

Issue Brief

The Impact of COVID-19 Extreme Stress and Trauma on American Health Care Providers



Health care providers often experience stressful or traumatic events in the workplace – losing a patient, dealing with aggression, or watching a patient suffer. In most cases, those instances occur suddenly, intermittently and are short term.

The COVID-19 pandemic, however, is causing health care workers on the frontlines to experience extreme stress and workplace trauma consistently and over a prolonged period of time.

COVID-19 is human-to-human transmissible and highly contagious, infecting patients and their caregivers at alarmingly high rates of transmission and causing the death of tens of thousands of patients throughout the world. When you add an overwhelming shortage of personal protection supplies, many U.S. health care workers are doing their best to manage unprecedented levels of stress and trauma each day – with no predictable end in sight.

Hospitals, nursing homes, emergency medical services (EMS) and rehabilitation facilities alike are struggling to manage high levels of stress and exposure to traumatic experiences among their health care workers. [A recent American Nurses Association \(ANA\) survey found](#) that 87 percent of nurses surveyed reported that they were afraid to go to work, while more than half report their workplace was short of personal protection equipment to keep them safe from coronavirus.

Persistent levels of extreme stress or exposure to traumatic events can have a negative impact on the mental health of our most important asset during an epidemic like COVID-19 – our health care workers.

Excessive stress can cause short term, and in some cases, long term impacts to mental health. For example, some health providers may experience Acute Stress Disorder (ASD) – also known as acute stress reaction.

ASD can develop after a person experiences or witnesses a deeply distressing or traumatic event – often one that is life-threatening or that can be perceived as life-threatening. In the case of COVID-19, health care work-

SYMPTOMS OF EXCESSIVE STRESS:

Physical Symptoms:

rapid heart rate, muscle tension, headaches, GI distress, difficulty breathing, high startle response, nausea, nightmares or flashbacks, chronic exhaustion.

Sleep Disturbance:

nightmares, trouble falling asleep or staying asleep.

Emotional Responses:

anger, fear, frustration, irritability, anxiety, sadness, guilt, difficulty maintaining emotional balance.

Difficulty Thinking Clearly:

Disorientation or confusion, difficulty problem-solving or making decisions, difficulty concentrating or remembering instructions.

Problematic or Risky Behaviors:

Unnecessary risk taking, increased use of alcohol or drugs.

Social Impacts:

blaming others, conflicts with coworkers or family members, withdrawal and isolation, becoming clingy or needy.



ers in settings impacted by high rates of infection are experiencing high mortality rates among their patients each day and may fear for their own personal health and safety due to unknowns associated with this novel virus.

These stressful situations and traumatic experiences can cause a wide variety of reactions – from physical symptoms like rapid heart rate, headaches and nightmares, to emotional responses like anger, anxiety or depression. If the effects of extreme stress persist for more than 30 days, Posttraumatic Stress Disorder (PTSD) may need to be considered.

Our nation is still in the early stages of the COVID-19 pandemic, but we are already seeing significant mental health impacts on American health care workers. There is a risk that the coronavirus will create a “second pandemic” of mental health crises throughout American health systems and communities.¹ The nation must therefore come together to implement a comprehensive response to COVID-19 that harnesses broad investment from stakeholders and all that we have learned from past health emergencies to prepare for an unprecedented level of mental health support and treatment for front line coronavirus health care workers.

The Psychological Impact of Health Emergencies and National Disasters

[A new cross-sectional study of 1257 health care workers](#) in 34 hospitals throughout multiple regions of China is providing an initial snapshot into the mental health impact of COVID-19 on frontline health care providers. The study revealed a very high prevalence of mental health symptoms among health care workers treating COVID-19 patients, **with 71 percent of Chinese health care providers reporting psychological distress, 50 percent reporting depression and 44 percent reporting anxiety**. The findings from this initial study inspire significant concerns about the psychological well-being of all health care providers involved in treating patients during the COVID-19 outbreak.



