

COVID-19 PANDEMIC: FEAR OF CONTAGION AMONG FRONTLINE HEALTHCARE PROFESSIONALS

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ABSTRACT

Throughout history when an infectious epidemic strikes a community, healthcare professionals are challenged to preserve their own safety and fulfilling their commitment to continue serving their patients and the community in dealing with the infectious epidemic. This innate fear can subvert the effective functioning of the frontline doctor in the epidemic. This article applies the principles of professional ethics to the keeping of frontline healthcare professionals safe and empowered to continue discharging their professional duties and responsibilities. Central to this is the healthcare professional's wellness and professional resilience.

Keywords: Fear of contagion; Clinician wellness; Professional resilience

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INTRODUCTION

The emergence of a contagious epidemic brings along with its thoughts and emotions of fear, confusion, and conspiracy theories. Fortunately, for the advances in medical knowledge and technology in the current COVID-19 virus epidemic, the causative agent was accurately identified early and the effective diagnostic test to identify those infected were made available. However, in the absence of a cure or an effective preventive vaccine, even with public health measures of physical and social distancing and movement restrictions, the fear of contagion is not diminished. Healthcare professionals working on the frontline including family physicians in primary care naturally harbour anxiety and fear of getting infected. This fear is extended to fear of transmitting infection to immediate family members and risk of infection of clinic staff and colleagues.¹

In a recent poll among 213 family physicians attending an online educational event, the percentage of doctors having serious concerns of being infected was 44 percent, of transmitting infection to their family members was 54 percent and of risk of infection to their clinic staff was 48 percent.

The approach to managing the fear of contagion in healthcare professionals is best framed as effective management of occupational risk, both of physical and psychological risk.

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PSYCHOLOGICAL FEAR OF RISK OF CONTAGION

Both the individual and the professional community first need to acknowledge that the fear of contagion is a real and natural human response. Frontline physicians undergo emotional stress of finding the balance between protecting themselves and their loved ones and doing their duty as physicians to their patients and supporting their colleagues and the community during a national crisis.

The emotion of fear must be processed mindfully, and the focus of the emotions should be directed to what is within the individual and the profession's control. Focussing on what is within the locus of control enables the doctors to focus on physical and psychological prevention of risk of contagion.

Enabling healthcare professionals to focus on their safety and being clear and specific of actions to take can promote clarity of thoughts and calmness of the mind in the healthcare professionals during an epidemic.

PHYSICAL OCCUPATIONAL RISK OF CONTAGION

In all primary care clinics and outpatient offices, there are and will be undiagnosed but infected patients, many asymptomatic infections, and others with clinically minimal or atypical presentations. Primary care healthcare professionals must be enabled to comply with the widespread use of recommended barrier precautions - such as masks, gloves, gowns, and eye wear, especially for all patients with respiratory symptoms. Medical masks applied to both patient and caregiver in the clinic setting, provides for effective protection. Adherence to evidence-based guidelines for masks, hand hygiene, physical distancing in the clinic and environmental hygiene enhances the safety for health care professionals and patients in the clinic.²

HEALTHCARE PROFESSIONALS WITH HIGHER RISK FOR COMPLICATIONS OF INFECTION

There could be several among primary care professionals who have medical conditions that increases the risk for severe infection, complications or even death if they become infected with COVID-19. Clinic managers and primary care physicians will need to decide whether such professionals, including physicians, should be redeployed away from the higher risk work sites. Such physicians and nurses could be deployed to areas of non-contact with patients, including telemedicine services, telephone patient triage or patient assist tele-systems. This redeployment should include pregnant and nursing mothers. In Italy, most of the 74 doctors who have died were in their 60s, and only four were women.³

MANAGING THE INFECTED HEALTHCARE PROFESSIONAL

All healthcare institutions and primary care physicians should have access to a planned protocol, assessment, and testing when a healthcare professional has been exposed unprotected or develops symptoms of infection from COVID-19. This protocol should be rehearsed or simulated and be made familiar to all healthcare professionals. In the situation a healthcare professional is diagnosed to be infected with COVID-19, the event ought to be classified and managed as an occupational and work-related injury.

PROMOTING CLINICIAN WELLNESS AND PROFESSIONAL RESILIENCE

Professional competence and fitness to practice are intimately tied to the physical and psychological health of the healthcare professional. Physician wellness and resilience is a good antidote to burnout. Burnout needs to be framed as a patient safety issue as unwell clinicians are more likely to commit errors, especially errors of omission.

All healthcare professionals need a peer-supportive team and good communication flow to help understand and decipher into to clinical practice the several and rapidly changing directives and communications from the health authorities during this pandemic.

Provisions for shorter working hours, facilities for rest, sleep, and food together with family support; and psychological support should be made available at the systems and unit level to ensure that healthcare professionals remain healthy throughout this pandemic. All stakeholders working to bring the pandemic under control should be working collaboratively to maximise the well-being, resilience and occupational safety of healthcare professionals.²

CONCLUSION

Healthcare professionals working in the frontline have been found to display heightened stress, become emotionally affected and traumatized, and have higher levels of depression and anxiety. The fear epidemic within an infectious epidemic can lead to serious and foreseen consequences well after the infectious epidemic is over.⁴

The timely availability of protective equipment and confidence in the personal, environmental and systems prevention measures go a long way to reduce fear of contagion and promote effective functioning of healthcare professionals.

Healthcare professionals who are physically and psychologically resilient and with good psychological and logistic support are critical and pivotal for any community to successfully manage the COVID-19 epidemic.

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LEARNING POINTS

- Both the individual and healthcare community need to acknowledge the fear of contagion is a real and natural response.
- Adherence to evidence based guidelines for Personal Protective Equipment (PPE), hand hygiene, physical distancing, and environmental hygiene reduce risk of infection and enhances safety for patients and health care workers.
- Healthcare professionals with higher risk for complications of infection should be deployed in low risk areas of work e.g., telemedicine services.
- Infected healthcare professionals should be managed as occupational and work related injury.
- Promotion of clinician wellness is a collaborative endeavour.