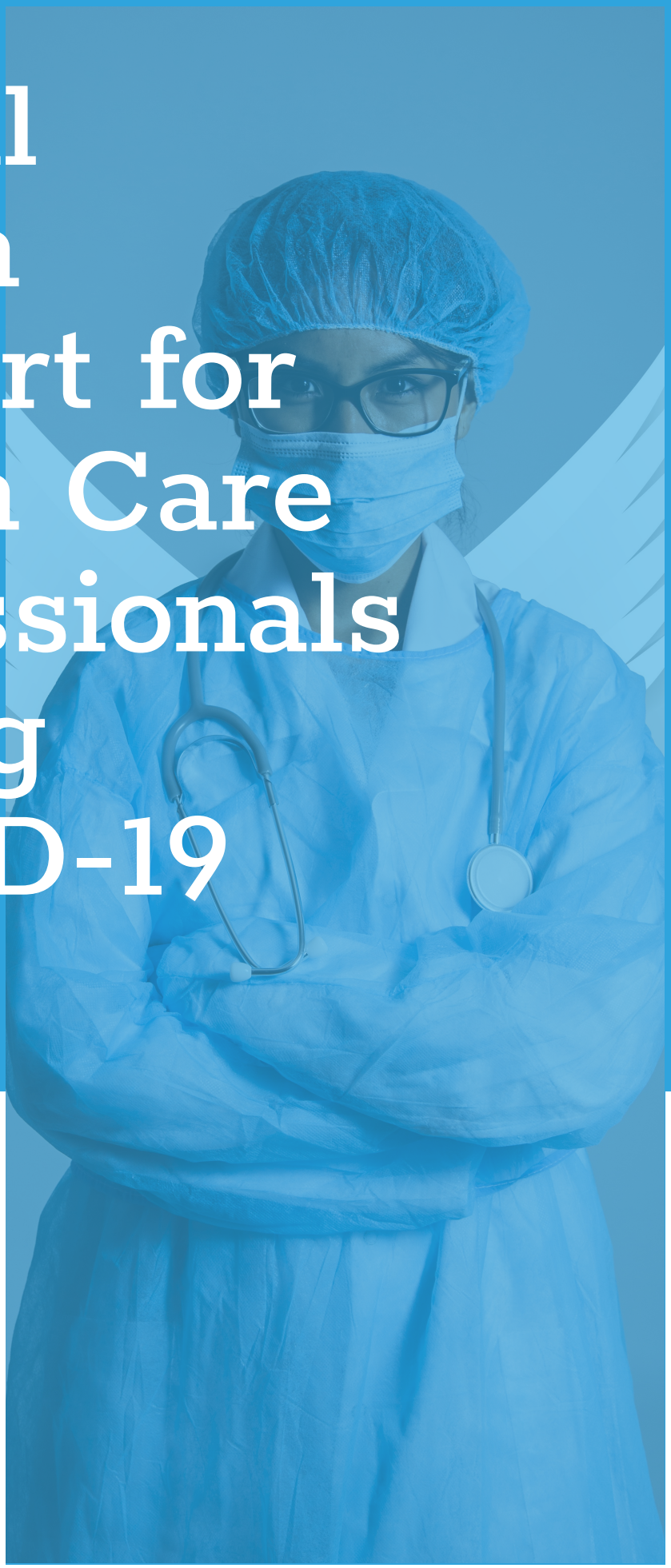
Mental Health Support for Health Care Professionals During COVID-19



W2O

Meet The Team

Alexus Bush

Alexus is a skilled communicator whose career aspirations lie in the fashion industry.

Jackson Eckenrode

Jackson has a background in politics working for NGOs and hopes to continue his career in either public affairs or sports.

Sarah Eissmann

Sarah has a background working in communications for hospitals and hopes to continue her career in the health care sector.

Madison Foltz

Madison is a skilled communicator whose focus lies in the music and entertainment industry.

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Executive Summary

The COVID-19 pandemic has caused hardship for so many, especially in the United States; however, it has hit health care workers particularly hard. As the coronavirus is nearing a year in the United States, and as the country approaches a second lockdown, the strain on hospital workers remains high. We know about the highly reported personal protective gear shortage, ventilator shortage and overflowing hospitals. With the lockdowns and isolation caused by the pandemic, mental health has been at the forefront of many conversations. Our research combines the stressors surrounding health care workers in a global pandemic and their resulting mental health.

In our research, we aim to understand how health care workers' mental health has been both affected by the coronavirus pandemic and supported by their places of work. Our research worked to find this through determining how they get supportive information from their workplaces, how health care professionals perceive the mental health services provided to them by their employers and how much mental health support is missing. Our methodology included Social Studio, content analysis, survey and individual interviews to gauge sentiment, attitudes and opinions of our target audience.

After gathering and analyzing our research, we leave health care facilities with recommendations to enhance their communications efforts. We recommend health care facilities meet their employees where they already are with both programs and messaging to not only increase awareness of the programs but also allow health care workers to actually participate in the mental health services. Next, we recommend starting an internal campaign to reduce the stigma of receiving mental health care as a health care worker. Finally, we suggest health care facilities offer more employee education, especially for keeping the families of medical staff safe in the pandemic. All of these recommendations, individual or combined, will address the mental health service needs the health care workers expressed in our research.

Problem and Opportunity Statements

The COVID-19 pandemic has created a unique situation with public relations communications and healthcare workers. People working in healthcare during this difficult time have been subjected to long hours, little rest, and in some cases, limited overtime pay. On top of the physical demands of their jobs, healthcare workers are also loaded with the heavy emotional burden of caring for patients who are not allowed to see their families, even in their last living moments. As a result of this combination of stressful factors, many healthcare workers are suffering from damaging psychological effects and mental health issues, many of which only worsen as the pandemic drags on (Cabarkapa, Nadjidai, Murgier & Ng, 2020). The hospitals that employ these valuable workers are aware of this issue and have adapted their internal communications to combat the negative effects of the job on front-line workers.

There are a few issues associated with public relations and healthcare in this situation. The biggest is that healthcare workers often feel overloaded by the high frequency of communication coming from hospitals. Another issue is that because the pandemic is evolving so rapidly, the communication put out by hospitals can seem inconsistent with media reports and/or communication from higher-level organizations such as the CDC; as a result, it is important for hospitals to have clear and effective communication plans (Wu, Connors, & Everly, 2020). For the purposes of our research, we are studying all those who are considered healthcare workers, including doctors, nurses and medical assistants, among others.

The Centers for Disease Control (CDC) and The American Medical Association (AMA) have provided a plethora of information regarding safety policies and care for health professionals. Many hospitals have also created plans for their staff members that include information about logistical, communications, psychosocial, and mental health support. The plans are structured to be a hierarchy of needs starting with the basic needs. According to AMA, examples of these needs would be PPE equipment, emergency showers, information on how to avoid bringing infectious contamination home, grant programs for workers that are experiencing economic hardships, temporary housing, food stations, transportation assistance, etc. The communication adequacy from healthcare leaders are expected and required to be transparent, precise, and reliable (Berg, 2020). Healthcare professionals must always be informed on the current status of the crisis and what is being done as a result. Students and residents are also provided with confidential support and referral hotlines to help them complete their daily tasks.

Mt. Sinai Hospital provides a solid framework of a hierarchy of needs through their “Well-being staff resources during COVID-19” (2020). These resources include low-cost or free additional meal options where staff workers can choose to have a free meal from a local restaurant or use a food delivery service at a discounted price. Another resource is one-on-one self-care consultations via phone with professional social workers. Staff workers receive a holistic personal care plan along with other resources to support their overall health. The City of New York COVID-19 Hotel program which allows healthcare professionals a place to stay to reduce the spread of COVID-19. Studio recharge rooms are also designed for staff workers to help with stress, trauma, and anxiety (Well-Being Staff Resources,” 2020).

Furthermore, tactics that can be used to assess stress within the workforce is listening sessions where there are eight sessions that recognize the needs within each department. There are Pulse surveys that are used to track stress. The app provides two survey questions weekly to all healthcare professionals. Solid and consistent communication internally is imperative when dealing with patients and their families. These resources are necessary for meeting the needs of professionals, especially adaptable ones. A lot of professionals are facing fear and anxiety which is why hospitals have put maximum efforts into making sure that frontline workers are stable and supported in every aspect (Well-Being Staff Resources,” 2020).

Key Publics

DEMOGRAPHICS

Our target demographic for our research are nurses, doctors and those who handle the mental and physical wellbeing of healthcare professionals. Specifically, we will be targeting those healthcare professionals and hospitals located in the mid-Atlantic and Northeast, as that is where we will be most able to attain good data from our surveys and focus groups. This group of people has a key distinction in that the nurses and doctors deal with COVID-19 patients, while the hospitals' internal mental health professionals do not. It is important that we reach both groups because through our research, mental health workers will be able to more effectively deal with the psychological trauma that healthcare workers are currently dealing with. Some of the mental health issues facing nurses and doctors include anxiety, depression, burnout and overall fear due to the level of disease, and in many cases death, that these workers deal with on a daily basis (Hu et al., 2020).

This target demographic is highly educated, and in most cases paid very well, putting them in the upper-middle class and upper class based on the level of education they have achieved. ER doctors on average make $320,000 (Decker, 2018) while nurses' average salaries are just above $76,000 (Staff Nurse, 2020). Through this, we should get good quality data and information from our primary research, as the field we are interviewing is all very intelligent people.

PROBLEM RECOGNITION

Doctors, nurses and other healthcare workers do recognize the mental health problems facing them, as the increased stress of work and fear of the virus, along with changes in protocols and safety measures, have caused a significant mental strain on them. With that being said, a problem that may arise is the different mental health services provided to healthcare workers at different hospitals. For example, Upstate Medical University has created a fund for front line workers (Upstate, 2020), whereas Saint Joseph's Health does not have information on helping its employees online (Saint Joseph's, 2020). How our recommendations will help various hospitals with different structures and different resources may be a potential problem point.

CONSTRAINT RECOGNITION

One large constraint to the publics is how long the COVID-10 pandemic will last. As the CDC director said face masks will likely prove to be better at prevnting the spread of the virus than a possible vaccine, hospitals, doctors, nurses and other health care professionals are not responsible for how individual states, the country or even establishments require masks (O'Kane, 2020). With that being said, even a vaccine, which usually takes years to develop, may only be avaliable as early as mid-2021 (Gallagher, 2020). Because of this, health care workers may still see an uptick of cases well past the one-year mark of the virus in the United States.

