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**Shahla Siddiqui**  
Department of Anesthesia, Critical Care and Pain Medicine  
Beth Israel Deaconess Medical Center  
Harvard Medical School  
USA  
[shahlasid@yahoo.com](mailto:shahlasid@yahoo.com)



**Margaret M. Hayes**  
Director Medical Intensive Care Unit  
Department of Pulmonology and Critical Care  
Beth Israel Deaconess Medical Center  
USA  
[mhayes7@bidmc.harvard.edu](mailto:mhayes7@bidmc.harvard.edu)



**Amy M. Sullivan**  
Department of Medicine  
Beth Israel Deaconess Medical Center  
USA  
[asulliv5@bidmc.harvard.edu](mailto:asulliv5@bidmc.harvard.edu)



**Alan Lisbon**  
Department of Anesthesia, Critical Care and Pain Medicine  
Beth Israel Deaconess Medical Center  
Harvard Medical School  
USA  
[alisbn@bidmc.harvard.edu](mailto:alisbn@bidmc.harvard.edu)



**Valerie Banner-Goodspeed**  
Department of Anesthesia, Critical Care and Pain Medicine  
Beth Israel Deaconess Medical Center  
Harvard Medical School  
USA  
[vgoodspe@bidmc.harvard.edu](mailto:vgoodspe@bidmc.harvard.edu)



**Todd Sarge**  
Department of Anesthesia, Critical Care and Pain Medicine  
Beth Israel Deaconess Medical Center  
Harvard Medical School  
USA  
[tsarge@bidmc.harvard.edu](mailto:tsarge@bidmc.harvard.edu)

# Compassion and Humanism in the ICU – A Clinical Study

## Importance and Objectives

To observe the impact and main contributing factors of stress, anxiety and depression among frontline staff in the intensive care units during the COVID-19 pandemic, and to determine if wellness resources are useful.

## Design

Mixed method observational cohort study.

## Setting and Participants

All frontline staff working in the intensive care units at one tertiary academic medical centre during the COVID-19 surge.

## Main Outcomes and Measures

An online survey consisting of both closed and open-ended questions from validated screening instruments for generalised anxiety and depression was administered. Response rate was 33.5% (67/200), with most respondents being nurses.

## Results

A majority of respondents reported excessive worry and difficult to control depressive symptoms. Women and nurses reported more of these symptoms compared with men and non-nurse healthcare workers, respectively. The predominant fears were for personal safety and for loved ones. Participants also reported moral dilemmas about patient care. Wellness resources were not found useful, especially by women and nurses. The qualitative analysis revealed compassion, communication, and empathy to be useful in mitigating the stress and depression from working on the frontlines during the pandemic.

