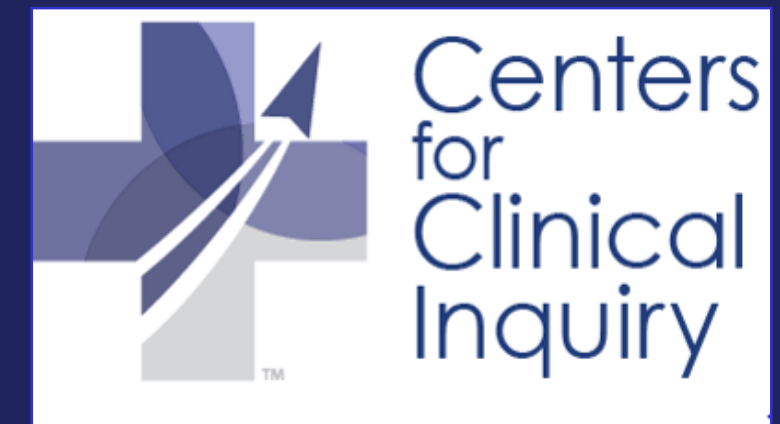




COVID-19 BIOBEHAVIORAL-FOCUSED FRONT LINE HEALTHCARE WORKERS SELF-CARE INITIATIVE



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BACKGROUND

- According to the CDC COVID Data Tracker, as of January 14, 2022, COVID-19 has infected more than 63.3 million and resulted in 842,873 deaths in the United States.
- COVID-19 pandemic created unprecedented stress and anxiety worldwide, particularly among the frontline healthcare workers dealing with an influx of COVID-19 patients.
- Health care professionals are particularly vulnerable to stress overload and compassion fatigue due to an emotionally exhausting environment.
- Negative consequences for the medical treatment team can include increased stress, anxiety, and sleep quality.

PICO QUESTION

In military healthcare personnel (P), how does provision of electronic resources and aromatherapy for self-care (I) compared to no provision of electronic resources and aromatherapy for self-care (C) affect stress, anxiety, depression and sleep quality during a pandemic (O)?



METHODS

- Family Emergency Center (FEC) staff were provided two recorded educational briefings on the Evidence-based Practice (EBP) self-care initiative. Additionally, the project lead conducted weekly visits to the FEC to enhance awareness and guidance regarding the initiative.
- Staff had access to the electronic self-care resources and aromatherapy tabs 24 hours a day over four months.
- Participants were instructed to create a self-generated identification code to allow for pre and post intervention data collection.
- Participants required to complete the Coronavirus Anxiety Scale (CAS) prior to accessing the self-care resources and after participating in the initiative.
 - This self-report measure included 5 items, loading on a single factor, assessing physiologically based symptoms that are aroused with COVID-19 related information and thoughts.
- Eight Microsoft Surf GO Tablets with consolidated preloaded VA/DOD Self-Care Resources were provided for the EBP initiative.
 - Participants were able to check-out a tablet to engage in self-care behaviors while at work or taken home for a maximum of 72 hours.
- Scented self-adhesive aromatherapy tabs were available as an additional self-care intervention.
 - Participants to sign out 1 aromatherapy tab per self-care session.
- After participation in the self-care behavior, participants required to complete questionnaire of resources used and location where resources were used.

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RESULTS

- During the weekly visits, a steady increase in operational tempo was observed. Furthermore, there were repeated deployments of FEC staff to meet readiness needs.
- Sustained rise in COVID-19 workflow may be a barrier to the healthcare team's engagement.
- FEC staff did not elect to participate in the EBP initiative during the intervention timeframe.

CONCLUSION

- Results indicate that making self-care resources accessible in the duty section did not affect participation in the evidence-based intervention (n=0).
- No FEC staff were involved in the development of this EBP intervention so it is possible the selected intervention, while evidence-based, did not meet the needs of the FEC staff.

RELEVANCE TO MILITARY NURSING

- Understanding the needs and preferences of Military Healthcare Professionals is key when developing initiatives to promote engagement in self-care behaviors to support resiliency and physical and mental health.

ACKNOWLEDGMENT

This evidence-based practice initiative was funded by a TriService Nursing Research Program (TSNRP) EBP mini-grant (FWH20210024N).



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Link: <https://www.milsuite.mil/book/groups/covid-19-biobehavioral-focused-front-line-healthcare-workers-self-care-initiative?invite=false&edit=success>

- Resource Documents
- Educational Presentation
- Self-Generated Identification Code
- Questionnaire
- COVID-19 Anxiety Scale