Another limitation to healthcare workers is the onset of the flu season. Already bombarded with COVID-19 cases, the fall, winter and spring will bring on illnesses with similar symptoms as COVID-19. This “perfect storm” of illnesses and symptoms will likely bring an influx of COVID-concerned people into the emergency room (Rubin, 2020).

LEVEL OF INVOLVEMENT

Health care professionals know there are mental health problems related to COVID-19; however, they may be reluctant to actually receive help, especially given what resources the hospitals provide them. An example of this is Dr. Lorna Breen, the head of the ER department at a New York hospital. She died by suicide after being afraid of coming forward with her mental health concerns. This stigma surrounds many clinicians where mental health services aren’t readily available for healthcare workers (National Academy of Medicine, 2020).

KEY PUBLIC PERSONAS

Busy Beth, MD, is an emergency room doctor at Crouse Hospital in Syracuse. She is a 49-year-old Black female who lives in a four-bedroom house with her husband and two children, ages 17 and 18. Her annual income is $230,000. Before the COVID-19 pandemic, Beth averaged around 45 hours at work per week; but after the pandemic picked up, she has averaged upwards of 60 hours per week. She still makes time to spend with her family on weeknights and weekends, but she has felt much more stressed lately.

Active Adam, DO, is a doctor on the COVID floor of St. Joseph's Hospital Health Center in Syracuse. Adam is a 55-year-old white male who lives in a 5-bedroom house with his wife. The two have one adult child, age 29, and an annual income of $290,000. Adam has two grandchildren who he loves spending time with, but he has not been able to see them as much recently because of the pandemic. He feels that St. Joseph's coronavirus response could be much improved, especially in its communication with employees, and he worries about the stress of his fellow doctors and staff.

Anxious Abby, RN, is an emergency room nurse at the Upstate Community Hospital in Syracuse. Abby, age 43, is a Hispanic single mother of two children, aged 12 and 10. Her annual income is $67,000 per year. Due to the COVID-19 pandemic, Abby has had to work longer hours than usual. She is happy with the overtime pay she receives but worries about how much she spends on childcare and the fact that she can't spend as much time with her children as she would like.

Research Objectives

- To identify the major channels from which medical professionals are getting supportive information from their workplaces during the COVID-19 time.
- To find out medical professionals' overall perception of the mental health services that their employers currently provide.
- To explore what is missing in mental health support they currently have from their employers.

Methodology

We chose to use four different methods of primary research to gain the most robust results possible. Our first method of primary research is Social Studio where we found what the keywords and influencers, along with the sentiment, are for mental health and health care workers. Next, we individually looked at social media posts and analyzed the content for what kind of people posted and what their overall sentiment of the issue is. Third, we created a 19-question survey on Qualtrics for health care workers to get individual and truthful anonymous answers to our own specific questions. Finally, we conducted individual interviews to ask health care professionals more candidly about their experiences. All four of these primary research tools together help us uncover our research objectives.

RESEARCH METHOD 1: SOCIAL LISTENING ANALYSIS (SOCIAL STUDIO)

Sampling Frame:
For our social listening sample frame, we used a set of very specific keyword groupings to find the posts that most represented our three objectives. Because our topic is so niche, we needed to exclude a few words to make sure we got the best results possible. We looked at social posts on Social Studio between September 15, 2020, and October 28, 2020. Our keywords are “internal communication and mental health and COVID-19 and doctors and nurses,” “mental health and health care workers and COVID-19,” “mental health of doctors and COVID-19,” “mental health of nurses and COVID-19” and “mental health resources and COVID-19 and hospital employees.” We excluded “democrats,” “election,” “hoax,” “politics,” “republicans,” “Trump” and “White House.”

Rationale:
We wanted to see what the conversation surrounding mental health services for health care workers is on social platforms, namely Twitter. Through using Social Studio, we can determine the overall sentiment of mental health services for health care workers as well as what the most typical conversations are surrounding the topic. We were particularly focused on finding trending hashtags, trending keywords and influencers, if any, related to the topic. While Social Studio has its valuable attributes, it also has its limitations, especially with such a niche topic and specific objectives.

Execution:

- Recruiting Method: None
- Location: Online (Social Studio)
- Length: None
- Incentive: None
- Number of Social Media Posts: 263

Data Analysis Method: Social Studio analysis

RESEARCH METHOD 2: SOCIAL LISTENING ANALYSIS (CONTENT ANALYSIS)

Sampling Frame:
The social media posts we analyzed are from May through October 2020, showing a range of attitudes, as much has changed over those six months both with the COVID-19 pandemic and society in the United States. These posts our team analyzed came from or are about health care workers and mental health services and are from Instagram, Twitter and LinkedIn. Our general search terms to find these social media posts were "health care workers" and "frontline workers," getting as specific as "health care workers' mental health in the workplace."

Rationale:
Because Social Studio does not pull from places such as Instagram and LinkedIn, we independently looked up posts to analyze and get a better sense of the conversations across different platforms. We used these social media posts to help us understand our objective, "To find out medical professionals' overall perception of the mental health services that their employers currently provide," and "To explore what is missing in mental health support they currently have from their employers." This was the best way we were able to find an accurate representation of sentiment, in addition to Social Studio.

Execution:

- Recruiting Method: None
- Location: Online (Instagram, Twitter, LinkedIn)
- Length: Three minutes per post
- Incentive: None
- Number of Social Media Posts: 30

Data Analysis Method: Content analysis

RESEARCH METHOD 3: ONLINE SURVEY

Sampling Frame:
In line with our goal to determine how health care professionals have been faring with their mental health and how they feel their workplaces have been helping them with their mental health, we designed a survey for health care professionals who are currently practicing. Our survey is broad to all health care workers working in any location within the United States and at any kind of health care practice. We are asking health care professionals who take our survey questions surrounding COVID-19, their attitudes and what mental health services their employers provide them. We are also looking for basic demographic information including location, job title, age, race, etc.

Rationale:
Through creating and disseminating this anonymous survey to health care professionals, we can get an accurate representation of what health care workers are actually going through and how they actually think their places of work are helping them with their mental health. We will be able to gain insight on whether COVID-19 has caused a significant need for workplace mental health services. With the research from this survey, we will be able to combine insights to make recommendations about mental health for health care professionals in health care facilities. The wellbeing of the workers helps the overall wellbeing of the organization, and this survey research will allow us to gain key insight on the topic, especially related to two of our three research objectives: “To explore what is missing in mental health support they currently have from their employers,” and “To identify the major channels from which medical professionals are getting supportive information during the COVID-19 time.”

Execution:
- Recruiting Method: Post Qualtrics survey to personal Facebook pages, ask our personal networks to complete the survey and publish the survey to Amazon Turk
- Location: Online
- Length: 19 questions
- Incentive: $0.25 per Amazon Turk response
- Number of Participants: 98

Data Analysis Method: Qualtrics Data Analysis

RESEARCH METHOD 4: INDIVIDUAL INTERVIEWS

Sampling Frame:
The sampling frame for our individual interviews included five young medical professionals working in four different states on the east coast.

Rationale:
The individual interviews helped us dig deeper into the thoughts, feelings and motivations of medical professionals, especially during the COVID-19 pandemic. Talking individually with these four individuals helped us to understand more deeply the stressors of the COVID-19 pandemic on health care professionals as well as the mental health support these health care workers do or do not have the option to utilize. By asking several questions of the interviewees and allowing them to freely speak on their experiences without interruption or leading, we were able to learn what specifically some hospitals did to improve the mental health of the health care workers, what hospitals do not do to help their employees with their mental health and health care workers would like to see from their employers. We also gained insight into how these health care professionals are faring with the recent spike in COVID-19 cases. These insights align with our objectives, and when paired with the secondary research and survey results, help us to make recommendations for health care employers.

Execution:
- Recruiting Method: Our team reached out to our personal networks through text messages to find health care professionals working in settings where they do often or sometimes come into contact with COVID-19 patients. We made our potential participants aware of the time commitment and the nature of the questions we would be asking them, also noting we would be glad to hold the interviews at a time that would work for their busy schedules.
- Location: Personal Zoom rooms and phone calls
- Length: Varied with each interview; ranged from 30 minutes to an hour
- Incentive: N/A
- Number of Participants: 5

Data Analysis Method: Content Analysis

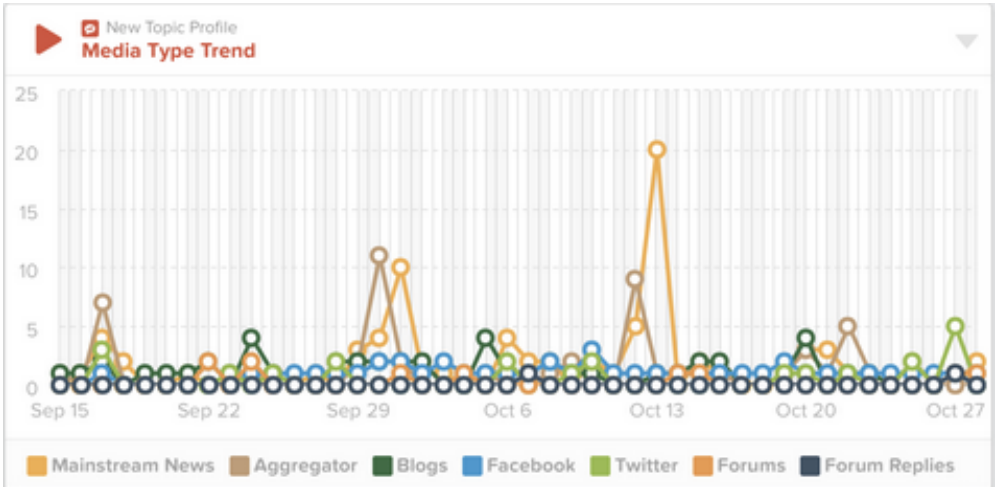
Research Results and Analysis

SOCIAL LISTENING ANALYSIS 1: SOCIAL STUDIO

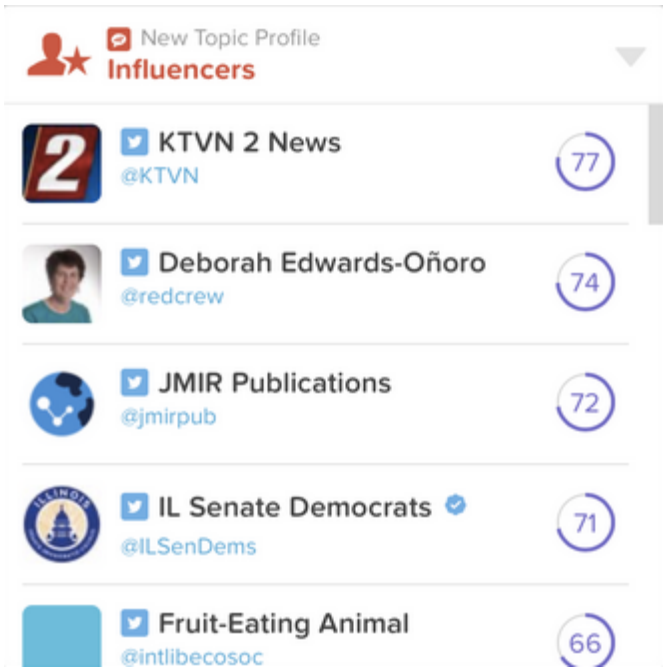
Below are the charts and graphs that were configured as a result of the keywords that were searched into Social Studio according to our research objectives.

