



HEALTHCARE WORKERS **CARE NETWORK**

Caring for the Carers by the Carers

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HEALTHCARE WORKERS
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Stigma

AND TRAUMA

associated with the
COVID-19 Pandemic

Dr Antoinette Miric



VIRUSES DON'T DISCRIMINATE

AND NEITHER SHOULD WE

Stigma will NOT fight coronavirus.
Sharing accurate information will.



COVID-19: Concerns mount over COVID-19 stigma in KZN

News & Features

21st May 2020 | Nomfundo Xolo

Some community healthcare workers (CHWs) working in KwaZulu-Natal (KZN), screening for COVID-19 and tracing contacts of persons with the disease, are concerned about rising levels of stigma.

In April the situation escalated when angry residents burnt tyres outside Untunjambili Hospital, near KwaDukuza in KwaZulu-Natal over the admission of ten people with COVID-19 at the hospital. The hospital is used as an isolation facility for people who test positive for SARS-CoV-2 (the virus that causes COVID-19).

incident prompted KZN Health MEC Nomaqudu Simelane-Zulu to call for “the

spotlight



Covid-19 positive health workers accused of ‘carelessness’

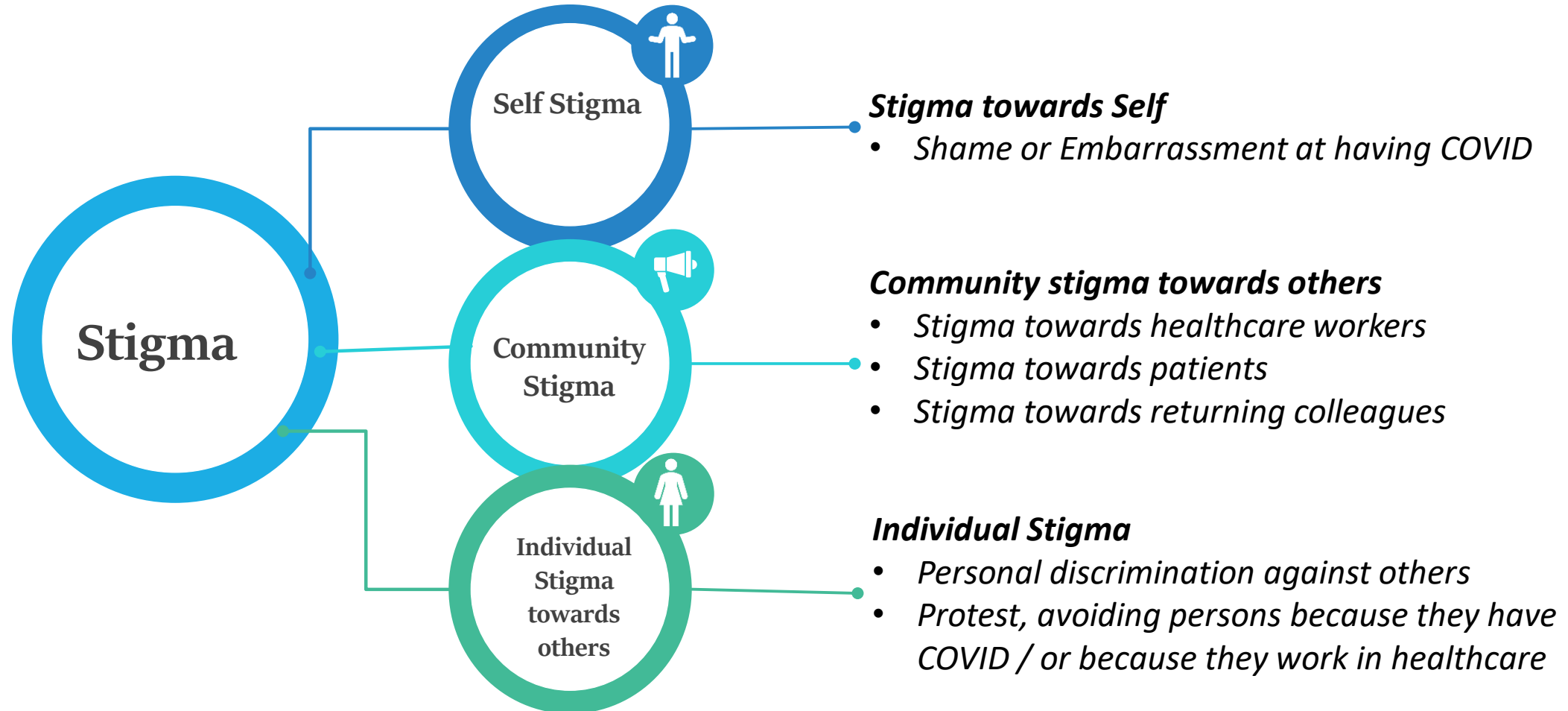
Sarah Smit 1 Aug 2020

Mediclinic workers say that when nursing and support staff at one of the company’s Pretoria hospitals test positive for Covid-19, they are accused of catching it in taxis and shopping malls. This is despite allegedly inadequate controls to protect them amid an outbreak at the hospital.

Workers at Mediclinic Kloof, who spoke to the *Mail & Guardian* on the condition of anonymity, said they are blamed for contracting and spreading Covid-19 and accused of being “careless”. The private hospital company denies this.



Stigma in the time of COVID-19



