

Psychological Impact on the NHS staff at a Teaching Hospital in UK during the First Wave of the COVID-19 Pandemic

M N Chauhan¹, Ali Al-Sabbagh², Saadia M Ali³, L Chagla⁴

¹Registrar Breast and General Surgery, Department of General Surgery Whiston Hospital NHS Trust UK.

²Scunthorpe General Hospital Scunthorpe UK.

³Department of Surgery St. Helens & Knowsley Teaching Hospitals NHS Trust.

⁴(Supervisor) Consultant Breast and General Surgeon, Department of General Surgery Whiston Hospital NHS Trust UK.

ABSTRACT

Aims: To know the Psychological impact of Covid-19 Pandemic on Hospital staff.

Methods: The survey was conducted during the first wave of COVID-19 between 4th June 2020 to 5th July 2020 at St. Helens & Knowsley Teaching Hospitals NHS Trust. Permission was obtained from the Audit & Information Governance Department of St. Helens & Knowsley Teaching Hospitals NHS Trust. Survey was done through Survey Monkey web site and used staff hospital e mail addresses to communicate with the hospital staff.

Results: COVID-19 Pandemic has significant effects on the mental health and wellbeing of Front Line Health Workers in UK as shown in this study. Our study showed that major depressive symptoms were more common in non-doctors and doctors were more non-depressed. [Figure 3] There was a slightly higher sub-threshold depression among doctors over other staff members. Altogether among both groups of the front the line health workers 57.79% were non-depressed, 25.32% had sub-threshold depressive symptoms, and 16.88% had major depressive symptoms. [Figure 3]

Conclusions: It is noted from our study that Front Line Health Workers do not give priority to their mental health wellbeing, hence there should be a system to regularly assess mental health of Front Line Health Workers and they should be encouraged to seek advice which appeared lacking in the respondents. It is important to mention that during the first wave, behavior, pathology and treatment of COVID-19 was not understood, and NHS staff at St. Helens & Knowsley Teaching Hospitals NHS Trust, like many other health care workers risked their own lives as Front Line Health Workers. It is not surprising that there was an impact on psychological wellbeing in such challenging circumstances.

KEY WORDS: Covid- 19, Covid-19 and Depression, Psychological impact NHS staff, Pandemic Psychological effects, Pandemic and depression, Hospital staff in Pandemic, Hospital staff pandemic Psychological effect.

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INTRODUCTION

The COVID-19 pandemic presented an unprecedented challenge to everyone all over the world, and healthcare workers were on the frontline of this battle. There was limited information about the nature and management of the disease and the risk it poses to the lives of healthcare workers. In this study, we have tried to assess the psychological effect of the

uncertainty of the COVID-19 pandemic on Front Line Health Workers at our hospital.

We used DSM-IV as the diagnostic criteria for depression [Figure 1]

Depression is a common illness for the population even in normal times. In 2013, depression was the second leading

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cause of years lived with a disability worldwide [1]. In 2014, 19.7% of people aged 16 and over in the UK showed symptoms of anxiety or depression - a 1.5% increase from 2013. This percentage was higher among females (22.5%) than in males (16.8%) [2]. This study was aimed to analyze the psychological impact on the doctors, nurses and other non-clinical staff at St. Helens and Knowsley Teaching Hospitals, NHS Trust during the first wave of COVID -19 pandemic.

METHOD

The survey was conducted during the first wave of COVID-19 between 4th June 2020 to 5th July 2020 at St. Helens & Knowsley Teaching Hospitals NHS Trust. Permission was obtained from the Audit & Information Governance Department of St. Helens & Knowsley Teaching Hospitals NHS Trust. Effort was made to keep the data as anonymous as possible so some data like age was not collected. DSM-IV was used as the diagnostic criteria for depression [Figure 1]

The data was collected via an online questionnaire which was distributed through hospital emails. A total of 1081 emails were sent. There were 27 questions in the survey. The average time spent on each response was 4 minutes and 12 seconds. Total responses received were 154 and the response rate was 14.2%.

