



Trauma and Substance Abuse A High Risk in Frontline Staff During COVID

ABSTRACT

In South Africa, healthcare professionals have not been medically trained to deal with a pandemic like COVID and neither do they have the necessary experience. Further, this pandemic has highlighted the shortcomings in our healthcare system.

According to the latest report from International Council of Nurses (ICN), COVID has caused mass trauma amongst nurses, increasing stress and anxiety levels by 80% to 90%. This is a unique and complex form of trauma. Post-traumatic stress disorder (PTSD) in the longer term is a reality.

In one research study, 70% of frontline nurses and doctors working in and near the epicentre of the COVID outbreak in China reported experiencing distress and about 50% of them reported experiencing anxiety and depression. Another concern for frontline medical staff caring for patients with COVID is vicarious trauma (VT). VT is a psychological by-product where a helper is exposed to a patient's psychological trauma and the helper feels like they experience it too. Symptoms of VT include loss of appetite, fatigue, physical decline, sleep disorder, irritability, inattention, numbness, fear and despair.

COVID's impact on clinicians' mental health

New research in the United Kingdom has highlighted the profound impact that COVID has had on the mental health of frontline healthcare staff with almost half of those working in England's intensive



care units (ICU) reporting symptoms of post-traumatic stress disorder (PTSD), anxiety or depression. The results showed 45% "met the threshold" for severe depression or anxiety, PTSD or problem drinking. One in eight (13%) reported frequently having "thoughts of self-harm" or that they would be "better off dead" in the two weeks before the survey. The study noted that although ICU staff are often exposed to traumatic situations as part of their job, since the start of the pandemic, hospital employees have frequently spoken of the emotional burden of treating critically ill patients.

It added that "frontline healthcare staff experience a myriad of psychological stressors, including fears of contracting the virus and endangering their loved ones, and distress relating to adverse

patient outcomes and loss of patient lives despite their best efforts." Many have been on record saying they endure exhaustion and manage sores from wearing their personal protective equipment.

"The severity of symptoms we identified are highly likely to impair some ICU staff's ability to provide high-quality care, as well as negatively impacting on their quality of life," said lead author of the study, Neil Greenberg.

Unexpected outcomes including death, failure to relieve pain, and treating patients that are exceptionally demanding, violent or noncompliant can be a source of anxiety and depression for healthcare professionals. Very few receive adequate training to manage these stressful patient care issues.

ABOUT THE AUTHOR

GIBSON MANICK KISTAN,
CEO, Tranquility Clinic.

This should serve as a stark reminder to healthcare managers of the pressing need to protect the mental health of frontline workers now in order to ensure they can deliver vital care to those in need.

Heavy patient loads and lack of emotional support

Chronic stress due to heavy patient loads and a lack of emotional support can increase the risk of substance use and misuse. Healthcare professionals, like most people with substance use disorders, abuse drugs or alcohol to relieve stress and emotional or physical pain.

Higher rates of abuse have been seen more frequently with benzodiazepines and opioid narcotics. Any healthcare worker who has access to controlled substances is at risk for drug diversion and substance abuse.

Data from the SARS pandemic found that hospital employees exposed to SARS had higher rates of alcohol use three years after the event. Consumption was higher among those who were working in a high-risk location or who had been quarantined.

Mood factors have been associated with an increase in alcohol use post-disaster, with higher rates of depression linked to greater alcohol intake during the SARS crisis. Further, post-disaster, people reported drinking specifically to cope with their emotions.

Nurses are being overworked. Ratio of patients to ICU nurses have tripled or quadrupled. They also provide psychological support to both patients and their families due to non-visitation protocols. Nurses are susceptible to daily exposure to this contagious virus with the threat of sickness and death to them and their families. ICN reported the death toll of 2200 nurses in 59 countries and 10% to 15% of nurses reported increased burnout and sickness. Fifteen percent of nurses are quitting the profession.

According to ICN CEO, Howard Catton, “with the projected international shortfall of 10 million nurses, there is a likelihood that in the future there will be a 50% shortfall of nurses. A crisis will be looming



since nurses are the backbone of the healthcare industry. Further, the current crisis might deter potential nurses from joining the profession.”

“Unfair accusations of patient neglect”

Dr Ebrahim Khan from Durban stated that “Doctors are in a constant state of anxiety which is affecting them psychologically and physically. Many doctors and other frontline healthcare workers have already died because of COVID. Whilst many passed away in the first wave, the more aggressive second wave poses a greater threat to the lives of frontline healthcare professionals. Doctors face the threat of being assaulted or killed by relatives of COVID patients. Many are unfairly accused of patient neglect. The financial loss to surgeons postponing elective surgery has resulted in anxiety and depression.”

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Contact us for a FREE and confidential assessment:
132 Seventh Street, Cnr. First Ave.
Linden, Randburg
Tel: 083 772 5293 | 011 782 5093
011 782 3418
info@tranquilityclinic.co.za
www@tranquilityclinic.co.za

Mobile: 083 772 5293
tranquilityclinic.co.za