Self-stigma/internal stigma

- When I start to think or say negative things about myself, or do negative things to myself, because I have COVID-19
- If you have or have had COVID-19, that is exactly it, you are not covid-19, you have/had covid-19.
- Don't take it personally
- If you have COVID-19 and are self-isolating within your home, people staying away from you, cleaning surfaces that you touch etc are measures to protect others in the household - they are not about YOU they are about the VIRUS



Stigma and self-stigma can lead to:

- People not asking about COVID testing or seeking care they need
- People hiding their illness for **fear** of discrimination and judgement
- Deepening **isolation** and depression
- Low quality of life
- Low self-esteem
- Anger and resentment

Ideas to tackle stigma both individually and within organisations

- Talk about COVID-19 but **don't attach** ethnicity and locations to the disease
- Talk about Stigma – normalise the discussion
- Talk about people who have it, people who have died from COVID-19 (don't call them cases or victims)
- Talk about people contracting COVID-19, but not people infecting others, transmitting or spreading the disease – people are not intentionally 'infecting' others, there is **no blame** here
- Talk about what is happening, what people can do to **support** themselves and others, remind people of the measures that can help – handwashing, social distancing.
- **Be compassionate and kind**, anything else hurts you. Put yourself in the shoes of the person, their family, their friends and just think about what you would want for yourself or people close to you.
- **Share accurate information** but don't share rumours, repeat scary stories or use language that causes fear



