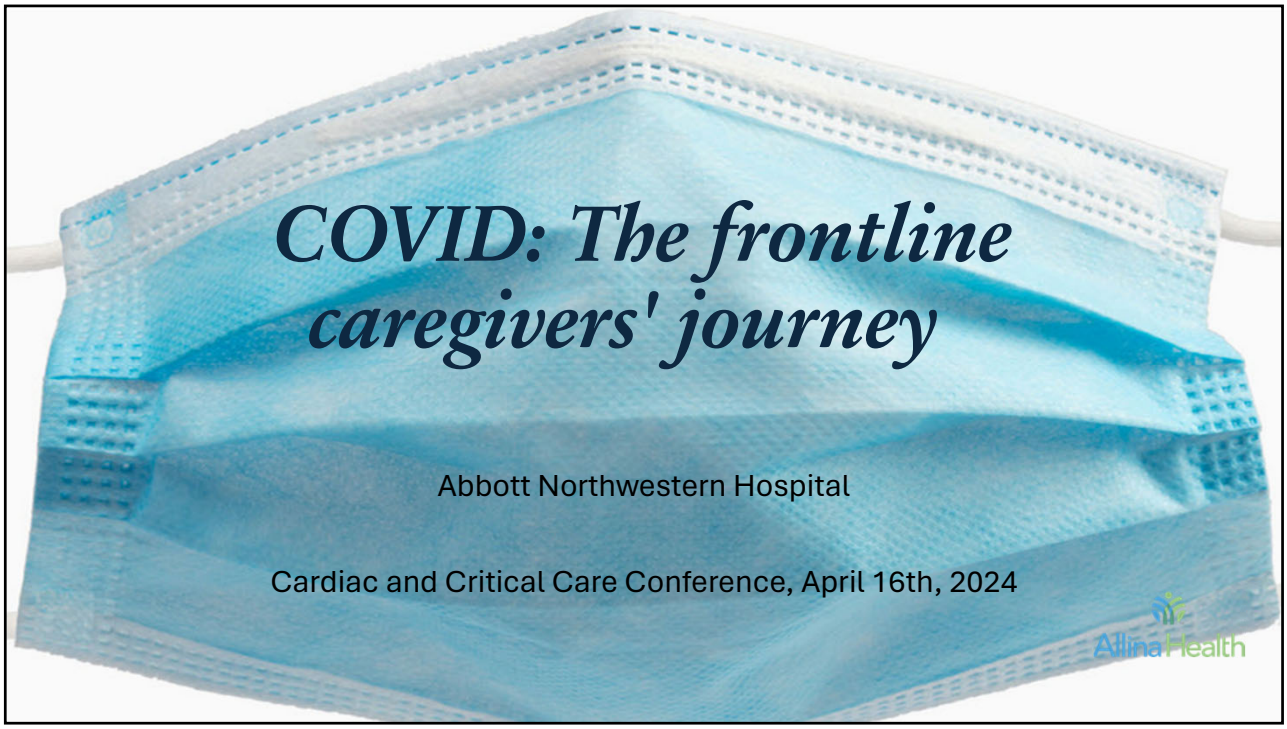

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Thank You to the **Allina Health Foundation** for their generous grant to support this research & our participants!

2

OBJECTIVE

As you listen to HCW's experience during the COVID-19 pandemic, reflect on your own experience. How is it similar? How does it differ?

