Protecting providers from COVID-19 stress protects patients as well

By Tyler Smith

An enduring image from 2020 is that of health care workers clad in heavy layers of personal protective equipment struggling to stem the tide of COVID-19 on crowded hospital units. We celebrate their dedication, the hundreds of thousands of lives they have saved. But do we sufficiently consider the physical and emotional toll that fighting multiple surges of the disease has taken on their lives now – and what it may exact in the future?

The stress of fighting disease

It's a question that must be addressed if the health care system in the United States is to maintain the capacity to fight COVID-19 through the winter and beyond, says Dr. Elizabeth Harry, a hospitalist and senior director of clinical affairs at UCHealth University of Colorado Hospital on the Anschutz Medical Campus.

Dr. Elizabeth Harry

Harry is among many physicians and other providers who worry that the long-running, powerful demands of patient care during the pandemic increase the risk of burnout: a debilitating mix of emotional exhaustion, detachment and loss of feelings of accomplishment.

"The problem matters deeply," Harry said. "If your provider is exhausted, they are less able to generate compassion for their patients' situations, as many are experiencing compassion fatigue and emotional exhaustion. As a patient, you want someone who is engaged and has a sense of personal fulfillment. The key to that is the energy to engage in this way."

Harry advocates for and helps to implement practical ways to help providers manage their stress and maintain their physical and mental health so that they are prepared to deliver the best patient care possible *(see box)*. Doing so is just as necessary as having enough PPE or ventilators – or the vaccines that front-line health care workers around the country, including at UCHealth, began receiving Dec. 14.

A pressing problem

Hospital leaders play a huge role in supporting providers and helping them manage stress, said Dr. David Steinbruner, chief medical officer at UCHealth Memorial Hospital.

Steinbruner acknowledged the ongoing risk of "COVID fatigue" for hospital providers and staff during the looming "long winter campaign" against the disease in 2021.

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“One of our challenges is keeping staff in the frame of mind, physically, mentally and spiritually, to enable them to continue to do it for some time,” Steinbruner said.

Dr. David Steinbruner

The problem of physician burnout didn’t begin with the COVID-19 pandemic, Harry stressed. Nearly two years ago, a report from the Harvard School of Public Health and other partners declared physician burnout a public health crisis.

“If left unaddressed, the worsening crisis threatens to undermine the very provision of care, as well as eroding the mental health of physicians across the country,” the authors concluded.

Dr. Mark Moss

Closer to home, Dr. Marc Moss, head of the Division of Pulmonary Sciences and Critical Care Medicine at the University of Colorado School of Medicine, co-authored a 2016 commentary that addressed the problem of burnout among health care professionals.

The burden of care

For her part, Harry wrote in a 2019 article of the steadily increasing “cognitive load” physicians must shoulder as the amount of information they process increases. That, in turn, forces physicians and other providers to multitask, which decreases their attention span and reduces their ability to focus on details, she said. The result: increased risk of burnout.

“Data generation has accelerated at an incredibly rapid pace,” Harry said. “The number of diseases, medications, and regulatory complexities have all increased, while we are the same people with the same brains and the same limited capacity to process data.”

The ongoing waves of COVID-19 cases have “exacerbated the cognitive load” for providers struggling with a disease that was unknown just one year ago, Harry added. That challenge further strains their intellectual and emotional resources, and emphasizes the need to find new ways to help them cope with information overload, she said.

Response to the challenge

A number of initiatives at UCHealth aim to do that. For example, a key goal is to “triage” the barrage of electronic notifications providers receive, freeing them to concentrate as much as possible on patient care, Harry said. An ideal notification system clusters messages according to their urgency and importance. The effort at UCHealth focuses on highlighting messages that are important but not urgent – perhaps a test result that doesn’t have to be reviewed immediately. Providers can consider these notifications in quiet moments and make decisions without splintering their concentration, Harry said.

In the first wave of the pandemic, UCHealth also addressed patient surges by redeploying providers to areas of the hospital needing additional support. In the process, outpatient providers moved to inpatient areas and inpatient and advanced practice providers moved to ICUs. They provide team-based care that pairs hospitalists with support providers

who fill important roles, such as entering orders and talking to patients' family members. Intensive care specialists, in turn, trained their focus on the most serious clinical issues brought to them by the hospitalists, Harry said.

The pandemic, which brought with it feelings of loneliness, uncertainty and isolation, also put the general public and health care workers in particular at greater risk of depression and other mental health issues. To address that, the University of Colorado School of Medicine opened a Faculty and Staff Mental Health Clinic. In addition, UCHealth committed some $150 million to behavioral health before the pandemic. That includes telehealth services ideally suited to the social distancing demands of COVID-19.