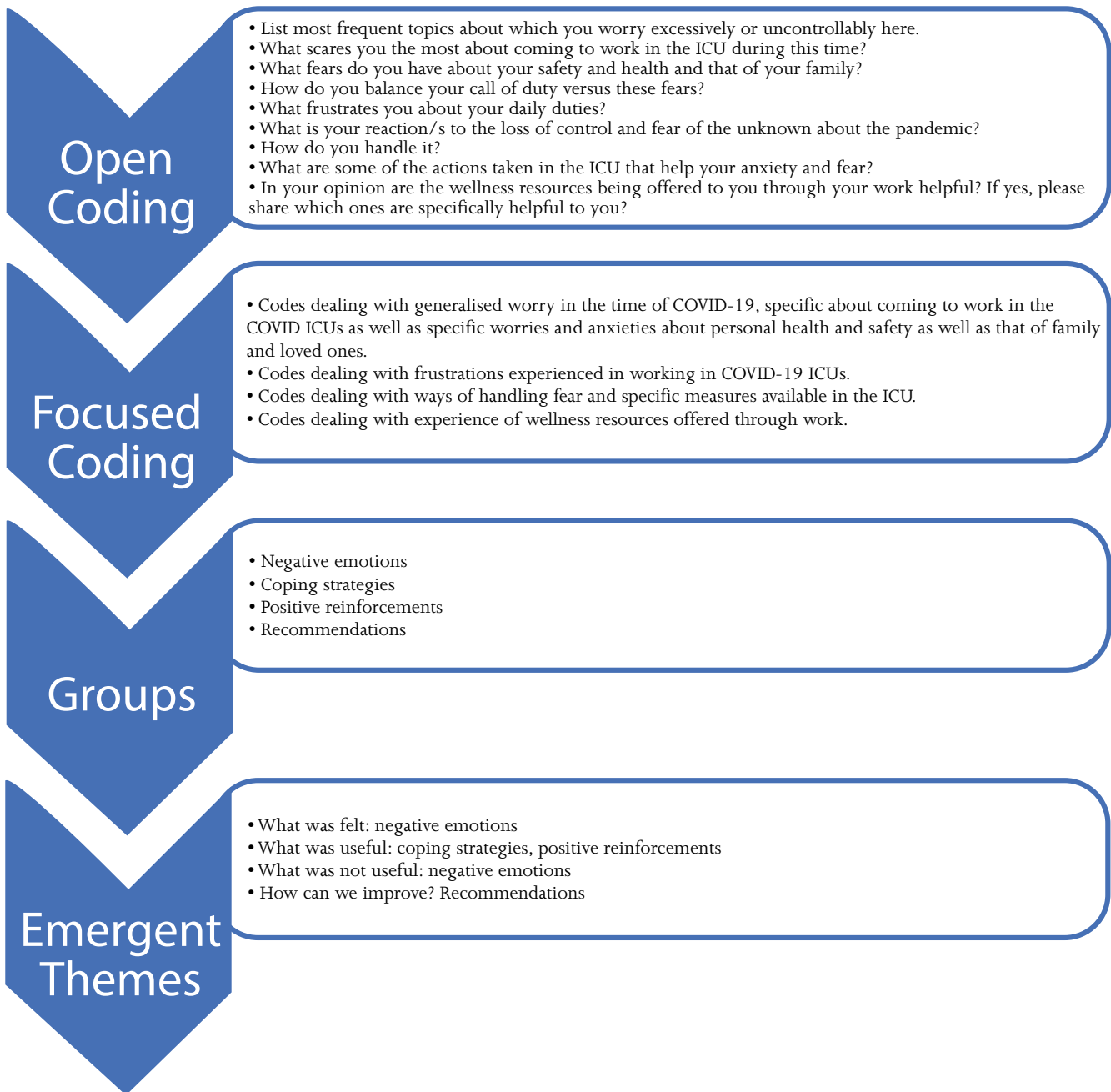
## Conclusions and Relevance

The pandemic continues to ravage populations and has a tremendous impact on the mental health of healthcare staff. Greater efforts must be made to listen to the feedback given by these workers to ensure creation and implementation of interventions with the greatest benefit.

## Introduction

The COVID-19 pandemic gripped the world at the beginning of 2020, and quickly it was clear that Intensive Care Unit (ICU) staff would bear the brunt of managing thousands of critically ill and dying patients (Wu et al. 2005; CDC 2019). By March 2020, Boston was in the midst of its first

surge and our hospital, like others, was dealing with hundreds of patients in all standard ICU locations, as well as in surge ICU locations (non-traditional ICU spaces that were turned into ICUs). These surged ICUs were staffed by physicians, including residents and fellows, nurses, and certified registered nurse anaesthetists (CRNAs)



**Figure 1.** Qualitative analysis

deployed from non-ICU settings (Maves et al. 2020). Even before the pandemic, there were high rates of anxiety, depression, and ethical and moral distress amongst staff in the critical care environment (Mealer et al. 2009). However, since the pandemic began, there has been an increase in reports of significant issues affecting the mental

health of healthcare workers (HCWs) on the frontline of this crisis (Azoulay et al. 2020) as the pandemic has led to extraordinary amounts of stress on HCWs (Sasangohar et al. 2020). These stressors, which include increased workload, physical exhaustion, inadequate personal equipment (PPE), risk of nosocomial transmission, and the

need to make ethically difficult decisions on the rationing of resources, may have dramatic effects on HCW's physical and mental well-being (French-O'Carroll et al. 2020) HCWs were also without their usual social supports due to isolation at work and home, which is required for infection control, and the sudden need to

| Characteristic                            | Number = 67 |
|---|-------------|
| Role, No. (%)                             |             |
| Resident                                  | 15 (22.4)   |
| Fellow                                    | 0 (0.0)     |
| Attending                                 | 3 (4.5)     |
| Respiratory Therapist                     | 3 (4.5)     |
| Nursing Professional                      | 44 (65.7)   |
| Other                                     | 2 (3.0)     |
| Gender, No. (%)                           |             |
| Female                                    | 56 (84.9)   |
| Ethnicity, No. (%)                        |             |
| Hispanic or Latino                        | 4 (6.1)     |
| Not Hispanic or Latino                    | 58 (87.9)   |
| Prefer not to answer                      | 4 (6.1)     |
| Race, No. (%)                             |             |
| White                                     | 54 (81.8)   |
| Black or African American                 | 0 (0.0)     |
| Asian                                     | 3 (4.6)     |
| Native Hawaiian or other Pacific Islander | 0 (0.0)     |
| American Indian or Alaskan Native         | 0 (0.0)     |
| Multi-Racial                              | 0 (0.0)     |
| Other                                     | 2 (3.0)     |
| Prefer not to answer                      | 7 (10.6)    |

**Table 1.** Self-reported characteristics of survey respondents (n=67).

work different hours than they used to and in different locations (Epstein et al. 2019). HCWs are, therefore, especially vulnerable to mental health problems, including fear, anxiety, depression and burnout (Rossi et al. 2020). Hospitals and organisations have added a multitude of wellness programmes during the pandemic to provide staff with coping techniques, including online yoga sessions, meditation programmes, stress hotlines and other virtual group activities while maintaining social distancing (Walton et al. 2020).

The objective of this study was to describe the presence of anxiety, depression, ethical and moral distress among ICU HCWs based on job categories during the COVID-19 pandemic surge in our hospital, and to assess the value of wellness programmes

offered in mitigating this stress. Our research questions were as follows: to what extent do ICU clinicians report anxiety or depression as a result of working during the pandemic? Do reports of these symptoms vary by gender or profession? How do clinicians describe specific concerns about work, family, or their personal health? Are workplace wellness programmes experienced as helpful in reducing symptoms of anxiety or depression?

