



COVID-19: The Psychological Impact of Returning to Work

Written on behalf of the BAPD

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‘People’s willingness and ability to cope with risk, to bear anxiety, to follow instructions, to help their neighbors, and to recover when the crisis is over will all depend to a significant extent on our success in integrating risk communication expertise into public health planning and policy.’ (Sandman and Lanard 2003)

Background

Life before COVID-19, to many in dentistry, may now seem like a restriction-free idyll full of hope and promise. It is well-researched that dentistry was far from this, and it was certainly far from perfect. For many of us, practising clinical dentistry is and was incredibly stress inducing. According to Myers and Myers (2004) who cite work by Spector (1999) a spotlight is shone on why being a healthcare professional is so stressful. Spector indicates the increased stress levels could be down to difficult working circumstances, exposure to potentially hazardous diseases, human suffering and ability affect human life. Myers lists alcoholism, drug abuse, divorce and elevated rates of suicide, have been found to be statistically higher in GDPs compared to other professions.

Most interesting of all in the Myers study was the stress causation factors listed by the GDPs surveyed. The following were listed as causing ‘a lot of stress/ great deal of stress (in descending order):

- Running behind schedule
- Coping with difficult/ un-cooperative patients
- Working under constant time pressure
- A patient having a medical emergency in the surgery
- Dissatisfied patients
- Treating extremely nervous patients
- Seeing more patients than you want to see for income reasons
- Working constraints set by the NHS
- Working quickly to see as many patients as possible

- The piecework system of payment

A question now would be to consider how many of the above will be even greater factor now post COVID-19 than beforehand? It is highly likely that GDPs will find getting back to practice a stressful and anxiety inducing time. The psychological and physiological effects of the pandemic are not to be underestimated, with the aim of this document being to act as a resource to help GDPs understand and manage stress during this time.

Psychological impacts upon staff

At the time of writing, the UK is approaching the end of its seventh week in 'lockdown'. This government-imposed measure to suppress viral spread is seen as vital component in the fight against the SARS-CoV-2 virus. We are soon to be moving towards a phasic or graduated easing of these restrictions which will start to bring some semblance of normality back to our lives.

But what psychological effects have this pandemic left behind? How should we expect patient and staff behaviour to change?

A paper by Wu et al 2009 examined the psychological impact of the SARS epidemic in 2003 on hospital employees in China. The paper highlights the possibilities of post-traumatic stress symptoms among the general population, particularly those from low income backgrounds, as well as a higher incidence in females. Interestingly the study found that hospital staff felt a greater sense of danger when outside the hospital than within it. The findings also indicate that the staff had an altruistic acceptance of risk being part of their job.

Although the study was carried out six years after the SARS outbreak, the results indicate staff members still had fears surrounding contagiousness, initial unfamiliarity and high mortality rate. The study found married members of staff exhibited greater fears than those who were single or unmarried, possibly attributed to fears associated with bringing the virus back home to loved ones. Furthermore, the study highlights the role of government programs aimed at increasing awareness. Whilst these approaches may ensure a society is better prepared, it is noted that these measures increase anxiety.

More recently, a correspondence piece in The Lancet ([here](#)) discussed the psychological impact of working in at risk environments for transmission of Sars-CoV-2. The staff exhibited greater levels of irritability and psychological distress. The staff also felt worried about how to deal with patients who refused to comply with additional cross infection measures.

A study by Sun et al (2020) looked specifically at nurses caring for COVID-19 patients, but many of the findings can be transferred to any face to face healthcare worker. Initially there was high levels of anxiety and stress, intense work, large numbers of patients and concerns about lack of PPE. The physical exhaustion, psychological helplessness, health threat, lack of knowledge and interpersonal unfamiliarity under the threat of the epidemic all led to a large number of negative emotions. The study showed that nurses demonstrated the greatest levels of stress just after having been given 'pre-job training' in relation to managing patients in an epidemic/pandemic.

The interesting outcome of this study was that nurses adapted incredibly well to the stressful position they found themselves in, relying on altruism, relaxation techniques and exercise to promote mental health. This study showed that nurses actually grew psychologically under pressure.

The key to this however is early intervention, staff training, confidence in safety, and confidence in their own skill set.

Staff considerations for returning to work:

- Pre-opening training sessions for all staff. This should include discussing and demonstrating the PPE we will be expected to wear and why. This will help staff explain the PPE to patients whilst also hopefully allaying fears that the staff may have themselves about safety as well as acting to reassure others.
- Walk through 'the patient journey'. This will help to ensure there are few hiccups on opening day and staff are aware of how they should manage patient movement effectively.
- Risk assess staff and consider alternative roles depending on stress level tendency, medical status.
- Consider staff breaks and time away from the environment if possible. This may allow staff to rest mentally as well as physically.
- Give staff the opportunity to raise concerns and not feel pressured to continue in roles they are not comfortable with.
- Signpost and/or have available third-party support services.
- Ensure staff promote as relaxed an atmosphere as possible for the benefit of the patients.