The questions 16-24 were for the symptoms of depression according to the DSM-IV criteria and the participants were then classified as having major depressive episode, sub threshold depression or non-depressed according to the DSM-IV criteria for depression. The remainder of the questions were about the support participants had in the hospital and the effects COVID-19 had on them and their families [Figure 2]

RESULTS

In our survey 67.53% females and 32.475% males responded. The distribution of staff who responded were as follows: porters 2.60% (4), junior doctors 11.04% (17), SPR/ middle grade 12.34% (19), HCA 12.99% (20), nurses 16.23% (25), consultants 25.32% (39) and others 19.48 % (30).

This included people working from home 3.95%, A&E department 7.24%, ITU 4.61%, Admin area 7.89%, Operation theatres 12.50%, General medical wards 13.82%, surgical wards/ ENT department/ Orthopedics/ General surgery/ Gynecology department 23.68% and others departments were 21.71%.

153 staff members rated the quality of support available while working with COVID-19 patients as follows: 10.46% (16) marked the quality of support as very high. 37.91% (58) marked the quality of support high, 39.87 % (61) marked the quality of support neither high nor low, 9.80% (15) marked the quality of support as low and 1.96% (3) marked quality of support very low. [Table-1]

The staffs were asked if they think their lives were at risk due to work or not during the pandemic. 154 people answered, out of whom 41.55% (64) said yes, 35.06% (54) said no and 23.38% (36) were unsure.

Answer to the question if working in a hospital during the pandemic prevented the Front Line Health Workers from seeing their families due to transmission risks. 151 answered yes and out of them 42.11 % (64) didn't see their parents, 15.13% (23) didn't see other relatives, 9.21 % (14) didn't see their children and 3.29 % (5) didn't see their spouse. 29.61 % (45) said that it didn't prevent them from seeing their families.

The respondents who said they could not see their families were asked for the duration for which they could not meet their family members. Out of 106 people who answered, 0.94% (1) estimated about 1- 2 weeks, 4.72% (5) said 4-6 weeks, 5.66% (6) said 6-8 weeks, 25.47% (27) said 8-10 weeks, and 63.21% (67) said it has been more than 10 weeks since they met their family members last time.

On the question about the level of COVID-19 staff testing available for staff was adequate. 153 people answered the question, out of which 7.84 % (12) strongly disagreed, 24.18% (37) disagreed, 22.22% (34) neither agree nor disagree, 15.03% (23) strongly agreed and 30.72% (47) agreed. [Table-1]

The most serious question whether the lives of Front Line Health Workers (FLHW) were at risk at work. 153 people answered. 13.07% (20) strongly agreed, 31.37% (48) agreed, 30.07% (46) neither agreed nor disagreed, 20.26% (31) disagreed and 5.23% (8) strongly disagreed. [Table-1]

Replies about the Front Line Health Workers satisfaction with their current Rota and their time off during the COVID-19 pandemic. 153 people replied, out of whom 19.61% (30) strongly agreed, 5.23% (8) strongly disagreed, 42.48% (65) agreed, 9.80% (15) disagreed and 22.88% (35) neither agreed nor disagreed. [Table-1]

Another serious inquiry was if the Front Line Health Workers were scared of contracting COVID-19. This was answered by 152 people. 17.11% (26) strongly agreed, 2.63% (4) strongly disagreed, 52.63% (80) agreed, 13.82% (21) disagreed, 13.82% (21) neither agreed nor disagreed. [Table-1]

Replies about the risk of transmitting the virus to the patients. 16.56% (25) strongly agreed, 2.65% (4) strongly disagreed, 49.67 (75) agreed, 8.61% (13) disagreed, 22.52% (34) neither agreed nor disagreed. [Table-1]

On the question if the Front Line Health Workers concerns were being listened to. 153 people answered the question. 6.54% (10) strongly agreed, 4.58% (7) strongly disagreed,

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34.64% (53) agreed, 14.38% (22) disagreed, 39.87% (61) neither agreed nor disagreed. [Table-1]

