

Review Article

Mindfulness for Professional Caregivers of Coronavirus Disease-19-Positive Patients – A Realistic Need of the Hour

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ABSTRACT

Humankind has witnessed many natural and self-created traumatic events in its history. Among these, pandemics with major losses in terms of human force and other resources need special mention. The current situation of coronavirus disease (COVID-19) is one such. Most often health-care professionals (HCPs) who are the sole caregivers for patients with COVID-19 patients are at increased risk for infection and consequences more than general public. Extended working hours, changes in the mode of care, use of personal protection equipment, change of working and social environment, plummeting financial conditions, stressors within the family or in the personal life, and many such factors predispose HCPs to acute and ongoing stress. This is in addition to the routine stressors which any human being has exposure to. Often, this leads to adoption of inadequate and unscientific coping strategies with disastrous consequences in the long run. This article tries to elucidate on the utility and efficacy of mindfulness-based interventions (MBIs) to enhance the resilience and psychological wellbeing of HCPs since subjective negative emotional states and inability to use life skills appropriately may accentuate the problems health care workers face in the taxing times of COVID-19 pandemic. MBIs have ample evidences to prove its effect in strengthening logical and emotional functions of brain to increase the resilience of practitioner. HCPs are the workforce of any country which need to adapt to changing situations and adopt the optimized methods and systems to meet the needs of patients, families, and society at large. Burnout is very common among these strata of professionals. Managing professional life and personal life in balance require added skills which mindfulness training can impart. Burnout, compassion fatigue, and post-traumatic stress disorder like problems which may get precipitated during the COVID-19 period may also be managed by MBIs.

Keywords: Mindfulness, Mindfulness Based Interventions, Professional Caregiver, COVID-19

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Introduction

Humankind has been exposed to different natural and self-created disasters. Among these, pandemics need special mention for the major losses caused in terms of human life and resources. The year 2020 has been called as the year of coronavirus disease (COVID)-19. At the time of writing this note in November 2020, nearly 59,027,330 people have been infected and about 1,394,240 people have succumbed to death worldwide. In India alone, 9,140,312 people have been

infected and 1,34,000 people have succumbed to death.^[1] Being the caregiver of an individual with COVID-19-positive status has been found to be associated with severe stress.

A caregiver is anyone who provides help to another person in need.^[2] A primary caregiver is someone who's faced with the duty of taking care of a friend or loved one (child, spouse, parent, friend, or any other family member).^[3] Secondary caregiver is a person who has parental responsibility for the individual but is not the primary caregiver.^[4] Tertiary caregiver is usually an unrelated person who has some specialization in dealing with the care of a sick person.^[5] In the COVID-19 setting, most often all these roles are undertaken by health-care professionals (HCPs). This paper mainly addresses the mental health of HCPs.

Caregiver stress puts one at increased risk of health challenges. Several factors such as being a female, having fewer years of formal education, living with the person one is caring for, being the sole caregiver, social isolation, having psychological problems, financial difficulties, higher number of hours spent in caregiving, lack of coping skills, problem-solving difficulties, and lack of choice in being a caregiver are important risk factors for caregiver stress.^[6]

Caregiver Stress among Professional Caregivers of Subjects with COVID-19

Mental health of caregivers of COVID-19 patients faces so many challenges. It has been suggested that efforts made to understand and mitigate the impact of the pandemic should include caregivers, whose mental and physical health were already vulnerable before COVID-19.^[7]

Caregivers who experience stress are at risk of both psychiatric and medical illness, which are often underrecognized.

^[8] Caregiver stress usually appears in the form of feeling constant worry, feeling tired, having disturbed sleep, having emotional fluctuations, losing interest in activities one used to enjoy, feeling sad, having frequent headaches, having bodily pain or other physical problems, and abusing alcohol or drugs, including prescription medications.^[2] A meta-analytic study on prevalence of post-traumatic stress disorder (PTSD) and general psychological stress during the covid-19 pandemic suggests that nearly one in four adults have experienced significant stress due to the COVID-19 pandemic. Just like anyone else, caregivers are also at increased risk of burnout and compassion fatigue, which can reduce their functional efficiency.^[9,10] Authors have emphasized the need to allocate psychological resources and services to help address the mental health burden of COVID-19.^[11]

The psychological experience of nurses caring for COVID-19 patients has been found to be of four different types.^[12] These include negative emotions, self-coping styles, increased affection and gratefulness, and occurrence of positive emotions simultaneously with negative emotions. A large proportion of HCPs are experiencing symptoms of

anxiety, depression, insomnia, and psychological distress. Nurses report severe symptoms, which should not come as a surprise, as they often must engage in a lot of emotional labor, reassuring patients while keeping their own emotions in check. Frontline health care workers in hotspots exhibit a higher degree of a psychological burden compared to ones further away from them.^[13]

