



On the frontline treating COVID-19

A pendulum experience-
from meaningful to overwhelming
for Danish healthcare professionals

Associated Professor Thora Thomsen
Associated Professor Elizabeth Rosted



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Thanks to the research group

Thanks to the research group and participating departments:

Hølge-Hazelton, B., Zacho Borre, L., Kjerholt, M. Rosted, E., Thomsen, TG., Krogsgaard, M., Busk, H., Geisler, A., Hansen, ST., Mortensen, CB., Thomsen, TH., Beck, M., Berthelsen, C. & Petersen, M.

Department of Oncology and Palliative Care,

Department of Otorhinolaryngology and Maxillofacial Surgery,

Department of Surgery,

Department of Neurology,

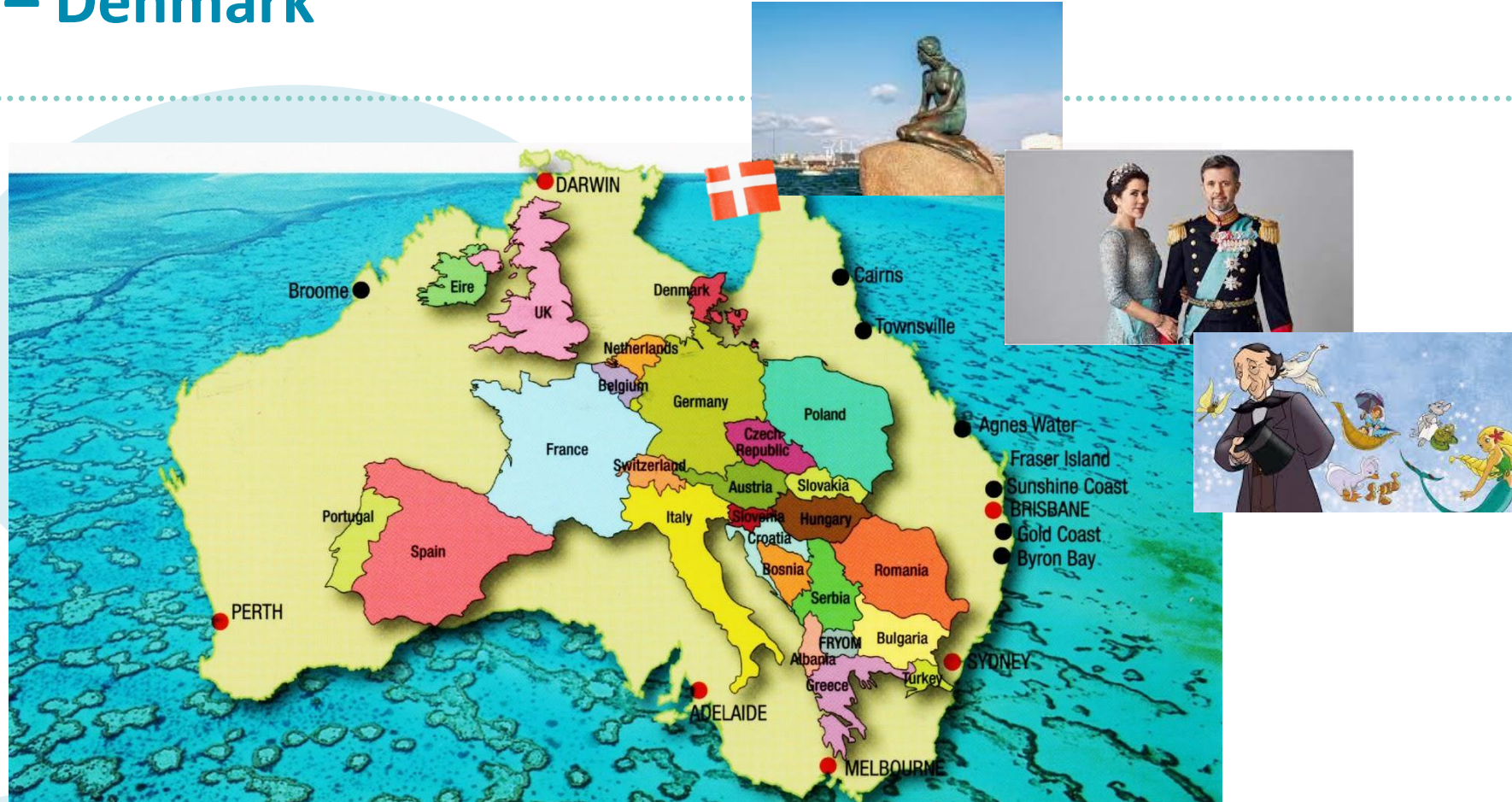
Department of Anaesthesiology,

Department of Plastic surgery and Breast surgery,

Department of Haematology



Context – Denmark



Australia and Europe area comparison

Australia's area: 7.7 million sq km

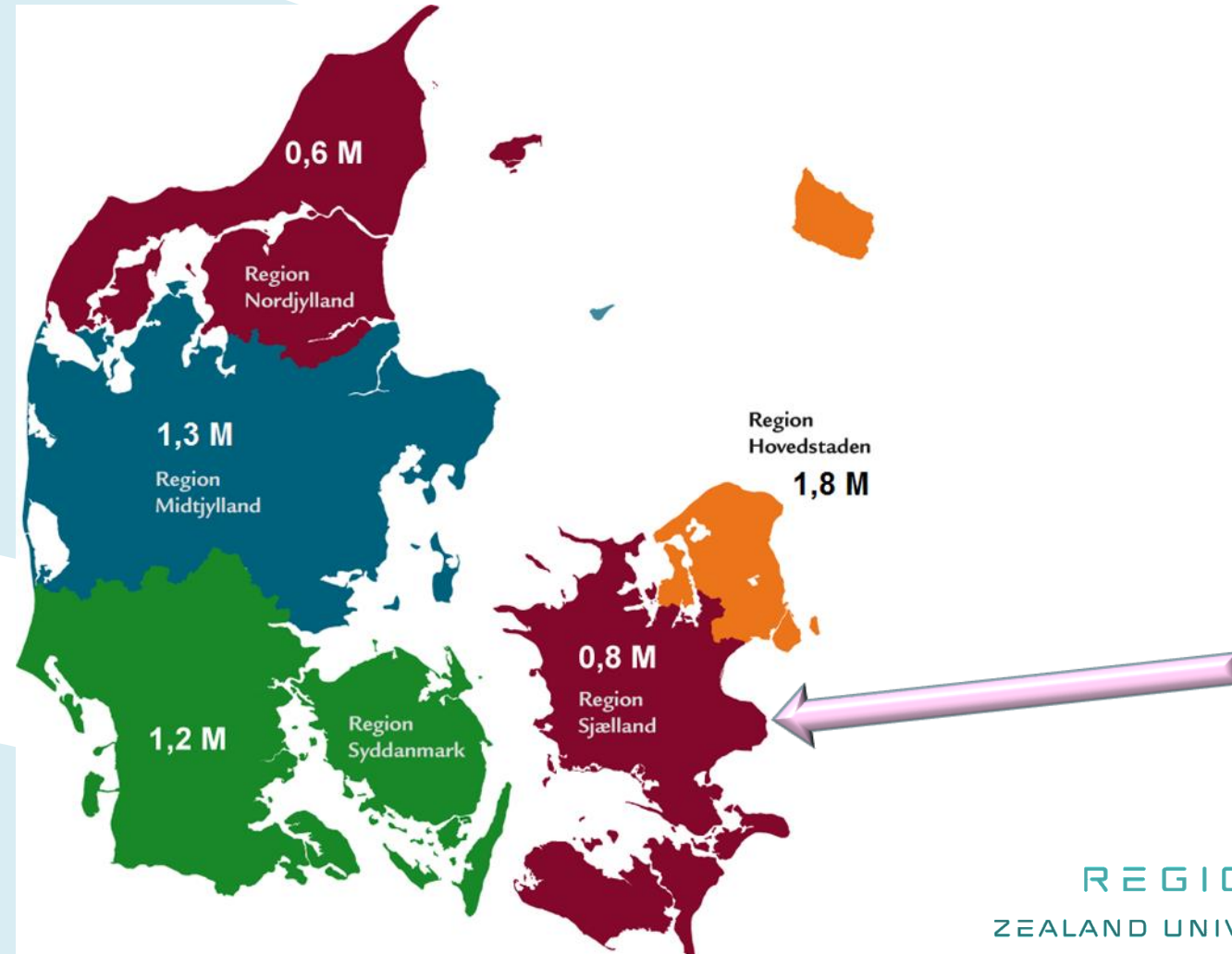
Europe's area (shown): 3.5 million sq km

