Staying psychologically safe as a doctor during the COVID-19 pandemic

INTRODUCTION
As we face the ongoing global pandemic of COVID-19, doctors, nurses, ambulance officers, paramedics and many other health workers answer the call to serve in time-pressured, unfamiliar, chaotic and often-traumatic environments.1 We know how to look after ourselves in an infectious physical environment, but it is equally important to look after ourselves psychologically at this time. We have all been exposed in different ways, for instance, the role of a General Practitioner (Family Physician) will vary in the different healthcare systems throughout the world—some will be at the forefront, others will be doing telehealth, or may find themselves back in a hospital situation.

With long hours, an often unmanageable workload, lack of personal protection equipment, distressed patients, fake news and the prospect of this continuing into the future, doctors are at high risk of burn-out.1–3 The features of burn-out are emotional exhaustion, low personal accomplishment and depersonalisation, and the consequences of burn-out on the doctors and their patients can be profound and long-lasting.2–4 In crises, doctors are also at risk of vicarious trauma as we listen to stories from our patients of illness, death, grief, hardship, unemployment, domestic violence and suicide.5 This is at a time when we are physically distancing from our family and friends, with little time to exercise and possibly without sufficient access to healthy food or fresh air.

Such an ongoing crisis is likely to leave us emotionally overextended, exhausted, feeling alone, afraid, insecure, hopeless, frustrated, have difficulty concentrating and unable to access our usual support network.3,5 In addition, we will often be called on to take more stressful leadership, advocacy or educational roles. Many respond to stress with irritability, a demanding tone, or hopelessness, which can ‘infect’ others.5 Alternatively, the responsibility of staying resilient at work may mean that our families are only seeing a dysfunctional side of us at a time when they also need us to support and comfort them.

It is imperative that we are intentional in how we look after our psychological health. The COVID-19 pandemic is ‘not a sprint but a marathon’, and we need to ensure that our minds and bodies are healthy enough to endure.3 Many of our usual social structures will be disrupted—we may not have our normal family and friends around us, or might be working from home and have lost the boundaries between work and home. It is a time of much ‘doing’, but we need to still find time to just ‘be’.6

It is vital that we maintain our self-compassion and prevent compassion fatigue. We can act as Neff and Germer advise ‘to extend compassion towards ourselves when we experience suffering’.7 Compassion fatigue occurs when we are no longer able to preserve our capacity and interest in being empathic and hearing the suffering of our patients.8 We need to develop protective mechanisms in order to reduce compassion stress and enhance resilience with adequate self-care, compassion satisfaction and social support.9

THE FIVE PRINCIPLES OF SELF-CARE
We propose a helpful way to approach self-care using the principles of Preparation, Protection, Professionalism, Promotion and Pathway of care (table 1).

Preparation
As with any marathon, preparation involves optimum sleep, good diet and exercise.1 Avoiding fatigue and sleep deprivation is difficult, because of the long hours, heightened sense of responsibility and cognitive...
Many of us will be juggling many new balls right now—social and community disruption, financial problems, childcare, elderly parents, caring for the household. We cannot do this by ourselves, so it is essential that we find help wherever we can.

**Protection**

This is about feeling confident that we are physically safe from COVID-19 as much as possible. We know how to do this at work, but we also need to look after ourselves and our more vulnerable loved ones as much as possible. We all have innate resilience and have survived many crises—personal and professional—up until now. Harnessing these skills can help with this new situation. We will be anxious and often distressed, but we need to focus on what is under our control, take it step by step, and not give our negative thoughts too much power.

Make sure you take your medication, have your COVID-19 and influenza vaccinations, and attend to your own health. Enacting our parasympathetic nervous system to counteract the overactive stress response is easily done with deep exhalations, attention to the digestive tract, hydration and muscular relaxation. Activating our endorphins will also help through combinations of music, laughter, singing, exercise, appreciation of nature and meditation.

Do not let your guard down because you are tired and stressed, and do not answer calls from sick friends and relatives to visit them. We need to protect ourselves first, or we will not be able to help others. Keep your boundaries clear in your mind around your own risk aversity and do not negotiate when asked to step beyond those.

If you are working from home doing telehealth, make sure the rest of the family know not to disturb you. A colleague made a useful sign on her study door at home saying: ‘Your mother is not here. The person you see inside this room is not your mother. It is a doctor working saving lives. She can perform no parental functions of any type for the time being (unless it is an emergency). Please do not disturb her until this notice is removed from the door’.

We should continue our physical separation, but we need to increase our social connectedness. Our friends, family and community are our greatest protection from stress and burn-out, yet at this time we may be isolated from them. For some there has become a stigma associated with being a healthcare worker and we have been cast out as others are afraid we may be infectious. Some doctors whose physical or mental health is more vulnerable may choose to stay at home, but there is a risk of being bullied by those who continue to work.

