



## LONG TERM CARE: COVID-19 SERIES

### Session 4: Stress & Anxiety Questions & Answers

**Disclaimer:** All information is provided by healthcare providers working in long-term care facilities across Ontario including those at Baycrest. All identifying information including names of individuals, organizations, or locations have been removed for privacy. **The answers below are amalgamated responses from our Hub team members and Learning Partners.**

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**Question 1:** A source of stress for me is figuring out new policies or directives and getting it hammered out and then another change comes down the pipeline where we need to again change our policies and protocols. Things are changing hourly it seems and it is difficult to keep up with all the mandates and comply with them at the same time running the long term care home. What are some strategies to manage this stress?

**Answer:** I think it is important to recognize that there is so much not under our control. It's the changeability that we can't control so one of the studies I read mentions that communication from leadership is so important so even if they are saying "We don't know", and even if the news isn't good, it is helpful knowing because the absence of information can make the lack of control worse. I think peer support and just the ability to talk to people that are in the trenches with you, so to speak, that are experiencing it with you, so even having a little bit of a debrief. I haven't specifically read this around COVID-19 specifically, but there is literature on disasters and trauma and just putting everything together. Creating opportunities for people to weigh in, share and support one another informally can be difficult since we can't really be in the same room easily, but making these opportunities possible during rounds, to touch base or do a mindfulness practice before starting a meeting, for even a few minutes can be helpful.

**Question 2:** Have any of your LTCHs developed a stress management program on site for the staff?



## Answers:

1. At the LTCH I work at, we are trying to develop something right now. We have been working with two of our local hospitals here to adapt something that is similar to what they've developed based on the CISM: Crisis Incident and Stress Management Model. This is based on resiliency training and providing brief strategies for staff during rounds, and to be able to approach our personnel following rounds, assist them in the rounds process and briefly introduce a new tip or strategy so everyone can check in with the staff and see how they are doing overall.

2. We also have a local mental health organization that have partnered with our LTC facility that provides virtual sessions for our staff to help with stress.

3. Where I work, we have a Wellness team that does virtual yoga, breathing, and other activities geared towards staff wellbeing.

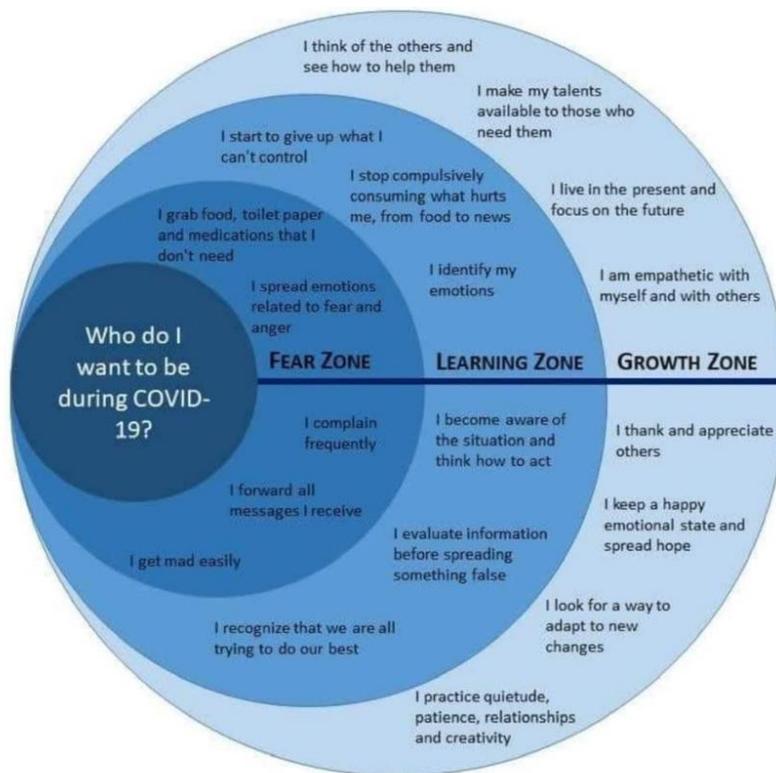
4. I have been reassigned to do some of the rapid support teams where I work to onboard staffing. We are currently on COVID outbreak. We had a really excellent pandemic plan with a lot of people that came together. We organized 20-minute resiliency training for our staff and trained around 300 in the first 2 weeks of the pandemic. The resiliency plan includes a spiritual care practitioner who I believe was spearheading it to share quick sound bites and helped people feel that they had someone they can speak to. Basically, our spiritual health practitioner is leading a Resiliency Champion Training. Focus was recognizing the grief cycle and how staff would be at different stages. She also focused on helping people to recognize what is in our control and what is not. The training was meant to build leadership in staff so that they can have some strategies to remain grounded and help ground others during this crisis. This included having patience and understanding for others, recognizing distress in others, and strategies to validate them and bring them back to the present into actions that they can control. We trained allied health, support services, and the nursing teams. (Note – this was done when the home before the LTC home was in outbreak)