Post Volume:
In total, there are 263 posts throughout major social media platforms that are using the keywords related to COVID-19 and health care workers. A majority of those posts stem from mainstream news outlets (30.4%) such as "6abc," Yahoo, "Wbaltv," CNN and The Washington Post. Platforms that have begun to cease the conversation about such topics the most are Twitter (8.4%) and Forums (3.8%) from September 15, 2020 to October 28, 2020.

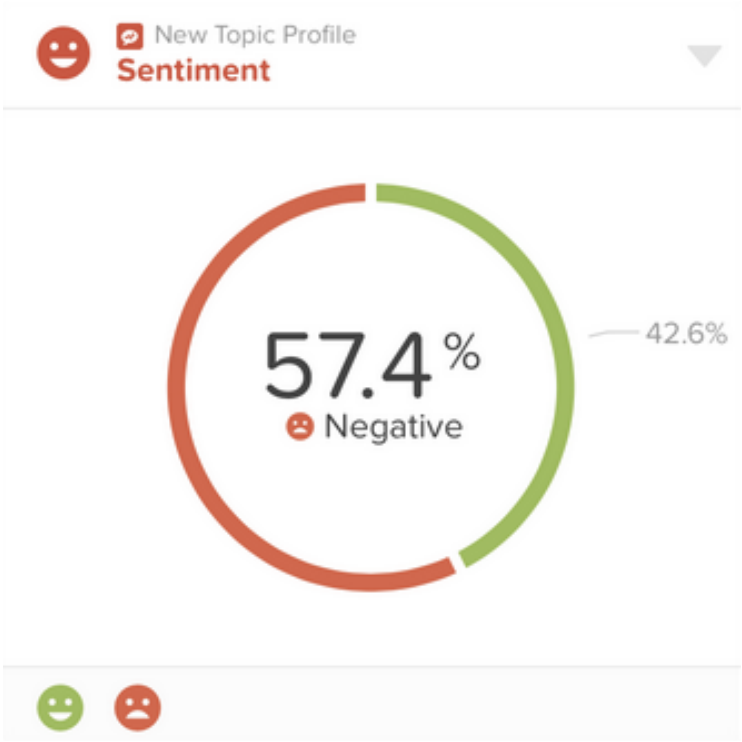
Media Type Trend:
The media trend shows us the conversations that people are having on all social media platforms listed above using the keywords similar to COVID-19. The data shows us that most of the conversations that are happening are through the weekdays, primarily on Tuesdays and Wednesdays. As we can see the mainstream news reached its highest peak of conversations on Tuesday, October 13, 2020. The second highest was on Aggregators where conversations were mainly about health care workers and their concerns with the lack of PPE equipment as well as their mental health. These results predict that the conversations about COVID-19 will be on-going only on mainstream news media.



Influencers:
The influencers let us know which accounts with major followings are talking about the topic of COVID-19, health care workers and mental health. As we can see, the KTVN 2 News Twitter account has used keywords such as “health care workers” and “mental health” which resulted in positive feedback from many users. This also shows that this mainstream media is the most used one that uses COVID-19 related keywords.



Sentiment:
The majority of the posts that involved the topic of COVID-19 and health care and mental health were negative. Many people were concerned about the lack of PPE that professionals had at many hospitals (57.2%). Many posts also expressed the disappointment of the duration of the pandemic this far. However, there were some positive posts (48.2%) that mainly touched base on the new technologies and a possible cure for COVID-19. This data shows that many people are still bothered and nervous for their family members who are health care professionals.



Keywords:
The main keywords that we found are “health workers,” “COVID-19,” “pandemic” and “mental.” Many posts mentioned the words “doctors” and “nurses” along with “mental health,” while providing daily updates. The most popular hashtag that was used is #covid19 and #anxiety. However, the volume of posts with those hashtags are extremely low. It’s important to know who your audience is and what key topic to focus on. This will direct your focus on what angle or keywords you should use when posting for your brand (Smarty, 2018). It’s also interesting to see that many people are not talking about the pandemic on social media but rather in households.

SOCIAL LISTENING ANALYSIS 2: CONTENT ANALYSIS

Overall, the sentiment that we found through our social listening analysis was negative, but there were a variety of different subsections of the data that point to more uplifting and positive trends in the data. One interesting distinction that we found through our research was the difference between men and women. Women tended to post uplifting, positive and encouraging messages on social media while men tended to post negative comments online.

Another important trend we found through our social media analysis dealt with mental health services provided for medical professionals. First, most of the Instagram posts under the hashtag #healthcareprofessionals included inspirational quotes or messaging. Second, of all of the posts that we analyzed, the majority stated that there needed to be more mental health services for healthcare workers due to the ongoing pandemic. We also found a majority of Twitter conversations included the lack of personal protective equipment for health care workers.

What we can derive from these trends in our research is that the majority of posts in the future pertaining to the mental health of healthcare professionals will try and uplift healthcare workers, while expressing a disappointment in the lack of services that they are provided with.

QUALITATIVE ANALYSIS 3: ONLINE SURVEY

Basic Demographics

Q5 - What is your gender?

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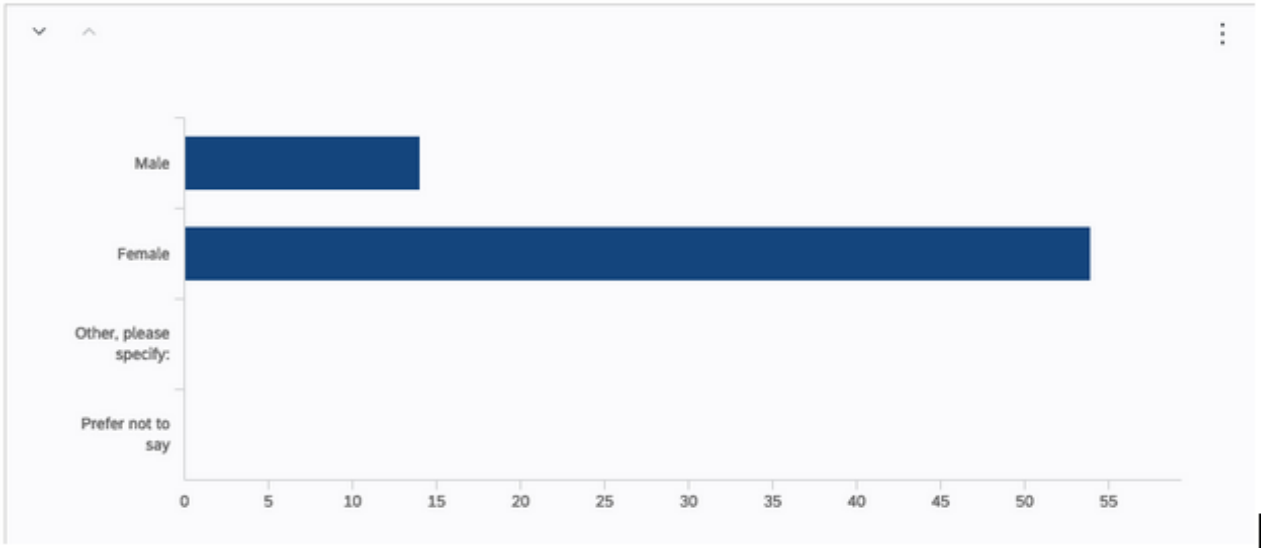

Q6 - How old are you?