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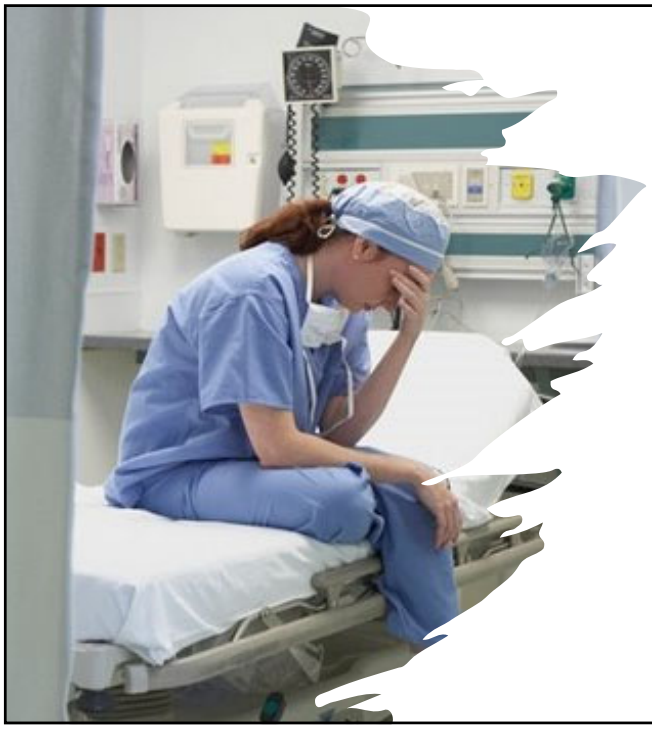

Background- *Literature highlights*

- COVID-19 had a significant psychological and mental health impact on healthcare workers (HCWs)
- Psychological distress of HCW's experience included fears of becoming infected or infecting family members, depression, frustration, post-traumatic stress, insomnia, disruption in lifestyle and routine activities, and loneliness
- Increased negative effects in high-risk areas (Shreffler et al, 2020; Lu et al, 2020; Vindegaard & Benros, 2020)
- Strategies to reduces stress made available during the COVID-19 pandemic such as, meditation, mindfulness, helplines, yoga, and exercise (Rieckert et al, 2021)

4

Background- *Gaps*

- Effectiveness of common strategies used to reduce stress in a pre-pandemic state versus a pandemic state
- Input from multidisciplinary staff on how to deal with stress of the pandemic
- Addressing feelings of HCWs beyond the acute pandemic experience, and into the transition of a post-pandemic state
- Needs and priorities of HCWs to facilitate their recovery in a post-pandemic era, as well as preparation for the next crisis.

5

Purpose

Describe how frontline HCWs experienced the COVID-19 pandemic over time and explore what could be done differently to assist HCWs in preparing, managing, and processing the uncertainties and stressors associated with any long-term crisis.

6

Methods

- Focus groups of multidisciplinary health care workers
- Two rounds of focus group meetings held via zoom
- All team members participated in qualitative descriptive data review
- This study was determined to be exempt by Allina Health's institutional review board

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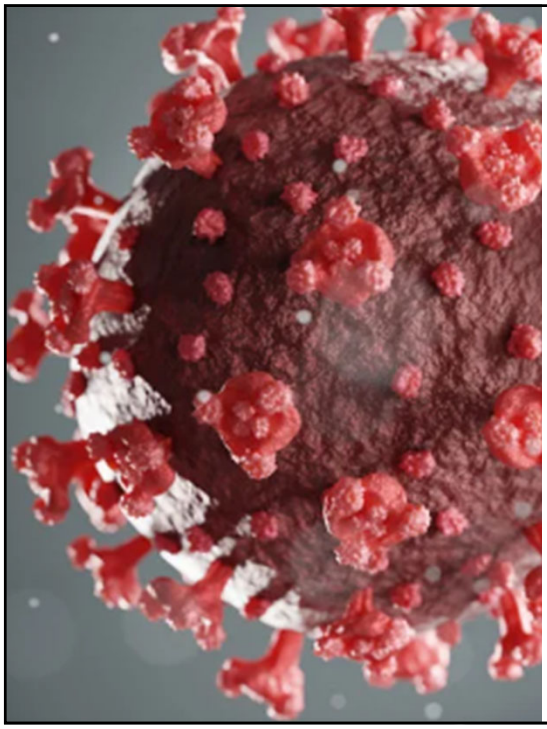

Phase One: "The Beginning"

