



# The emotional cost of COVID-19: Building individual & team resilience & wellbeing

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# Disclosures

- Celebrate Nutritional Supplements
- Metagenics
- Olympus Medical

# Background and context

- NAMDET has a wide membership including NHS staff, clinical educators, technicians, nurses, engineers, lecturers, scientists, company representatives, academia partners and regulators.
  - Medical device education and training involves varied roles and methods of delivery
  - face to face, on line-learning, lectures and seminars.
  - There is a wide breadth of medical devices, e.g. basic temperature measuring devices, through to life saving ventilators and anaesthetic machines.
- The COVID-19 pandemic brought unprecedented challenges and disruption to clinical, academic and industry
  - Need to reflect, reconnect and build back

# Aims of presentation

- Examine the impact of the pandemic through two exemplars, surgical teams and nursing
- Understand the concepts of:
  - Moral injury
  - Compassion fatigue
  - Emotional labour
- Recognising and reflecting on your and your team members' wellbeing
- Discuss strategies for wellbeing and building resilience

# 1. Impact of pandemic on surgical teams

# Ritual in the Operating Room

- Rituals are ceremonies consisting of a series of actions according to a prescribed order
- Rituals contribute to the efficiency of a technical, goal-oriented, scientific activity such as surgery

Katz, P. (2010) Ritual in the operating room. *Ethnology*, 20(4),p.335-50





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- **Rituals permit autonomy of action to participants**
  - Each member of the surgical team has a specific role
  - Enables functioning in circumstances of ambiguity – many unknowns
- **Observed rituals help to establish operating rooms as a space**
  - Sets standards for appropriate behaviours, indicating behavior categories and limits of these
  - Meanings of words are exclusive of setting
  - Express beliefs and values
- **In the context of medical device training, this is an important consideration**

# Interpersonal dynamics of surgical teams

- Highly interdependent on each other
  - Mutual respect for positions
- Used to working under time pressures
- Communication and effective team-working crucial to patient safety and clinical treatments
- Relational coordination



# Relational coordination

- Mutually reinforcing process of communicating and relating across areas of expertise for the purpose of task integration
- Shared goals, knowledge and mutual respect
- Supported by frequent, timely and accurate communication which focuses on problem-solving rather than apportioning blame

# Impact of the COVID-19 pandemic on health wellbeing of all surgical teams

- Social distancing led to difficulties in communication in the operating room
  - Established teams were separated, thus routines and processes disrupted
  - New behavioural expectations were embedded into practice without time to adapt
    - Are these now fully implemented and sustained?
    - Account for infection control measures
- Increased levels of stress and pressure – still present
- Lowered resilience
- Long-term mental health impact of the pandemic is currently unknown



## 2. Impact of the pandemic on the nursing workforce

# Nursing context

- There are not enough nurses to fill existing posts in the UK
  - Retirement
  - Not enough nurses coming through university courses
- Exacerbated levels of pressure on existing nurses (largest profession in NHS workforce)
- The pandemic has been difficult for all healthcare professions, but some studies show that nurses have been disproportionately affected
- Research undertaken by Institute staff in 2020 showed that:
  - Perceptions of nurses from other healthcare professionals within healthcare settings can lead to exclusion and lack of interprofessional working which is crucial to optimal patient care

- Nursing profession has embedded within it an ethos of compassionate care
- Workforce engaged in an everyday basis in intense and sustained emotional and psychological interactions with patients and their families and carers, often under exceptionally challenging conditions
  - Increased during the pandemic?
  - Compassion fatigue
- Research from previous pandemics (SARS, MERS) show:
  - Poor mental wellbeing
  - Increased anxiety
  - Felt obligated to remain in profession despite risks of infection

# Barriers to nurses' work in infectious disease outbreaks (pre-Covid study)

Barrier	Example
Resource constraints	<ul style="list-style-type: none"><li>■ Increased workload</li><li>■ Insufficient facilities</li><li>■ Shortage of staff exacerbated by staff taking sick leave</li></ul>
Threats of infection	<ul style="list-style-type: none"><li>■ Higher risk than staff in other departments</li><li>■ Fear of transmitting infection to family members</li><li>■ Lack of confidence in personal protective equipment (PPE)</li></ul>
Ubiquitous challenges	<ul style="list-style-type: none"><li>■ Constant change in disease management</li><li>■ Frequent procedural changes led to difficulties in adoption and execution</li></ul>
Lingering uncertainties	<ul style="list-style-type: none"><li>■ Uncertainty about patients infectious status</li><li>■ Ambiguous and confusing information</li></ul>

