



“Psychology Works” Fact Sheet: Emotional and Psychological Challenges Faced by Frontline Health Care Providers During the COVID-19 Pandemic

This is a time of tremendous uncertainty and change as the world faces the challenges of the COVID-19 pandemic. While some stressors are universal, frontline health care providers also face unique challenges in terms of physical risk, as well as emotional and psychological toll during this time of heightened, prolonged medical demand.

The information that follows is intended to help frontline health care providers across professional disciplines to better recognize the challenges and stressors that may be impacting them during the COVID-19 pandemic. Increasing awareness of stress and strategies to cope with the demands of frontline healthcare may be helpful to better navigate coping during this difficult time. Coping may include accessing resources, whether that is drawing on personal resources and strengths, accessing support of friends, family, or colleagues, or reaching out to psychologists or other mental health professionals.

Challenges that frontline health care providers may experience at this time may include:

COVID-19 Information Overload

Many frontline health care providers would find it difficult to answer YES to the question, “Do you have any time in your day that is not filled with thinking about or talking about COVID-19?” Given that addressing COVID-19 directly or indirectly is a necessary aspect of one’s work for frontline health care providers at this time, there may be diminishing returns from seeking out even more information. It is also a time when many of the rules for the general public don’t apply to frontline health care providers (e.g., staying home). This can be distressing or confusing in some ways and also make it less useful to be seeking out COVID-19 related information that does not apply personally. Finding realistic ways to protect some time to think about, talk about or engage in activities unrelated to COVID-19 can have benefits in terms of emotional well being and fatigue, as well as ability to be present and engaged at work.

- Many frontline health care providers are receiving lots of COVID-19 related questions and requests for information from friends and family members. For example, loved ones may be asking about what they should do to stay safe or what is happening in medical settings, and front line health care providers may feel an obligation to engage in such discussions. This is a time when credible information is readily available to the general public. Frontline health care providers may wish to consider making requests of loved ones to have some non-COVID-19 related conversations and explaining why that would be helpful for them. Friends and family may appreciate the opportunity to be supportive in this way and are likely unaware of the impact that focusing only on COVID-19 may be having on health care providers.





- For health care providers whose social circles are made up mainly of other health professionals, it may be helpful to protect some time (e.g., 15 minutes) at the beginning of virtual gatherings to talk about anything other than COVID-19. This would also give participants the opportunity to opt out of later pandemic-related discussions if they so choose.
- Being mindful of COVID-19 oversaturation, the start of the day is one opportunity to make some change. As opposed to waking up and checking one’s phone in bed, it can be helpful to make the mindful decision to get out of bed, go to the bathroom, brush one’s teeth, maybe take a shower **before** making the conscious decision with alert mind to check one’s messages. Though this is a time when much is urgent, things can wait until one has the chance to brush their teeth.
- When possible, scheduling time to read news/emails/social media if that is something that someone needs or wants to do rather than checking throughout the day can be helpful. Social media is often used as a quick break in our days but at this time, the content may not feel like an escape. Identifying some alternative activities to do either during brief breaks at work or for longer periods at home can be helpful such as listening to music, engaging in movement, reading a book.
- Working on the health care frontlines also likely means that one’s social media feeds and email inboxes are particularly bombarded with COVID-19 related content. This can give a skewed view of what is happening in non-medical settings, much of which is beautiful. For example, people engaged in physical/social distancing are finding new ways of connecting online (e.g., eating dinner together remotely via zoom or facetime, etc.), the act of speaking on the phone to friends and families has had a resurgence beyond short text communications, gyms and dance studios are offering free online classes, artists are giving free lessons online, museums/art galleries are offering free virtual tours, and across the country people are banging pots and pans together at 7:30pm each night to show their support for health care providers. Recognizing that there is a world beyond the hospital walls even during this pandemic can be reaffirming for frontline health care providers as can be the knowledge that outside of those walls, people are very grateful for the sacrifices that frontline health care providers are making for the safety of everyone.
- While there are many online activities currently being offered, frontline health care providers may have very little time to research these activities. For example, there are now many online, interactive, fun, free activities for children of all ages. Reaching out to friends or family to request that they find and share such information may be helpful and lighten the load of frontline healthcare providers who are parents.