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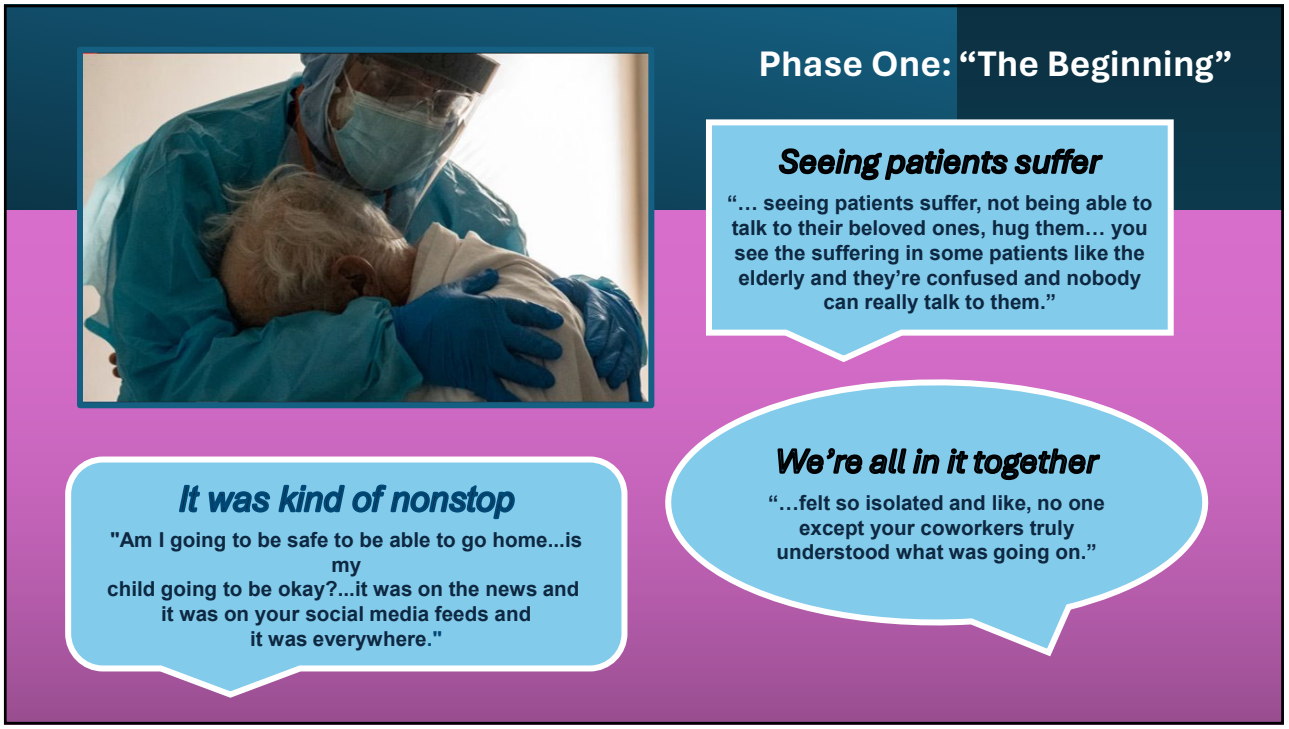
Phase One: "The Beginning"
Seeing patients suffer
"… seeing patients suffer, not being able to talk to their beloved ones, hug them… you see the suffering in some patients like the elderly and they're confused and nobody can really talk to them."
We're all in it together
"…felt so isolated and like, no one except your coworkers truly understood what was going on."
It was kind of nonstop
"Am I going to be safe to be able to go home...is my child going to be okay?...it was on the news and it was on your social media feeds and it was everywhere."

