Fighting fear in healthcare workers during the COVID-19 pandemic

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“Fear is a reaction. Courage is a decision.”
Sir Winston Churchill

The current global coronavirus disease 2019 (COVID-19) pandemic is unprecedented and has stressed healthcare systems worldwide. Healthcare resources that are scarce include tests for severe acute respiratory coronavirus virus 2 (SARS-CoV-2), personal protective equipment (PPE), hospital equipment (ventilators), hospital capacity, and healthcare workers (HCWs), particularly those trained to care for the critically ill. Unfortunately, amid the pandemic and these shortages, anxiety and fear are rampant, fueled by real risk and amplified by the 24-hour news feed and social media.

The risk of acquiring infection is innate to health care; it always has been and, for the foreseeable future, will continue to be. Therefore, effective infection prevention practices are paramount to both ensuring safety and combatting fear. However, in the face of the COVID-19 pandemic, deviations in proven preventative measures and standard care are common. Variations in PPE use (eg, utilizing N95 respirators for minimal risk encounters) or deferring critical, life-saving procedures (ie, due to lack of confidence in validated diagnostic test performance or PPE efficacy) increase the overall risk to HCWs and patients alike. The reason these variations exist must be explored, and we postulate fear as a significant factor.

Among the many valid reasons for fear in this pandemic are fear of developing infection, fear of failing to provide adequate care for patients given limited resources, fear of carrying the virus home and infecting family and friends, fear of stigmatization, and many others. Fear is not novel to the COVID-19 pandemic; it has been well described in other infectious diseases epidemics such as HIV or SARS.1 Many of these fears are well founded considering others. Fear is not novel to the COVID-19 pandemic; it has been well described in other infectious diseases epidemics such as HIV or SARS.1 Many of these fears are well founded considering variations in critical, life-saving procedures (ie, due to lack of confidence in validated diagnostic test performance or PPE efficacy) increase the overall risk to HCWs and patients alike. The reason these variations exist must be explored, and we postulate fear as a significant factor.

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References


