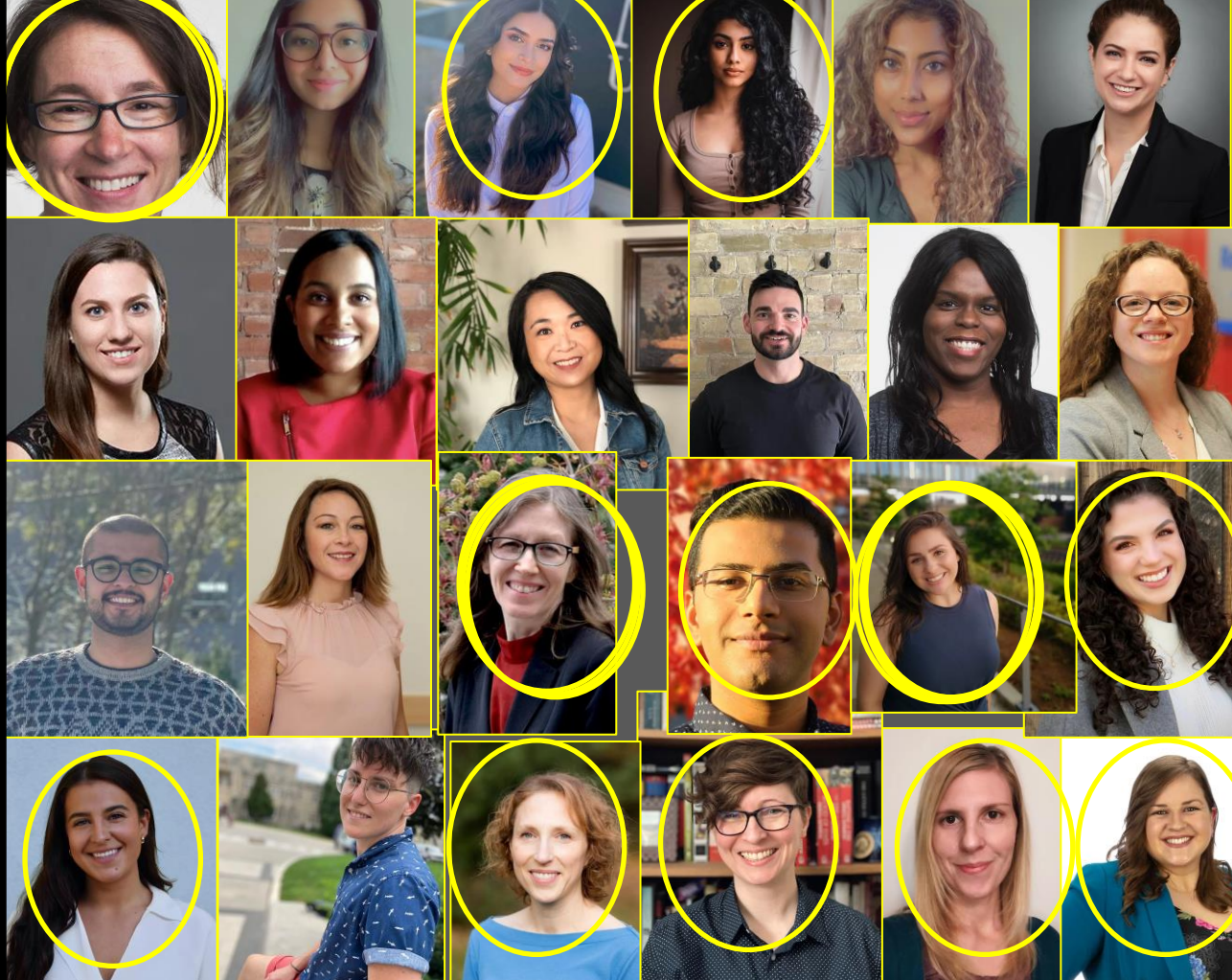


The impact of COVID-19 on the mental health and wellbeing of Canadian healthcare workers and public safety personnel