Total of 151 Front Line Health Workers responded when they were inquired if they were adequately supported while working with COVID-19. Among which 9.93% (15) were strongly satisfied with the support, 41.72% (63) agreed, 31.13% (47) neither agreed nor disagreed, 13.25% (20) disagreed and 3.97% (6) strongly disagreed. [Table-1]

On the question of, if the Front Line Health Workers felt isolated due to COVID-19, 153 people responses were received. 8.50% (13) strongly agreed, 5.88% (9) strongly disagreed, 34.64% (53) agreed, 27.45% (42) disagreed, 23.54% (36) neither agreed nor disagreed. [Table-1]

About the low mood in the past 2 weeks or more due to COVID-19. 151 answered, 23.18% (35) said they felt low mood for less than a week, 16.56% (25) said they felt low mood for the 1-2 weeks, 27.81% (42) said that they felt low mood for more than 2 weeks, 33.77% (51) said that they never felt low mood. [Table-2]

Replies about the frequency of diminished interest or pleasure in most activities due to COVID-19 for the past 2 weeks or more. 21.05% (32) said they have been feeling low for less than a week, 16.45% (25) said they have been feeling low for 1-2 weeks, 24.34% (37) said they have been feeling low for over 2 weeks and 40.13% (61) said that they never felt low. [Table-2]

Significant weight loss or weight gain over the past 2 weeks or more due to COVID-19 in Front Line Health Workers, was responded by 151. 7.95% (12) said less than a week, 7.95% (12) also said they experienced weight loss in the last 1-2 weeks, 26.49% (40) said more than 2 weeks, 57.62% (87) said they never felt any weight loss in the past 2 weeks or more. [Table-2]

Due to COVID-19 how often Front Line Health Workers were unable to sleep or were sleeping too much in the past 2 weeks or more. 153 staff members answered. 21.57% (33) said they experienced it for less than a week, 16.34% (25) said they had been experiencing it for 1-2 weeks, 30.07% (46) said more than 2 weeks and 32.03% (49) said they never experienced any of the above symptoms. [Table-2]

On the question of psychological effect of COVID-19 causing slowing down of their physical movements. 151 answered and out of which 12.58% (19) said for less than a week, 6.62% (10) said for last 1-2 weeks, 20.53% (31) said for more than 2 weeks, 60.26% (91) said they never experienced slowing down of movements. [Table-2]

150 Front Line Health Workers replied when asked, how often they had fatigued or loss of energy during this time. 17.33% (26) said for less than a week, 16.67% (25) said for 1-2 weeks, 16.67% (25) said they experienced these symptoms for more than last 2 weeks, 32.67% (49) said they never experienced such symptoms. [Table-2]

During the COVID-19 pandemic in the above mentioned period, how often Front Line Health Workers had a feeling of worthlessness. 9.87% (15) said less than a week, 5.92% (9) said for the past 1-2 weeks, 18.42% (28) said for more than 2 weeks and 65.79% (100) said they never felt anything like that. [Table-2]

The diminished ability to think or concentrate for the past 2 weeks or more was responded by 153. It was answered in the following pattern; 16.99% (26) said for less than a week, 12.42% (19) said for 1-2 weeks, 22.22% (34) said for over 2 weeks and 48.37% (74) said they never felt like that. [Table-2]

The recurrent thoughts of death or suicidal ideas for the past 2 weeks or more was answered by 153 Front line Staff. 3.92% (6) said for less than a week, 1.96% (3) said for the past 1-2 weeks, 3.27% (5) said for more than 2 weeks and 90.85% (139) said they had never felt that. [Table-2]

127 Front Line Health Workers responded to the inquiry if they sought medical help for the above symptoms. Out of 127, 10.24% (13) said yes and 89.76% (114) said no.

The respondent who said no, were asked if it was the fear of the Corona virus that stopped them from seeking medical advice. The reply came from 130 Front Line Staff, 4.62% (6) said yes and 95.38% (124) said no.

What mode of stress management were used by the Front Line Health Workers i.e mindfulness application, counselling, peer support or supervision to manage their stress. 153 Front Line Health Workers expressed the mode they utilized. 47.06% (72) said they used nothing, 24.84% (38) said they used mindfulness apps, 0.65% (1) said they used the help of supervision, 0.65% (1) used counselling to manage their stress and 26.80% (41) managed their stress with peer support.

