



Caring for the Caregivers: Mental and Spiritual Support for Healthcare Teams During the COVID-19 Pandemic and Beyond

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The unique challenges that the COVID-19 pandemic has put upon us are more pronounced when dealing with cancer patients. Healthcare teams are adjusting to an ever-changing environment with an elusive disease that requires adaptation to new practices. Since much of the effort is directed toward Corona-dedicated departments, other teams are depleted, while required to maintain the same level of service. When dealing with cancer patients, things are even more complex: among those who do come to get treated, many are immune-compromised and are at a higher risk of complications upon contracting the virus. Others are reluctant to seek medical care in hospitals since they are perceived as “risky” places to contract the disease. We are starting to see patients that postponed seeking medical care in previous months and currently presenting with malignancies at later stages of their disease [1]. All this puts a huge burden on healthcare providers in general and those who treat cancer patients in particular. Positive professional quality of life leads to compassion satisfaction and better patient care. However, with the increased burden the tables turn.

Identifying the Problem

Even before the start of the COVID-19 pandemic, burnout (BO) among caregivers in general, and physicians in particular, was widespread. About 30% of all American surgeons were reported to suffer from BO [2, 3]. BO is caused by exhaustion, frustration, anger, and depression. This leads to negative professional quality of life and two possible detrimental effects: compassion fatigue (CF) and secondary

traumatic stress (STS). CF is a deep sense of emotional exhaustion that healthcare providers can experience while helping others in distress. Interestingly, CF has been studied widely among nurses and mental healthcare professionals, but only recently has been examined among physicians and surgeons [3]. STS is a negative feeling driven by fear and work-related trauma [4]. Therefore, BO not only affects the caregiver’s quality of life and health, but also is associated with an increase in medical errors and worse patient outcomes. Additionally, it is well established that sleep deprivation and a critical lack of psychosocial support may aggravate such symptoms [5].

Finding a Solution

With a few exceptions, hospitals in general are not designed or adapted to provide continuous emotional support to their staff. This was clearly reflected in a recent Israeli National Health Ministry Burnout Report of 40,000 healthcare employees [6]. There is no evidence to support that the situation is much better in other countries around the globe. In many places, there is a service that a healthcare provider can approach when feeling in distress, but it seems that these systems are profoundly underutilized. The detrimental consequences are burnout and compassion fatigue. These lead to reduced functionality and motivation, errors and accidents, increase in sick days and leaves, and more. The importance of looking after doctors’ mental well-being during the COVID-19 pandemic has been raised recently [5, 7]. However, the solutions offered were in the realm of self-help and not proactive institutionally organized systems of support [8].

Beneficial interventions addressing CF have been published in the past [9–12]. Several studies described workshops for residents incorporating meditation and self-care as part of the daily routine. There is no evaluation of long-term follow-

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up of these interventions and their positive effect on the physicians' well-being and patients' safety.

We recently incorporated a pilot workshop at our institution that aimed to support the physicians, residents, and staff alike, to help them maintain their perspective and sense of balance. We developed a basic resilience program that was composed of three weekly sessions. The program was designed to help the surgeons understand CF, recognize the physical, mental, and emotional effects of stress, and adopt resilience strategies based on spiritual care tools (deep listening, non-judgmental peer support, conscious breathing, and connecting to personal resilience resources). The vast majority ($n = 20$; 94%) of all surgeons who participated in the workshop acknowledged the importance of receiving the provided support and expressed interest in additional sessions. Interestingly, the residents that took part in the program ($n = 8$) reported a long-lasting positive effect 3 months after the conclusion of the workshop.

This is only one example of a variety of initiatives that hospitals should take to proactively support healthcare teams in these challenging times. Although an emphasis should be made on those who are staffing departments serving COVID-19 patients, it is in the interest of all healthcare systems to support teams treating oncologic patients and other practices [13]. They should continuously offer interventions to promote healthcare teams' well-being. This will also no doubt, benefit our patients.

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