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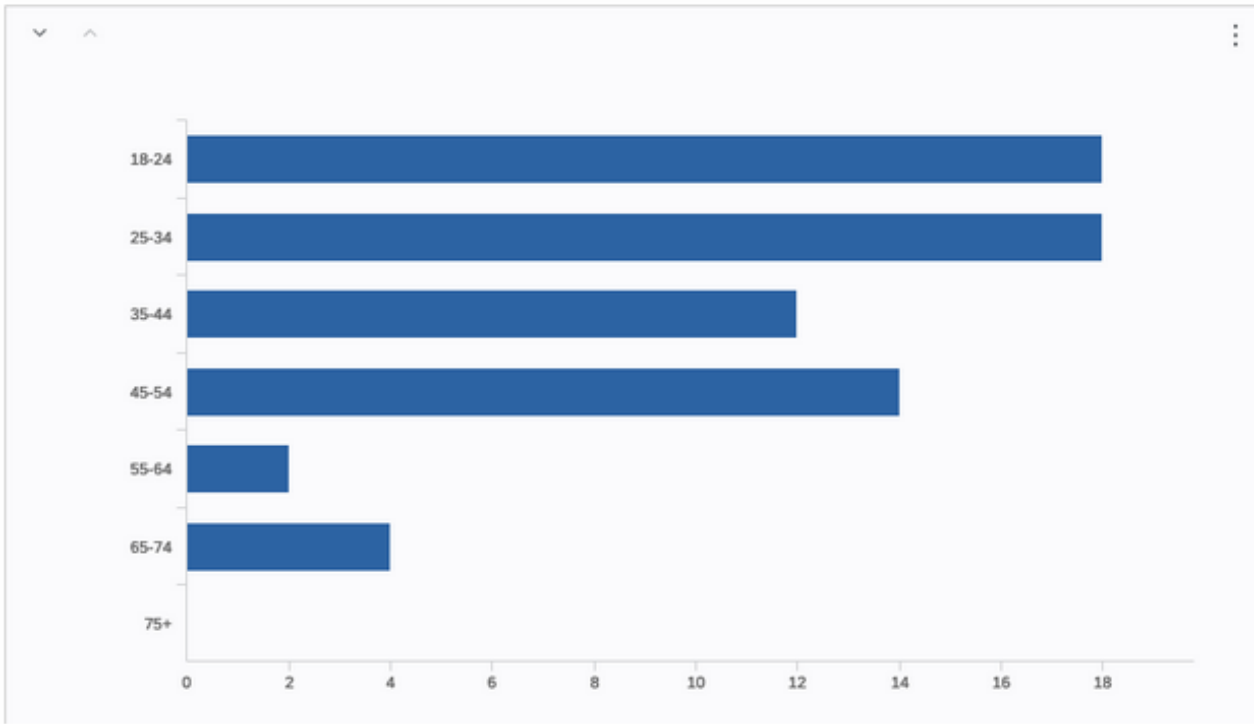
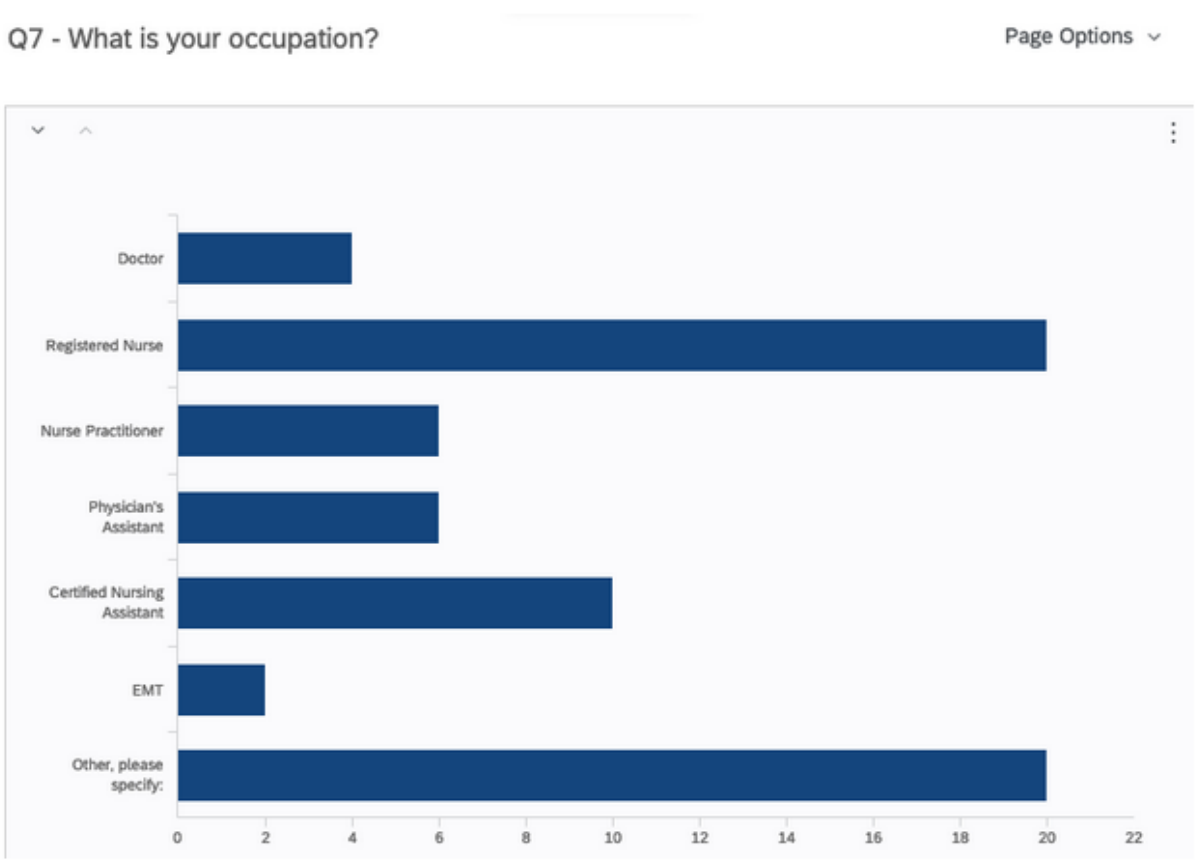
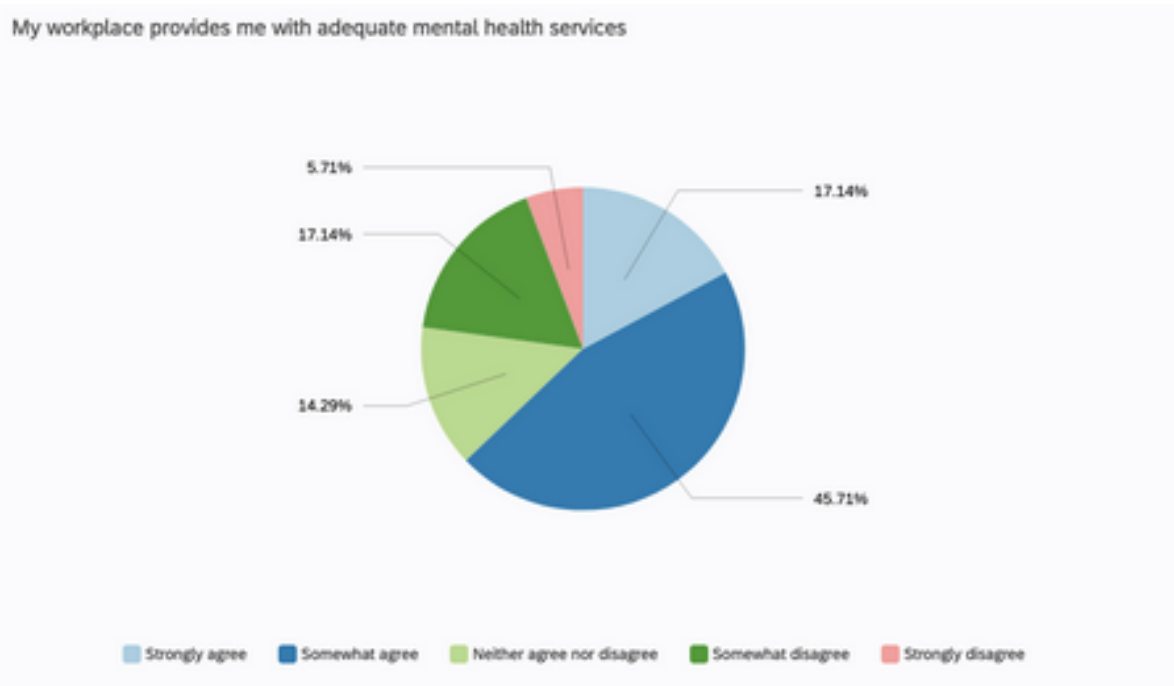
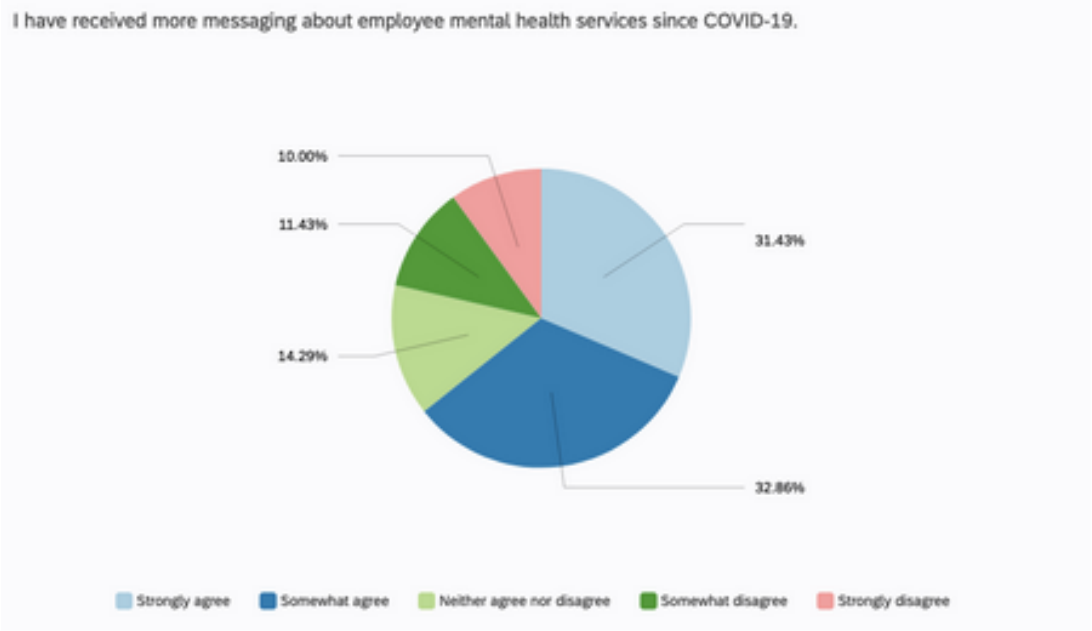


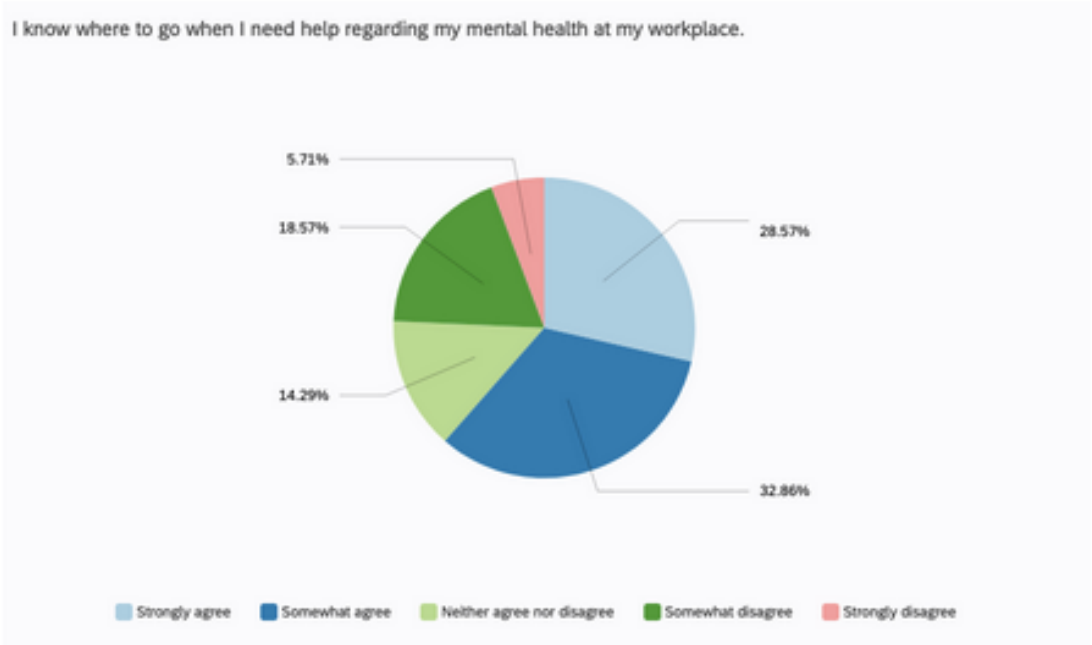


These demographics help us to understand the basics of who primarily filled out our survey. A majority of the participants identify as female, are on the younger side, as more than half of the respondents are generation Z or millennials, and are mostly nurses, nursing assistants or nursing students.