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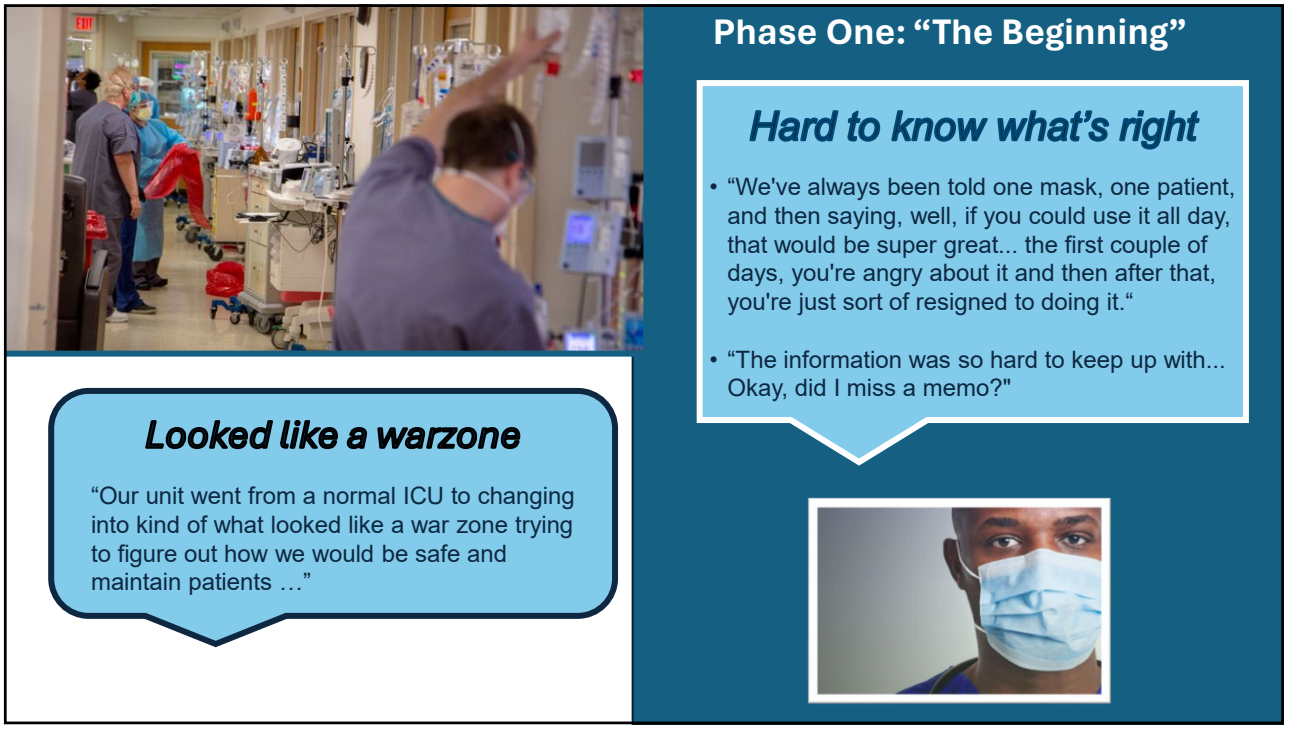
Phase One: "The Beginning"
Hard to know what's right
• "We've always been told one mask, one patient, and then saying, well, if you could use it all day, that would be super great... the first couple of days, you're angry about it and then after that, you're just sort of resigned to doing it."
• "The information was so hard to keep up with... Okay, did I miss a memo?"
Looked like a warzone
"Our unit went from a normal ICU to changing into kind of what looked like a war zone trying to figure out how we would be safe and maintain patients …"

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Phase Two: "Tide Turned"

Wanted it both ways

"…would come in and hadn't been vaccinated wanted it both ways. They didn't want to be vaccinated because that's my right, but when I get sick, I still want to take up a bed in the hospital."

Trying to be strong

"nobody is acting the way they normally would, so then they're taking it out on us, we're already stretched to the max….but trying to be strong, because I knew…I was needed….kept pushing myself more…was picking up tons of shifts trying to help out."

Angry when they had to come back

"…people who didn't work in the ICU or in the ED, they didn't want to be around you because you were a huge risk to them, and they wanted to be at home and people were angry when they had to come back and work on-site again instead of being able to work at home from a distance."

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Phase Three
"Starting to process"

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Phase Three: "Starting to Process"

I couldn't cry then

"I am just starting to process what I went through, the number of deaths I saw; I couldn't cry then. I had no one asking me how I felt...I'm a caring person and I did my best for them... But it's, you know, it's starting to come out now…"

Considered leaving

"I realized I'm burnt out, I can't do this … reached a point where what have I sacrificed? I've been a bad parent for a year. My relationships are stressed. I'm stressed, for what?"