Darwin to Perth 4396 km • Perth to Adelaide 2707 km • Adelaide to Melbourne 726 km
Melbourne to Sydney 887 km • Sydney to Brisbane 972 km • Brisbane to Cairns 1748 km



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Context – Region Zealand



Background

- A major reconstruction of the Danish Healthcare System was initiated in preparation for the increasing number of patients suspected of having or who would be severely ill from COVID-19.
- The capacity of the healthcare system was dependent on healthcare professionals' willingness and ability to engage in new work tasks to respond to the unprecedented situation.
- For some, this may have resulted in uncertainty, anxiety and fear.



Design

- Descriptive study using semi-structured focus group interviews.
- Included healthcare professionals (n = 62) , doctors, nurses, physiotherapists, medical secretaries, psychologists.
- Healthcare professionals came from seven departments.
- 11 focus group interviews were conducted during June 2020.
- Analyses thematic as described by Brown and Clark (2006).



Participating Departments:

Department of Oncology and Palliative Care,
Department of Otorhinolaryngology and Maxillofacial Surgery,
Department of Surgery,
Department of Neurology,
Department of Anaesthesiology,
Department of Plastic surgery and Breast surgery,
Department of Haematology



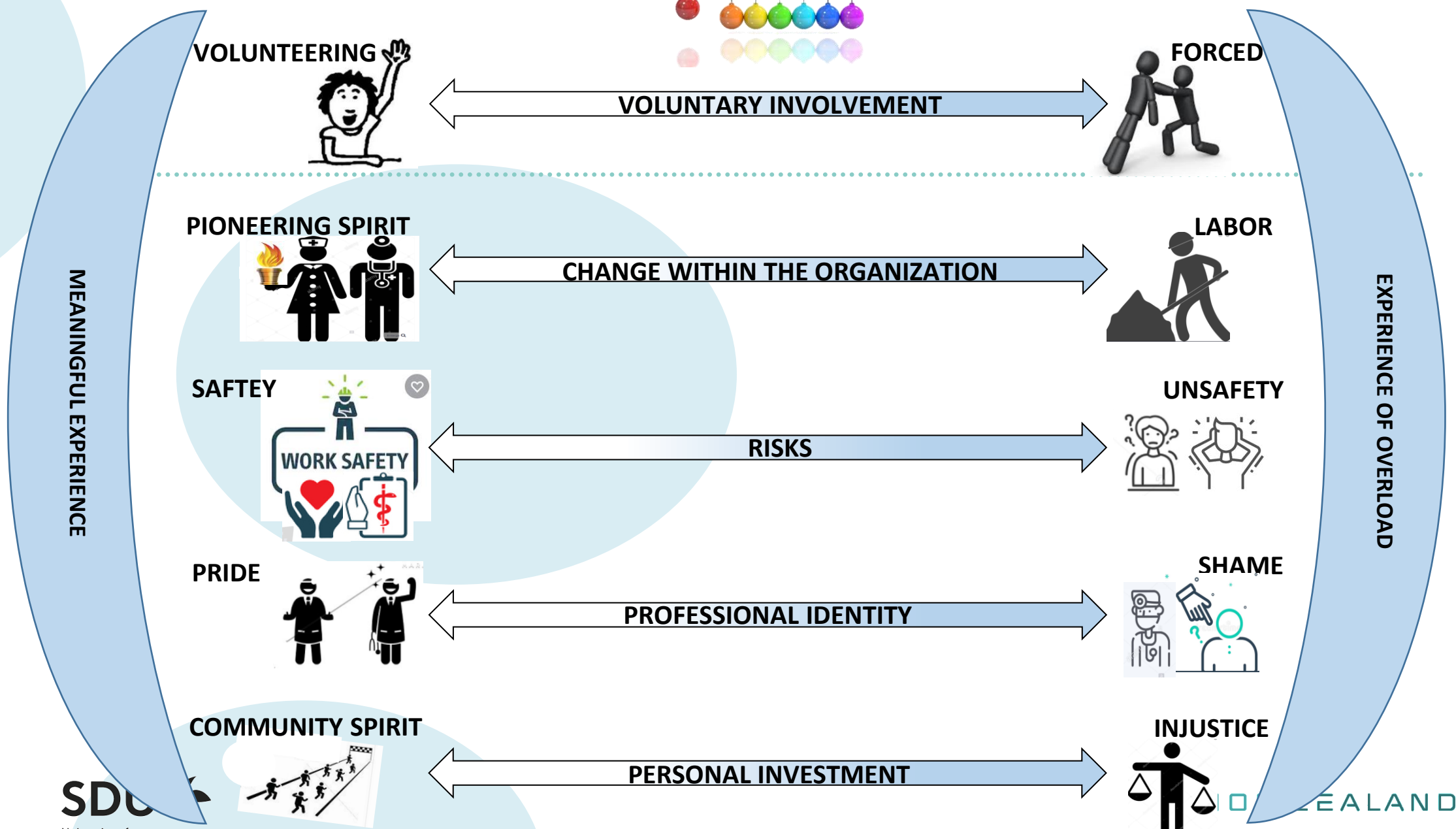
Results

Healthcare professionals experiences was described by five themes:

- 1) Voluntary involvement
- 2) Changes within the organisation
- 3) Risks
- 4) Professional identity
- 5) Personal investment

Common to all five themes was the feeling of being on a pendulum from a meaningful experience to an experience of mental overload, when situations and decisions no longer seemed to be worthwhile.





Results

- Voluntary Involvement

'I wanted to help. I felt like making an effort because of the way things were in our society. It made sense helping during the first 14 days, after this is was forced on us'



'I was rather frustrated ...I thought, if I volunteered then I had done my part, but it did not turn out that way'



Results

- Changes within the Organisation

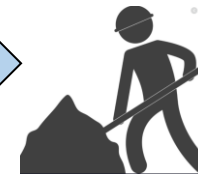
'You could sense we were guests in the department. That is, we had to conform, and if we came up with good ideas –the answer was "we have never done it like that before." This I think was very difficult to work with'

PIONEERING SPIRIT



CHANGE WITHIN THE ORGANIZATION

LABOR



Results

- Risk

'I think we have had really good teaching. And had some good conversations about it and tried all sorts of scenario training'