Psychological impacts upon patients

It is not only staff who may feel vulnerable once lockdown has been lifted. Patients also may have to overcome certain psychological barriers when accessing our care. A survey conducted in China (Wang et al 2020) during the COVID-19 crisis found that over 53% of respondents rated the psychological impact of the pandemic as moderate or severe. Social media undoubtedly has played a major role in the dissemination of information throughout the COVID-19 pandemic. Studies exist which have highlighted the role social media can have in promoting higher levels of stress and anxiety during an epidemic (Tang L, et al 2018). Ho et al (2020) discusses feelings of anxiety, anger and fear amongst the population, aggravation of existing mental health conditions and triggering of new psychiatric symptoms in those without mental illness.

Riad et al (2020) considered PTSD symptoms in the aftermath of SARS, Zika, Ebola and MERS. Post traumatic stress disorder is characterized by heightened anxiety levels which has been found to occur in the immediate aftermath of disease outbreaks. Post SARS, PTSD symptoms were found to persist, in terms of increased psychological distress and diminished social functioning, for four years. Interestingly, the study highlights two specific age groups which are more likely to display increased signs of anxiety following a disease outbreak. The first group would be the 'at risk' group, who will be evidently more anxious because of their perceived disease susceptibility. The second group will be the young adults, who will be at greater anxiety risk because of their susceptibility to 'fake news' of unsubstantiated information accessed online through social media.

Related to a dental setting Pawlicki (1991) describes three characteristics relevant to the promotion of dental anxiety. The first is apprehension over new experiences. The second is uncertainty, and the third is expectation. All three are as relevant now as they were almost thirty years ago. Relating this

directly to dentistry post-COVID-19, the new experiences will certainly be the barrage of PPE every patient is faced with. Even the once familiar reception area looking decidedly different is likely to induce anxiety. Waiting in the car park, splatter screens, visors, respirator masks are all likely to induce stress and anxiety. Uncertainty will be increased, particularly if these patients are presenting in pain, or with chipped/ fractured teeth that have been left untreated for more than seven weeks. Finally expectation: Patients may have heard stories of visiting the dentist, may have themselves been to UDCs or heard stories via social media. As professionals, we must give an abundance of consideration to how vulnerable our patients will be feeling when they attend our practices.

It is important that staff have a consideration for which patients may or may not adopt appropriate protective behaviours whilst on the practice premises. The study by Bish and Michie (2010), shows that more educated, older people are more likely to carry out protective behaviours. Females have a higher perceived risk, and as such comply more with recommended protective procedures, whereas males less so.

An indirect co-factor on patient anxiety levels that is worthy of consideration, may be the effect of enhanced PPE on patient anxiety. The adoption of greater levels of PPE by both patients and staff, will undoubtedly have a negative effect upon patient experience. On the one hand, the patient will see use of PPE as a reassuring sign. However, consideration must be given to how this PPE will affect the patient's dental experience. Numerous studies exist detailing the importance of non-verbal communication in medical settings. For example, Williams et al (1998) looks at the factors a general medical practitioner could adopt to put a patient at ease. These include, creation of a relaxed atmosphere, the importance of eye contact as a form of putting patients at ease, openness and attentiveness. It may be worthwhile considering how enhanced PPE use could impinge on our ability to relieve patient anxiety in the same way as we did before. This may prove to be a stressor the patients had not anticipated.

A final factor to consider, which may prove to be incredibly important in relation to consent, is information recall. A study by Hillen et al (2016) demonstrated how maintaining eye contact can reduce patient anxiety and improve recall of information, particularly with older patients. To this end, GPs would be wise to consider how enhanced PPE use may provide barriers to patient communication that did not exist previously. This is worthy of consideration in relation to anxiety management and treatment consent processes.

Patient considerations for returning to work

- Identify at risk groups not only medically but psychologically. Older patients, young adult patients and those with pre-existing mental health conditions.
- As part of the pre-screening process- identify COVID-19 related stress triggers for patients- consider enquiring as to what their individual concerns may be and tailoring their visit accordingly. Consider here- stressors, economic impacts, depression, vulnerability.
- Pre-visit contact before each appointment offering reassurance. Allowing patients to raise concerns or questions where possible
- Consider the use of technology to demonstrate the visual changes to the practice prior to the visit. This will make the patients feel more familiar with their potentially new environments.
- Consider adopting video conferencing or tele-dentistry to allow patients an opportunity to seek 'face to face' contact and discuss their cases and concerns.

- Consider how PPE may affect the patient experience, contribute to anxiety and pose as a barrier to gaining appropriate consent.
- Promote greater patience and understanding to elevated anxiety levels in patients.

Conclusions

The Sandman and Lanard presentation (2003), albeit intended for world leaders, taught us the importance of effective communication and acknowledgment of uncertainty. They also advise the importance of not ridiculing people's emotions, establishing your own humanity and telling people what to expect.

As dentists, we are team leaders, be that of a whole practice team or a single surgery room. We must communicate with patients effectively and also ensure we listen carefully to their concerns. It would be unwise to expect clinical staff, non-clinical staff and patients to carry on as they were pre-COVID-19. The studies, both current and historic, suggest there will be deep psychological scars remaining from this pandemic, amongst many cohorts of the population. These concerns need to be listened to and accounted for, in order to promote a swift and slick return to profitable practice.

A major consideration in management of staff and patients when returning to work, is to appreciate the inter-relationship between psychological effects upon staff and patients. It is key to understand how staff may have been affected by the virus, by risk profiling them and training them appropriately. If the staff are well prepared, then they can more effectively pre-screen, risk assess and subsequently manage the anxiety levels of patients.

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