Some examples of staying connected online might be:

- Building online communities and connections, even having coffee, dinner, or Friday night drinks online in a community is possible.
- Many religious institutions, choirs and learning environments are now online. Our support communities are still there, and now might be a time to reconnect with them.

overload, but also because of the uncertainty of the situation, and the lack of ‘success’ experiences.1

Acknowledging the sense of vulnerability we are left with, and doing our utmost to switch off at night is incredibly important. There are many meditation and sleep apps available (eg, Headspace, Buddhify, Calm) and having a simple bedtime routine should be priority. It is tempting to use alcohol or smoking to ‘settle your nerves’ at the end of a long hard day, but this will be detrimental to restful sleep. Night-time wakefulness will be common, and in the current climate we will often want to quickly look at the news or social media, but the evening blue-light from TV, computer or phone screens, and sense of urgency or fear, are also very bad for healthy sleep.

Eating on the run will only sustain us for a short period of time. We need strong immune systems and good hydration. Storing food, cooking and freezing healthy meals, and taking fruit, nuts and vegetables as snacks during the day will keep us going longer.

For many of us, our usual gyms and swimming pools will be closed. There will still be online exercise programmes, outdoor gyms and local parklands.1 It will be difficult to find time to listen to music, read, knit, cook—whatever our usual hobbies are—but factoring this into our schedule will benefit us enormously.

Building a ‘resilience schedule’ can be helpful, for example:

- Listing the 10 ingredients in our ‘well-being recipe’
- A gratitude diary, planning a joyful moment each day
- A quiet moment of mindfulness regularly in the day
- Connection to land or relationships
- Appreciative reflection
- Time with pets or loved beings.

As the duration of the pandemic becomes longer, we may become tired pushing ourselves to follow these steps. We need to persevere with these measures and to continue to cheer each other on.

### Table 1 Principles of Self care

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<thead>
<tr>
<th>Pathways</th>
<th>Ensure to see own family doctor as needed.</th>
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<tbody>
<tr>
<td>Promotion</td>
<td>Be a role model for staff, patients and students. Keep calm, look after others and use self-compassion. This will flow to others.</td>
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<tr>
<td>Professionalism</td>
<td>Limit COVID-19 information to a few reliable sources. Don’t infect others with COVID-19, or with hopelessness.</td>
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<tr>
<td>Protection</td>
<td>Monitor own physical and emotional health. Be attuned to any early warning signs.</td>
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<tr>
<td>Preparation</td>
<td>Maintain optimum sleep, diet and exercise, hobbies. Accept vulnerability in all spheres.</td>
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► An online Balint group or peer support group may be an answer, where we talk about our own doubts and anxieties related to our clinical work. These help us to build up our resilience, sense of coherence and self-efficacy. If, as a doctor, we are required to self-isolate, it is important to continue to have a sense of being useful. It may be possible to consult by video-link or phone, or do telephone triage. Creative thinking will be needed as we are accustomed to being useful—examples might be:

- Assisting older people who are not computer literate by doing online shopping
- Writing journal articles
- Running an online support group or tutorial group for students
- Advocating for vulnerable communities.

If we see a colleague struggling, ask if they are okay and encourage them to debrief, look after themselves and seek help if needed. Listening and supporting can make an enormous difference. Acknowledging that as doctors we are used to trying to solve everyone else’s problems—but that this is actually an impossible task. We too are human, have human needs and human failings, and medicine is extremely complex and often unsupportive.

Those of us in leadership positions need to ensure that our staff are safe and that there is transparent communication with an environment where staff can speak openly about their concerns. It may be possible to adjust staffing schedules so that we can rotate workers between higher and lower stress functions and allow flexibility for those with who need to care for family members. More senior physicians can provide support and monitor the safety and well-being of junior colleagues and staff. Many studies have found that there is a high prevalence of depression, anxiety, burn-out, compassion fatigue, insomnia and distress in healthcare workers treating patients with COVID-19.

**Pathway of care**

Many doctors do not have a consistent relationship with a Family Physician, General Practitioner or primary care team. Most doctors use a blend of formal and informal methods to manage their own health. But there are many who have ignored both physical and mental health symptoms, made an incorrect self-diagnosis or endured unnecessary treatment delays because they did not seek timely, formal healthcare from an independent practitioner. Being a patient, and not the doctor, is not easy but the current circumstances can be an opportunity to access good healthcare for ourselves.

We should be clear about our needs, as well as acknowledge when treating a colleague that shared decision making, different referral pathways and informed consent are of the utmost importance. There are online courses to learn how to be a doctor/patient and a doctor for doctors.

The treating doctor should:

- Allow sufficient time
- Maintain their professional stance as the treating doctor
- Not discuss what has happened in the consultations at social events
- Reassure us that records are completely confidential
CONCLUSION

For many health professionals in the world, this crisis is the first time we have had to deal with severe disruption to our personal and professional lives.\(^2\) For others, this adds to already stretched resources, compassion and resilience. We need to care for ourselves and our colleagues as we are also at risk of ‘post-corona stress disorder’.

Hopefully, on the other side we will be more aware of the importance of our relationships and our small objects of gratitude. We will find new strength, meaning and courage in ourselves and have a deeper awareness and respect for our collective resilience.

Let’s do this together.

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REFERENCES