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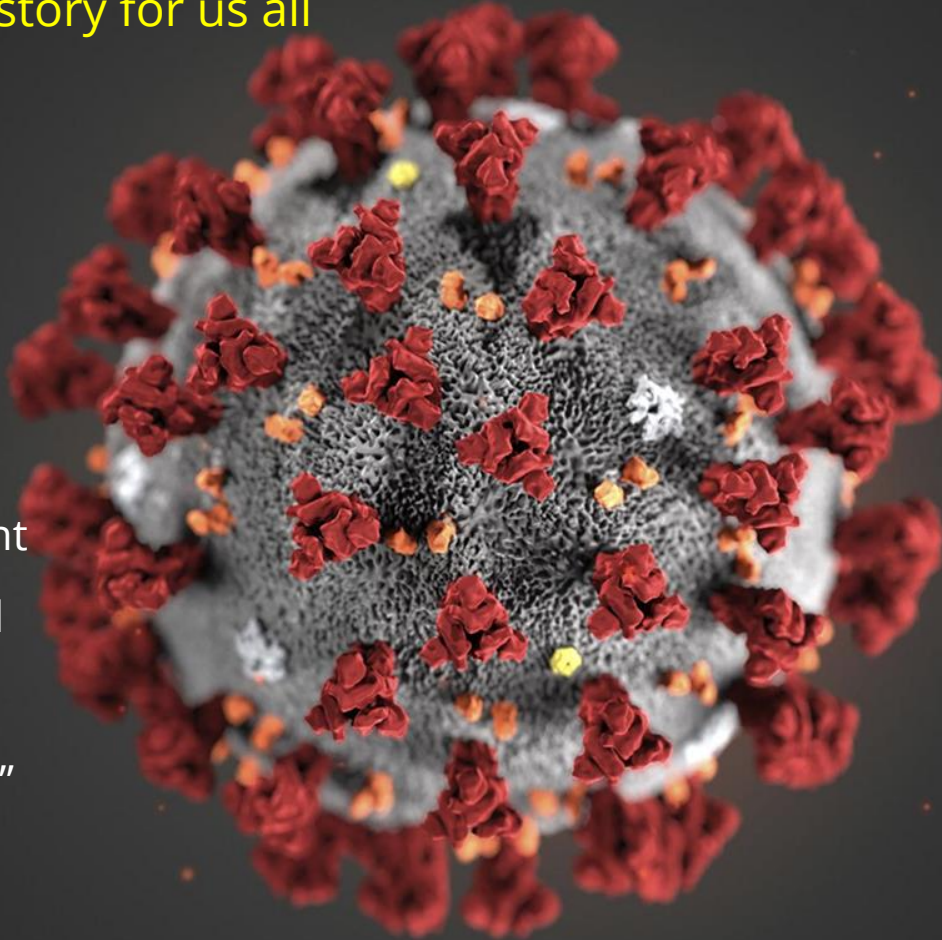




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A unique time in history for us all

- COVID-19 pandemic has altered nearly every facet of our daily lives
- Time of loss
- Front line was already a high-stress environment
- Health system still in disarray
- Return to “normal” not an option





“An Emotional Roller-Coaster”

*“...I **didn’t sign on for this**, I did sign on for some difficult cases and some emotional roller coasters and to help people with life and death, but the thing is, is I didn’t sign on for this”*

Staffing shortages that are further exacerbated by Great Resignation

Societal expectations about recovery (e.g., surgeries; ambulance dispatch times) unchanged despite being unable to keep up basic operations (ER, Urgent Care)

A National Survey of Healthcare Workers

Our preliminary findings are alarming and suggest that:



One in four health care workers surveyed across Canada meet criteria for a probable diagnosis of PTSD



Six in ten healthcare workers surveyed across Canada report clinically significant levels of depression, anxiety, and/or stress (60%)



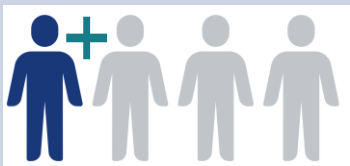
Seven in ten healthcare workers surveyed across Canada report feeling numb or detached from other people, from their activities, or from their surroundings

*Data continues to be collected from a larger sample of healthcare workers.

Healthcare workers



Four in ten healthcare workers report feeling guilty or unable to stop blaming themselves or others for a morally injurious workplace event during the pandemic



More than one in four Canadian healthcare workers **are considering leaving their position due** to moral distress; these healthcare workers report higher levels of these psychological symptoms than do healthcare workers who are not considering leaving their positions



Healthcare workforce departures have already created shortages across Canada, contributing to delays in medical and surgical treatment, as well as to the closure of services that include hospital beds and emergency rooms.

OMRICRON - PSYCHOLOGICAL & FUNCTIONAL OUTCOMES

PTSD SYMPTOMS

Almost one-third of participants (28%) scored above the 33-point cutoff of the PCL-5 indicative of endorsement of **clinically relevant PTSD symptoms**.



28%

DEPRESSION, ANXIETY & STRESS SYMPTOMS

68%, 62% and 65% of the sample endorsed **clinically relevant symptoms of depression, anxiety and stress**, respectively.

FUNCTIONAL IMPAIRMENT

On average, participants reported functional **difficulties present for 12.94 (SD=7.98) days within the past 30 days**. The average work-related impairment score was 7.80 (SD=4.17), corresponding to **mild impairment**.

SUBSTANCE USE

8.7% and **49.7%** of the sample met criteria for clinically **hazardous alcohol use** (score of 8+) and **drug-related problems*** (score of 6+ for men and 2+ for women), respectively.

*While the percentage of individuals meeting drug-related problems seems high, the cut-off score for probable diagnosis of substance use disorder is 25+ on the DUDIT.