The DSM-IV diagnostic criteria [Figure 1] was used for the diagnosis of depression among the NHS staff which included doctors and non-doctors. Among the non-doctors, 54.43% were non-depressed, 25.33% had sub-threshold depressive symptoms and 21.55% appeared to have major depressive symptoms. Among the doctors, 61.33% were non-depressed, 26.66% had sub-threshold depressive symptoms and 12% had major depressive symptoms. This means that major depressive symptoms were more common in non-doctors. And doctors were more non-depressed. [Figure 3]

There was a slightly higher sub-threshold depression among doctors compared with other staff members. Altogether

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among both groups of the Front Line Health Workers 57.79% were non-depressed, 25.32% had sub-threshold depressive symptoms, and 16.88% had major depressive symptoms.

DISCUSSION

COVID-19 pandemic has been a challenging time for the NHS staff during the past 18 months. Staff was fighting an invisible enemy. COVID-19 was first reported in the UK on 31/01/2020. Analysis of the healthcare worker's deaths early in the pandemic showed among healthcare workers, which included doctors, nurses and midwives, nurse assistants, paramedics and ambulance staff, and hospital porters, men had a statistically significant higher rate of death due to COVID-19 compared with the rate of death involving COVID-19 in the general working population, with 44.9 deaths per 100,000 men (190 deaths). Among women, the rate of death involving COVID-19 in healthcare workers was 17.3 deaths per 100,000 women (224 deaths).

This rate was not significantly different to that observed in the general population among women of the same age. Some reports even suggest that during the first wave, deaths of frontline staff doctors, nurses and care home staff across England and Wales were over 620 [3][4][5].

First lockdown started on 23/03/2020 and first relaxation was on 01/06/2020 [6]. For the weeks ending 13 March 2020 to 12 March 2021, there were 21% more deaths registered in England and Wales. Two-thirds of these excess deaths occurred within the first two months. Moreover at the height of the first wave, there were more than double the expected number of deaths in a week [7].

This depressing death toll has shown serious psychological effects on the front line staff like anxiety, depression, fatigue, loss of interest and even suicidal thoughts has been shown in multiple studies [8, 9, 10, 11]. The above survey was done among the NHS staff which included non-doctors and doctors both and used DSM-4 criteria to establish depression. Our results showed similar levels of depression among NHS staff compared to other studies in the UK and around the world [8, 9, 10, 11]. However, our study was limited by the small sample size. Therefore, it was statistically not possible to produce a significant difference between the doctors and other hospital staff.

The staff was also asked about other aspects of their psychological health, for example, about 41.55% thought that their lives were at risk while performing their duties, an incredible challenge to continue providing the optimal care whilst fearing for your own life.

Moreover, about 42% couldn't see their parents during the pandemic because they feared they would risk their parents and loved ones lives if they came in contact with them which posed an additional strain on the doctors and healthcare staff's mental and psychological wellbeing.

The survey also explored other aspects of hospital work from the organizational point of view. It asked how satisfied the staff members were with the management, for example only 15 % were not happy with the Rota changes and only 30% were not satisfied with the staff testing for COVID-19. The percentage of staff who felt that they were not listened to or not supported was less than 20%.

The staff also felt that there is a risk of transmitting COVID-19 to their patients (about 65%) and about 42 % of them felt isolated.

The questionnaire also found that most staff didn't seek medical help for their stress. However, about half of them used other methods like phone applications, peer support or supervision to elevate stress.

Our study has several limitations, some of which are small sample size, no age and sex distribution. This was done to protect the identity of all the participants. Therefore findings of this survey should be looked at very cautiously and may not be suitable to apply on general population and front line health workers. More over on line survey involves self-selection sample criteria which may not be the true representative of the population. Many of the staff might not had the time or the inclination to participate and hence the survey response rate was just 14.2%. This was an on line survey that we conducted between 4th June 2020 and 5th July 2020 after the first lock down was relaxed on 01/06/2020, in the hope that most participants would have full memory of their experience.