Q9 Employee Resources







More than half of all respondents either somewhat agreed or strongly agreed that their workplaces provide them with adequate mental health services, they have received more messaging about employee mental health services since the start of COVID-19, and they know where to go for help regarding their mental health at the workplace. These questions help us to identify an answer to the basic question of our survey: are health care workplaces providing their employees adequate mental health resources, and are those resources communicated well? Through these questions, we can see health care workers feel more confident in the communication of mental health services than the actual existence of the services themselves. Although a majority of participants agree on the existence and communication surrounding mental health programs at the workplace, at least one-third of all respondents in each question neither agree nor disagree or disagree with the increased communication and provided mental health services.

Q3 How often do you come in contact with COVID-19 patients vs. Q15 What mental health services would you like your workplace to provide you?

Stub: Q15: What mental health services would you like your workplace to provide you? - Selected Choice

	Q3: How often do you come in contact with COVID-19 patients?					
	Total	Every day	A few times a week	Once a week	A few times a month	Never
Total Count (Answering)	71.0	13.0	19.0	9.0	17.0	13.0
In-person counseling	28.0	6.0	5.0	4.0	7.0	6.0
Virtual counseling	36.0	7.0	8.0	5.0	9.0	7.0
Workshops or educational videos	21.0	4.0	7.0	2.0	4.0	4.0
Wellness programs (fitness, snacks/meals)	26.0	4.0	3.0	4.0	9.0	6.0
Other, please specify	4.0	0.0	2.0	0.0	0.0	2.0

To get a better idea of how coming into contact with COVID-19 positive patients influences what kinds of mental health services health care professionals would like to see from their employers, we cross-tabulated if and how often health care workers come into contact with COVID-19 patients and what mental health services those health care workers would like to see their places of work provide them. The results are all over the board, showing no matter how much exposure health care workers personally have to COVID-19 positive patients, many health care professionals would like to see an uptick in counseling and educational materials and workshops. It appears that health care workers with the least exposure to COVID-19 positive patients are more likely to want wellness programs, such as fitness and snacks, versus health care workers who have more exposure to COVID-19 positive patients.

Q6 age vs. Q16 attitudes toward work

Stub: Q16: Complete the statement with the most accurate response. When I'm on my way to work, I am

	Q6: How old are you?							
	Total	18-24	25-34	35-44	45-54	55-64	65-74	75+
Total Count (Answering)	67.0	17.0	18.0	12.0	14.0	2.0	4.0	0.0
focused on work.	29.9%	35.3%	11.1%	25.0%	50.0%	50.0%	25.0%	0.0%
calm and at ease.	32.8%	23.5%	38.9%	41.7%	28.6%	50.0%	25.0%	0.0%
slightly worried.	34.3%	41.2%	44.4%	25.0%	21.4%	0.0%	50.0%	0.0%
a wreck.	3.0%	0.0%	5.6%	8.3%	0.0%	0.0%	0.0%	0.0%

To get a better idea of how a person's age affects their perceptions toward working during the COVID-19 pandemic, we cross-tabulated question 6, "What is your age?" with question 16, "Complete the statement with the most accurate response: 'When I'm on the way to work, I am [focused on work/calm and at ease/slightly worried/a wreck.]'"

Of the 67 respondents, the younger groups of healthcare professionals between the ages of 18-34 expressed more anxiety and stress about working during the COVID-19 pandemic than older healthcare workers age 35 and older. 41% of respondents between ages 18-24 described themselves as “slightly worried” about working during the COVID-19 pandemic, while only 2 respondents between the ages of 25-44 described their mental state as “a wreck.” While our respondents were largely of a younger demographic, it was surprising to see that they tended to feel more worried than older healthcare workers.

Q6 age vs. Q13 do you use mental health services provided by your employer?

Stub: Q6: How old are you?

	Q13: Do you utilize the mental health services provided by your workplace?			
	Total	Yes	No	My workplace does not offer mental health services
Total Count (Answering)	67.0	19.0	37.0	11.0
Missing Count	4.0	1.0	3.0	0.0
18-24	17.0	1.0	15.0	1.0
25-34	18.0	8.0	7.0	3.0
35-44	12.0	3.0	4.0	5.0
45-54	14.0	5.0	7.0	2.0
55-64	2.0	1.0	1.0	0.0
65-74	4.0	1.0	3.0	0.0
75+	0.0	0.0	0.0	0.0

In order to understand how age affects the mental health of healthcare workers in the COVID-19 pandemic, we also cross-tabulated question 6, “what is your age?” with question 13, “Do you utilize the mental health services provided by your workplace?” Out of 66 total responses, 19 said they did use the services provided by their employer, while 37 said they did not. Upon further examination, the reason that this margin is so wide is because of the 18-24 age demographic. This age group answered almost unanimously that they did not utilize mental health services with 15 answering no and one answering yes.

Q8 Home State vs. Q16 attitudes toward work

Stub: Q8: In which state do you live?

	Q16: Complete the statement with the most accurate response. When I'm on my way to work, I am				
	Total	focused on work.	calm and at ease.	slightly worried.	a wreck.
Total Count (Answering)	65.0	18.0	22.0	23.0	2.0
Missing Count	5.0	2.0	1.0	2.0	0.0
Alabama	0.0	0.0	0.0	0.0	0.0
Alaska	0.0	0.0	0.0	0.0	0.0
Arizona	0.0	0.0	0.0	0.0	0.0
Arkansas	1.0	0.0	0.0	1.0	0.0
California	2.0	0.0	1.0	1.0	0.0
Colorado	0.0	0.0	0.0	0.0	0.0
Connecticut	0.0	0.0	0.0	0.0	0.0
Delaware	4.0	1.0	1.0	2.0	0.0
Florida	5.0	1.0	3.0	1.0	0.0
Georgia	2.0	1.0	0.0	1.0	0.0
Hawaii	1.0	0.0	0.0	1.0	0.0
Idaho	1.0	0.0	1.0	0.0	0.0
Illinois	2.0	1.0	0.0	1.0	0.0
Indiana	1.0	0.0	1.0	0.0	0.0
Iowa	1.0	1.0	0.0	0.0	0.0
Kansas	0.0	0.0	0.0	0.0	0.0
Kentucky	1.0	0.0	0.0	1.0	0.0
Louisiana	2.0	0.0	1.0	0.0	1.0
Maine	0.0	0.0	0.0	0.0	0.0
Maryland	1.0	0.0	1.0	0.0	0.0
Massachusetts	3.0	0.0	0.0	3.0	0.0
Michigan	1.0	0.0	0.0	1.0	0.0
Minnesota	0.0	0.0	0.0	0.0	0.0
Mississippi	1.0	0.0	0.0	1.0	0.0
Missouri	2.0	2.0	0.0	0.0	0.0
Montana	1.0	0.0	1.0	0.0	0.0
Nebraska	1.0	1.0	0.0	0.0	0.0
Nevada	0.0	0.0	0.0	0.0	0.0
New Hampshire	0.0	0.0	0.0	0.0	0.0
New Jershey	1.0	0.0	0.0	1.0	0.0

Q20: Marital Status and Q21: Do you have children vs. I am afraid I will spread COVID-19 to my loved ones because of where I work

Stub: I am afraid I will spread COVID-19 to my loved ones because of where I work.

	Q20: What is your marital status?						Q21: Do you have children?		
	Total	Single, never married	Married or domestic partnership	Divorced	Separated	Widowed	Total	Yes	No
Total Count (Answering)	67.0	27.0	35.0	4.0	1.0	0.0	67.0	38.0	29.0
Missing Count	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Describes me extremely well	20.0	10.0	7.0	3.0	0.0	0.0	20.0	9.0	11.0
Describes me very well	12.0	3.0	7.0	1.0	1.0	0.0	12.0	7.0	5.0
Describes me moderately well	12.0	3.0	9.0	0.0	0.0	0.0	12.0	8.0	4.0
Describes me slightly	17.0	8.0	9.0	0.0	0.0	0.0	17.0	10.0	7.0
Does not describe me	6.0	3.0	3.0	0.0	0.0	0.0	6.0	4.0	2.0
Describes me extremely well	29.9%	37.0%	20.0%	75.0%	0.0%	0.0%	29.9%	23.7%	37.9%
Describes me very well	17.9%	11.1%	20.0%	25.0%	100.0%	0.0%	17.9%	18.4%	17.2%
Describes me moderately well	17.9%	11.1%	25.7%	0.0%	0.0%	0.0%	17.9%	21.1%	13.8%
Describes me slightly	25.4%	29.6%	25.7%	0.0%	0.0%	0.0%	25.4%	26.3%	24.1%
Does not describe me	9.0%	11.1%	8.6%	0.0%	0.0%	0.0%	9.0%	10.5%	6.9%

When asked were participants afraid that COVID-19 will spread to their loved ones, the majority of single professionals (10.0) without children (11.0) said yes. This proves that when they are going into work, they are more concerned about protecting themselves the best way they can utilizing all resources provided to them. We predict that these professionals are concerned about the increasing number of patients that they come into contact with when they are at work. Married professionals (9.0) who have children (10.0) felt slightly less concerned about spreading the COVID-19 to their loved ones which is a bit ironic. As we would think they would be the main ones to be concerned about leaving a high-risk place to go to a house full of their loved ones.

