The Impact of COVID-19 on Rehabilitation Practice: A Clinician Perspective

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Outline

- 1. COVID-19
- 2. Purpose
- 3. Methods
 - a. Interviews
 - b. Post Interviews
- 4. Data Analysis
- 5. Our Model
- 6. Q/A







COVID-19: A Global Pandemic ¹

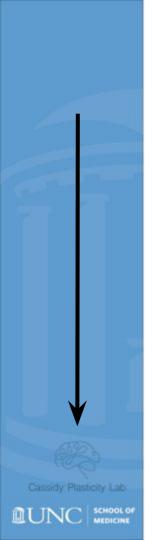
Respiratory disease caused by SARS-CoV-2, a new coronavirus.

Spreads person to person via respiratory droplets produced by infected persons (coughs, sneezes, talks).

Infected persons may/may not be symptomatic, with symptoms ranging from mild to severe.

Populations at highest risk include adults 65 years and older and anyone with underlying medical conditions.

[Centers for Disease Control and Prevention]



COVID-19: A Global Pandemic ^{1,2,3,4}

- 01/09/20 WHO announces discovery of COVID-19 in Wuhan, China
- 01/19/20 1st confirmed case of COVID-19 in the US
- 03/03/20 1st case of COVID in NC
- 03/11/20 WHO Declares COVID-19 a Pandemic
- 03/27/20 NC announces first stay at home order
- 09/03/20 11/17/20 Interviews conducted for study
- 12/15/20 UNC health administers its 1st COVID-19 vaccine
- 01/01/21
 - o US:
 - 20 million cases; 346,000 deaths
 - Globally:
 - **83,832,334** cases; 1,824,590 deaths



Purpose of Study

Explore the impacts of the COVID-19 pandemic on rehabilitation therapists working within the hospital setting across various domains

Psychosocial

Patient Care Delivery

Burnout

Depression

Coping Strategies

Changes Within the Work Environment

Mixed Methods Study Design

Concurrent Triangulation Design, Convergence Model

Qualitative:

Semi-structured interviews

Quantitative:

- Beck Depression Inventory -2
- Oldenburg Burnout Inventory



Study Design: Data Collection and Analysis

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Semi-structured interviews
          Transcription
                     Coding
                             Analyzing/Interpretation
                                               Model
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Participant Demographic

	Sex	Male Female	3 10
ı	Work setting	Inpatient Acute Care	8 5
	Years in practice	0-5 5-10 10+	5 5 3
	Clinical Field	OT PT SLP	6 4 3
	Age (y.o.)	20 - 30 31 - 40 41+	3 7 3
	Total		13



Qualitative Interviewing

Zoom / WebEx, 30 - 45 minutes

Example Questions

- What types of supports, if any, have you utilized to manage the changes you've experienced?
- Describe some of the challenges you've encountered.
- How has COVID-19 changed the way you communicate with patients and their families?



Quantitative Measures

Beck Depression Inventory (BDI)

21 items, 4 point scale (0-3) (63 total points)

Sadness Fatigue

Guilt Irritability

Pessimism Sleeping Patterns

Loss of Pleasure Self-Dislike

Agitation Indecisiveness



Quantitative Measures

Oldenberg Burnout Inventory

16 items, scored 1 - 4 (strongly agree \rightarrow disagree)

Disengagement Items

Interest, Positive challenges, Disconnect

Exhaustion Items

Energy Levels, Worn out, Drained



Post-Data Collection

Steps:

- Transcription of Interviews
- Scoring of Quantitative Measures
- Coding the interviews
- Categorizing the codes
- Finding key themes
- Model



Post-Data Collection Example

"I think a major sense of taking care of ourselves [therapists] was taking care of each other, and thats been, thats been a huge blow."

Code: Therapist Coping - Social Support
Therapist Appreciation for Coworkers

Code Category: Therapist Coping (social support, mental health, PA)

Theme: Therapist Experience



Key Themes

1. Socio-political Climate

a. Public perception of healthcare workers, COVID-19 state and national policies and attitudes

2. Institutional Climate

a. Hospital policies, larger changes made at the institutional level

3. Hospital Unit Climate

a. Differences between inpatient rehab, acute care, non-COVID, and COVID unit floors

4. Therapist Experience

a. Everyday experiences and challenges faced by therapists

Key Themes

Socio-political Climate	Institutional Climate	Hospital Unit Climate	Therapist Experience
Public Perception	Hospital Policies	Discharge Planning	Coping Mechanisms
Anticipated	COVID Testing		
Clinical Changes	Interprofessional	Interpreter Use	Constant Changes
Positive Changes Due to COVID	Interactions	Patient Isolation	Therapist Appreciation for Co-Workers

Quantitative Data Norms

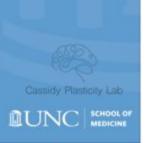
Beck Depression Inventory:

- 0-13: minimal depression
- 14-19: mild depression
- 20-28: moderate depression
- 29-63: severe depression

Oldenberg Burnout Inventory:

- Range: 16-64
- Higher numbers indicate greater burnout

*Disclaimer: We are currently still reviewing the quantitative data to determine its relationship to the qualitative interviews.





Quantitative Data Outcomes

Averages

11/13 Therapists scores indicated higher levels of exhaustion vs. disengagement on the Oldenburg Burnout Inventory.

OBI	Total	Exhaustion	Disengagement
Avg	38.6	21.2	17.38

BDI	
Avg	9.5

Higher scores (16 \rightarrow 64) indicate increased burnout.