#### Materials and Methods

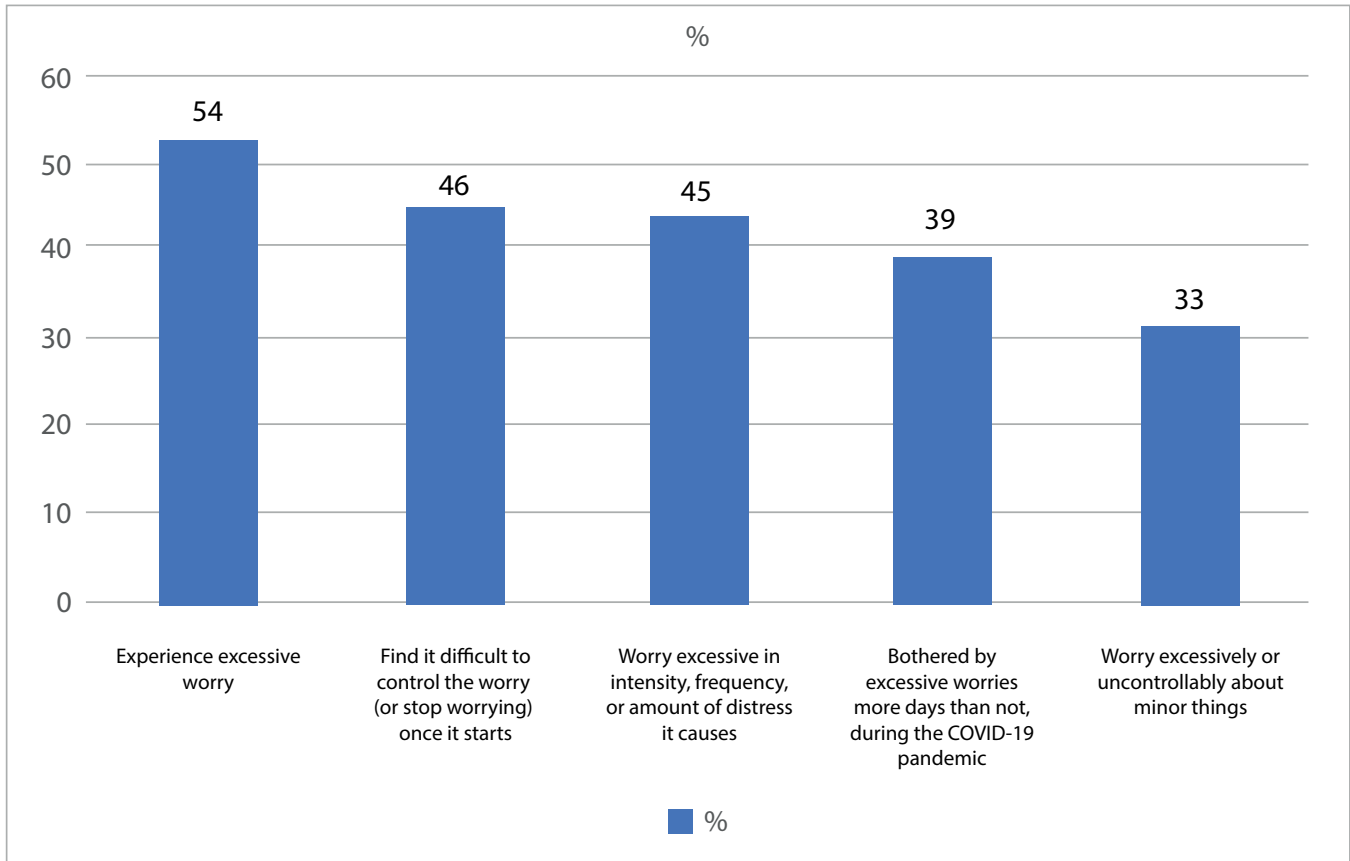
This study was approved as exempt by our Institutional Review Board (obtained from BIDMC IRB protocol number 2020P000358, version 1). Between the months of March and May 2020, we conducted an online cross-sectional survey including 26 multiple

choice and open-ended questions across all ICUs of the Beth Israel Deaconess Medical Center in Boston, USA. This is a 670-bed academic tertiary care hospital with 77 staffed ICU beds. Two surge ICUs were created to deal with the COVID-19 pandemic at the peak of the surge with 10 patient beds each. The survey link was advertised in all ICUs and weekly reminders were sent to all ICU staff.

We invited physicians, nurses, and respiratory therapists (RTs) as well as CRNAs who were deployed to work in ICUs due to the COVID-19 surge. A fact sheet describing the study was attached to the link for the survey and completion of the questionnaire implied their consent. The survey instrument was developed using validated questions from the generalised anxiety disorder (GAD) screening tool and the depression screening tool developed by the Anxiety and Depression Association of America (**Appendix I**). In addition, other open-ended questions, created iteratively by the authors following best practices in survey design, asked respondents how they managed fear, anxiety, loss of control and stress (Fowler 2002). Participants were asked to comment on their stress and anxiety levels felt during the pandemic surge at work and at home over two weeks immediately preceding when they took the survey. Additional survey items assessed degree of relief provided by departmental and hospitalwide wellness and stress mitigation programmes. Recognising the time sensitivity of the survey and the possible need for providing support to frontline HCWs, at the end of the survey all resources made available to hospital employees by the wellness committee were added as a link.

#### Statistical Analysis

Descriptive statistics were utilised to summarise the data: categorical variables were analysed by frequency count with percentage, and continuous variables were analysed using mean with standard deviation or median with interquartile range,



**Figure 2.** Responses to the question, “Are you troubled by the following since COVID 19 pandemic started?” based on the Generalized Anxiety Screening scale.

depending on the distribution. Associations were evaluated between measures of anxiety and depression and characteristics such as gender and profession. Differences in ordinal responses created to measure anxiety and depression such as those ranging from “not at all” to “extremely” were assessed with a Mantel-Haenszel Chi-Square test or exact test, as appropriate. Differences in non-ordinal categorical responses were assessed using a Chi-Square or Fisher’s exact test, as appropriate. Statistical significance was defined as a two-sided p-value < 0.05. Statistical analysis was performed using SAS version 9.4 (SAS Institute Inc., Cary, NC).

