

# COVID-19

## The beginning and what we know now

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Hunan Children's Hospital,  
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# No conflict of interest to declare

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COVID-19 in Shanghai

COVID-19 in Wuhan

We were prepared

We need to reverse practice

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The beginning  
December 2019

COVID-19 response  
in Shanghai

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# Zhongshan Hospital of Fudan University

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Rapid Response  
in January 2020



# Advice neglected from the onset Or invent the wheel again (everywhere)?

Received: 12 March 2020 | Accepted: 18 March 2020

DOI: 10.1111/jan.14364

## EDITORIAL



WILEY

## Hospital response to the COVID-19 outbreak: The experience in Shanghai, China

Yuxia Zhang RN, FAAN, PhD, Director, Professor<sup>1</sup>

Zhan Sun MD, Director, Professor<sup>2</sup>

Jos M. Latour RN, PhD, Professor<sup>3</sup>

Bijie Hu MD, PhD, Director, Professor<sup>4</sup>

Juying Qian MD, PhD, Deputy Director, Professor<sup>5</sup>

Shanghai 27 million inhabitants

- ❖ **20 January 2020**; first COVID-19 case in Shanghai
- ❖ **12 March 2020**; 344 COVID-19 patients admitted in **ONE** hospital in Shanghai (Shanghai Public Health Medical Centre)

<https://onlinelibrary.wiley.com/doi/full/10.1111/jan.14364>


# Other non-COVID-19 hospitals adjusted the visiting regulations

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JAN WILEY

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**FIGURE 2** Entrance of outpatient department: conducting temperature check and epidemiological survey



**FIGURE 3** Four steps to complete entrance check in inpatient ward: temperature check; hands disinfection; epidemiological survey; visiting information record

<https://onlinelibrary.wiley.com/doi/full/10.1111/jan.14364>





COVID-19 in Wuhan

Time was running out

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# Stress, Burnout, and Coping Strategies of Frontline Nurses During the COVID-19 Epidemic in Wuhan and Shanghai, China

Yuxia Zhang<sup>1</sup>, Chunling Wang<sup>1</sup>, Wenyan Pan<sup>1</sup>, Jili Zheng<sup>1</sup>, Jian Gao<sup>2</sup>, Xiao Huang<sup>3</sup>, Shining Cai<sup>1</sup>, Yue Zhai<sup>4</sup>, Jos M. Latour<sup>5\*</sup> and Chouwen Zhu<sup>6,7\*</sup>



## Aim:

To identify stressors and burnout among nurses who cared for COVID-19 patients during their stay in the frontline and to explore coping strategies and perceived effective support factors to address stressors.



# Stress, Burnout, and Coping Strategies of Frontline Nurses During the COVID-19 Epidemic in Wuhan and Shanghai, China

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107 nurses deployed from Shanghai to Wuhan

- ❖ Young group (66%  $\leq 30$  years) with limited experience (67%  $\leq 8$  years)
- ❖ Caring for severe and critically ill COVID-19 patients
- ❖ Working in COVID units at least 1 months



Questionnaire adapted from SARS epidemic with 3 subscales: Stressors, Coping strategies, Effective support

Maslach Burnout Inventory with 3 subscales: Emotional Exhaustion, Depersonalization, Lack of Personal Accomplishment





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## Perceived stressors

- ❖ 85% uncertainty how long current working status will last
- ❖ 84% worrying to get infected
- ❖ 76% discomfort caused by protective equipment



Nurses in this study experienced considerable stress and the most frequently reported stressors were related to families.

Nurses younger age, less working experience and longer working time in COVID-19 units had higher burnout levels (Emotional Exhaustion)

# COVID-19 – nurses – stress: 685 hits in PubMed (15<sup>th</sup> Sept 2021)

Hesselink et al. *BMC Health Services Research* (2021) 21:525  
<https://doi.org/10.1186/s12913-021-06555-5>

BMC Health Services Research

## RESEARCH ARTICLE

## Open Access

Holding the frontline: a cross-sectional survey of emergency department staff well-being and psychological distress in the course of the COVID-19 outbreak



Gijs Hesselink<sup>1,2\*</sup>, Lise Straten<sup>1</sup>, Lars Gallée<sup>1</sup>, Anne Brants<sup>3</sup>, Joris Holkenborg<sup>4</sup>, Dennis G. Barten<sup>5</sup> and Yvonne Schoon<sup>1,6</sup>

**Conclusions:** The first COVID-19 wave took its toll on ED staff.

Actions to limit drop-out and illness among staff resulting from psychological distress are vital to secure acute care for (non-) COVID-19 patients

Intensive & Critical Care Nursing 65 (2021) 103034



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Intensive & Critical Care Nursing

journal homepage: [www.elsevier.com/iccn](http://www.elsevier.com/iccn)

## Research Article

The impact of the first COVID-19 surge on the mental well-being of ICU nurses: A nationwide survey study

Hidde Heesakkers<sup>a,\*</sup>, Marieke Zegers<sup>a</sup>, Margo M.C. van Mol<sup>b</sup>, Mark van den Boogaard<sup>a</sup>

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**Conclusion:** First COVID-19 surge had high impact on mental well-being of ICU nurses, increasing the risk for drop out and jeopardizing the continuity of care.