0-13: minimal depression

Quantitative Data Outcomes

Analysis by Clinical Field

Clinical Field	BDI	ОВІ
PT	9	37
ОТ	11.67	41.3
SLP	6	35.3

Analysis by Area of Care

Setting	BDI	ОВІ
Inpatient Rehab	8	38.3
Acute Care	12	39.2



Quantitative Data Outcomes

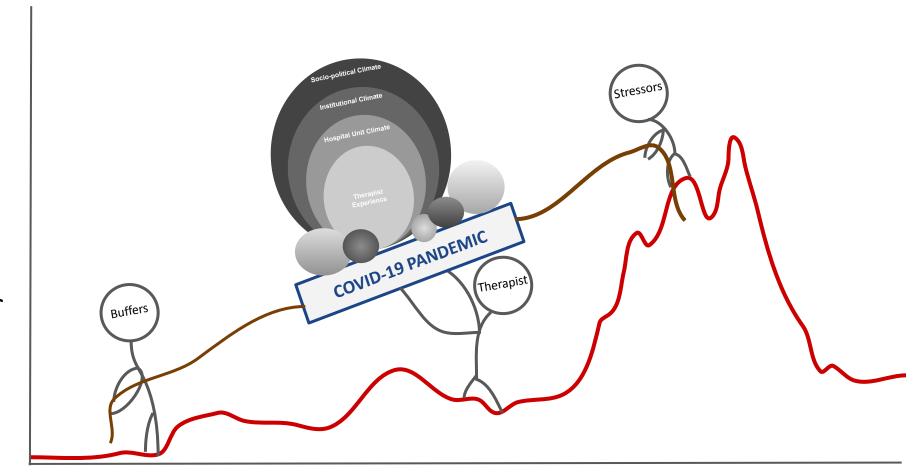
Analysis by Clinician Age

Birth Year	BDI	ОВІ
1970 - 1979	12.67	36.3
1980 - 1989	9.1	40.2
1990 - 1999	7.3	37

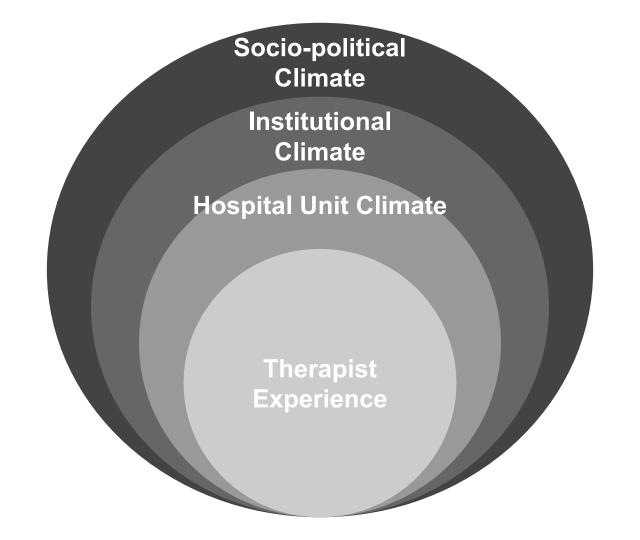
Analysis by Sex

Setting	BDI	ОВІ
Male	12.3	36
Female	8.7	39.4





Time





Stressors:

- Stay at home orders/ social distancing
- Mask mandates
- Public fear
- Public misunderstanding
- "New normal"

Buffers:

- New found appreciation for healthcare and other essential workers
- Future research & vaccines
- "New normal"





"There's also this sort of this kind of strange disconnect that I feel sometimes with people who don't work in health care that, um, their day to day experience is just so different than mine is right now."



Institutional Climate

Stressors:

- Visitor restrictions
- Constant changes in policy
- Lack of testing
- Caseload changes
- PPE requirements and availability

Buffers:

- The creation of a new "rehab best practice protocol"
- Interprofessional relationships



"I think at this point everyone is feeling kind of resigned to this is where we are, this is what we're doing, we're all just kind of doing the best we can with it... And I think that's kind of where the patients are too at this point"



Hospital Unit Climate

Stressors:

- COVID unit training
- PPE requirements
- Discharge planning
- Interpreter use
- Patient frustration/fear
- Lack of family training

Buffers:

- Technology use
- Establishing patient/ therapist rapport
- Feeling safe on COVID units

Hospital Unit
Climate

"I do hope and wish that everyone who has never been on the COVID unit can respect what everyone, what people do there."



Stressors:

- Burnout
- Stress/anxiety
- Constant change
- Frustration with higher level administration
- PPE requirements
- Lack of testing

Buffers:

- New found coping mechanism
- Appreciation for coworkers

Therapist Experience



"I am acutely aware that I'm burnt out but there's no other, it's like everybody's burnt out, it's not like a novel thing and there's just no way to avoid it because you can't go home and not be burnt out from COVID because you go home and that's also COVID."



Summary

Rehabilitation therapist have dealt with constant changes, regularly adapting to new normals of patient care and standard practice during COVID-19.

Despite these major changes, therapists have adopted coping mechanisms to diminish the impacts of burnout and depression, demonstrating continued resilience of these essential workers during COVID-19 and beyond.

Special Thanks

Research Team:

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Kelly Fletcher, Rehab Services Manager at UNC Hospital

Katherine Hendry, undergraduate research assistant

Ramis Chowdhury, undergraduate research assistant



QIA and Survey

Please feel free to take this time to ask any questions you may have.

Please take a few moments to answer this anonymous survey, we would greatly appreciate your feedback to guide our research moving forward.

https://forms.gle/AZTbGkXtjAEmbj287



References

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