TRAUMATIC STRESS MANAGEMENT IN HEALTHCARE STAFF

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Introduction

Healthcare professionals, especially doctors and nurses, often have to work in contexts where time constraints add to the complexity of the tasks they have to perform in order to assist people in need. During Covid-19 emergency, this aspect, in addition to the stress caused by being exposed to critical images and situations, becomes a risk factor for medical and healthcare personnel to develop traumatic stress reactions.
Therefore, it is necessary to intervene with healthcare workers who have experienced such high levels of stress and are at risk of burn-out and traumatisation, both in case of daily, routine events, and in case of exceptional critical events, such as those faced during the Coronavirus emergency.

It has been observed that events that are experienced in a traumatising way by healthcare staff (medical staff, first responders, etc.) are generally those where: relatives or people they know are among the victims; failure after considerable efforts; colleagues that are infected or die while on duty; being exposed to an emergency that involves many victims, etc..

In the last weeks and months, healthcare staff have been exposed to all these stressors and to great risks to their psychological balance and well-being: they have had to manage many patients at the same time with insufficient and limited resources to deal with the emergency; they have been exposed to infection themselves, many have fallen ill or have died; they have been afraid to infect their families to the point of deciding, in some cases, to live and sleep elsewhere so as not to infect their children and relatives.

We have been able to follow their work and we are all aware that they are one of the most exposed populations and most in need of psychological support during this emergency.

Considering the normal phases of processing stress and trauma, we know that their need for specific psychological support will be even greater in the future when they are finally able to face the emotional and psychological side of the emergency. Such support will facilitate their recovery, the restoration of their working serenity and their daily routine.

Taking into account research in this field and international literature, we can think that most of the psychological work will probably be done at the end of this emergency, since healthcare staff have been focused on dealing with the medical side of the pandemic and during this phase they are unlikely to access their emotional response, except for some who are overwhelmed. The fact that many have been infected and others have died has been traumatising for their colleagues, who have not even had

the chance to mourn them. At the same time, every doctor or nurse who was infected reminded others that they could be the next, and this kind of experience is one of the great risk factors for post-traumatic disorders.

The Covid-19 emergency also exposed staff to another very traumatising aspect: dealing with many patients at the same time, with the anxiety of not having enough ventilators or life support devices for so many people.

After this acute emergency phase, certain images or memories will remain as "open wounds", which, if not treated with due care and specific therapeutical protocols, are known to cause sequelae at a professional level in people affected.

As a consequence, this can produce a strong decline in the person's job performance, which is also expressed through a sense of uneasiness to the point of real discomfort, which does not allow the person to work effectively with other colleagues and staff (members of one's own team: ambulance drivers, nurses, doctors; or members of other teams of first responders: law enforcement; firefighters…) as required; also it does not allow the person to make correct use of operational protocols or guidelines and, above all, to assess patients' needs with the necessary clear thinking.

It is important to bear in mind that discomfort is a common response to an exceptional or cumulative traumatic stimulus and there are ways of intervening to alleviate this suffering. Many directors of medical staff in hospitals, working mainly in resuscitation and intensive care, are aware of this need in the staff and have requested specific psychological support such as EMDR.

Perspective of intervention

As far as healthcare staff are concerned, there is a considerable amount of research in literature that confirms the strong presence of a specific need for their psychological support. The first objective is to significantly reduce the consequences of acute stress. EMDR therapy, recommended by WHO in 2013 as one of the most advanced and effective psychological interventions, can be used in all phases of the emergency (before, during and after).
One of the first psychological interventions must necessarily be understood as a *prevention activity*. The goal must be to promote, among first responders, experiences and behaviours useful to manage critical events in the best way. One of the most important things is to increase their internal resources and therefore the sense of adequacy and effectiveness. It is important that staff know they can count on a body of emotional, cognitive and behavioural skills to deal with problematic situations. EMDR protocols for resilience enhance these skills and prepare staff to face very stressful and traumatic missions.

Psychological intervention during a major emergency consists of emotional/psychological first aid. After satisfying the basic needs related to survival (drinking, eating, sleeping, staying warm and safe, etc.), this intervention aims, in particular, to mitigate the impact, facilitate normalisation and accelerate the recovery of people’s normal functions. Techniques and strategies of the EMDR approach have been used at this stage with medical staff and healthcare professionals, within various healthcare facilities and companies.

The psychological intervention after this serious emergency will consist of short cycles of EMDR sessions, individually or in groups, to process traumatic stress and encourage the return to daily working, relational, personal and family life.

The aim is to help medical staff to identify their needs for psychological support in order to help improve the subjective quality of their work. Tools will be given to strengthen their stress management resources and increase their psychological protection factors.

This comprehensive program can highlight the care and attention that is given to the medical staff, even after the Covid-19 emergency is over.

It is also important to give space to understand how everyone has dealt with stress, the effects of this emergency and the changes in life they have noticed, so as to remove the risk factors that may still be left and then promote recovery and well-being.

Guidelines for intervention

Programmes to offer support in the context of the Covid-19 emergency, especially in the final and post-emergency phase should be articulated and comprehensive.
The reactions that this emergency has provoked are very complex and have gone through different phases, with effects mainly at a community level and in the working life of each healthcare service and in each team.
The psychological consequences are linked to fears experienced during the emergency, from the fear of being infected or of infecting others and one's own family, to living under great stress when noticing that daily routine (at a family, work and relational level) was interrupted, where the ordinary coping skills of individuals and communities were no longer sufficient to face the situation that was developing.

The intervention plan could be proposed in the individual operational units, giving priority to those that were in front line in red zones.

Programmes should be articulated in different interventions aimed at supporting the individual, groups or the whole team:

- Individual telephone/video support on request from the healthcare professional who might need it. It is possible to provide a phone number and email address to which the healthcare professional can make a request autonomously.

- Group defusing and debriefing meetings integrated with EMDR Group protocol (online or in presence), for all healthcare professionals who want to participate. The meetings can be planned according to the person’s work schedule and healthcare professionals can participate autonomously. The defusing and debriefing EMDR group meetings have the objective of helping personnel to have relief and manage the effects of stress and to defuse emotional tension and process the most traumatic moments experienced in the Covid-19 emergency. Both individual and group resources will be identified and enhance during the group activities.

- Individual sessions: Short cycles of 3 individual sessions (online or face to face) of EMDR for personnel who request them or express a need. The support will be addressed in particular to doctors, nurses, personnel that have experienced quarantine, who have been found positive to the virus, who have suffered a loss, who have sick relatives, who has dealt with a large number of patients in the acute phase, etc.

Not all the people initially involved will go through the whole process, we can assume that for some people the telephone contact or group intervention may be sufficient. For this reason, a large number of personnel can be reached with this specialised support and the programme can be adapted and modified according to specific needs.

It is fundamental to reach healthcare professionals in the new phases of the Covid-19 emergency with an evidence-based psychological support tool recommended by international guidelines for clinical practice, such as EMDR.

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