Fear and Uncertainty about Safety of Self and Others

Many frontline health care providers are understandably experiencing fear and anxiety related to their own safety and the possibility of putting others at risk. Keeping such fears to oneself and pushing on may work in the short term but are not sustainable strategies, particularly during this time of prolonged, chronic stress and physical and emotional demand without a clear end date. Identifying which of these





fears are having an impact can be a start to identifying helpful strategies to cope, including considering when it may be helpful access support whether personal, professional, or from a health care provider such as your family physician or a psychologist or other mental health care professional.

- Many frontline health care providers have been coping with fears related to not having enough or appropriate Personal Protective Equipment and perhaps even having to make decisions that feel unsafe at times but fit with current demands of working during this pandemic. In certain fields, individuals may be coping with a sense of “when” rather than “if” about contracting illness.
- Health care providers who have to self-isolate, or who were already on a leave when the outbreak occurred, may experience feelings of discomfort or guilt about not doing their part for the public during this time of great need. Self-disclosing symptoms and isolating when mandated is a very important contribution. Given that that this situation may well continue for some time, there will be periods when others are unable to work. Finding ways to use time “off” to rest and replenish can have benefit both now and also in enhancing readiness and resilience when one returns to work. However, it may be challenging for some to know how to use time off to engage in healing, self care or fun activities rather than ruminating about not working or oversaturating with COVID-19 information.
- Some frontline health care providers are making, or worrying about having to make, difficult decisions about separating from family in order to protect them. This is a time when thinking of creative ways to stay in contact with loved ones without making unreasonable demands on oneself may be helpful. For example, having zoom or facetime on briefly while children are eating, playing, or getting ready for bed with no expectations of meaningful conversation can help to maintain a sense of connection during this time of forced physical separation. Outside of work, virtually reading a story or asking a child about something fun that happened in their day may also maintain connection.
- While taking care of and having compassion for others may come naturally to frontline health care providers, being compassionate to oneself may be more difficult. Often individuals who are very compassionate to others find it difficult to be self-compassionate and instead engage in harsh self-criticism in the face of challenge. Without self compassion, the likelihood of burnout increases. During this time of requiring so much service to others, it can be helpful for health care providers to find ways to show warmth and caring for themselves. In the face of self-criticism and challenge, it can be helpful to ask oneself how you would speak to someone else in your situation, a colleague or a friend. What tone of voice would you use? What words would you use to support them in a compassionate way?

Difficulty Staying Present and Attending to One’s Needs

Staying present and engaged in the face of stress and workload demands are important skills for frontline health care providers at all times, but perhaps even more relevant during a chronically stressful period with no known end date.





- Anxiety can make it challenging to stay present as one ruminates about the past or worries about the future. Taking a few seconds at various points throughout one’s work shift to physically stretch, have a mindful sip of water, to take a few, slow breaths, or naming one’s emotions can be incredibly helpful in staying present and addressing one’s needs in the moment. Some health care providers regularly engage in these brief moments of presence (e.g., before moving onto a next clinical interaction, before or after charting, before entering one’s place of work) to help with clinical engagement and efficiency.
- This may be a time when individuals are prone to engaging in overpreparation (see COVID-19 Information Overload) with diminishing or even negative impact. Trying to read enough, learn enough until one “feels” prepared can be problematic in a situation such as this in which there is much that cannot be predicted. It can be useful to ask oneself, am I reading this to lessen anxiety or because it is necessary for my work and will have direct impact on my work tomorrow or the next day? Health care providers have lots of experience coping with things that are unexpected and reminding themselves that they will do so again now as needed may be reassuring.
- Frontline health care providers may be coping with exacerbation of pre-existing health issues or develop new ones during this time of stress and physical demand that can make it harder to engage in the challenging work they are facing. Many important types of healthcare, physical and psychosocial, , are now being carried out remotely online or by phone with availability of flexible times at off peak hours. As frontline health care providers, it may be helpful to consider accessing care for yourself at this time such as booking an online appointment with a physiotherapist, for example, to address the considerable physical toll of your current work demands, or contact a psychologist or other mental health professional for support and to address new or existing issues that one faces. It may be beneficial to review, or ask a spouse to review, an extended health benefits available to you through work or other private insurance . Additionally, many initiatives across the country are being put in place to offer services to frontline health care providers. This is also a time to make sure that one’s own prescriptions are filled and maintaining adherence to self-care in as much as that is possible.
- In addition to coping with fear and anxiety about larger, population-based health needs related to COVID-19, frontline health care providers may also be coping with a number of challenges associated with doing things in accordance with new processes and procedures. For example, using new Personal Protective Equipment and trying to maintain physical distance in certain circumstances may change how one communicates with one’s team members or adds to physical discomfort; working with new teams and in new settings due to redeployment can make even familiar procedures feel less familiar, more cumbersome, and more uncomfortable; working with colleagues who are also facing tremendous stress and workload can impact the emotional tone of work interactions. Being cognizant of the cumulative impact of even seemingly small stressors can be helpful and make it more likely that individuals engage in helpful strategies to address (e.g., using strategies to be present, eating something in the morning rather than running on