The past also provides insight into the expected mental health impact of COVID-19. A study of the psychological impact of the SARS epidemic on hospital workers found that 10 percent of hospital workers experienced symptoms of PTSD. Of that group of hospital workers, 40 percent were still experiencing symptoms **three years after the SARS outbreak**.²

In addition, previous studies of disaster survivors found that more than 75 percent of those experiencing PTSD immediately after a disaster were still experiencing PTSD symptoms a year later.^{3,4} Additional studies have shown that when a person’s PTSD symptoms persist for more than 6 months after an event, they are very likely to continue to persist over the long term.^{5,6}

The modern world has never experienced a situation like the COVID-19 pandemic, which is forcing some health care workers to face unprecedented chaos in the workplace; an ongoing lack of predictability during their daily shifts; fear for their own health and safety and that of their loved ones; and overwhelming patient

caseloads with no foreseeable end. This ongoing stress and trauma increases the likelihood that health care practitioners will experience long-lasting mental health impacts.

As a nation, we cannot wait until the COVID-19 pandemic is over. We must prioritize and plan to address the mental health impacts on health care providers and first responders now.



Human Connection Is Vital for Health Workers During This Period of Excessive Stress

Health care practitioners in areas with high rates of COVID-19 are overwhelmed daily and have no idea when they can expect the influx of patients to decline or increase. To keep these vital health care providers in a space where they can continue to function – physically, emotionally and behaviorally - a human to human connection is necessary.

Emotional help and healing come in the form of support from another person. Someone overwhelmed by ongoing trauma like this may not be able to independently read and internalize tips or recommendations for how to manage stress and emotional trauma. Mental health practitioners can play an important role in providing this connection, whether it is via virtual

consultations or by checking in on providers on COVID units. This connection with a trained mental health professional is essential to ensure health providers are acknowledging their trauma, processing it and have the tools they need to manage the lasting impacts over time.

First, mental health professionals can help ensure that health care workers have the most basic levels of human needs attended to – ensuring access to healthy food to eat, restful sleep, and ongoing supportive connections with others who can validate and normalize their traumatic experiences. The stress and anxiety caused by health workplace trauma can intrude into all aspects of one's life. It is therefore normal to see health care providers experiencing sleep dysregulation, over or under eating, irritability and other symptoms of excessive stress. Mental health professionals serve as connection to health care workers to remind them to prioritize care for themselves as well as their patients during this time.

Second, mental health professionals play a vital role by creating safe spaces for health care providers to regularly process their emotions and their experiences - whether in groups or one-on-one. Many hospitals have mental health professionals actively working alongside those treating patients with coronavirus to provide daily emotional debriefings. These debriefings function as a way to discharge pent-up trauma, reduce anxiety, help health providers to not feel alone, normalize and validate their experiences and provide tools to help manage emotions. Those tools will be different for every individual and greatly depend on what works for the individual and their life circumstances.

Many of the most common coping mechanisms have been stripped away from health care providers during this time of social distancing. Spending time with supportive friends and family, getting a massage, or just trying to

maintain some semblance of work/life balance have all been negatively impacted by coronavirus precautions. COVID-19 has drastically changed the landscape of the world we operate in and has limited the ways we can find connection with others in our support networks. Health care providers will need to lean on one another for support and understanding, utilize the mental health services available to them and leverage video call technologies to maintain strong connections with their personal support networks.

What Can Community Stakeholders Do?

The long-term mental health impact of COVID-19 on America's health care providers will likely be significant. Some health care organizations have already mobilized mental health practitioners to provide ongoing daily support to staff. Other organizations, in rural areas, for example, may lack the resources and manpower to do so.

After the terrorist attacks on September 11, 2001, [New York City's mental health system responded by building out Project Liberty](#) in partnership with the Federal Emergency Management Agency (FEMA) to provide outreach and mental health services to those impacted by the disaster. The effort included a 24-hour/7-days per week phone line to provide mental health support.