### Qualitative Analysis

We conducted a content analysis of open-ended survey responses using a constructivist grounded theory approach. The eight open ended questions were initially analysed using open coding with colour

highlights depicting various categories. These were then combined into groups using focused coding and subsequently emergent themes were developed from the focused coding categories. These themes were then triangulated with comparison to similar responses within the survey and verified by four separate authors (SS, MH, AL and TS). To ensure trustworthiness, both the quantitative and qualitative results were then discussed with a psychologist for better interpretation and understanding of the findings in light of stress from working on the frontlines during the pandemic. **Figure 1** shows the qualitative analysis and coding framework.

### Results

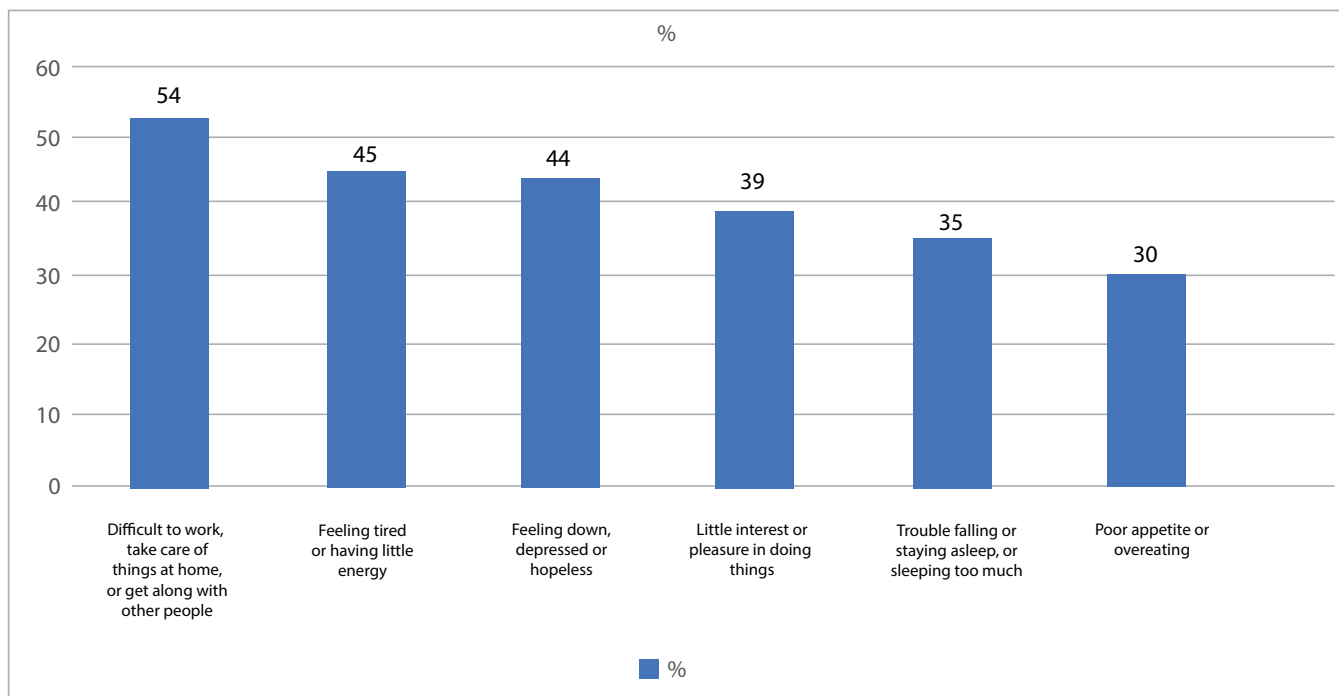
#### Survey Respondents, Setting and Response Rates

The survey was conducted from March to May 2020, which was during the first surge in Massachusetts. The study was

conducted in all medical and surgical ICUs, including the surge ICUs converted from post anaesthetic care units (PACU) in the hospital. Of the 200 frontline ICU staff, including physicians, nurses and respiratory therapists, we received a total of 67 responses for an overall response rate of 34%. All surveys were included in the analysis. Of the respondents, the majority (66%) were nursing professionals, including CRNAs. 27% were physicians, of which the majority were residents (22%) whilst only 5% were respiratory therapists. The normal ratio in ICUs of nurses to physicians to respiratory therapists generally follow this distribution as well. The majority of the respondents were female (85%) and mostly white (88%) (**Table 1**).

#### Generalised anxiety screening questions

Fifty-four percent of the participants said they felt excessive worry since the start of the



**Figure 3.** Percent of respondents responding they experienced depressive symptoms “several days” or more in the prior two weeks, based on the Depression Symptom Screening scale

pandemic, the symptoms of which included restlessness, irritability, trouble sleeping, easy fatigability, difficulty concentrating and muscle tension (**Figure 2**). Forty nine percent stated that this worry mildly or did not at all interfere with their life, work, and social and family interactions; 36% stated it moderately interfered, and 15% said that it severely or very severely interfered. When asked how much the excessive worry caused them distress, 44% stated not at all or mildly; 36% said moderately and 20% said severely or very severely.

#### Depression screening questions

When the participants were asked whether in the past two weeks they have been bothered by any the following problems, the responses were as follows: 39% stated they had little interest or pleasure in doing things for several days, 44% said they were feeling down, depressed or hopeless for several days; 35% felt they had trouble sleeping for several days; 41% stated they were feeling tired or having little energy over several days; 31% were either overeating or had poor appetite

over several days. However, when asked ‘how difficult have the problems you experienced made it for you to do your work, take care of things at home, or get along with other people?’ 55% stated ‘somewhat difficult’ and 15% stated ‘very or extremely difficult’ (**Supplemental Digital Content Figure 3**).