■

To prepare or not to  
prepare, that's the  
question

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## Ethics of Outbreaks Position Statement. Part 1: Therapies, Treatment Limitations, and Duty to Treat

Thomas J. Papadimos, MD, MPH<sup>1,2</sup>; Evadne G. Marcolini, MD<sup>3</sup>; Mehrnaz Hadian, MD<sup>4</sup>;  
George E. Hardart, MD<sup>5</sup>; Nicholas Ward, MD<sup>6</sup>; Mitchell M. Levy, MD<sup>6</sup>;  
Stanislaw P. Stawicki, MD, MBA<sup>7</sup>; Judy E. Davidson, DNP, RN<sup>8</sup>

## Ethics of Outbreaks Position Statement. Part 2: Family-Centered Care

Thomas J. Papadimos, MD, MPH<sup>1,2</sup>; Evadne G. Marcolini, MD<sup>3</sup>; Mehrnaz Hadian, MD<sup>4</sup>;  
George E. Hardart, MD<sup>5</sup>; Nicholas Ward, MD<sup>6</sup>; Mitchell M. Levy, MD<sup>7</sup>; Stanislaw P. Stawicki, MD, MBA<sup>8</sup>;  
Judy E. Davidson, DNP, RN<sup>9</sup>

Crit Care Med 2018; 46:1842–1855 & Crit Care Med 2018; 46:1856–1860

# Did somebody pick this up?






# 9 Recommendations

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## **Ethics of Outbreaks Position Statement. Part 2: Family-Centered Care**      CCM 2018; 46:1856–1860

Thomas J. Papadimos, MD, MPH<sup>1,2</sup>; Evadne G. Marcolini, MD<sup>3</sup>; Mehrnaz Hadian, MD<sup>4</sup>;  
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- 1) Honestly **disclose the unknown / uncertainty**...
  - 2) Describe to patient/family **decision process**...
  - 3) Increase **patient/family communication**...
  - 4) Anticipate to **families' self-protective behaviors**...
  - 5) Include **family coping** in daily assessment...
- 



**Ethics of Outbreaks Position Statement. Part 2:**  
**Family-Centered Care**      CCM 2018; 46:1856–1860

Thomas J. Papadimos, MD, MPH<sup>1,2</sup>; Evadne G. Marcolini, MD<sup>3</sup>; Mehrnaz Hadian, MD<sup>4</sup>;  
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- 6) Build a **program of FCC** to offer **support**...
  - 7) Consider **basic architectural standards**...
  - 8) Provide **education on family care**
  - 9) **Support** and foster further **research**....




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## Ethics of Outbreaks Position Statement. Part 2: Family-Centered Care

CCM 2018; 46:1856–1860

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Judy E. Davidson, DNP, RN<sup>9</sup>



We need to  
reverse practice



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RESEARCH







# Measuring family-centred care practices in adult intensive care units: The EMPATHIC-F questionnaire

Emilio Rodríguez-Ruiz MD<sup>1,2,3</sup>  | Maitane Campelo-Izquierdo RN<sup>4</sup> |  
Montserrat Mansilla Rodríguez RN<sup>4</sup> | Ana Estany-Gestal PhD<sup>5</sup> |  
Andrés Blanco Hortas BScic<sup>5</sup> | María Sol Rodríguez-Calvo MD, PhD<sup>6</sup> |  
Antonio Rodríguez-Núñez MD, PhD<sup>2,3,7</sup> | Jos M. Latour RN, PhD<sup>8</sup> 

<https://doi.org/10.1111/nicc.12670>


*Intensive Care Med*  
<https://doi.org/10.1007/s00134-021-06485-0>

## Impact of different visiting policies on family satisfaction in two Spanish ICUs before and during COVID-19

Emilio Rodríguez-Ruiz<sup>1,2,3\*</sup> , Maitane Campelo-Izquierdo<sup>4</sup>, Ana Estany-Gestal<sup>5</sup> ,  
Antonio Rodríguez-Núñez<sup>2,3,6</sup>  and Jos M. Latour<sup>7</sup> 

<https://link.springer.com/article/10.1007%2Fs00134-021-06485-0>









Before COVID-19 pandemic, visiting policies varied between the two ICUs.  
ICU-1 had restricted visiting of 1-h twice a day at mealtimes.  
ICU-2 had an open visiting policy, relatives could stay with their next-of-kin

Since COVID-19 pandemic in March 2020, visiting policies changed in both ICUs towards a restricted policy of 1-h a day and only one relative.  
Daily telephone updates and video calls made by intensivists and nurses

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**Table S1** Differences in EMPATHIC-F domains between two time periods. Abbreviations:

Family.

Domain						p
Professionals						0.190
Organization						0.008
Care and Treatment	5.62 – 5.87					0.490
Information	5.60 – 6.00 5.80 – 6.00					0.124
Family participation	08	5.67	5.00 – 5.96	5.33 – 5.80	0.021	
Satisfaction total	5.63 – 5.81	68	5.77	5.51 – 5.90	5.69 – 5.83	0.797

Abbreviations: 1. EMPATHIC-F, EMpowerment of PATients in THE Intensive Care – Family.  
Data are expressed as mean (SD). p-values calculated by Mann-Whitney U test. Statistically significant difference between groups: p < 0.05.

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# In Summary

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## And what did we gain?

- Well-being of ICU staff during COVID-19 (and after) is important to consider and we need to identify effective interventions to support this
- Teamwork is the driver for surviving the COVID-19 pandemic. Teamwork optimises patient outcomes, family satisfaction, and staff well-being







# Thank You

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