These vital mental health efforts could serve as models for communities to begin implementing and activating now. Developing and building out a network of mental health care professionals to help mitigate trauma and support the ongoing work of our vital front-line health care workers will be an essential part of getting through the lasting impacts of the COVID-19 crisis.

Health care organizations must plan now to ensure they are able to dedicate the mental health resources needed to attend to and support health care providers in an ongoing way in the year or more after the peak of the pandemic is over.

A comprehensive public health response to the pandemic must include all of the following:

- Attention to the psychological aspects of hospitalization for patients, families, and health care staff affected by COVID-19;
- Planning for emergency and acute psychiatric patient care if hospitals become overwhelmed with COVID-19 patients; and
- Innovations for providing mental health care in communities while social distancing is required and health system resources are strained.⁷

Nurses and nurse leaders must anticipate these mental health challenges, assist with preparedness in health systems and communities, and advocate for a coordinated response to promote mental wellness and resilience. This is not a short-term challenge and there is still a long way to go to fully understand the lingering mental health impact of COVID-19 in the U.S. so the health care and mental health care fields must come together to prepare now.

And, as [our nation has been experiencing a significant shortage of mental health professionals](#), it's vital that state licensure boards step forward to allow psychiatric-mental health nurses and other key mental health practitioners to practice to the full extent of their education and training to help get us through the COVID-19 pandemic and treat its after effects.

QUICK SELF CARE STRATEGIES TO HELP WITH EXTREME STRESS:



Activate a peer support network at work

Talk and connect with a friend or family member via video call

Exercise. Go for a walk, run or bike ride

Leverage breathing exercises or meditation



Step outside for some sunshine and fresh air

Take a break to listen to music or read a book

Spend time with pets



Have a treat

Find someone to share a laugh with

Stretch or do some yoga poses



Ask for help and be willing to talk about it

What Can Health Care Providers & First Responders Do?

Health care workers at all levels should be aware that they **WILL** have reactions to the increased stressors taking place during the COVID-19 pandemic.

Experiencing stress reactions is normal and not a sign of weakness. But, there is a difference between regular workplace stress and the extreme stress a health provider may experience during the COVID-19 pandemic. The key difference is that extreme stress will often cause a person to experience additional symptoms that negatively impact their daily lives.

For example, a health provider working each day to provide care to COVID-19 patients may experience extreme stress and trauma watching those patients suffer or lose their lives or if they fear for their own personal safety. That extreme stress – especially if experienced during a prolonged period of time – may cause that health provider to struggle to perform their everyday functions without feeling anxiety, sleep disturbances, or other physical symptoms. Some may find themselves resorting to unhealthy behaviors to numb the anxious or negative feelings stemming from those experiences.

This is why health providers working amidst COVID-19 must exercise a great deal of self compassion; dedicate time each day to check in with themselves on their own reaction to what they're experiencing; and add self care to their daily routine to mitigate the impact of the stress they are experiencing.

Some health care workers may be more vulnerable than others to the impact of extreme stress or ASD and may need additional support. For example, health institutions may want to implement special interventions and expanded support for [practitioners at higher risk](#).

Those who:

- Are treating COVID-19 patients
- Are young and female
- Have a history of other mental health challenges
- Have a history of traumatic exposures prior to COVID-19
- Demonstrate avoidant coping.

Without preventative measures to mitigate the stress experienced by our front line health care workers, extreme stress may develop into ASD or even PTSD.

But there are ways to mitigate the impact of extreme stress. And, what works for one person may not work for another, so it is important for health care providers to tune into what self-care efforts work best for them and if possible, seek support from a mental health professional to reduce the long-term impacts of their experiences.



HOW TO REDUCE THE IMPACT OF EXTREME STRESS

Be alert:

traumatic stress can impact anyone helping others through COVID-19. Recognize that you need to stop, listen and respond when you feel **Hungry, Angry, Lonely or Tired (HALT)**.