More over low mood of the participants can also result in more negative past ratings however the majority of respondents were not depressed in our study. We hope that this study will provide insight to all the participants and to our hospital administration on the feelings of the employees in these difficult times.

Looking at the results of this study and other studies conducted nationally and internationally, we should provide more support to Front Line Health Workers or otherwise we face losing staff.[12] Front-line workers has significantly greater traumatic and stressful jobs than non-front-line workers plus additional stress of lack of scientific knowledge about COVID-19 compounded the thing. In the past inadequate support has been shown to increase the risk of psychiatric morbidity in Front Line Health Workers. [13, 14]

There are studies which are showing front line health care workers mental health has been severely affected by COVID-19 Pandemic. In one of the studies Half of Front Line Health Workers said their mental health had deteriorated since the Covid-19 crisis began.

An IPPR/YouGov poll of about 1,000 UK healthcare workers showed that Covid-19 has indicated one in five healthcare workers more likely to leave their role after the pandemic.

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This could result in losing 300,000 workers In the National Health Service in England. [15]

Finally, working as a front line health worker during a pandemic can result in long-term effects on mental health, which may persist for years. [16]

The mental health of Front Line Health Workers can be improved by assuring PPE availability, better training and communication of information and management of staff absence. These findings can be used to develop future strategies in the management of pandemics by the employers

CONCLUSION

COVID-19 Pandemic has significant effects on the mental health and wellbeing of Front Line Health Workers in UK as shown in this study.

Our study showed that major depressive symptoms were more common in non-doctors and doctors were more non-depressed. [Figure 3]

There was a slightly higher sub-threshold depression among doctors over other staff members. Altogether among both groups of the front the line health workers 57.79% were non-depressed, 25.32% had sub-threshold depressive symptoms, and 16.88% had major depressive symptoms. [Figure 3]

It is noted from our study that Front Line Health Workers do not give priority to their mental health wellbeing, hence there should be a system to regularly assess mental health of Front Line Health Workers and they should be encouraged to seek advice which appeared lacking in the respondents.

It is important to mention that during the first wave, behavior, pathology and treatment of COVID-19 was not understood, and NHS staff at St. Helens & Knowsley Teaching Hospitals NHS Trust, like many other health care workers risked their own lives as Front Line Health Workers. It is not surprising that there was an impact on psychological wellbeing in such challenging circumstances.

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FIGURES

Figure: 1

Diagnostic Criteria of Depression Based on DSM-IV. [17-20]
Based on 9 –item depression module from the MINI participants are classified in the Following way:
<p>Major Depressive Episode: 5 or more symptoms including one of the key symptoms.</p> <p>Sub-Threshold Depressive Symptoms: 2-4 symptoms, may or may not include a key symptom.</p> <p>Non-Depressed: 0-1 Symptoms</p>
<p>Symptoms :</p> <p>1- Depressed Mood *</p> <p>2- Loss of Interest.*</p> <p>3- Significant weight loss or gain or decrease or increase in appetite.</p> <p>4- Insomnia or hypersomnia.</p> <p>5- Psychomotor agitation or retardation.</p> <p>6- Fatigue or loss of energy</p> <p>7- Feeling of worthlessness or excessive or inappropriate guilt</p> <p>8- Diminished ability to think or concentrate or indecisiveness</p> <p>9- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or suicide attempt or a specific plan.</p> <p>Key Symptoms *</p>

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Figure: 2

Survey: Psychological impact on the staff at St. Helens and Knowsley NHS Trust during the COVID-19 pandemic 2020.

Select from below which category suits you. Encircle / Tick

Doctors: Consultant SPR / Middle Grade Junior Doctor
 Staff Nurse HCA Porters Others

Sex: Male Female

Place of Work: ITU HDU Surgical Ward
 General Medical ward Operation Theatre Medical ward with Corona +ve Patients

How would you rate the overall support available working with COVID-19 patients in the hospital?

- Very poor
- Poor
- Moderate
- Good
- Very good

Do you think your life is at risk due to work?