'I had such close contact with all the staff; back then you had to have 2 metres distance, but it was impossible even to keep 1 metre distance in between us at work'.



'Of all the shifts I have had on the Covid section, I have never at any time felt that I was at high risk of being infected. It was the 8 hours a day where I was in the greatest safety zone'

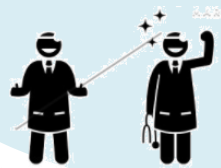


Results

- Personal Identity

'You have to decide for yourself, in the individual situation. I have been asked to send relatives home despite thinking that people who are really sick or dying should see loved ones for support. It has caused disagreements among our staff. I think, by doing this, we deprive people of their human rights without thinking about what it means to them'

PRIDE



PROFESSIONAL IDENTITY

SHAME



Results

- Personal Investment

We (health professionals) may seem very mentally strong, but I got up one morning and then tears just ran down my cheeks. ... my body just said no, or my mind ... my unconsciousness – the unconsciousness said no ..., I left for work and thought: 'well, it will probably work out' ... But it did not. I think it was very scary, and I simply thought, I will end up getting stressed, I was very emotionally affected and even talking about it today makes me feel emotional'

COMMUNITY SPIRIT



PERSONAL INVESTMENT

INJUSTICE



'I had never been engaged in it before, but I wanted to offer my help at the Covid department ... therefore I worked weekend shifts there and ended up working ten weekends in a row. I know it sounds crazy, but I had lots of holiday left, it was possible to work dayshifts and I got it the way I wanted ... I was sort of a volunteer'



Discussion

- **Domains from the SCARF-model: Status, Certainty, Autonomy, Relatedness and Fairness**

Rock, D. (2008). SCARF: a brain-based model for collaborating with and influencing others. *www. Neuroleadership.org*, 1, 1–9.

- **Patientsafety may be challenged**

- **Person-centred approach to leadership during crises like Covid -19**



Conclusion

- Healthcare professionals experienced a pendulum between a meaningful experience and one of mental overload during the COVID-19 pandemic. The swinging was conditioned by the prevailing context and was unavoidable.
- Relevance to clinical practice.
 - To balance the continuous pendulum swing, leaders must consider involvement, and to be supportive and appreciative in their leader style. This is consistent with a person-centred leadership that facilitates a well-adjusted work-life balance and may help prevent mental overload developing into burnout.



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Thank you for your attention