# Exploring wellbeing : 3 key concepts

- Emotional labour
- Moral injury
- Compassion fatigue

# Emotional labour

- Defined as ‘managing or suppressing one’s emotions in order to portray oneself on a socially constructed view of one’s profession to produce a desired expectation in others’
  - Surgeons are expected needs to present/project qualities of trust, confidence and control to patients
  - Nurses need to project display caring, compassion
- This may be more difficult owing to stressors associated with the pandemic
- Certain patient cohorts e.g. dementia or end of life can be challenging and complex and emotional labour may be draining e.g. keeping up social constructs in difficult times



# Moral injury

- Happens when ‘we perpetrate, bear witness to, or fail to prevent an act that transgresses our deeply held morals’
- E.g. knowing what patients need, but being unable to provide usual levels of care owing to external factors beyond our control
  - Global postponement of bariatric surgery in 2020
  - Patients unable to comply with recommendations owing to effects of pandemic and worried
- Duality between wanting to provide optimal care and unable to do so may lead to increased risk of moral injury

# Compassion fatigue

- *'the convergence of secondary traumatic stress and cumulative burnout, a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment'*
- This may adversely affect:
  - Patient care
  - Relationships with colleagues
- Trigger for development of poor mental health
- Compassion fatigue needs to be identified and addressed to prevent burnout

# Two and half years on: what the evidence says

- The burden of COVID-19 on healthcare systems and healthcare worker has been substantial
  - Still negotiating a complex, ambiguous and ongoing situation
- *‘Tired, worried and burned out, but still resilient’ a cross sectional study of 387 UK mental healthcare workers found*
  - *52% reported moderate – severe emotional exhaustion and sleep disturbances*
  - *Increase in harmful health behaviours (drinking, smoking and overeating)*
  - *Female gender was associated with increased levels of depression and emotional exhaustion*
  - *70% reported high levels of resilience and the importance of maintaining resilience*

# Further evidence

- A German study of 3678 healthcare workers (Physicians, Nurses and Technicians) during COVID-19 found:
  - Clinically significant levels of depression and anxiety symptoms (between 17 – 23%)
  - Lower levels than general population
  - Multiple linear regression analyses found that higher levels of depressive symptoms were associated with insufficient recovery during leisure time, increased alcohol consumption and less trust in colleagues during difficult situations at work
  - Regular mental health screening of healthcare workers was recommended
- A cross-sectional survey of mental health across 609 medical and non-medical professionals during COVID-19 in 8 European countries found:
  - Medics in France and the UK reported severe depression, anxiety and stress more often compared to counterparts in Germany, Spain, Portugal, Austria, Italy and Switzerland
  - Non-medical professionals had higher scores for depression and anxiety
  - Uncertainties around the pandemic caused most stress
  - Taking protective measures was reported as the most common coping mechanism

# Potential long-term consequences for consideration

- Workforce shortages, e.g.
  - Medical students and trainees not pursuing careers
  - Continued nursing shortage
  - Retirement/career changes of individual healthcare professions
- Sustaining new norms
- Long-term health and wellbeing of the NHS workforce
- Impact of cost of living crisis

# Recommendations for connecting

- Acknowledge we are living in very difficult times
  - We continue to live in a world dominated by Covid – ongoing and uncertain
  - Cost of living crisis
  - War in Ukraine
- Taking the time to reflect on your personal wellbeing – how are you?
  - Are you actively practicing self-care?
  - How can you build self-care into your daily routine?
- Consider the impact of changed and new ways of working on your wellbeing, e.g.
  - Hybrid working
  - Videoconferencing as opposed to face to face appointments and meetings
  - What is working well/what could be developed further to make things easier or better for you, colleagues and patients?
- Reflect on the concepts of emotional labour, moral injury and compassion fatigue in terms of yourself and your colleagues

Thank you @ProfessorYitka

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