- Yes
- No
- Unsure

Has working in hospital during this pandemic prevented you from seeing these family members due to the risk of COVID-19 (tick means yes)?

- Parents
- Spouse
- Children
- Other relatives
- No

	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
The level of staff testing is adequate					
My life is at risk due to work					
There is adequate support working with COVID-19 patients					
I am satisfied with my current rota and my available time off during the COVID-19 pandemic					
I am scared of contracting COVID-19					
Risk of staff transmitting the virus to the patients					

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My concerns are being listened to					
I feel isolated due to COVID-19					

Over the last 2 weeks, how often have you been affected by the problems below due to COVID-19?

	Never	Less than a week	1-2 weeks	Over 2 weeks
Low mood				
Diminished interest or pleasure in most activities				
Significant weight loss or weight gain				
Unable to sleep or sleeping too much				
Slowing down of movements				
Fatigue or loss of energy				
Feeling of worthlessness				
Diminished ability to think or concentrate				
Recurrent thoughts of death or suicidal ideation				

If you have any of the above symptoms - have you sought medical help?

- Yes
- No

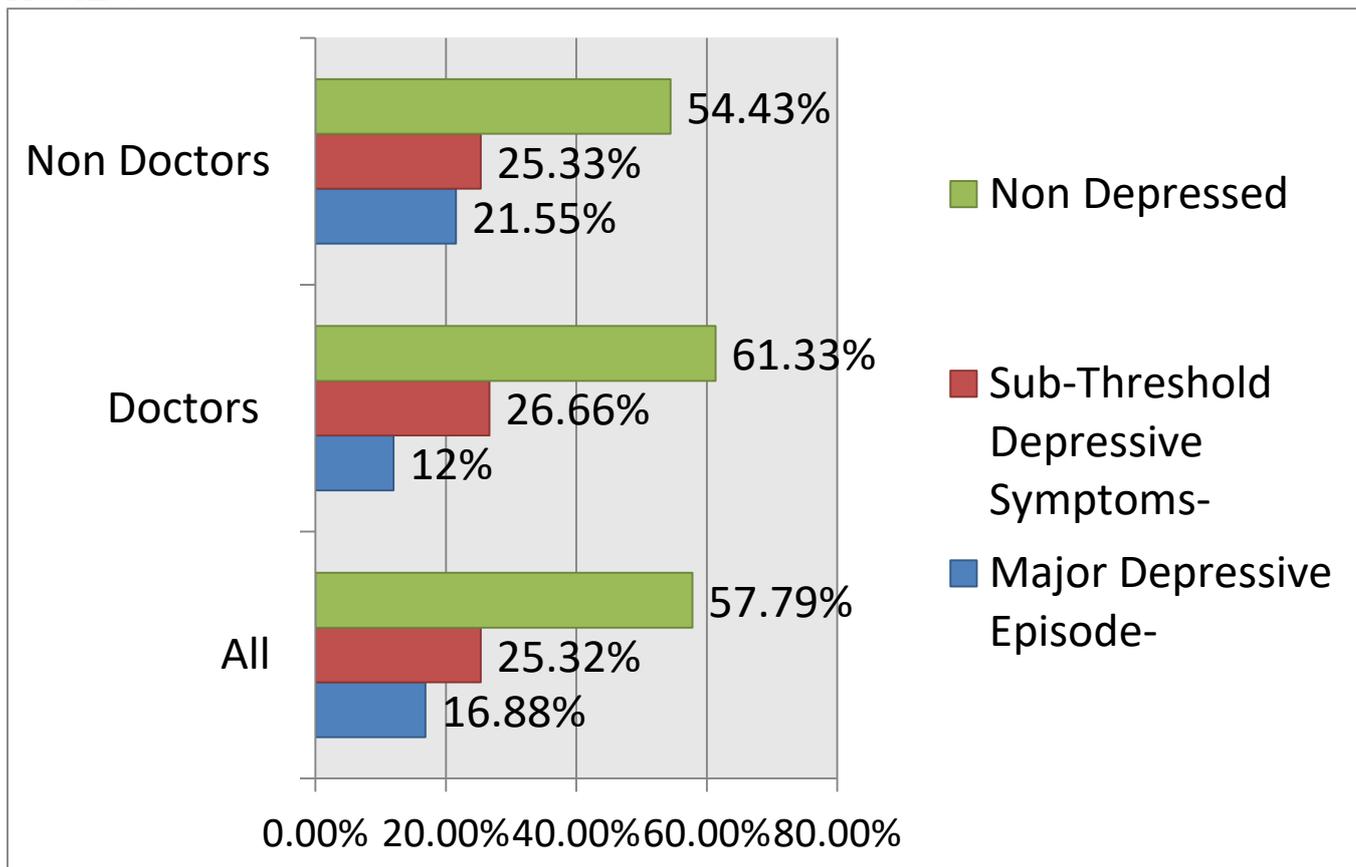
If no, did the fear of coronavirus stop you from seeking medical advice?

