HEALTHCARE WORKERS EMOTIONAL WELL-BEING DURING THE PANDEMIC
https://youtu.be/OrQziCLHkoY

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Background: Eight healthcare workers’ (HCWs) responses to the pandemic studies were conducted nationally. 61% reported enhanced meaning-in-life, 33-80% anxiety, 36%-48% depression, and 67% PTSD. The most stressful situations were exposure/infection/illness/death, PPE/supplies, unknowns, and opinions/politics. RNs experiences working with hospitalized COVID-19 patients were described as the human connection, nursing burden/pride, and coping. No completed/in-process US study addressed HCWs’ resilience, moral transgressions/betrayal, emotional well-being (EWB) or employer provided supportive/mental health interventions during the pandemic.

Purpose: Describe HCWs’ sociodemographics, resilience (CD-RISC-2), transgressions/betrayal (MIES), meaning in life, (MLQ presence-of-meaning subscale), EWB (anxiety (GAD-2), depression (PHQ-2), PTSD (PTSD-PC-4)), and provided supportive/mental health intervention use/benefit during the pandemic.

Methods: A descriptive/comparative design with online recruitment/data collection and convenience sampling was conducted with 143 subjects. The setting was all HCWs employed at a Los Angeles County hospital.

Findings: On average, subjects were married (n=90, 62.9%), white/Caucasian (n=88, 61.5%), non-Hispanic (n=89, 76.7%), female (130, 90.9%) direct-care registered nurses/APRNs (65, 45.8%) employed full time (n=123, 86%) on day shift (n=115, 80.5%). Subjects were 42.27±12.5 years old with good-very good self-reported health (n=108,75.6%). The majority had not contracted COVID, required housing changes/self-isolation, or incurred any uncompensated financial burden due to COVID but had contact with/cared for COVID patients (n=94, 65.8%). Use/benefit of provide interventions was low (n=106, 74.2%) Resilience and meaning in life were high (81.5%, 86.3%), and moral transgressions/betrayal low (29.4%/35.4%). 17.5% had anxiety and 10.5% and 9.8% met criteria for additional depression and PTSD screening. Using a dichotomized mean EWB score, significant findings of those with poorer EWB lived with fewer children, had poorer resilience/meaning in life, experienced more moral transgressions/betrayals, reported poorer perceived health, and more frequently isolated from family/roommates within their home. There was no difference in intervention use/benefit.

Implications: The findings provide knowledge about provided supportive/mental health intervention use/benefit of our valued HCWs.