Psychological impact of traumatic events on organisations

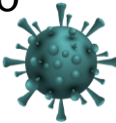


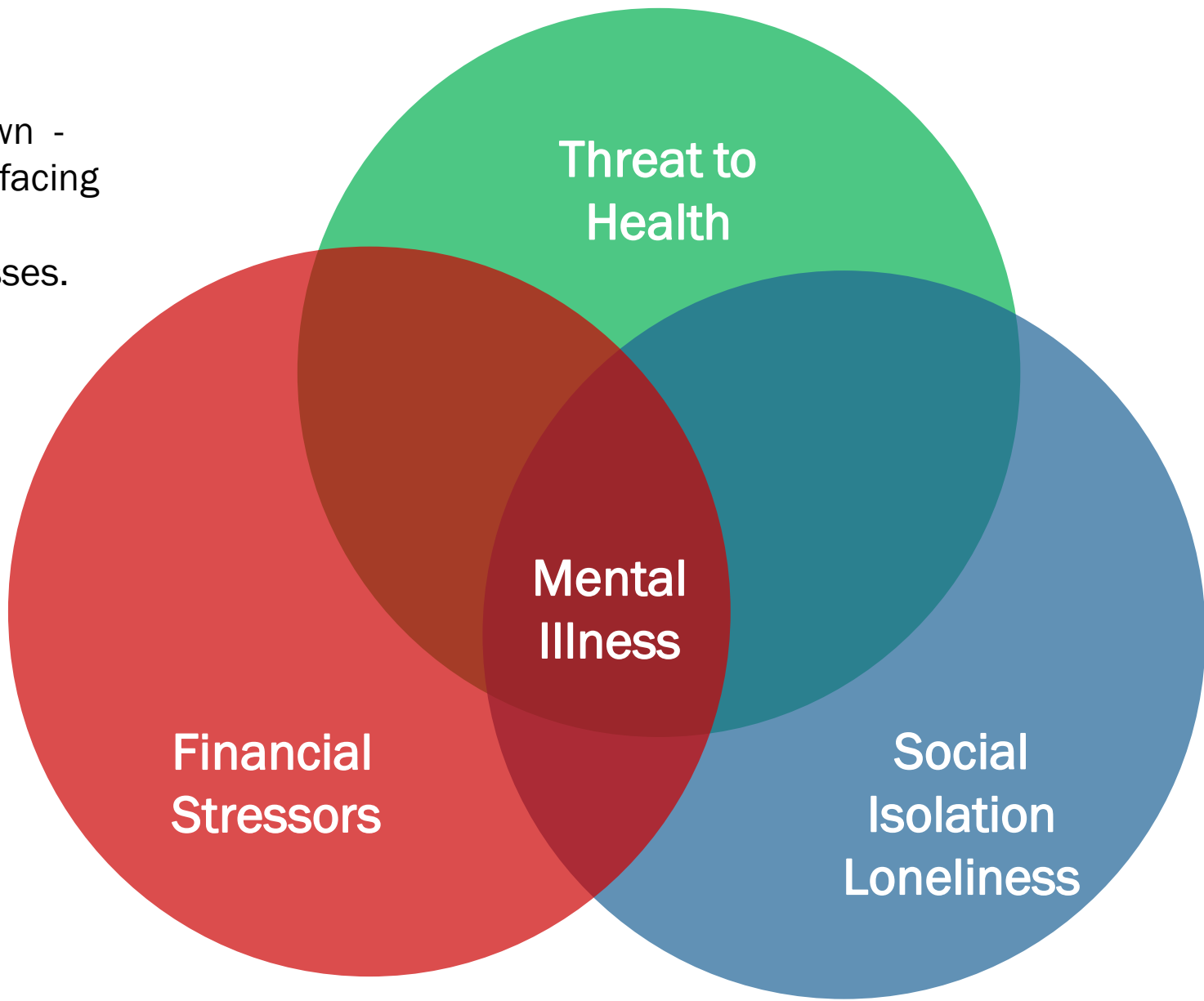
Why is this pandemic traumatic ?

- Trauma is often associated with something overtly violent, such as a car accident or a shooting.
- *A situation is traumatic when “violates” familiar expectations about someone’s life and world, sending them into a “state of extreme confusion and uncertainty.” - Ciano Aydin*
- *Specifically in the case of healthcare workers : “In the case of this pandemic, prolonged uncertainty is compounded by the moral anguish health care professionals face when they do not have adequate resources to treat critically ill patients” Wendy Dean (psychiatrist and co-founder of the nonprofit Moral Injury of Healthcare)*



Due to the lockdown - many families are facing major economic challenges, job losses.

New infectious agent
- direct threat to health and life. 
No vaccine yet .



Distance from their colleagues/friends/family.
Social distancing requirements
Lack of personal interaction



THE TRIPLE THREAT TO MENTAL HEALTH

Moral Injury and distress

Moral injury: definition

The profound psychological distress which results from actions, or lack of them, which violate one's moral or ethical code



Can include:

Acts of perpetration

Acts of omission

Experiences of betrayal from
leaders or trusted others



Ethical background

Rationing – unique SA context

Choices between own/ family safety and that of patients (there is no emergency in a pandemic)

Impossible calculations

Utilitarian guidelines that may be in conflict with our “first do no harm” principles (healthcare workers)



Relationship to mental illness

Not a mental illness

but

Experiences of potentially morally injurious events (PMIEs) can lead to:

- Negative thoughts about oneself or others
- Deep feelings of shame, guilt, or disgust
- Which in turn can contribute to the development of mental health problems including depression, PTSD, and anxiety



Factors that increase the risk of moral injury



Loss of life of a vulnerable person



If leaders are perceived not to take responsibility for the event/s and are unsupportive of staff