While examining the stress among HCPs during COVID-19 times, a positive attitude toward the stressful situations was found to be a main protective factor, whereas female gender, seeking social support, avoidance strategies, and working with COVID-19 patients were risk factors. The importance of need to investigate the response of HCPs to the COVID-19 pandemic, in terms of perceived stress and coping strategies to implement targeted prevention and intervention programs, has been stressed in literature.^[14]

Assessment of vicarious stress among nurses showed that the vicarious traumatization score for non-frontline nurses was significantly higher than the frontline nurses. This points to the increased need for attention to be paid to the psychological problems of the medical staff including non-frontline nurses.^[15] Among health care workers, nurses were found to experience the highest anxiety levels ranging from 15% to 92%.^[16,17]

The direct contact with COVID-19 patients makes the HCPs more exposed to traumatic events such as patient's sufferings and deaths.^[18] This results in amplification of fear and anxiety. Studies have shown that the prevalence of anxiety among health care workers during the pandemic ranged from 22.6 to 36.3%.^[19]

For an individual with COVID-19-positive status, most often the caregivers belong to any one of the primary, secondary, or tertiary status (many a times, these three roles are borne by HCPs). Mindfulness and mindfulness-based interventions (MBIs) have been reported in literature to be of utmost importance in the management of stress and maintenance of psychological health and well-being.

MBIs for Professional Caregivers

Mindfulness refers to the present centered non-judgmental awareness cultivated by openness and curiosity.^[20] Mindfulness has gained the attention of general public and the scientific community alike, during the past five decades. The mindfulness revolution, as it is called, started with the introduction of mindfulness practices by Jon Kabat Zinn, a molecular biologist at the stress clinic of Massachusetts University. The program was started for patients with chronic complaints and pain. This later came to be known as mindfulness-based stress reduction (MBSR).^[21] Following the success and fame of MBSR, a large number of mindfulness-based programs sprang up. Together these came to be known as MBIs. Most popular among these programs include MBSR and mindfulness-based cognitive therapy (MBCT). The two MBIs developed by the authors

in India include Mindful Life Management (MLM) – Stress Management Program and Mindfulness Unified Cognitive Behavior Therapy (MUCBT) – A Mindfulness-based Psychotherapy. MBIs are taught in a secular, group-based format with specified advantages. In addition to the peer support and cost-effectiveness, non-specific characteristic factors underlying group therapy are believed to play a role in MBIs.

Most of the MBIs (including MBSR, mbct, MLM, and MUCBT) usually consist of 8 weeks of 150 min direct classes which permit entry to approximately 12–20 patients. In MBIs, participants get trained in both the attentional and non-judgmental attitudinal aspects which are paid attention to,^[22] through guidance in formal and informal practices. Formal meditation practices include sitting meditation (both guided and unguided), mindful movement (a set of structured patterns of movement with synchronized breath), body stretch exercises, body scan (which teaches individuals to mindfully focus on bodily sensations, starting with the feet, and progressively moving upward), and loving kindness meditation (which fosters attitude love, kindness, compassion, and gratitude). The informal methods include various practices to incorporate mindfulness concept into everyday activities such as mindful eating, mindful brushing, and mindful bathing. MBIs also aid subjects to pay attention to bodily sensations, emotions, and thoughts with a non-judgmental, open, curious, and accepting attitude toward whatever arises in the present moment.^[23] In addition to having weekly sessions with the facilitators, the participants are instructed to continue these practices for 15–45 min.^[24] Accruing evidence on the efficacy of MBIs has led to a call for a “top-down” dissemination of MBIs in some countries.^[25] Even without adequate funding, India is the third country in the world to have implemented MBIs to the police force of one of its states.^[26] Inspired by the gathering evidence on the potential of MBIs in clinical and non-clinical samples,

along with their foundational experience with practicing mindfulness, many therapists have started to experiment with different forms of incorporation of mindfulness into their therapeutic work. There are also a growing number of books and journal articles on mindfulness in psychotherapy. *Miracle of Mindfulness*^[27] and *Full Catastrophe Living*^[28] are two notable early books in this regard. Integration in varied formats is also characteristic feature of MBIs. If not the program as a whole, many therapists are interested in incorporating components of mindfulness – both formal and informal – into their therapeutic armamentarium. The major format in which Indian patients get exposed to MBIs is through individual treatments which integrate mindfulness in an eclectic way. Even when a large number of therapists are turning to MBIs as a way of helping their clients and evidence base in relation to mindfulness is on the uprising phase, very few mental health professionals in India seem to pay serious attention to training in MBIs.