QUALITATIVE ANALYSIS 4: INDIVIDUAL INTERVIEWS

Theme #1: Health care workers are burned out

Across the board, all of the people interviewed for our research said that they, and their coworkers, were burned out. The combination of stress, long hours and lack of time off has taken its toll on health care workers. One participant stated that the doctors she worked with had an "existential dread" relating to their work. She continued to say that people had quit because they could not continue to work in the conditions they were being subjected to. Another participant said that she and her coworkers were nervous because their floor was transitioning back to a COVID-19 floor due to the second wave. She said that going into it for a second time was even more stressful than the first time because she knows how mentally and physically draining it is to work with COVID-19 patients. A third participant said she has been on the COVID-19 floor at the state's main hospital since it transitioned into the COVID-19 floor in March. She said she has constantly had COVID-19 positive patients for months, and the lack of break in the cycle has caused her to burn out and go back on her anxiety medication.

Theme #2: The required gear for working with COVID patients is frustrating and adds to the stress of the job

Most of the participants of our interviews said that the process of putting on the protective gear and the amount that they are required to put on is obnoxious and stressful. One participant said she wears two masks, a gown, gloves and a face shield for the majority of her 12-hour shift. Another said that she was required to change her protective gear every time she came out of a room, so she would not spread the virus. They also both commented on how much their scalps hurt because of the surgical caps and masks they are required to wear. Another participant said she has had to wear the same N-95 mask for four straight months. She recently got fitted for a new mask that is bulkier but easier to clean. If the virus is not thought to be airborne in a patient's room, she must only wear a typical surgical mask, but she must change all of her equipment from room to room. She says she sometimes is wearing the incorrect PPE because there is a low supply, and changing into the correct PPE is difficult. One respondent who works in the ER said putting on PPE between patients can waste valuable lifesaving time, and wearing the proper PPE while doing chest compressions is near impossible. He said it is stressful to know which PPE to use when and when to forgo it for the quick care of critical patients. Overall, the interviewees described the PPE as inadequate, frustrating, bulky and time consuming.

Theme #3: Dealing with the emotions of COVID-19 patients is draining and difficult because they are not trained to deal with people's mental health

One of the hardest things that most of our participants mentioned was dealing with the mental health of their patients. Because, for the most part, they are the only contact for their patients, they often find themselves dealing with distraught patients. One participant stated that she had a person moved to her facility who had been in the ICU for 3 months with COVID-19 and other complications due to the virus. She walked into his room one day and he was crying because the doctors had tried to pull the plug on him in the ICU, but his son was able to stop them. She stated that she wanted to help the man, but she wasn't equipped to deal with the situation, which in turn affected her own mental health. She also stated that because the patients have so little to do, they watch T.V. and see some reports that COVID-19 is fake. She said this is very upsetting to many of her patients who have been in care for so long without their families. Overall, she said that one thing that would be greatly beneficial to her own mental health and stress would be a therapist on staff to deal with her patients' mental health issues. Another participant independently agreed with the first respondent without knowing the first respondent's attitudes. She said there are so many mental health workers within the hospital, and the COVID-19 floor could use some of those professionals to ease the burden of the other health care professionals.

Theme #4: Participants were very nervous about bringing the virus home

Our participants also unanimously stated that they were very nervous about bringing the virus home to their families. Because many of them live with their parents and siblings or other roommates, they would take extra precautions to make sure they didn't contact and spread the virus. One participant said that she lived in her living room for a month at the beginning of the COVID-19 pandemic, so she would not come in contact with her family. They would talk through the shower curtain that they hung in the doorway. This was hard for her because she felt so isolated, describing it as feeling like being in a jail cell. Another participant said she leaves all her belongings in her car when she gets home, and she rushes directly to the bathroom to clean and disinfect herself. She says her parents are very nervous about being around her, which affects her own mental health. She said she wishes the hospital gave out more communication about how medical professionals should come home and keep their family and friends safe. Finally, two participants said they lived with other medical professionals, and not only are they afraid to bring the virus home, but they are also afraid to bring the virus to work. The interviewees agree more communication about keeping their friends and families safe after a shift would be beneficial, and all the participants greatly feel the stress and anxiety of coming home after a shift.

Theme #5: Hospitals and workplaces either have lackluster or inaccessible employee mental health services or don't have the services at all

Across the board, all of our interviewees stated that the hospital or other place of employment where they work did not have accessible or adequate mental health services for employees. Some participants mentioned at least once that they felt as though the hospital approached the issue the same, you signed up to work with sick people. Beyond this, the sentiment was that health care workers should not suffer from mental health issues related to their jobs. Some participants stated that they felt underappreciated and overworked. They had not had any vacation time, increases in pay or improvements in mental health services. One participant said his coworkers on the COVID-19 floor had received a pay raise, but the health care workers in the ER did not receive the same increase in compensation, despite him saying he sees more COVID-19 positive patients in a day. Beyond this, some stated that they had not even been told if there were mental health services for them to use. Two participants said they had only heard about mental health services from other employees, while only one had admitted to receiving direct emails about the services. Two participants said their hospitals tried to do after-sift counseling or weekly counseling, but the times either did not fit their schedules, or they were so tired from a shift, they did not want to stay after work any longer than they had to. The participants had different views on whether their places of work cared about their mental health, but they all agreed communication was lacking and programs aren't adequate or enough to help with their mental health concerns.

Interesting Observations:

Although about two-thirds of survey respondents said they somewhat or strongly agreed that their workplace provides them with adequate mental health services and somewhat or strongly agreed they are receiving adequate communication about those mental health services, none of our five interview participants felt the same way for one or both of those questions. It's important to note all five of our participants also took the survey. Four out of five of our interview participants said they would use mental health resources provided by their employers if available and accessible to them, yet only one participant in the same 18-24-year age group in the survey actually uses the mental health services. This shows us how adequate programs along with proper communication of those programs may be utilized by this demographic of health care professionals.

Recommendations

Based on our research, we have a few recommendations for hospitals and other health care facilities regarding mental health services for health care workers during the COVID-19 pandemic. Besides the obvious recommendation to have the resources, such as individual and group counseling both in person and online, wellness programs, educational programs and other offerings, we recommend health care facilities meet the health care workers where they are with both programs and messaging.

Of our respondents who have access to mental health services at work, an overwhelming majority said they either did not know about them, did not use them or did not have time for them. Health care facilities need to schedule the programs for times that fit the unpredictable and uneven days and times health care workers work, not just the 9-to-5 schedule of the communications department. Also, although health care workers have received an increase of messaging about mental health services, according to our survey research, they do not have the time to read them during the day. Instead, posters posted in break rooms and bathrooms, social media posts and short messages are more easily digestible and accessible.

It is one thing to know what to say when targeting health care workers, but it is another thing to know how to say it and through which mediums. Once health care facilities have that down, health care workers will be more well informed about programs that can not only alleviate their stress but also help them help their patients. However, this direct and tactical messaging is nothing without programs that actually fit into health care workers' schedules and meet their needs. Health care workers, according to our research, do like the counseling, both in person and online, but they can't attend them unless they fit into their schedules and are not a burden on them. Coming in early, staying late, and coming in at a different time may work for some but not others, so health care facilities needs to see what works for their individual workforces.

Next, we recommend health care facilities start an internal campaign to reduce the stigma of health care professionals utilizing mental health services. Other than not knowing about the mental health services provided by the employer, the stigma behind seeking mental health services prohibits health care professionals from getting the support they want and/or need.

We recommend this campaign be geared toward the younger health care professionals who, according to our research, overwhelmingly do not use the mental health services provided compared to other age groups. We suggest showing statistics and personal stories about how many health care professionals are struggling with mental health and what they do to cope during the pandemic will help this demographic understand they are not alone. In addition to this education, mental health resources must be approachable for this demographic. Zoom or atrium events could be less overwhelming or less of a commitment than individual or group counseling and can be a steppingstone to realize getting mental health help is normal and expected. This ties into our first recommendation of meeting the health care workers where they are in both messaging and programs by targeting a more specific audience to help them feel more comfortable with helping themselves.

Finally, we recommend more employee education on leaving COVID-19 at work. When talking with our interviewees, and when looking at our survey results, we noticed many health care professionals at any age with any marital status and with or without children all had one thing in common: they are worried about bringing COVID-19 home to their families and roommates. Our interviewees expressed to us they were never told, briefed or educated about what to do when they get home. Many have come up with their own procedures to get undressed in the garage or immediately throw their scrubs in the washing machine.

On top of that, health care workers are bringing home the stress and trauma from working in a health care facility during the pandemic. Some may bottle it up in fear of worrying their family, while others may need to let it all out. Mental health and the virus don't just stay at work, and health care professionals need to have the information about what to do when they clock out.

We suggest building an employee education program surrounding what to do when health care workers get home. This is a traumatic time, and this information will help health care workers have a peace of mind. Written pamphlets, information on the intranet and workshops will provide the vital information to the employees they wouldn't otherwise receive. What might seem like a small thing that can be brushed over has such a large impact on more than just the medical professionals themselves.

We wanted our research project to focus on a group of individuals who have become more valuable and important than ever before: health care workers. The results of our research have shown that the needs of these most essential workers are not currently being met by their employers, but there is a desire for more resources to become available and accessible. Our recommendations are particularly important for young people just starting out in the healthcare field at such a critical time, since providing these mental health resources will prevent burnout and dangerous levels of stress, as well as help to remove the stigma faced by people who seek mental health services. Young health care workers may not currently take advantage of the resources offered to them by their employers, but our research found that was largely because the communication about mental health resources from health care organizations is spotty and sometimes unclear or outright difficult to access. We hope that our research findings and clear path of recommendations will help health care employers make informed decisions about communicating with their employees and recognizing their needs.

