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CARDIOLOGY NEWS

Mitigating the Psychological Harm of COVID-19 Pandemic for Clinicians

Bridget M. Kuehn, MSJ

Like many cardiologists and their teams, Laxmi Mehta, MD, Director of Preventive Cardiology and Women's Cardiovascular Health at The Ohio State University Wexner Medical Center, is making enormous changes in both her practice and personal life in the face of the coronavirus disease 2019 (COVID-19) pandemic.

She and her colleagues shifted to telehealth and are taking other precautions to reduce the risk of both patient and clinician exposure to the virus. In addition to the clinical changes, healthcare workers across the country are also facing more personal worries like whether they will be adequately protected from the virus in the face of personal protective equipment shortages nationally, concern about having to care for a gravely ill colleague, and fear they may unwittingly expose their families to the virus.

"I won't hug my children anymore," Mehta said. "It's an emotional toll, not only for the caregivers, but their family members. Their families see the stress in their eyes."

The crisis has the potential to take an enormous mental health toll on a cardiology workforce that was already experiencing high rates of burnout before the pandemic. Yet both mental health experts and cardiology leaders say there are steps individuals and institutions can take to prevent or mitigate these potential harms. The American College of Cardiology (ACC) has created a Clinician Wellbeing Portal and a clearinghouse of resources for coping with COVID-19 stress. A host of other resources are also available to support frontline workers during disasters and to help provide support for loved ones or colleagues who are struggling.

"If [clinicians] are feeling on the edge, or they feel just overwhelmed, they should seek help," Mehta said. "They need to remember that they're not alone, that many people are going through this, and sometimes talking to others helps you put everything into perspective. If someone is suffering emotionally, then he or she may need to seek professional help. It is essential to remove the stigma of mental health issues in medicine."

PREEXISTING BURNOUT COMPOUNDED

More than a third of cardiologists reported being burned out and 43.9% reported being stressed in an ACC survey conducted in the fall of 2019, according to data presented by Mehta online at ACC.20. The field has experienced a 32% increase in burnout since a previous survey in 2015, according study coauthor Pamela Douglas, MD, the Ursula Geller Distinguished Professor for Research in Cardiovascular Disease at the Duke University School of Medicine. Although a higher proportion of women cardiologists reported burnout (45.3%), the disproportionate number of men in the profession means that many more men are affected, Douglas noted.

"This is not a woman's problem," she said. "This is a cardiology problem. Unless we address burnout problem for all cardiologists, we will be missing the majority of people who need help."

Systemic problems, including lack of control over workload, hectic work environments, and burdens associated with medical records were among the top contributors to burnout in the survey. "Most clinicians are now going home and doing essentially a second shift of charting electronically that five years ago was certainly not as onerous and not as prevalent," Douglas said.

Now, cardiologists are facing a whole new raft of challenges associated with COVID-19. In just 2 weeks, Douglas and her colleagues at Duke converted at least 40,000 in-person visits into telehealth visits, building from scratch the necessary infrastructure and adapting electronic records and billing.

"This is an incredible turn-on-a-dime change in the way we deliver care and interact with patients and our colleagues," Douglas said.

The sudden lack of physical contact creates challenges in patient care, including the inability to listen to the patient's heart or lungs, noted Mehta. Distinguishing heart disease patients' symptoms from COVID-19 and determining when it's appropriate to direct patients

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Wellness Resources During COVID-19

- American College of Cardiology (ACC) COVID-19: Resources For Clinician Well-Being https://www.acc.org/features/2019/07/clinican-well-being-portal/covid19
- ACC Clinician Wellbeing Portal https://www.acc.org/clinicianwellbeing
- National Center for PTSD's PTSD Coach https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp
- US Department of Health and Human Services has a 24-7 Disaster Distress Helpline 1-800-985-5990 or text TalkWithUs to 66746
- Listen, Protect, Connect https://www.fema.gov/media-library/assets/documents/132712

Wellness Resources During COVID-19

to the emergency room given concerns about COVID-19 exposure are also difficult.