MBIs are group-based interventions effective in reducing disturbing psychological symptoms.^[29-31] The major components of any MBIs include Mindfulness Meditations (guided and unguided sitting meditations, body scan meditations, and loving kindness meditations) and body stretching practices.^[28] MBIs have been found to be safe and efficacious in multiple populations.^[30] There is a rapid increase in the number of research publications based on various mindfulness based on MBIs [Figure 1].

The beneficial effects of MBIs in enhancing health and well-being have been proved in both non-clinical^[32-34] and clinical populations.^[35,36] MBIs have been found to be of benefit to family caregivers of individuals with chronic illnesses.^[37] Mindfulness-based training programs have also been found to have significant positive effects on nursing stress and psychological well-being.^[38] It has been reported that doctors do have positive impacts of MBIs on their well-being and performance.^[39] Reports elaborating the effect of

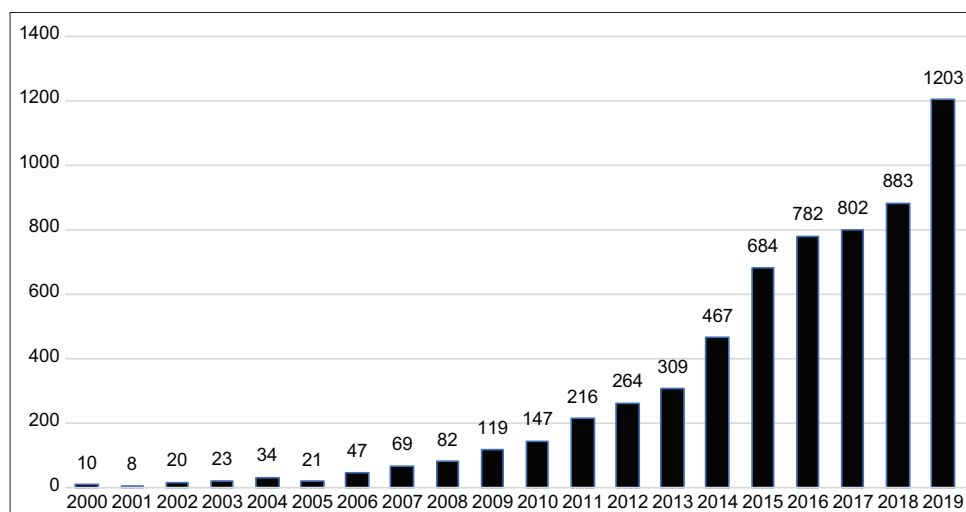


Figure 1: Year-wise number of publications on mindfulness (2000-2019)

mindfulness groups for caregivers have been published with reduced stress and somatic complaints after treatment.^[40] The effects of mindfulness on depression and anxiety through the mediation of mechanisms of emotional regulation, worry, rumination, reappraisal, and suppression have been explored. Authors suggested that emotional regulation plays a significant mediating role between mindfulness and symptoms of depression and anxiety in the general population. Authors proposed that an intervention focusing on reducing worry and rumination may be specifically useful in reducing the risk of developing clinical depression.^[41]

A number of such research studies point to the effectiveness of MBIs in stress- and mood-related conditions. During the current unprecedented pandemic, there seems to be a potential for MBIs to improve life satisfaction, resilience to stress, quality of life, self-compassion, and trait mindfulness.^[42] Our own studies have pointed to results almost in the same line.^[34] One of our pilot study has suggested that MBIs can be an effective method for managing the emotional turmoil.^[26] We, hereby, propose that investigating mindful caregiving may help to alleviate the suffering due to stress, depression, and anxiety. This will also hopefully help to improve the quality of life and resilience. Reducing the stress, improving the quality of life and resilience of professional caregivers can improve the care COVID-19 patients are getting. We, hereby, propose that investing in mindfulness training may help to alleviate the suffering due to stress, depression, anxiety, and reduced quality of life among HCPs. Considering all the above, it is suggested that training HCPs at all levels in MBIs may have a positive impact on the outcome (physical and psychological) among individuals with COVID-19-positive status.

Conclusion

MBIs have been suggested as a method for reducing stress, depression, anxiety, burnout, and PTSD symptoms. They also have been proposed as effective methods to increase the quality of life and resilience. Psychological empowerment must be made a part of the staff development programs of health care institutions to equip them manage emergent crises and ongoing work-life stressors. MBIs can be helpful by its effect, safety, and efficacy.

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