#### Participant reports of helpfulness of hospital wellness resources

A specific question was asked whether the participant found the wellness resources being offered to them through their work helpful, and if so, which ones. Seventy percent of the respondents reported that these resources were not helpful.

#### Analysis of associations of findings with gender and profession

When feelings of worry were compared by gender, women were more likely than men to report that it was difficult to control this worry once it started (54% versus 11.1%, respectively,  $p=0.027$ ). Also, women were more likely to report that worry and physical symptoms interfered

with their life, work social activities and family life as compared to men (56% of women felt this “moderately” to “very severely” versus 13% for men,  $p=0.002$ ). Similarly, there is a significant difference in the number of depressive symptoms felt over several days by males and females, as 46% of women felt down, depressed or hopeless for several days, vs 25% of men ( $p=0.048$ ) (**Table 2**). Women and nurses felt that wellness resources offered through work were not helpful, although this was statistically not significant. ( $p=0.059$ ) (**Table 3**).

#### Qualitative Analysis Results

Emergent Themes as illustrated in **Figure 1**:

##### 1. What was felt

Respondents reported worries and fears about their own safety, that of their families, and concerns about being able to adequately care for their patients, and these themes were frequently intertwined (**Table 4**). Themes included dealing with generalised worry in the time of COVID-19, specifically about coming



| Characteristic   | (n=56)<br>No. (%) of women<br>who are troubled | (n=11)<br>No. (%) of men who are<br>troubled | P-value |
|--|--|--|---------|
| Find it difficult to control the worry (or stop worrying) once it starts                                 | (n=50)<br>27 (54.0)                            | (n=9)<br>1 (11.1)                            | 0.027   |
| How much do worry and physical symptoms interfere with your life, work, social activities, family, etc.? | (n=50)   | (n=8)  | 0.002   |
| Not at all   | 3 (6.0)  | 4 (50.0)                                     |         |
| Mildly   | 19 (38.0)                                      | 3 (37.5)                                     |         |
| Moderately   | 19 (38.0)                                      | 1 (12.5)                                     |         |
| Severely   | 7 (14.0)                                       | 0 (0.0)                                      |         |
| Very Severely  | 2 (4.0)  | 0 (0.0)                                      |         |
| Feeling down, depressed or hopeless  | (n=50)   | (n=8)  | 0.048   |
| Not at all   | 10 (20.0)                                      | 5 (62.5)                                     |         |
| Several days   | 23 (46.0)                                      | 2 (25.0)                                     |         |
| More than half of the days   | 13 (26.0)                                      | 1 (12.5)                                     |         |
| Nearly everyday  | 4 (8.0)  | 0 (0.0)                                      |         |

**Table 2.** Comparison of anxiety and depression symptoms by gender (only significant findings shown)

to work in the COVID-19 ICUs, as well as specific worries and anxieties about personal health and safety as well as that of family and loved ones, including the prospect of death or being on a ventilator. Participants described specific safety concerns, especially in the surge ICUs which were open units with multiple COVID-19 patients. Many participants expressed personal concerns about burnout, particularly given the level of uncertainty about the future with an illness that had “no end in sight.”

Respondents expressed deep concerns about the ability to provide adequate patient care. A major concern was a lack of staff to care for more than one critically ill patient who required a high level of support. Many of the nurses were deployed from post anaesthesia care units and new to ICU protocols. Others voiced concerns of delivering futile or non-beneficial care. One described it as “fear of harming patients by doing things to them that ultimately will not help.” Many respondents reported feelings

of impotence with regard to improving patient outcomes. More than 50% of the nurses redeployed to the ICU from medical or surgical floors described this feeling of being inadequate.

One participant described the “nightmares” and “constant worry” related to her concerns for her patients, and how this could easily happen to her own family. They also frequently noted concerns about lack of resources in staffing and PPE, as well as numerous personal and professional sacrifices.

Staff also described the potential personal and professional sacrifices they experienced, or anticipated experiencing, due to the pandemic. This included impacts on life events, such as upcoming weddings, and fears about impacts on training among residents.

## 2. What was useful

Themes dealing with ways of handling fear and specific measures available in the ICU

Some of the emotions reported were fear,

anger, sadness, yet there was a display of teamwork, support and compassion which improved the morale of the HCWs, and increased job satisfaction. This embodiment of friendship, camaraderie, and support can be seen in this statement: “Sharing with other colleagues about them when we have the time. Teamwork: knowing that we have each other’s backs and are helping each other get through every shift. Having the extra help of redeployed “med-surg” nurses has been great. The intensivist staff has been amazing in assisting with and helping guide our care.” Another said, “Patients come first, and we need to get the job done. My fellow nurse friends build each other up!”