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Phase Three: "Starting to Process"

Started therapy, had to keep living

- "I started therapy for the first time in life at the beginning of this year, and I'm only realizing like, in the last… few months how much it affected me. I did a really good job at shoving it down… because you have to keep going to work and you have to keep living. I still don't think I have fully realized how much it really affected me. I felt extremely isolated in life."
- "I had to work really hard not to let secondary trauma impede or perpetrate a lot of my thoughts and feelings…some nurses… look… like they're broken, like they are traumatized."

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Conclusion & Implications for Practice

- Systems need input from frontline caregivers as they setup resources.
- Upstream planning for prolonged disasters such as COVID-19 is needed to be proactive rather than reactive.
- Long term mental and emotional support is needed through a pandemic to a post-pandemic state.

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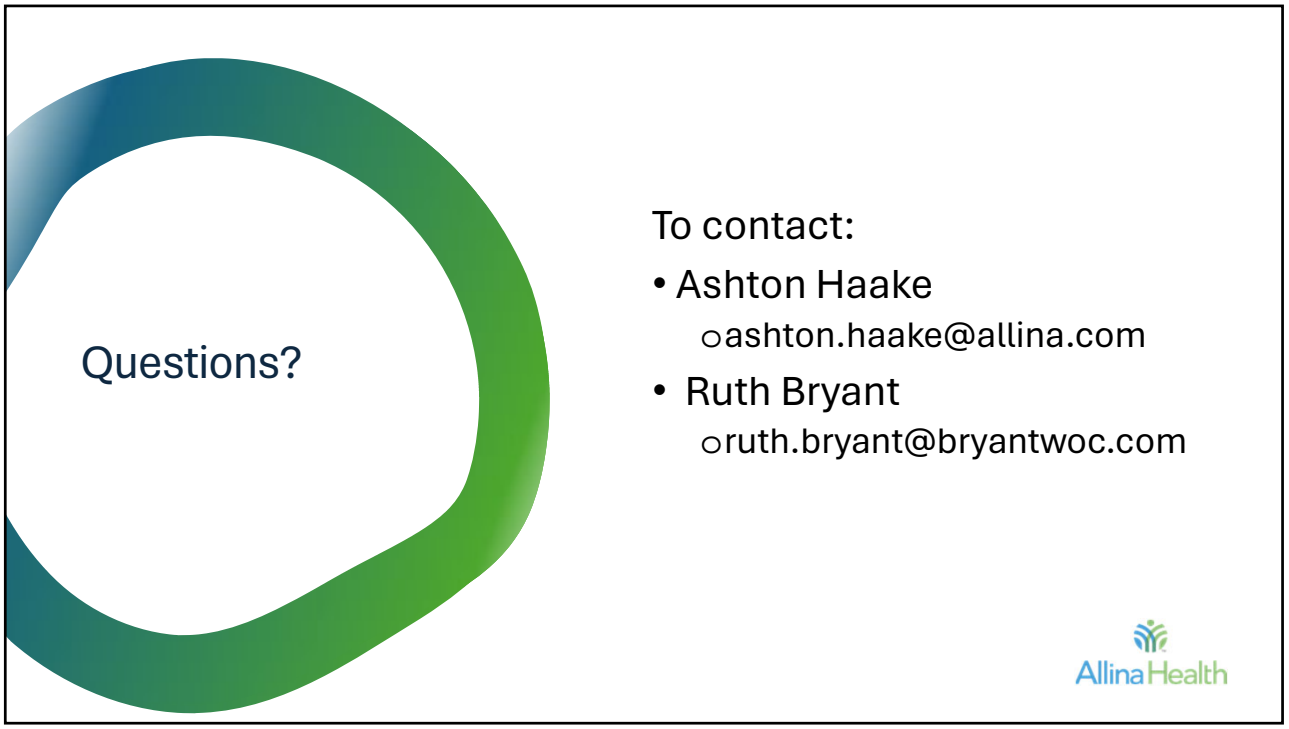
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