Appendix

SOCIAL LISTENING CODING SHEET (SEE EXCEL FILE)

SOCIAL MEDIA POSTS

https://www.instagram.com/p/CGVh8fMhbVZ/?igshid=1rkgtgrl7uict

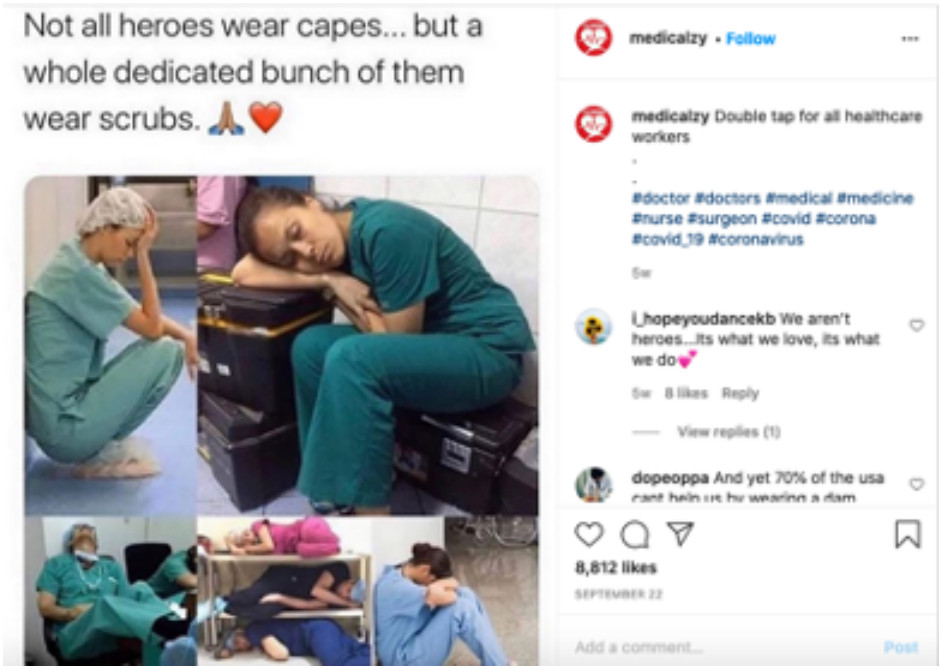
https://www.instagram.com/p/CGDwOREHHfl/?igshid=16hlb41uf1j7z

https://www.instagram.com/p/CGiokg1B3X7/?igshid=1co2bits4fl6z

https://www.instagram.com/p/CGQRUpklYnX/?igshid=1wihiqzj8yhw9

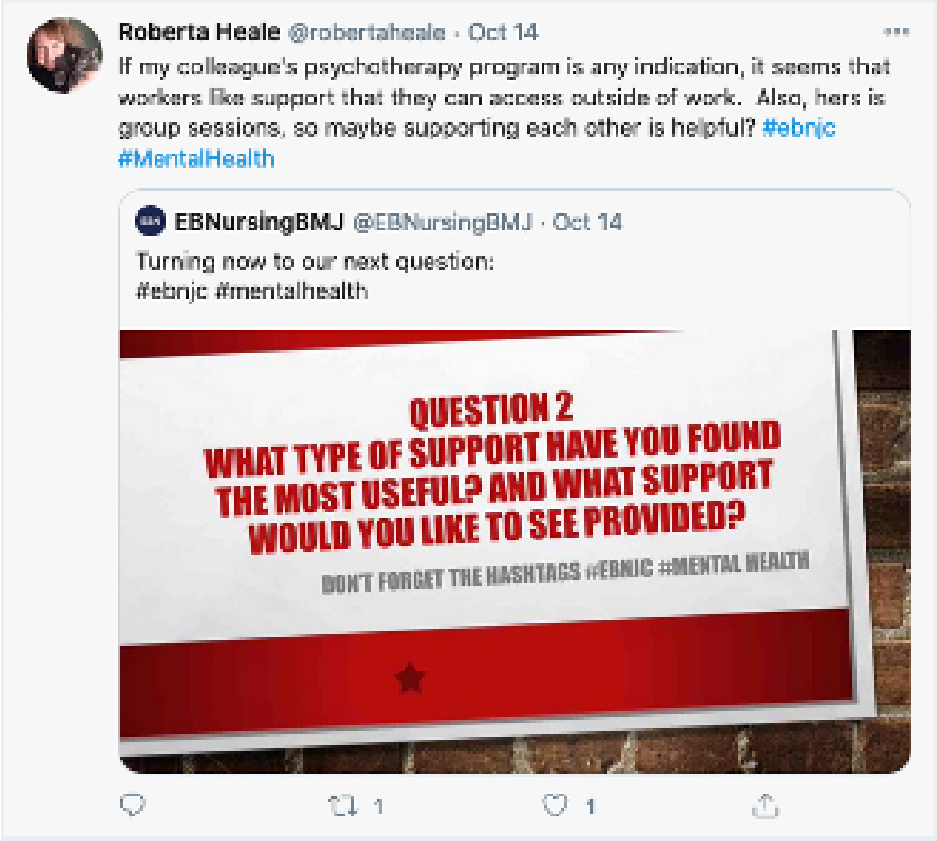
https://www.instagram.com/p/CGIfCejACcQ/?igshid=112zqgovq4eg2

https://www.instagram.com/p/CGDcvQZJZPC/?igshid=1us527h7bwlqi



https://www.instagram.com/p/CFctF10p1BK/?igshid=5oda04csn25u

https://twitter.com/jnjglobalhealth/status/1314873812907941888



https://twitter.com/robertaheale/status/1316459594814763010?s=21

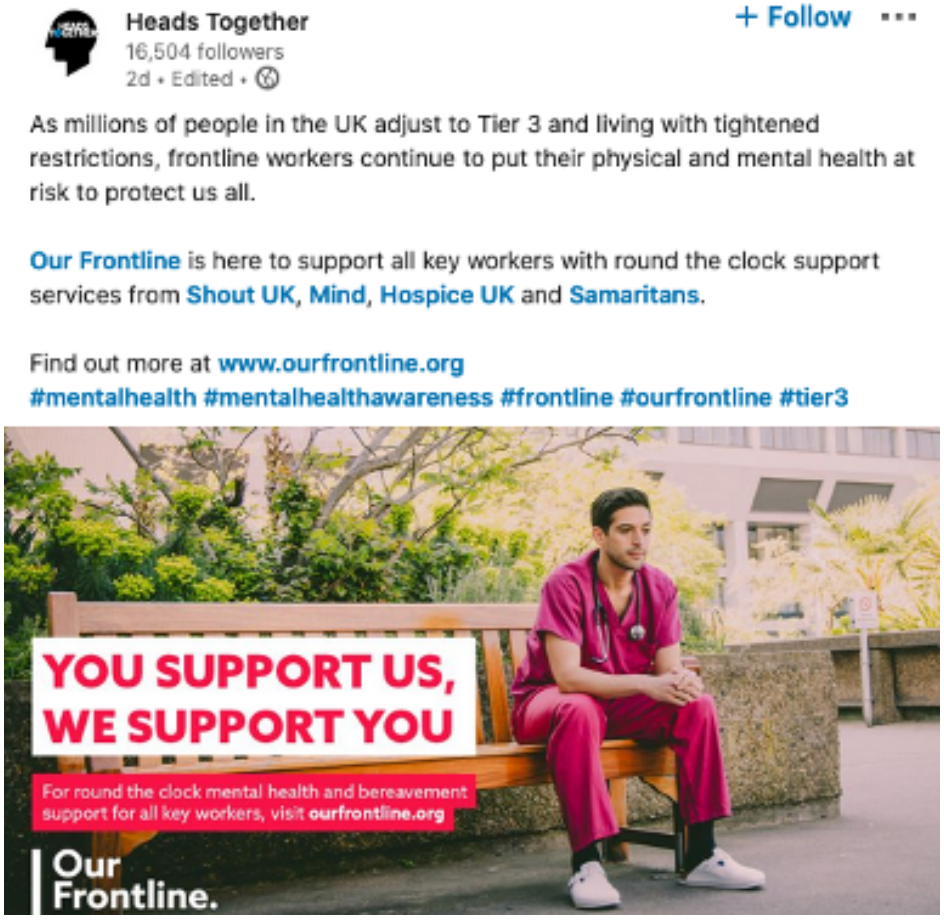
https://twitter.com/namicommunicate/status/1315336451677184003?s=21

https://twitter.com/cwalshmd/status/1315782783260917761?s=21

https://twitter.com/anxiouspsych/status/1316422470510022658?s=21

https://twitter.com/cuanschutz/status/1314943897479585796?s=21

https://twitter.com/trilogy_fit/status/1313818983469023233?s=21



https://www.linkedin.com/showcase/heads-together-trf/

Mental Health America
105,488 followers
1w •

+ Follow ···

The bill, which formally establishes 988 as the three-digit code for emergency mental health services, will allow people in emotional or mental distress to speak with a trained professional over the phone quickly, instead of dialing the 1-800-273-8255 number that people often cannot remember during a crisis.

We are beyond excited that you weighed in with congressional leadership about the astounding unmet needs of people experiencing thoughts of suicide or self-harm -- including essential and health care workers on the frontline of the global pandemic.

https://www.linkedin.com/search/results/content/?keywords=frontline%20workers%20mental%20health&origin=GLOBAL_SEARCH_HEADER

National Council for Behavioral Health
67,041 followers
1d •

+ Follow ···

Doctors say a second wave of mental health devastation brought on by the pandemic is imminent and has the potential to overwhelm parts of the mental health care system. "This is going to be a long-haul situation," said National Council President and CEO **Charles Ingoglia**. "Our members are reporting about a 20-percent reduction in revenue."