## 3. What was not useful

Themes dealing with experience of wellness resources offered through work

These were not used widely or considered useful. However, positive reinforcements such as town halls, reassurances, compas-

| Symptom  | (n=23)<br>No. (%) of non-nurses | (n=44)<br>No. (%) of nurses | P-value |
|--|---------------------------------|-----------------------------|---------|
| Difficulty falling/staying asleep or restless/unsatisfying sleep | (n=18)                          | (n=41)                      | 0.02    |
| Not at all   | 6 (33.3)                        | 3 (7.3)                     |         |
| A little bit   | 2 (11.1)                        | 5 (12.2)                    |         |
| Moderately   | 3 (16.7)                        | 6 (14.6)                    |         |
| Quite a bit  | 5 (27.8)                        | 17 (41.5)                   |         |
| Extremely  | 2 (11.1)                        | 10 (24.4)                   |         |
| Muscle tension   | (n=18)                          | (n=41)                      | 0.003   |
| Not at all   | 8 (44.4)                        | 3 (7.3)                     |         |
| A little bit   | 4 (22.2)                        | 8 (19.5)                    |         |
| Moderately   | 1 (5.6)                         | 8 (19.5)                    |         |
| Quite a bit  | 4 (22.2)                        | 14 (34.2)                   |         |
| Extremely  | 1 (5.6)                         | 8 (19.5)                    |         |
| Trouble falling or staying asleep, or sleeping too much          | (n=18)                          | (n=41)                      | 0.026   |
| Not at all   | 7 (38.9)                        | 3 (7.3)                     |         |
| Several days   | 5 (27.8)                        | 16 (39.0)                   |         |
| More than half of the days                                       | 4 (22.2)                        | 11 (26.8)                   |         |
| Nearly everyday  | 2 (11.1)                        | 11 (26.8)                   |         |
| Feeling tired or having little energy                            | (n=18)                          | (n=41)                      | 0.029   |
| Not at all   | 6 (33.3)                        | 1 (2.4)                     |         |
| Several days   | 5 (27.8)                        | 19 (46.3)                   |         |
| More than half of the days                                       | 6 (33.3)                        | 12 (29.3)                   |         |
| Nearly everyday  | 1 (5.6)                         | 9 (22.0)                    |         |

**Table 3.** Comparison of anxiety and depression symptoms by profession (only significant findings shown)

sionate peer support and empathy helped a lot. One respondent mentioned the song played when COVID-19 patients were extubated, “I feel good when the ‘Sweet Caroline’ plays over the hospital speakers. It makes all the work and stress worth it that some patients are making it home.” When asked what was helpful, one said “a manager that communicates with their staff.”

#### 4. How can we improve?

Respondents suggested better teamwork as they found the peer support helpful, as well as communication with managers and

leadership. One participant stated, “being with my co-workers as we are all in this together” as a benefit. Another said, “Just seeing how my boss goes about her business is very inspiring. Also, the entire team. It motivates. Therefore, I have no time for anxiety or fear.”

#### Discussion

This study explored the feelings of stress and depression experienced during the COVID-19 pandemic by frontline staff including physicians, nurses and respiratory therapists in the ICU. Of the 200 staff members deployed to these ICUs

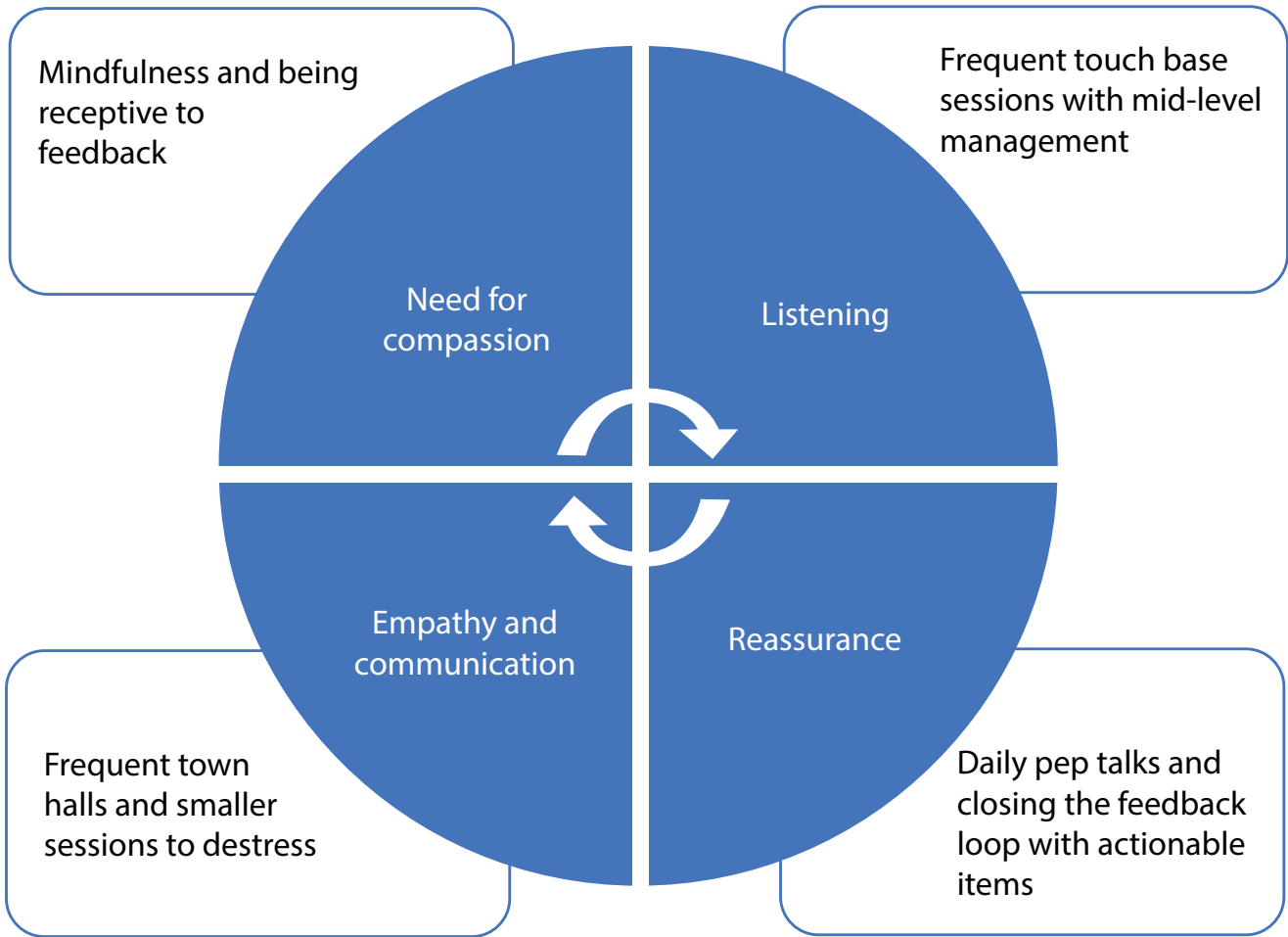
during the pandemic from March to May 2020 in one tertiary care hospital, 34% responded to an anonymous online survey. The mixed methods methodology provided another dimension to understand the quantitative as well as qualitative responses on stress, worry and depression (Sharour et al. 2019).