10 key COVID-19-related stressors for healthcare workers

1

Repeated exposure to patients' prolonged suffering from COVID-19 and the provision of futile care. Exposure to increased number of deaths, including younger, unvaccinated and otherwise healthy individuals.

2

Patients dying alone without family. Taking on the role of family at end of life. Not having time to process and grieve the deaths.

3

Enforcing no-visitor policies in hospitals and healthcare organizations along with concerns about the risks of having visitors present.

4

Exhaustion and burnout but feeling undeserving of time off and rest.

5

Fear of transmission to self but even more so to family members and others.

6

Disruptions in family life due to increased work hours and living apart for safety.

7

Perceived inequitable mandatory deployment to COVID-19 units.

8

Perceived lack of employer understanding, support, and adequate resources that has worsened over the course of pandemic.

9

Concern about traumatizing others who are not healthcare workers by talking about their experiences. Living in a different world than non-healthcare workers and not feeling understood.

10

Loss of usual coping strategies including access to gyms and socializing with peers and family members.

Potential circumstances associated with moral injury and moral distress in healthcare workers and public safety personnel across the globe during COVID-19: A scoping review

(Xue et al., 2022)

- A scoping review was conducted to identify and synthesize global knowledge (19 different countries) on circumstances associated with PMIDES in HCWs and select PSP
- Given the lack of PSP data, the following results should not be generalized to PSP populations without further research

Six themes describing circumstances associated with PMIDEs were identified

- 1) Risk of contracting or transmitting COVID-19
- 2) Inability to work on the frontlines
- 3) Provision of suboptimal care
- 4) Care prioritization and resource allocation
- 5) Perceived lack of support and unfair treatment by organization
- 6) Stigma, discrimination, and abuse

INTENTION TO LEAVE RELATED TO MORAL DISTRESS

Past Consideration

(n=218)

45.9% considered leaving a position in the past, but did not leave

32.1% considered leaving and left a position in the past

— —

Current Consideration

(n=216)

45.4% reported currently considering leaving their clinical position due to moral distress

— —

INTENTION TO LEAVE

Collectively, of 485 healthcare workers surveyed between **March and December 2021 in our study, over a third (35.5%)** were considering leaving their position due to moral distress. Importantly, participants in this study were mostly young, female respiratory therapists and nurses, with less than 15 years experiences

Findings from this investigation demonstrate an urgent need for systemic action to retain our healthcare workforce and ensure the continuity of our healthcare system.

A National Survey of Public Safety Personnel

Our preliminary findings are alarming and suggest that:



Four in ten public safety personnel surveyed across Canada meet criteria for a probable diagnosis of PTSD.



Four in ten public safety personnel surveyed across Canada report clinically significant levels of anxiety.



Six in ten public safety personnel surveyed across Canada report clinically significant levels of depression.



One in two safety personnel surveyed across Canada report clinically significant levels of stress.

*Data continues to be collected from a larger sample of healthcare workers.

PSP PSYCHOLOGICAL & FUNCTIONAL OUTCOMES

PTSD SYMPTOMS

1 in 3 participants (28%) scored above the 33-point cut-off of the PCL-5 indicative of endorsement of **clinically relevant PTSD symptoms**.

DEPRESSION, ANXIETY, STRESS, & INSOMNIA SYMPTOMS

61.5%, 50.5%, 58.5%, and 81.5% of the sample endorsed **clinically relevant symptoms of depression, anxiety, stress, and insomnia** respectively.

FUNCTIONAL IMPAIRMENT

On average, PSP reported functional **difficulties present for 12 days within the past 30 days**. The average work-related impairment score was 7.80 ($SD=4.17$), corresponding to **mild impairment**.

SUBSTANCE USE

30.5% and **27.5%** of the sample met criteria for clinically **hazardous alcohol use** (score of 8+) and **drug-related problems*** (score of 6+ for men and 2+ for women), respectively.

*While the percentage of individuals meeting drug-related problems seems high, the cut-off score for probable diagnosis of substance use disorder is 25+ on the DUDIT.

10 key COVID-19-related stressors for public safety personnel

1

Tension and strain between co-workers due to different views on mask-wearing and vaccines.

2

Concern that COVID-19 guidelines are affecting the ability to provide quality care and service.

3

Uncertainty and confusion around pandemic-related guidelines and protocols that are unclear and difficult to enforce or carry-out.

4

Concern that COVID-19 has brought out the worst in people.

5

Anxiety around the possibility of contracting COVID-19 and transmitting it to family.

6

Exhaustion and burnout from inadequate staffing and working excessive overtime.

7

Loss of usual coping mechanisms, such as going to gyms or being with family/friends.

8

Growing distrust and disconnection between frontline PSP and leadership.

9

Lack of specialized mental health treatment providers and support who are knowledgeable about PSP roles.*

10

Increased reluctance to acknowledge and seek treatment for mental health because of stigma and fear of repercussions from employers and co-workers.

*Pre-existing challenges exacerbated by COVID-19



We stand
together!