If staff feel unaware or unprepared for emotional/psychological consequences of decisions



If PMIE occurs concurrently with other traumatic events, e.g. death of a loved one



If there is a lack of social support following the PMIE



Implications for support

- Preparation: preparing psychologically for the impact of PMIEs is helpful
- Seeking informal/peer support early on is protective
- Confidential professional support must be available, and help-seeking encouraged



Impact of traumatic events on individuals and organisations

- Most individuals do not suffer longer-term psychological problems after exposure to a traumatic event
- The majority are likely to experience short-term distress which generally dissipates after a few weeks.
- During that time – productivity and performance may be significantly affected.
- Some individuals will develop mental health problems, including, but not restricted to, post-traumatic stress disorder (PTSD), anxiety and depression.



What is useful in the face of ongoing/ acute traumatic events?

Promote Resilience

- Educate staff / pre employment screening / preparatory briefings
- Role Plays
- How to manage stress / How to manage challenging conversations and training
- Compassionate Calm leadership – clear communication channels



What is useful in the face of ongoing/ acute traumatic events?

Watchful Waiting

- Not useful to 'counsel' or debrief straight away.
- What is useful is peer support, understanding and time out
- Train peers – signs of mental distress (irritability, fatigue, absenteeism, presenteeism, weepiness, anxiety)
- Psychological First Aid approach

Treat those who need it

- Have treatment processes in place
- On site resources, fast track to external resources
- The further away from the event – the harder it becomes to talk about it



The flip side: positive emotions during COVID-19

Healthcare workers/Essential Workers

- With the right organisational structure a positive emotional factors can emerge
- Increased feelings of affection / gratitude
- Remember
 - Humans like to feel needed and to have a sense of purpose
 - Humans need to connect
- The attributes of service, purpose, altruism and courage can be encouraged now and after this pandemic
- Concept of post traumatic growth – is a well known phenomenon



South African context

- Focus on the underlying moral strength and concept of Ubuntu

‘the belief in a universal bond of sharing that connects all humanity’

Moral strength despite moral adversity

- Needs to be **fostered** and not just expected
- Help individuals become more aware of their purpose
- Remind humans of the important of connection with others
- Express gratitude
- Celebrate small successes
- Grant time out / breaks



and free
Four useful practices to put in place – right now

1 Give Thanks

A proper, personalised thank you by someone senior acknowledging the specific challenging work undertaken.

Consider letters to families too. This can foster individual resilience.



2

Return to work interviews

- By psychologically savvy supervisors who are comfortable speaking about mental health
- Find out about their work during the pandemic and the direct and indirect impact on them
- Secondary stressors impact on the risk of getting PTSD
- Ask, 'What can I do to get you back to work in a safe manner?'



3

Active monitoring

- evidence supports active case finding
- need to give help early on in order to reduce a worse outcome due to secondary damage
- have a low threshold to intervene if no improvement 3 months after the trauma
- anonymous online self-check tools might encourage honest and meaningful responses



4

Reflective practice groups

- it is leader led group discussion: the leader sets the scene and makes it psychologically safe for the team members to talk
- a meaningful narrative develops
- there will be sorrow but this at least does not equate to mental illness
- Schwartz rounds (evidence-based model)



Ubuntu

“There is a word in South Africa – Ubuntu – a word that captures Mandela’s greatest gift: his recognition that we are all bound together in ways that are invisible to the eye; that there is a oneness to humanity; that we achieve ourselves by sharing ourselves with others, and caring for those around us.

We can never know how much of this sense was innate in him, or how much was shaped in a dark and solitary cell. But we remember the gestures, large and small – introducing his jailers as honored guests at his inauguration; taking a pitch in a Springbok uniform; turning his family’s heartbreak into a call to confront HIV/AIDS – that revealed the depth of his empathy and his understanding. He not only embodied Ubuntu, he taught millions to find that truth within themselves”

– Barack Obama (Nelson Mandelas memorial service – 11th Dec 2013)





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3. Williamson, V., Murphy, D., & Greenberg, N. (2020). COVID-19 and experiences of moral injury in front-line key workers. *Occupational Medicine*, 70(5), 317-319. doi: 10.1093/occmed/
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FOR FURTHER INFORMATION

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