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## **A188 - Comparison of the psychological impact between critical care and non-critical care nurses during the first year of the covid-19 pandemic**

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### **Introduction:**

We compared the psychosocial impact of the COVID-19 pandemic on nurses in our intensive care unit (ICU), emergency department (ED), and non-critical care departments.

### **Methods:**

Self-report questionnaires were supplied to all nurses in employ during four periods in the first year of this pandemic. General questions were supplemented with standardized tests: anxiety (GAD7); insomnia (ISI); traumatic impact (IESr); and depression (PHQ9).

### **Results:**

During four periods, 255 questionnaires were completed, including 52 by ICU and 38 by ED nurses. See table 1 for a summary of the results and relevant p-values.

IES-r median scores were highest among ICU nurses (16.5). ICU nurses reported more sadness about working with COVID-19 patients as compared to non-critical care nurses (relative risk, RR 3.8). At the same time ICU nurses reported more often feeling sufficiently safe as compared to ED (RR 1.4) and non-critical nurses (RR 1.3). Leisure time for ICU nurses consisted more often of passive indoor activities (RR 2.3) and hobbies (RR 2.2) as opposed to more active leisure activities by non-critical care nurses.

Most results for ICU nurses remained consistent regardless of registration period. However their fear decreased over time (RR 0.3,  $p = .012$ ) and they felt more sufficiently trained (RR 1.5,  $p = .046$ ).

ED nurses felt less committed towards patient care when compared to non-critical care nurses (RR 0.9). ED nurses felt the hospital was less prepared to deal with continuing outbreaks when compared to non-critical care nurses (RR 0.5). On other subjects ED nurses did not differ significantly.

### **Conclusion:**

The psychological impact of the COVID-19 pandemic seems to be worse on our ICU nurses when compared to ED nurses and non-critical care nurses. The impact of the pandemic seems to be more traumatic causing more sadness among our ICU nurses with less active leisure activities. Our ED nurses on the other hand feel the hospital is less prepared for ongoing outbreaks and feel less motivated to continue care.

### **Table:**

	ED nurse	ICU nurse	non-critical care nurse	p-value
IES-r score (traumatic impact); median	12.0	16.5	10.0	.025 (Dunn's test)
Sadness towards possible COVID19 exposure	8.1%	11.8%	3.1%	.026 (Fisher's Exact)
Sufficiently safe	67.6%	92.0%	72.6%	.008; .003 (Fisher's Exact)
Passive leisure time inside	24.2%	41.7%	18.1%	<.001 (Chi <sup>2</sup> )
Hobbies as leisure time	27.3%	29.2%	13.2%	.011 (Chi <sup>2</sup> )
Full commitment towards patient care	83.3%	89.6%	95.7%	.006 (Chi <sup>2</sup> )
Sufficiently prepared for new outbreak	40.0%	77.3%	72.9%	.016 (Chi <sup>2</sup> )

*Overview of significant differences between nursing groups*