

Category :**ICU organization**

A146 - Psychosocial impact of covid-19 pandemic on icu personnel at a tertiary care center in the united states.

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Introduction:

The primary objective of this study was to assess the psychosocial impact of the COVID-19 pandemic on ICU health care workers (HCW). Previous global pandemics, such as SARS, have demonstrated increased stress on HCW leading to anxiety, depression, isolation and exhaustion.

Methods:

A longitudinal survey design was used. From April 2020 to July 2021 ICU HCW received two scheduled anonymous surveys. The Work-Related Stress Survey (WRSS) was administered every 4 weeks and the Professional Quality of Life Measure (ProQOL) was administered initially, at peak COVID patient census, and at 3 months post-peak. The WRSS was comprised of elements from published HCW stress questionnaires. The ProQOL is a validated instrument for assessing compassion satisfaction (CS), burn out (BO), and secondary traumatic stress (STS) [1]. ProQOL t-scores were grouped into low/moderate/high.

Results:

The WRSS demonstrated that anxiety, mental exhaustion, and feelings of isolation were maximum at peak census and lower at other times. Levels of CS, BO, and STS were high across the study period (Table 1).

Conclusion:

HCW demonstrated stress levels that were temporally associated with COVID patient census. >70% of ICU HCW showed high levels of BO and STS throughout the pandemic while also maintaining a high level of CS. There is an urgent need to address stress in ICU HCW.

References:

1. The Center for Victims of Torture: www.ProQOL.org

Image :

ProQOL		Initial	Peak Census	3 Months Post-Peak
N respondents (%)		205 (33%)	92 (16%)	64 (11%)
Compassion Satisfaction	High	81%	78%	83%
	Moderate	18%	22%	14%
	Low	1%	0%	3%
Burn Out	High	83%	74%	80%
	Moderate	17%	26%	20%
Secondary Traumatic Stress	High	81%	75%	72%
	Moderate	19%	25%	28%

Table 1. ProQOL results (percentage of respondents) for sub-categories at study initiation, peak ICU COVID-19 patient census, and 3 months post-peak. Burn out and secondary traumatic stress had zero respondents with low scores.