Doctors: Second wave of mental health devastation from pandemic imminent

https://www.linkedin.com/feed/update/urn:li:activity:6727664912824315904/

https://twitter.com/buckeyegirlMap/status/1322033852089618432

https://twitter.com/CHEAM_UAE/status/1321388493621338112

https://twitter.com/emilymgleason/status/1317135709627613185

https://www.linkedin.com/feed/update/urn:li:activity:6725447542953390080/

https://www.instagram.com/p/CF2iPhDlBji/?igshid=112nve9d7dcox

https://www.instagram.com/tv/CEWit3ZnkmL/?igshid=1uuj5l0g3i8lw

https://www.instagram.com/p/CFYVbYyDht8/?igshid=v06w3g5ntvg2

https://www.instagram.com/p/CBMMuP5JFSf/?igshid=3hlk92d4z1dm

https://www.instagram.com/p/CBVACRwIeMK/?igshid=sj5ovsy7lhyn

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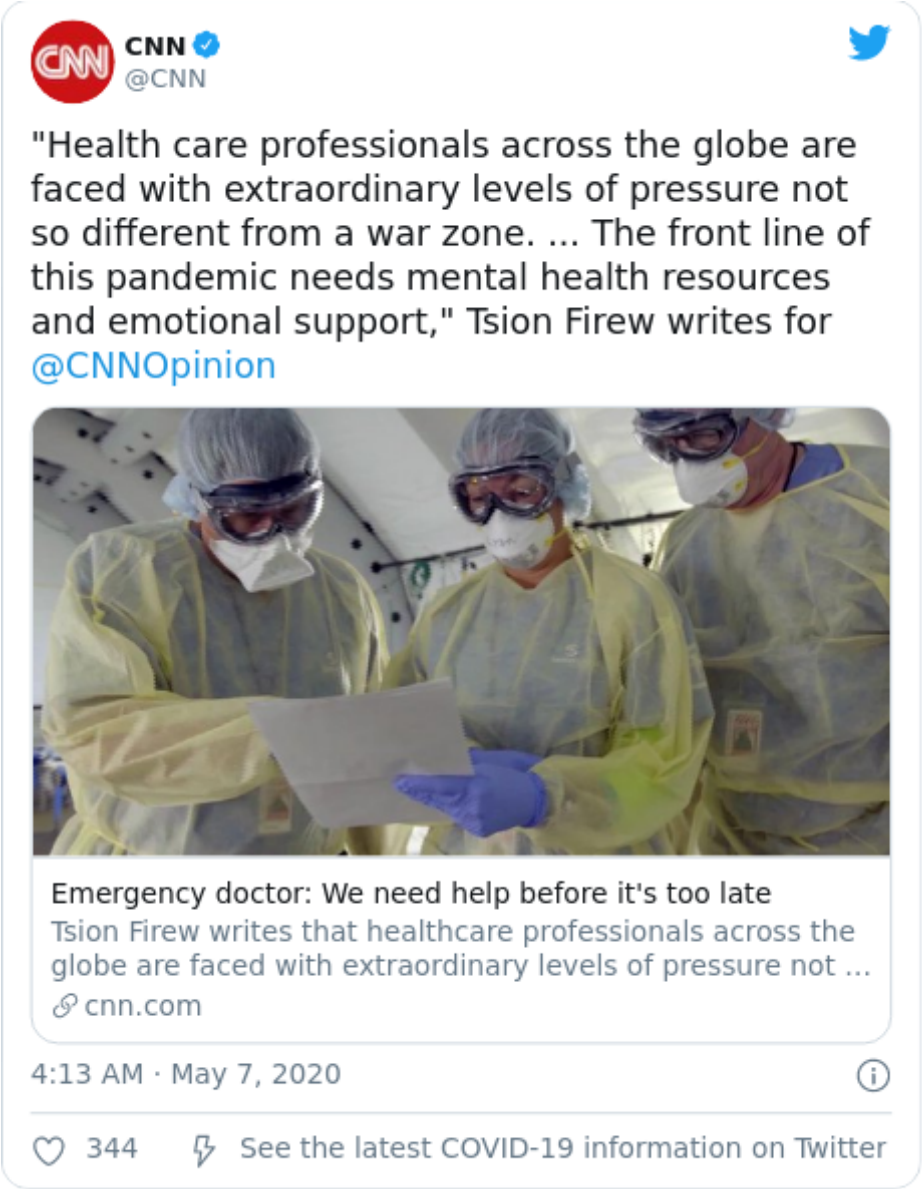
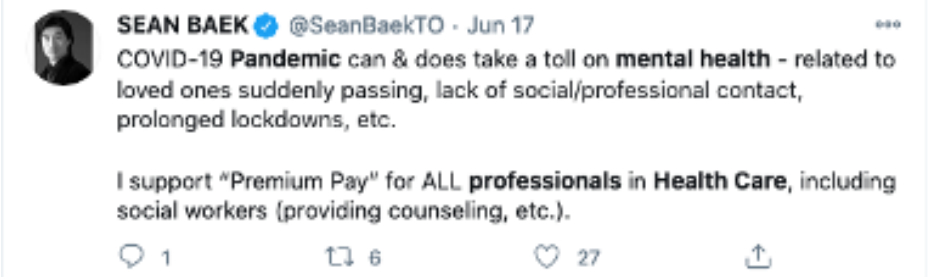


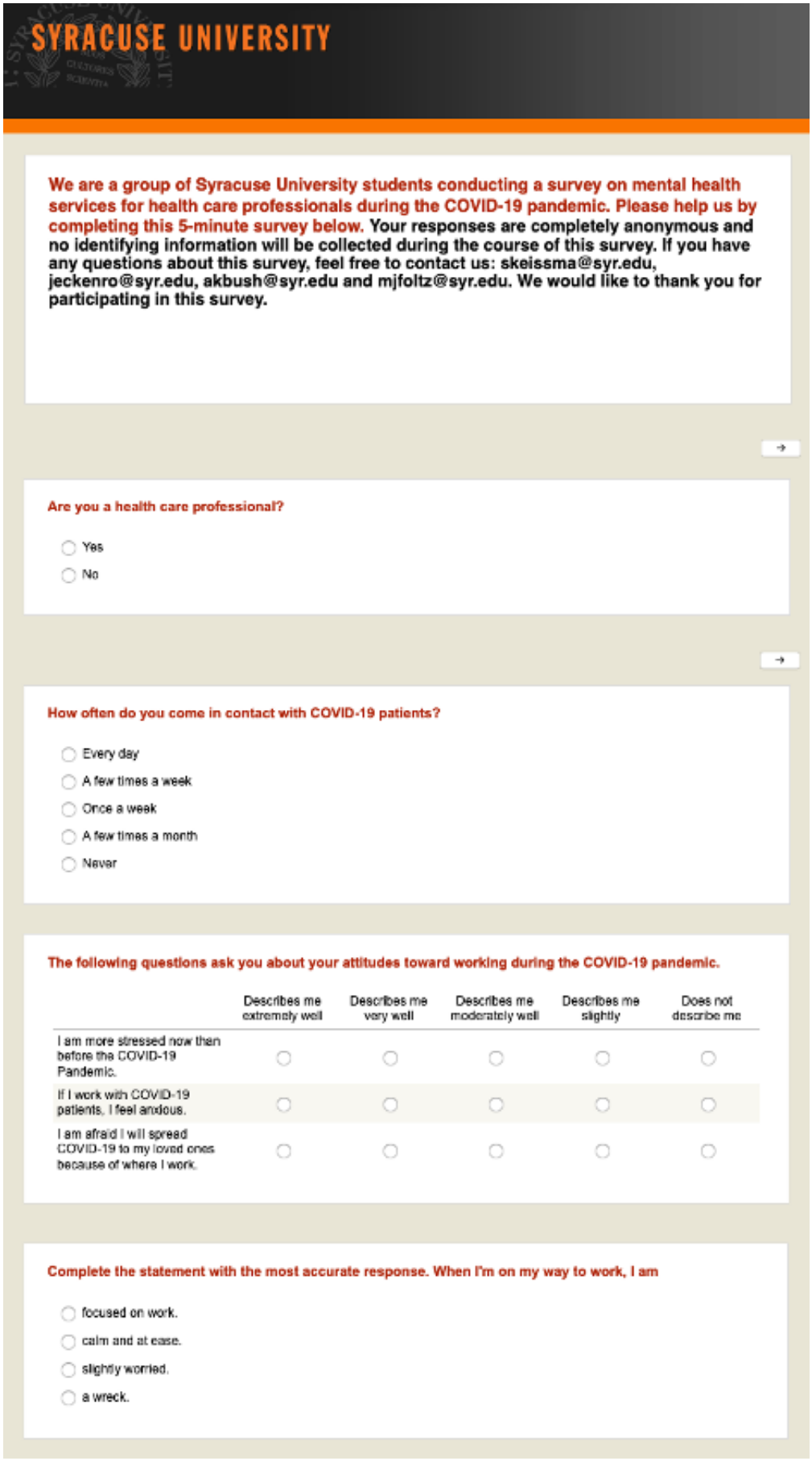
https://twitter.com/CNN/status/1258248465953546240



https://twitter.com/SeanBaekTO/status/1273297672796020738

QUALTRICS SURVEY

https://syracuseuniversity.qualtrics.com/jfe/form/SV_6h4Qh1BfdzMu4



SYRACUSE UNIVERSITY

We are a group of Syracuse University students conducting a survey on mental health services for health care professionals during the COVID-19 pandemic. Please help us by completing this 5-minute survey below. Your responses are completely anonymous and no identifying information will be collected during the course of this survey. If you have any questions about this survey, feel free to contact us: skeissma@syr.edu, jeckenro@syr.edu, akbush@syr.edu and mjfoltz@syr.edu. We would like to thank you for participating in this survey.

→

Are you a health care professional?

- ○ Yes
- ○ No

→

How often do you come in contact with COVID-19 patients?

- ○ Every day
- ○ A few times a week
- ○ Once a week
- ○ A few times a month
- ○ Never

The following questions ask you about your attitudes toward working during the COVID-19 pandemic.

	Describes me extremely well	Describes me very well	Describes me moderately well	Describes me slightly	Does not describe me
I am more stressed now than before the COVID-19 Pandemic.	○	○	○	○	○
If I work with COVID-19 patients, I feel anxious.	○	○	○	○	○
I am afraid I will spread COVID-19 to my loved ones because of where I work.	○	○	○	○	○

Complete the statement with the most accurate response. When I'm on my way to work, I am

- ○ focused on work.
- ○ calm and at ease.
- ○ slightly worried.
- ○ a wreck.

The following questions ask you about the employee resources available at your workplace.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My workplace provides me with adequate mental health services.	○	○	○	○	○
I know where to go when I need help regarding my mental health at my workplace.	○	○	○	○	○
I have received more messaging about employee mental health services since March.	○	○	○	○	○

Do you utilize the mental health services provided by your workplace?

- ○ Yes
- ○ No
- ○ My workplace does not offer mental health services

→

What mental health services does your employer offer you? Check all that apply.

- ☐ In-person counseling
- ☐ Virtual counseling
- ☐ Workshops or educational videos
- ☐ Wellness programs (fitness, snacks/meals)
- ☐ Other, please specify:

What mental health services would you like your workplace to provide you?

- ☐ In-person counseling
- ☐ Virtual counseling
- ☐ Workshops or educational videos
- ☐ Wellness programs (fitness, snacks/meals)
- ☐ Other, please specify

→

The following questions are demographic questions.

What is your occupation?

- ○ Doctor
- ○ Registered Nurse
- ○ Nurse Practitioner
- ○ Physician's Assistant
- ○ Certified Nursing Assistant
- ○ EMT
- ○ Other, please specify:

What is your gender?

- ○ Male
- ○ Female
- ○ Other, please specify:
- ○ Prefer not to say

How old are you?

- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65-74
- ○ 75+

What is your marital status?

- ○ Single, never married
- ○ Married or domestic partnership
- ○ Divorced
- ○ Separated
- ○ Widowed

Do you have children?

- ○ Yes
- ○ No

Please indicate the racial or ethnic group(s) with which you identify. Please check all that apply.

- ☐ African American/Black
- ☐ Asian American/Asian
- ☐ Hispanic/Latinx
- ☐ Middle Eastern/North African
- ☐ Native American/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Preferred response not listed, please specify:

In which state do you live?

→

We thank you for your time spent taking this survey.
Your response has been recorded.

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