**Question 3:** Are there some best practice strategies recommended to minimize cumulative trauma to the front line health care professionals who are caring for residents as a daily practice, even when short staffed?

**Answer:** I think the information that is provided from the burnout literature is relevant here. I don't have an easy answer, but I see how hard the managers are working too. We are all human and some of us are dealing with work stress and then have to come home and deal with other stressors like finances. I think this is a wonderful opportunity to talk more about mental health issues. In some ways it's not the stress itself that is going to lead to adverse mental health outcomes, but what I suspect could be a factor and can be protective is the cohort effect. It's not just you or your team going through this stress, but the whole hospital, the whole world so I think this a wonderful opportunity to be able to talk about it and say "I'm so stressed that I can't sleep", and you can have a dialogue about depression. So I think what is important is to use this dialogue to help sort out the people that are having those adverse outcomes and when they need to seek help. For the day in and day out stress of it and how you can minimize it in

the organization, I've heard people doing mindfulness and using relaxation apps. There is no way to sugar coat this, but this is also about grief and you have to grow space around it and stay with your routines, and still identify positive and meaningful things in your life.

**Question 4:** This image (Figure 1) is something I have seen floating around on the internet and I have used this with our physicians. I am wondering if anyone else has seen this before, and I apologize that I cannot find the source. Has anyone else come across this image and have any thoughts on whether this is helpful?



**Answers:**

1. Something I realized was that I was initially spending a lot of time in that fear zone, particularly getting irritable and complaining and then gradually I am spending more time in that learning and growth zones. I am trying to be appreciative and look for adaptive ways to deal with things. I periodically find myself in the fear and learning zones as well and needing to try to observe myself and see if I can shift my actions by practicing quietude and patience within my relationships and creativity. – Dr. Sid Feldman

2. I have never seen this before but I love this. It kind of resonates with the other themes I was trying to impart in my didactic presentation that you have to let the feelings wash over you. There is nothing that is going to protect you against the fear, anxiety and the stress. That's not what this is about, it's about finding ways to cope. You also need to be patient with yourself and be understanding. – Dr. Cindy Grief



**Question 5:** We have a PGY3 Care of the Elderly physician here and I am wondering what is your perspective during this time as someone who is a learner, still completing your training and trying to progress in your education?

**Answer:** Thankfully I've been able to do most of my regular clinical rotations, but many of my colleagues have been redeployed to other services where they normally wouldn't be and their training has been interrupted as well as exams being postponed along with cautions around licensing. This can be a huge stressor because they have studied for many months and now everything is postponed. I think this has been a challenge for everyone to try to live with the amount of uncertainty and also for people who are graduating from their programs. There is concern around what is my job going to look like in this context and there are a lot of unanswered questions.

At the same time I feel grateful to be a part of it and it is a collective experience that we are all going through this together and the solidarity in itself can be comforting. So I've tried to find comfort in that. I've also taken up some other wellness strategies that were mentioned; home yoga videos and just moving your body can be good.

I find the resources to be overwhelming sometimes too and one way that I've found that makes it a little bit easier for me to handle is if I get one coming through my inbox I review it and if I think it's relevant and I'll use then I'll keep it otherwise I will just delete it just get it out of sight out of mind. So anyway that's one way that I've tried to cope with it but yea there's many challenges for sure.

**Question 6:** I'm wondering how others are dealing with family/friends who express their concern that you are going in to work (especially in LTC). I understand that they are just concerned for our health but I find it increases my stress a lot.