The results suggest that women and nurses were especially susceptible to worry, depression, and feelings of despair on the frontlines as compared to other professionals. They also felt that the wellness resources offered to them through work were not helpful. The worry felt by the



| Theme                                 | Subthemes  | Example quotes  |
|---------------------------------------|--|---|
| Personal and family safety and health | <p>Fear of infection, critical illness, and death</p> <p>Uncertainty about the future</p> <p>“No end in sight”</p>                         | <p>“I worry I will get COVID and end up on a vent. I worry I will bring it home to my family.”</p> <p>“Infecting my loved ones with COVID. Am I going to get COVID with the lack of PPE?”</p> <p>“How long will this last? Will my family get the virus and die? How much longer can we work like this without losing it?”</p> <p>“Concern for my safety and the safety of those around me. Worry about the future.”</p> <p>“Having no end in sight compounded with the day-to-day risk of exposing my family.”</p>   |
| Patient care and working conditions   | <p>Staffing shortages</p> <p>Lack of resources</p> <p>Extreme workload</p> <p>Concerns about delivering futile or non-beneficial care.</p> | <p>“[I am frustrated about] having limited resources and feeling like I work in a third world country. Not being able to take care of my patients the way they deserve because I’m stretched so thin and my workload is so heavy.”</p> <p>“Being short staffed and being stretched to max, not being able to provide the proper care because of shortage of meds and staff.”</p> <p>“I never know what unit I will be assigned to until I arrive at the hospital. I don’t know the people I am working with, where supplies are. The assignments are very heavy and there is no one to help.”</p> <p>“How long can I take care of these extremely critically ill patients in these atrocious staffing ratios; when will I get burned out?”</p> <p>“I am less scared of getting COVID than I used to be. Now I’m more anxious about the working conditions and getting an overwhelming assignment that would have once been considered inappropriate and unsafe.”</p> <p>“I usually worry about how to handle COVID patients properly, doing the right thing for them, and how to best protect myself from being exposed.”</p> |
| Personal/professional sacrifices      | <p>Impact on personal/family life</p> <p>Impact on training</p>  | <p>“I really am so freaked out about taking good care of my patients --which is completely overwhelming--that I really don’t think about myself. I moved out of my house to keep my partner safe and because I couldn't cope with being around anyone when I got home.”</p> <p>“I also worry about effects of COVID on my personal life and my family contracting the virus.”</p> <p>“I worry about getting COVID or exposing others to it, whether I will get the residency training I need to be an attending. I worry about my family and when I will see them again.”</p>   |

**Table 4.** Themes and subthemes in responses to open-ended items about participant worries, fears, and frustrations, with example quotes (n=67).



**Figure 4.** Possible actions taken by management to mitigate staff stress and anxiety

survey participants during the early months of the COVID-19 pandemic was about personal health and safety as well as that of their family and loved ones. The areas that were uncovered from the qualitative data also focused on personal safety and health, including burnout and mental fatigue, as well as concern for others. Participants felt worried about working outside their scope of training or experience. Another area of anxiety was staff and PPE shortage, as well as personal finances and career prospects due to disrupted training. There was evidence of work-related pressure and feelings of guilt about sacrificing personal responsibilities and those towards their families. They feared dying alone as they agonised over their patients dying without loved ones near.

When asked to discuss frustrations experienced whilst working in COVID-19 ICUs, respondents expressed moral dilemma and stress about delivering futile care at times when the prognosis of their patient was dire, anxiety about personal skills when faced with extremely sick patients, especially as some staff were redeployed from inpatient, non-ICU floors. They also feared limited resources, stretched staff, changing policies and uncertainty of the future. This was especially voiced when surge ICUs were announced, resourced and staffed within days due to rapid changes in the work environment and local peer support systems. The discomfort of wearing PPE for long hours and the heavy workload

experienced was also a source of burnout. Most respondents, especially women and nurses, did not find any of the wellness resources such as yoga classes, meditation websites and online courses useful. Their main worries were not addressed by this information and offerings. What participants found immensely useful was the peer support, compassion and camaraderie felt whilst working on the frontlines and when empathetic communication was offered by managers and leadership, in the shape of town halls or meetings. This was echoed by all professionals on the frontlines.