Be self aware:

monitor yourself daily for the symptoms of stress. Make a plan for dealing with overwhelming emotions. What are your personal triggers? What personal boundaries can you implement to protect your own mental health? What coping mechanisms have helped you in the past?

Find ways to remain hopeful:

look for opportunities to practice being more patient and kind with yourself, celebrate small successes and positive developments in your world, draw upon your spirituality or those who inspire you.

Stay connected:

maintain daily social connections and your personal support network via phone and available video call services.

Activate your parasympathetic nervous system to combat stress:

practice breath awareness, eat healthy foods, reduce intake of foods that cause inflammation in the body, put measures in place to improve the quality and duration of your sleep.

Ask for help:

if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your yourself, your family and your patients, talk to someone - reach out to a mental health professional or a trusted colleague, friend or family member for support.

Develop a daily self-care routine:

develop a menu of quick personal self-care activities that you can carve out time for each day.

Take a break from media coverage of COVID-19:

limit news consumption and instead devote that time to self care and connection with others.

American Psychiatric Nurses Association's Role



The American Psychiatric Nurses Association (APNA) is the largest professional membership organization in the U.S. committed to the practice of psychiatric-mental health (PMH) nursing and wellness promotion, prevention of mental health problems, and the care and treatment of persons with psychiatric and/or substance use disorders. PMH nurses are trained mental health care professionals that practice according to high quality licensing and credentialing standards.

PMH registered nurses (RN) and advanced practice registered nurses (APRN) [represent the second largest group of behavioral health professionals in the U.S.](#) More than 125,000 PMH nurses work throughout the nation in a wide variety of clinical settings including inpatient, outpatient, education, clinical private practice, and the military.

This experienced mental health workforce is currently in place throughout the nation – poised and ready to provide the support and interventions front line health care workers need to mitigate the impact of COVID-19. APNA has armed PMH nurses with the tools and resources needed to provide vital mental health care that is trauma informed and responsive to emerging needs throughout the COVID-19 pandemic.

APNA leadership is also working with fellow nursing organizations to ensure that all health providers have the mental health resources needed to educate themselves about the impacts of extreme stress and guidance on where to go if they need help.

For more information about the APNA and its work to support mental health during the COVID-19 pandemic, go to www.APNA.org.



References:

- 1 Choi KR, Heiliemann, MV, Fauer, A, et al. A Second Pandemic: Mental Health Spillover From the Novel Coronavirus (COVID-19). JAPNA, 2020, April. [Retrieved Here.](#)
- 2 Ping Wu, Yunyun Fang, Zhiqiang Guan, et al. The Psychological Impact of the SARS Epidemic on Hospital Employees in China: Exposure, Risk Perception, and Altruistic Acceptance of Risk. Can J Psychiatry. 2009 May; 54(5): 302–311. [Retrieved here.](#)
- 3 North CS, Kawasaki A, Spitznagel EL, et al. The course of PTSD, major depression, substance abuse, and somatization after a natural disaster. J Nerv Ment Dis. 2004;192(12):823–829. [PubMed](#)
- 4 North CS, Pfefferbaum B, Tivis L, et al. The course of posttraumatic stress disorder in a follow-up study of survivors of the Oklahoma City bombing. Ann Clin Psychiatry. 2004;16(4):209–215. [PubMed](#)
- 5 Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the National Comorbidity Survey. Arch Gen Psychiatry. 1995;52(12):1048–1060. [PubMed](#)
- 6 Sprang G. Vicarious stress: patterns of disturbance and use of mental health services by those indirectly affected by the Oklahoma City bombing. Psychol Rep. 2001;89(2):331–338. [PubMed](#)
- 7 Choi KR, Heiliemann, MV, Fauer, A, et al. A Second Pandemic: Mental Health Spillover From the Novel Coronavirus (COVID-19). JAPNA, 2020, April. [Retrieved here.](#)