empty, stretching to relieve muscle tension regularly rather than wait for pain or discomfort to heighten).

- During this pandemic, familiar activities and places of community that add meaning, enjoyment, and enhance health are not available in a physical sense. Being unable to attend one’s regular religious services, attend a favourite fitness class, go running with a running group, or join friends for brunch can make it harder to find balance in the face of tremendous work demands. This is a time to remember that “some” moves us forwards as opposed to engaging in “all or nothing” strategies. Being creative about how to interact virtually and take advantage of the many fun, free online led activities that are available can be helpful. If someone feels too depleted to research these options, they could consider reaching out to non-healthcare friends or family to ask for their help.
- It can be valuable for front line health care providers to check in with themselves about their current alcohol or other substance use, particularly if such use is aimed at relieving stress or numbing discomfort or emotional pain, helping with sleep, or if frequency has increased. Some individuals may have had difficulties with substance use in the past and this new, significant period of stress and increased time spent alone outside of work may increase the likelihood of reinitiating problematic coping strategies.
- In addition to considering strategies or accessing resources to address difficulties with sleep, it may be helpful to consider ways in which one might be restricting one’s own sleep even if not experiencing any difficulties falling or staying asleep. For example, some frontline health care providers may be going to bed later to engage in more reading about COVID-19 in social media posts or watching the news. Relatedly, checking one’s phone after waking up in the night can result in staying awake as opposed to falling back asleep. It is also important to consider how fatigue may be impacted by factors other than sleep such as nutrition, diet, and physical activity.
- Attending to one’s needs for support from loved ones remains important during this time of stress, even for frontline health care providers. Health care providers may sometimes want to protect their loved ones from their worries or their stresses. Health care providers would benefit from considering how and when to ask for support from loved ones and also communicating what would not be helpful at this time. Being a health care provider does not make one immune to the worry and stress of COVID-19 and non-medical friends and family will understand this.

How Can Psychologists Help?

Relevant to the potential impact of working under the stress of the COVID-19 pandemic, psychologists are experienced in assessing and helping individuals cope with issues such as anxiety, fear, distress, trauma, and grief. Learning skills to tolerate and cope with uncertainty, addressing longstanding or new unhealthy habits, addressing sleep difficulties, finding support for stressed relationships, and finding ways to





maintain resilience through difficult situations are just some examples of what one may choose to address with a psychologist in a supportive and confidential therapeutic relationship.

Where do I go for more information?

To obtain important and up to date information about COVID-19, visit the Public Health Agency of Canada (PHAC) website at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

The CPA maintains a regularly updated page of psychology-related COVID-19 resources <https://cpa.ca/corona-virus/>

Provincial, territorial, and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, please visit: <https://cpa.ca/public/whatisapsychologist/PTassociations>

This fact sheet has been prepared for the CPA by Anita Gupta, Ph.D., C.Psych., a clinical, health and rehabilitation psychologist whose clients are physicians working on the frontlines in Toronto, Ontario.

Date: March 29, 2020

Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
Tel: 613-237-2144 | Toll free (in Canada): 1-888-472-0657