Supplemental Digital Content **Figure 4** depicts some of the possible ways in which such compassionate support can

be offered to ICU frontline staff. These include daily sessions to listen to the staff and hear them out, being sensitive and mindful to their feelings and emotions, compassionate communication with trained leaders and to complete the feedback loop with giving explanations on actionable points raised. This will establish trust and build an empathetic and meaningful relationship which allows staff to work with a clear message that they are cared for and their genuine worries are heard.

### Limitations

Our study had several of the limitations that come inherently with survey research. One general limitation is the oversimplification of what is the reality being experienced (Jick 1983). The arbitrary design of questionnaires and multiple-choice questions with pre-conceived categories represents a biased and overly simple view of reality and capturing only a single moment rather than a period of time. However,

we attempted to overcome some of this bias by using validated anxiety and depression screening questionnaires. Also, the use of qualitative methods in addition to the quantitative survey and use of triangulation attempts to reduce the weaknesses and limitations of the cross-sectional surveys (Cook and Reichardt 1979). Our response rate was roughly the average rate surveys may yield. This is a combination of the 'survey fatigue' experienced in medicine, and the extremely busy schedules of the cohort being surveyed during the pandemic.

### Conclusion

The first surge of the pandemic drained frontline workers in the ICU (Schwartz et al. 2020) They experienced anxiety, depression and stress. Numerous studies from across the world have revealed similar results (Cai et al. 2020; Hofmeyer et al. 2020). Health-care providers showed their resilience and the spirit of professional duty to overcome these

difficulties (Adams and Walls 2020). Leaders need the knowledge, skills and behaviours to create and sustain cultures of compassion and kindness. Comprehensive support should be provided to safeguard the wellbeing of these healthcare providers. Our study shows that compassion and regular and reassuring communication with leaders and peers prove more useful than wellness resources in mitigating the stress of working in the pandemic and motivating the staff. This communication is vital to promote preparedness and efficacy in crisis management.

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### Conflict of Interest

None. ■

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**Appendix I. Survey instrument**
**A. Demographics:**

Gender:

Profession:

**B. GAD (Generalised anxiety disorder) screening tool:**

| 1. Are you troubled by the following since the COVID-19 pandemic started?   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Do you experience excessive worry?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is your worry excessive in intensity, frequency, or amount of distress it causes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Do you find it difficult to control the worry (or stop worrying) once it starts?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | Do you worry excessively or uncontrollably about minor things?                    |
| <p><b>Please list below the most frequent topics about which you worry excessively or uncontrollably.</b><br/>List most frequent topics about which you worry excessively or uncontrollably here.</p> |   |

|  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | During the COVID-19 pandemic, have you been bothered by excessive worries more days than not? |
|--|---|

| During the past few weeks have you often been bothered by any of the following symptoms? Check one square next to each symptom that you have had more days than not: |            |   |          |   |            |   |             |   |           |
|--|------------|---|----------|---|------------|---|-------------|---|-----------|
|  | Not at all |   | A little |   | Moderately |   | Quite a bit |   | Extremely |
| a. restlessness or feeling keyed up or on edge   | 0          | 1 | 2        | 3 | 4          | 5 | 6           | 7 | 8         |
| b. irritability  | 0          | 1 | 2        | 3 | 4          | 5 | 6           | 7 | 8         |
| c. difficulty falling/staying asleep or restless/unsatisfying sleep  | 0          | 1 | 2        | 3 | 4          | 5 | 6           | 7 | 8         |
| d. being easily fatigued   | 0          | 1 | 2        | 3 | 4          | 5 | 6           | 7 | 8         |
| e. difficulty concentrating or mind going blank  | 0          | 1 | 2        | 3 | 4          | 5 | 6           | 7 | 8         |
| f. muscle tension  | 0          | 1 | 2        | 3 | 4          | 5 | 6           | 7 | 8         |

| How much do worry, and physical symptoms interfere with your life, work, social activities, family, etc.? |      |   |          |   |        |   |             |   |
|---|------|---|----------|---|--------|---|-------------|---|
| 0   | 1    | 2 | 3        | 4 | 5      | 6 | 7           | 8 |
| None  | Mild |   | Moderate |   | Severe |   | Very Severe |   |

| How much are you bothered by worry and physical symptoms (how much distress does it cause you)? |      |   |          |   |        |   |             |   |
|---|------|---|----------|---|--------|---|-------------|---|
| 0   | 1    | 2 | 3        | 4 | 5      | 6 | 7           | 8 |
| None  | Mild |   | Moderate |   | Severe |   | Very Severe |   |

### C. Depression Screening tool:

| 1. Over the last two weeks, how often have you been bothered by any of the following problems?   |                          |                          |                            |                          |
|--|--------------------------|--------------------------|----------------------------|--------------------------|
|  | Not at all               | Several days             | More than half of the days | Nearly every day         |
| 1. Little interest or pleasure in doing things   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 2. Feeling down, depressed, or hopeless  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 3. Trouble falling or staying asleep, or sleeping too much                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 4. Feeling tired or having little energy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 5. Poor appetite or overeating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Trouble concentrating on things such as reading the newspaper or watching television   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2. If you clicked on any problems above, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?**

Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult

**D. Please see some open-ended questions:**

1. What scares you the most about coming to work in the ICU during this time?
2. What fears do you have about your safety and health and that of your family?
3. How do you balance your call of duty versus these fears?
4. What frustrates you about your daily duties?
5. What is your reaction/s to the loss of control and fear of the unknown about the pandemic? How do you handle it?
6. What are some of the actions taken in the ICU that help your anxiety and fear?

**E. In your opinion are the wellness resources being offered to you through your work helpful?**

a. Yes  b. No

**F. If yes, please share which ones are specifically helpful to you.**