"We're worried about our patients, not just the patients that we're taking in with COVID, but our outpatients," Mehta said.

Additionally, cardiologists are preparing to be called on to care for the cardiovascular implications of COVID-19, to care for intensive care patients, and to back up colleagues on the frontlines, Douglas noted. COVID-19–related concerns also span entire cardiology teams, including nurses, technicians, echocardiographers, and sonographers, who must work in close proximity to patients, she said.

"We may not be on the front lines, but we're second line, and it will absolutely hit us," Douglas said.

PROTECT AND PREVENT

Studies of the effects of responding to disasters and infectious disease outbreaks show they can have a range of effects on clinicians. They may cause mild temporary distress that doesn't impair function, exacerbate existing psychological conditions, or contribute to new conditions like posttraumatic stress disorder (PTSD), which often co-occurs with depression, noted Merritt Schreiber, PhD, professor of clinical pediatrics at Lundquist Institute at the Harbor–University of California, Los Angeles Medical Center and David Geffen School of Medicine.

"The science says there's a continuum of risk and resilience after these kinds of events," said Schreiber, who studied the effects of both natural disasters and disease outbreaks like Ebola on clinicians.

In the case of COVID-19, all physicians may face some degree of elevated mental health risk, although nurses, physicians, technicians, and respiratory therapists working in emergency departments and intensive care units likely face the highest risks, he said. All clinicians are grappling with rapidly changing information about this new virus. Additionally, applying crisis standards of care such as rationing ventilators may add to distress. Preliminary data from China found that about half of clinicians experienced symptoms of depression, 44.6% experienced anxiety, 34% had insomnia or mood problems, and 71.5% reported distress.

Schreiber created a tool called PsySTART designed to help clinicians and their institutions prevent PTSD in their ranks during and after a disaster. Clinicians use an app to track factors that may contribute to distress in the first 30 to 60 days after a crisis to assess their risk, use that information to develop a personal resilience plan, and access information about local resources. Institutions use deidentified data from the app to direct resources to areas most in need. This tool is currently in use in the state of Oregon, Los Angeles County, the San Francisco Bay area, and the National Ebola Training and Education Center, a network of 10 special pathogen units across the United States, he said.

"We can allow providers to triage their own risk at regular intervals so they can take early preventive actions before PTSD develops," he said.

He described it as "solution-focused triage." For example, if a clinician is worried about their family's exposure to COVID-19, they may decide to self-isolate.

For clinicians who don't have access to PsySTART, there are other options available. The National Center for PTSD's website has an app called PTSD Coach, and the US Department of Health and Human Services has a 24-7 Disaster Distress Helpline that is available to anyone, including responders, clinicians, and victims.

The ACC's websites also have a range of tip sheets on resilience during crisis, stress management, and coping. For example, Mehta recommended physicians relinquish control in the face of this uncharted territory and remind themselves of challenges they've overcome in the past and the strengths that enabled them to do that. Mehta recommends that physicians take time to care for themselves; for example, through things like exercise, healthy eating, taking breaks in nature, or taking time for religion or other spiritual practices that give comfort.

"Bring routines into your life that bring calm or joy even briefly to give yourself a respite from the bombardment of negative things," Douglas said. She also recommended focusing on positive parts of the experience like increased teamwork and collaboration.

Physicians may also find solace in supporting family members and colleagues. Mehta noted this can be as simple as checking and asking how others are feeling and listening to their concerns.

"As healers, we like to help others, and so making sure that we're taking care of those around us is also essential," she said.

A psychological first tool called Listen, Protect, Connect on how to promote resilience and coping in others during crises, Schreiber noted. He emphasized that proactive approaches to promoting resilience can mitigate the psychological toll of COVID-19.

"We can flatten the psychological impact curve," he said. ■

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