- Yes
- No

Have you used any of the following to manage your stress?

- Mindfulness apps
- Peer support
- Supervision
- Counselling/psychology
- Exercise
- None

FIGURE: 3



TABLES:

Table -1. Front line Health Worker (FLHW) Survey working with COVID-19 patients.

	Very High Quality	High Quality	Neither high nor Low Quality	Low Quality	Very Low Quality
Quality of support available working with Covid-19 Patients. n-153	10.46% (16)	37.91% (58)	39.87% (61)	9.80% (15)	1.96% (3)
	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
The level of staff Covid-19 testing is adequate.n-153	15.03% (23)	30.72% (47)	22.22% (34)	24.18% (37)	7.84% (12)
FLHW risk to life due to work. n-153	13.07% (20)	31.37% (48)	30.07% (46)	20.26% (31)	5.23% (8)
FLHW Satisfied with Rota & Off days.n-153	19.61% (30)	42.48% (65)	22.88% (35)	9.80% (15)	5.23% (8)
FLHW scared of contracting	17.11% (26)	52.63% (80)	13.82% (21)	13.82% (21)	2.63% (4)

Psychological Impact on the NHS staff at a Teaching Hospital in UK during the First Wave of the COVID-19 Pandemic

COVID-19,n-152					
<i>FLHW Risk of transmitting virus to patients n-151</i>	16.56% (25)	49.67 (75)	22.52% (34)	8.61% (13)	2.65% (4)
<i>FLHW Concerns being listened to. n-153</i>	6.54% (10)	34.64% (53)	39.87 % (61)	14.38% (22)	4.58% (7)
<i>FLHW adequate support working with COVID-19 patients. n-151</i>	9.93% (15)	41.72% (63)	31.13% (47)	13.25%(20)	3.97% (6)
<i>FLHW feel isolated due to COVID-19. n-153</i>	8.50% (13)	34.64% (53)	23.54% (36)	27.45% (42)	5.88% (9)

Table-2. Over the last 2 weeks, challenges due to COVID-19

	Never	Less than a week	1-2 weeks	Over 2 weeks
Low mood n-151	33.77% (51)	23.18% (35)	16.56% (25)	27.81% (42)
Diminished interest or pleasure in most activities. n-152	40.13% (61)	21.05% (32)	16.45% (25)	24.34% (37)
Significant weight loss or weight gain.n-151	57.62 % (87)	7.95% (12)	7.95% (12)	26.49 % (40)
Unable to sleep or sleeping too much. n-153	32.03% (49)	21.57% (33)	16.34% (25)	30.07% (46)
Slowing down of movements. n-151	60.26% (91)	12.58% (19)	6.62% (10)	20.53% (31)
Fatigue or loss of energy. n-150	32.67%, (49)	17.33% (26)	16.67% (25)	16.67% (25)
Feeling of worthlessness. n-152	65.79% (100)	9.87% (15)	5.92% (9)	18.42% (28)
Diminished ability to think or concentrate. n-153	48.37%	16.99% (26)	12.42% (19)	22.22% (34)
Recurrent thoughts of death or suicidal ideas. n-153	90.85% (139)	3.92% (6)	1.96% (3)	3.27% (5)