly exposed to the virus can contribute to fears they have about becoming infected or about infecting a member of their family," he said, and can be "profoundly affected if they are losing patients and are directly exposed to the grief and loss of those patients' families." How a person generally deals with stress can influence how one deals with the prolonged stress of a pandemic situation. A person's mental health history will also have some bearing on the level of anxiety when treating or working with COVID-19 patients.



Many helping hands

Stephanie Zerwas, PhD, founder of Project Parachute, agrees with that assessment. “Within the medical profession we’d already see burnout even before the coronavirus crisis hit,” she said. “We had already been looking at preventing suicide (among nurses).”

Zerwas is an associate professor at the University of North Carolina at Chapel Hill and as a clinical psychologist and therapist she also maintains a private practice. The organization provides pro-bono therapy by licensed therapists to COVID-19 front-line healthcare professionals across the United States. The idea came to Zerwas in mid-March. She realized, however, that not everyone experiencing COVID-19-related stress would want to talk about it with someone who worked in the same hospital.

“I put out a call to local therapists asking if anyone would sign up,” she said. She immediately had 90 affirmative responses from the North Carolina therapy community and a small, local project was on its way to become a national movement almost overnight.

Out of nowhere another 50 volunteers came forward. Mental health therapists were paired with 225 healthcare workers. The word spread across social media as the movement took on a life of its own. Zerwas reached out for help to a colleague at Eleos Health, an organization providing support to therapists, “and within a few days we had a website.”

By May more than 680 therapists had stepped up to participate in the project. “I’m constantly amazed at how smart, brilliant and giving people are — donating more than 40 hours with no pay.”

Many healthcare professionals, particularly nurses and respiratory therapists, are struggling, according to Zerwas. “Hearing other people’s traumas can be powerful. It becomes part of you — gets into your bones.”

Zerwas encourages the public not to get into what she calls “hero talk.” People go into medicine because they value being selfless in their work, she said.

Therefore, there is a real urge to call them heroes. “But it holds them up to a higher standard — to be more than human. Saying ‘you’re a superhero’ translates to ‘you don’t feel scared, anger or grief. You’re more than us.’ And that can be damaging,” she said.

The amount of social support and other resources a person has can influence how the pandemic affects them personally; institutional and team support is crucial.

“A number of healthcare workers are feeling anxiety due to the novel nature of this virus and because it presents us with so many unknowns,” Rooney said. The economic impact of COVID-19 on hospitals and healthcare systems has been difficult and has also increased anxiety. Some healthcare workers are in various stages of grief after seeing so much death around them. According to an Australian study, clinical personnel who were younger and had children or an infected family member were at increased risk mentally. The authors studied data from several countries that experienced pandemics.

So many stressors

Amanda Spray, PhD, clinical psychologist and clinic director of The Steven A. Cohen Military Family Center at NYU Langone Health also cites a lack of personal protection equipment (PPE) as a great source of stress. “Healthcare providers having access to PPE is

crucial,” she said, adding that there are clear guidelines of what needs to be worn and when, “Most of them have never faced the lack of PPE. Failure to meet guidelines is distressing.”

The list of stressors continues.

They have concerns about being able to provide adequate care if deployed to another area of the medical center.

“The person is thinking, ‘Am I competent?’” Spray said. Initially, there was a lot of concern about the need to ration care due to the number of ventilators available—there was the prospect of declining care.”

And there is the unknown factor. “This is not a disease of just the elderly. There is the stress of seeing young, otherwise healthy people die and not being able to help them,” she said.

Finding help

Symptoms of stress

- Feeling helpless or powerless
- Lacking motivation
- Feeling tired, overwhelmed or burned out
- Feeling sad or depressed
- Having trouble sleeping
- Having trouble concentrating

Some people may experience clinically significant distress or impairment, such as acute stress disorder, post-traumatic stress disorder (PTSD) or secondary traumatic stress.

From CDC.org