**Answers:**

1. Just to give you some context, I work in Education but have been redeployed to cover as a manager in a long-term care home. I actually love the experience because it is such an amazing place, but between my husband and my mother saying, "why are you going into the LTCH?" I have to reassure them that I'm using the right PPE, I'm washing my hands, I am not entering the rooms where there are COVID-positive residents, but yes I'm on the units and I am interacting with staff. I have actually told my family to stop talking to me about it. I told them that they are allowed to tell me to stay safe and to have a good day, but that is all. That is how I had to deal with it because I found it extremely stressful and found myself getting agitated that since I wasn't worried about going in, they shouldn't worry.

2. So I'm a LTC nurse practitioner and have been for years. I semi-retired this year, but came to work a part time job and then COVID happened. So I'm now looking back on that decision that maybe I shouldn't have gone back to work but anyway it's just me and my husband right now. My kids live out of town and we moved from one community to the next. Our community has had 4 cases (of COVID) total. Our home has had zero. We've swabbed probably about 20



people and they have all come back negative so far. We are also swabbing for all the atypical stuff, so those with no actual respiratory conditions at all. Despite this, every time I come into work I'm asked "Why are you working every day?" and I respond that I'm wearing the PPE, do not worry and at some point I get emails and texts still asking me why I'm still working and I have had enough. I just get so frustrated with everybody else so I just stopped talking to them. It was just easy to just say, "I'll check in with you once a week make sure you know I'm alive and I'm well and we'll just leave it at that".

I personally feel comfortable here and I keep telling my staff and family that we are good with the infection control; we have the appropriate PPE and enough of it. I am not worried so when I get worried then you can worry. I think that has helped them calm down a bit and the fact that overall number of cases in Ontario are going down is also helping.

**3.** I was having some concerns voiced to me from my family that since I'm going into work that I may pick up COVID and then bring it back home and get everyone sick. I told them that honestly, it is much more concerning to be going out into the community where people are not protected, and surfaces are not being cleaned, people are not washing their hand and those that wear gloves are contaminating them by touching their face, the grocery carts, you name it they've handled it. It's not clean. In contrast, when I go into work in long term care, we are cleaning everything and I am cleaning everything before I touch it and we are all wearing our protective equipment so I am less likely to catch something at work than I am in the general public.

**4.** I think it's important to acknowledge that many families of frontline workers also don't feel they are in control so they are seeking reassurance. It fills me with gratitude that people will offer to get me groceries and that I can use my work badge to bypass the long lines when going grocery shopping. You can reassure your family by saying you feel safe at work and you have enough PPE and that as long as you're wearing it that you are safe. I hope their anxiety should come down unless they are struggling in other ways, which is understandable. I don't have any magic solutions but you can share the mindfulness apps with your family. For myself, I go to work in the mornings and it's that social connection in having this cohort experience, but when you don't have information or knowledge on the safety provided at work, that's when anxiety can magnify.

**Question 7:** One of the things that I'm having a lot of trouble acknowledging is that this isn't going to be over quickly. I keep thinking that if this is only going to be one more week that I'll be okay, but we just had another case in the hospital today and it made me think that this is not going to be over anytime soon. I'm just wondering if anyone has strategies to cope with the fact that this will be an enduring stress. Has anyone found an approach that they've found helpful?

**Answers:** I think this is where grief comes in and because when you have a terrible loss you can think about growing around the grief. It doesn't go away and it's finding ways to live in spite of the current situation and where things branch off into connections and meaningful pursuits. I'd





**Question 9:** What are some free resources available online?

**Answer:** All long term care staff can access free EAP resources through the generosity of Homewood Health and Research Institute for Ageing <https://clri-ltc.ca/resource/homeweb/>. So if your LTCH does not have EAP program for assistance, I please encourage you and your staff to access this free resource. You have to create your own account and then you can access all kinds of resources around mindfulness, resilience and so on.

There are also a number of [COVID-19 related resources](#), resources for wellbeing and team members and residents. We also have supports for [LTC staffing](#) with [basic orientation materials](#) if your home is orienting staff. You can see various webinars for various activities, [boredom busters](#), including access to [ECHO LTC COVID-19 recordings](#).