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Anecdotal evidence points to the fact that a significant proportion of healthcare workers are having panic attacks as a direct response to the recent Covid-19 outbreak. This is now emerging in the media with reports on the anticipated stress and trauma likely to be experienced by healthcare workers during this pandemic (Lintern, 2020). According to new opinion, we can learn lessons from published reports on the psychological impact of this coronavirus on healthcare workers (Lusher, Collins and Chapman-Jones, 2020). Nevertheless, in order to appreciate how healthcare staff are actually coping psychologically with the added strain and pressure of working under the present circumstances, the views of frontline staff must be considered ethnographically. The present debate therefore reports on the views of nurses who are currently working for the British NHS during this crisis, which we present within the context of some formal literature. These first-hand insights point to an immediate rethink for guaranteeing that we can protect the psychological welfare of our healthcare workers.
Understandably, the response to the Covid-19 pandemic has created huge changes for the whole UK population, and nurses have had to adapt to a number of changes to their working pattern. For some nurses, they have needed to stop working due to their own health concerns or work remotely. For others, utterances of concern included: having to work in different settings; learning how to manage a ventilator; worries they have a serious illness; and fears they will pass on illness to vulnerable members of their family. A private social media page for healthcare workers reverberates a number of these concerns. Numerous members, especially nurses, comment having increased anxiety and even experienced panic attacks for the first time. Others have found that dormant Obsessive Compulsive Disorder symptoms had returned due to concerns about germ transmission. Others mentioned that they were considering a change in career, or retirement, post-pandemic. Further raised concerns relate to a lack of training during the deployment process.

A number of surveys are now underway to examine the psychological stability of healthcare workers; and the Royal College of Nursing (RCN) has recently published findings from one that was carried out during the first half of April 2020 (RCN, 2020). This survey collected data from 2600 responses and found that 33% of nurses reported severe anxiety or stress and 92% reported feeling worried about their family’s health (RCN, 2020). What is unclear from these data, is how intense are these feelings of despair and how many nurses may potentially reach breaking point. In March 2020, a nurse in the UK took her own life and there have been two further suicide reports of nurses in Italy. According to research, suicide among female nurses is 23% higher than the national average in the UK (Jones-Berry, 2019). These recent cases have been attributed to the trauma of working in Corvid-19 wards and feelings of guilt surrounding spreading the virus.

Furthermore, nurses are not used to witnessing such a high number of deaths with recent figures apparently indicating that 51% of people with Corvid-19 died in intensive care, compared to 28% of people with non-Covid pneumonia (ICNARC, 2020). Palliative care training is often very limited for many nurses and other health workers, so they are often confronted with a common experience they are underprepared for and may feel uncomfortable with. Even for those nurses who have worked in palliative care, Covid-19 has changed the way nurses are expected to manage end-of-life in hospitals in many ways (for example, no visitors). Jointly, these experiences are adding to the discomfort experienced by some nurses at this time. For others, it is working in a speciality they know little about (for example, paediatric nurses working in adult wards; ward nurses working in intensive care). Therefore, for those experiencing a heightened anxiety or Post Traumatic Stress Disorder, the future is less certain. Anecdotal reports are already emerging of estimates in the region of 25%-50% of individuals experiencing depression for months or years to come following this pandemic.
We have yet to experience how many British healthcare staff may suffer long-term trauma as a result of recent events, but it has previously been reported that almost two thirds of people who have experienced traumas can fully recover (Linley and Joseph, 2005) and so a proportion of healthcare staff may look back with nostalgia to the spring of 2020. Staff may recall the public clapping for them on a Thursday evening, teamwork and a sense of unanimous support. A common memory of those who work in war zones, sharing that intense feeling that often results in comradeship. Some individuals can feel stronger after a traumatic event. The term ‘posttraumatic growth’ has been adopted to describe such an experience; in fact, meta-analysis has shown that two months following a traumatic event, people can feel in the region of 50-70% better, with an appreciation that they got through the trauma (Linley and Joseph, 2005). There is some suggestion that this will be the same for healthcare workers in Britain.

The threat of Covid-19 has come at a time when nurses in the UK have been expected to work 12-hour shifts - a change in the last 10-15 years that has been criticised for causing failure to provide quality care. Coupled with concerns as to why 12-hour shifts are unfavourable in many situations. Our sources have highlighted that this pandemic has had a huge impact on British nurses, and this raises multiple questions surrounding changes in working practices. It is evident that much more investment is vital to improve morale and indeed working practices for nurses in Britain, and indeed healthcare workers across the globe. Hearing first-hand, in social media chat rooms and closed virtual meetings in London, about the angst building amongst NHS nurses circumnavigating their own psychological wellbeing whilst working on the frontline of the Covid-19 crisis, raises emotions and creates an awareness of urgency for an overhaul of current practices.

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References


