

The psychological impact of COVID-19 pandemic on the palliative care professionals working in the public sector – a cross sectional survey

Oral Presentation

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Background

- COVID-19 Pandemic
 - Primary goals of infection control and saving lives
 - Resources were diverted
- Palliative Care and End-of-life Care under the Pandemic
 - Increased Number of deaths
 - Role of PC and EOL Care amid pandemic
- Palliative Care Professionals under the Pandemic
 - Work in a different ward with unfamiliar duties
 - Increased workload
- The psychological impact of COVID-19 pandemic on palliative care professionals was understudied.

Objective

- To explore the psychological impact of COVID-19 on the palliative care professionals working in public hospitals during the initial phase of pandemic

Methods – Data Collection

- Cross-sectional Online Survey
- From 3rd April to 1st May 2020
- Palliative Care Professionals in Hong Kong public settings
- Snowball Sampling

Methods - Measurements

- Psychological health:
 - Patient Health Questionnaire-9 (PHQ-9)
 - Generalized Anxiety Disorder Assessment-7 (GAD-7)
- Pandemic-related traumatic distress:
 - Impact of Event Scale – Revised (IES-R)
 - 22-item 5-point Likert scale
 - Assessing a participant's post-traumatic stress
 - For each item, participants were asked to indicate how much they were bothered by the COVID-19 pandemic from '0', not at all, to '4', extremely
 - 33 as the cut-off of at least moderate distress secondary to the pandemic
- All measurement are in Chinese Version and validated (Wu & Chan, 2003; Yu et al., 2012; Zeng et al., 2013)

Methods - Analysis

- Descriptive statistics and Mann-Whitney U test
 - Describe the epidemiology
 - Compare the psychological distress between respondents reported at least moderate distress or not

Results - Demographics

Table 1: Demographics of Participants (N=142)

	N	Valid %	M (SD)
Age			43.64 (10.06)
Year of Professional Practice			17.34 (9.85)
Year of working in palliative care field			8.97 (8.17)
Gender			
Male	24	16.9	
Female	118	83.1	
Education Level			
Secondary Level or below	1	0.7	
Associate Degree/ High Diploma	6	4.2	
Bachelor Degree	55	38.7	
Master Degree	76	53.5	
PHD	4	2	

Table 1: Demographics of Participants (N=142) (Cont'd)

	N	Valid %	
Profession			
Doctor	24	16.9	
Nurse	56	39.4	
Medical Social Worker	24	16.9	
Occupational Therapists	9	6.3	
Physiotherapists	1	0.7	
Clinical Psychologist	8	5.6	
Spiritual Care Workers	14	9.9	
Others (Speech Therapist, Dietitian):	6	4.2	
Religion			
No Religion	54	38	
Catholic	17	12	
Christianity	63	44.4	
Buddhism	4	2.8	
Taoism	1	0.7	
Ancestor Worship	1	0.7	
Others	2	1.4	
Marital Status			
Single	46	32.4	
Married	91	64.1	
Divorce	3	2.1	
Others	2	1.4	

Results – IES-R

Table 2: Impact of Event Scale (IES-R) (N=125)		N (%)	M (SD)
Total Score			25.74 (11.35)
0-23		50 (40%)	
24-32 (Mild)		40 (32.0)	
33-38 (Moderate)		15 (12.0)	
39 and above (Severe)		20 (16.0)	
Intrusion Subscale			1.34 (0.58)
Avoidance subscale			1.03 (0.61)
Hyper-arousal subscale			1.11 (0.51)

Results – IES-R

Table 3: Traumatic Stress secondary to pandemic by IES-R

		IES-R 32 or below	IES-R 33 or above	Mann-Whitney U test	
		minimal to mild impact	mod to severe impact	U	p-value
		n=90	n=35		
PHQ-9 Score	median	2	7	685	0.000
	min, max	0, 18	0, 18		
	Q1, Q3	0, 5	4, 9		
GAD-7 score	median	2	7	665.5	0.000
	min, max	0, 17	0, 18		
	Q1, Q3	0, 5	5, 8		

- Among 125 patients who completed IES-R, 35 (28%) reported at least moderate distress in relation to the pandemic, and they reported higher level of depression and anxiety (p-value < 0.001).

Results – IES-R

Table 3: Traumatic Stress secondary to pandemic by IES-R (Cont'd)

		IES-R 32 or below	IES-R 33 or above	Mann-Whitney U test	
		minimal to mild impact	mod to severe impact	U	p-value
		n=90	n=35		
Age	years, median	44.5	40	1192.5	0.059
	min, max	23, 69	27, 58		
	Q1, Q3	36.75, 53	32.75, 46.5		
Professional experience	years, median	17.5	15	1435.5	0.442
	min, max	1, 37	2, 34		
	Q1, Q3	9, 25	8, 22		
Experience in palliative care	years, median	6	5	1573.5	0.993
	min, max	0, 30	0, 28		
	Q1, Q3	2, 13	3, 11		

- The stress level was not related with respondents' age, professions, years served in healthcare professions

Conclusion

- This study highlighted the way Palliative Care Professionals in Public Hospitals in Hong Kong were affected during the pandemic
- Significant number of Palliative Care Professionals experienced traumatic stress secondary to the pandemic, and were at risk of depression and anxiety.
- PC service provision is profound as human touch and quality of life are highly important in PC.
- The impact of the pandemic on PC services is to be determined.
- These may shed light on the measures that could be taken to ensure the quality of PC provision.

Stay healthy & Thank you

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Reference

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Supplementary Slides – PHQ-9 Results

Patient Health Questionnaire-9 (N=134)

	<i>N (%)</i>	<i>M (SD)</i>
Overall Score		4.42 (4.14)
Minimal Depressive symptoms (0-4)	76 (56.7)	
Mid Depressive symptoms (5-9)	44 (32.8)	
Moderate Depressive Symptoms (10-14)	11 (8.2)	
Moderately severe Depressive symptoms (15-19)	3 (2.2)	
Severe depressive Symptoms (≥ 20)	0 (0.0)	

Remarks (Several day or above):

1. Feeling tired or having little energy (**73.1**)
2. Little interest or pleasure in doing things (**54.5**)
3. Trouble falling or staying asleep, or sleeping too much (**47.8**)
4. Feeling down, depressed, or hopeless. (**43.3**)
5. Trouble concentrating on things, such as reading the newspaper or watching television (**39.6**)

PHQ-9

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Supplementary Slides – GAD-7 Results

General Anxiety Disorder Assessment-7 (N=134)

	N (%)	M (SD)
Overall Score		4.08 (3.86)
Minimal anxiety symptom (0-4)	78 (58.2)	
Mild anxiety symptom (5-9)	48 (35.8)	
Moderate anxiety symptom (10-14)	4 (3.0)	
Severe anxiety symptom (≥ 15)	4 (3.0)	

Remarks(Several day or above):

1. Trouble relaxing (**60.4**)
2. Feeling nervous, anxious or on edge (**57.5**)
3. Becoming easily annoyed or irritable (**57.5**)
4. Worrying too much about different things (**50.7**)

GAD-7

		Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge	0	1	2	3
2.	Not being able to stop or control worrying	0	1	2	3
3.	Worrying too much about different things	0	1	2	3
4.	Trouble relaxing	0	1	2	3
5.	Being so restless that it is hard to sit still	0	1	2	3
6.	Becoming easily annoyed or irritable	0	1	2	3
7.	Feeling afraid as if something awful might happen	0	1	2	3