"We want to prioritize mental health," Harry said. "These are unprecedented times, and we want people to get help."

Vulnerable groups

The problems of responding to COVID-19 have been particularly acute for women providers, many of whom shoulder a disproportionate share of caregiver and child-rearing duties after completing shifts caring for seriously ill patients. The strain has deepened longstanding problems of gender inequity in academic medicine, Harry added.

COVID-19 has exposed society's struggles with responding to this issue, said Laura McGladrey, a psychiatric and mental health nurse practitioner with UCH and a senior instructor with the University of Colorado College of Nursing. McGladrey has a background in wilderness and emergency medicine and specializes in preventing and treating stress injuries among those in high-risk occupations: Ski Patrol workers and firefighters, as well as health care.

During the pandemic, health care workers "have been deployed to a humanitarian crisis," McGladrey said. Normally people responding to a disaster would depart for a set period of time and do nothing but eat, sleep and perhaps get a little exercise before getting up and doing it all again. They are not asked to simultaneously take care of life at home. Others must pitch in to cover until the deployment ends.

But many women providing patient care during the COVID-19 pandemic have finished stressful shifts, then returned home to other demanding roles as spouse, home-school teacher, caregiver and family pillar, none of which they can easily say "no" to, McGladrey said. She believes that for individuals to manage this stress in healthy ways, they must feel free to name their emotions and express how they are doing.

Identifying sources of stress

One tool for accomplishing this is a "Stress Continuum" model, first used by the United States Marine Corps for combat troops. The continuum consists of four color categories – green, yellow, orange and red – that define reactions to trauma and extreme stress. Those in the green category are "mission ready," while those in the red are "ill" and require treatment. In between are those who are beginning to react negatively to stress and are dissatisfied with their work environment and those who have been psychologically injured and have begun to withdraw emotionally. The continuum also lists the attributes of people in each category.

The great benefit of using the Stress Continuum is that it gives people a way to name what is happening to them and find resources to prevent stress from worsening, rather than suffering in silence, McGladrey said.

"The idea is that we want to have people who are operationally ready and have the capacity to perform," she said. The continuum defines a middle ground between "I'm just fine" and "my life is falling apart and I'm not okay," she explained. Individuals can have a more nuanced conversation about whether they are drifting toward a stress injury or taking steps to mitigate the damage by interacting with friends and colleagues, building family ties, finding spiritual meaning, and so on – "recharging the battery," as McGladrey puts it.

McGladrey encourages health care workers and others directly affected by COVID-19 to create a "resiliency plan" that "counters the feeling of helplessness and allows us to remind each other that there are many things we can do to support ourselves and each other, thereby reducing the feeling of helpless so often at the core of the development of emotional trauma."

Long-term risks

It is vital that providers and hospital leaders address the emotional trauma inflicted by the pandemic now, rather than set it aside to deal with it after the latest patient surge subsides, McGladrey maintained. The health care problems that existed before the pandemic – cancer, heart problems, strokes, diabetes – have not gone away, and an emotionally depleted workforce will struggle. Some will leave the profession altogether.

"There is a wave of problems coming, and we need a strong workforce," McGladrey said. "I'm pushing for early recognition and mitigation of the stress levels that our providers are under."

Harry said she and others at UCHealth are working on getting more providers exposed to the Stress Continuum model as an important way to meet that goal.

"It gives us a common language to discuss [the stress we feel] as individuals and teams, and where to get help," she said.

Ultimately, Harry said, providers who have the tools to manage their stress and prevent burnout will be equipped to meet their most important obligation: providing the best patient care possible.

"There are things we can do to help people replenish the well when they come back to their shifts, so that they are ready to reconnect with their patients in a meaningful way," she said.

Finding healthy ways to recharge during a pandemic

There is no magic formula a provider can use to recharge after challenging shifts during the COVID-19 pandemic, Dr. Elizabeth Harry said. However, she offered a few examples of the steps that have helped her stay engaged.

- Get sleep. "That is huge, and I am very protective of my sleeping time."
- Get exercise, even if it is just taking a meeting while walking.
- Find sources of spirituality. "That helps to give a sense of higher purpose and mission."
- Connect with friends in any way you can.
- Maintain routines and rituals, like stories with kids at bedtimes or game nights.
- Batch work to help maintain focused attention on tasks at hand.
- Protect your time. "I say 'no' to opportunities not infrequently," Harry said.