



Article

Symptoms of Anxiety, Depression, and Post-Traumatic Stress Disorder in Health Care Personnel in Norwegian ICUs during the First Wave of the COVID-19 Pandemic, a Prospective, Observational Cross-Sectional Study

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Questionnaire PART IV-VII

Healthcare professionals' experiences with COVID-19 patients in intensive care units in Norway (Part IV-VII)

Reference ID

- The field is filled in automatically

Thank you for taking the time to share your views and experiences working with COVID-ICU patients.

Part IV: CORONAVIRUS AND SOCIAL CONTACT

Who have you been afraid of infecting?

Choose all that apply

- Patients
- Colleagues
- Family in own household or other family members
- Friends
- Not applicable

How would you describe your limited social contact?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
Felt isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased contact within own household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased contact via social media, telephone, work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How have you had social contact outside working hours?

Choose all that apply.

- ☐ Social media like Facebook
- ☐ Talked to colleague(s) by phone
- ☐ Communicated with friends, family on SKYPE, Facetime, etc.
- ☐ Met with others, but only outdoors with social distancing and masks
- ☐ Met with a limited number of people indoors with masks and social distancing
- ☐ Met with others indoors, one to several times beyond recommendation from the Norwegian Institute of Public Health (NIPH) (number of people, social distancing)

Part V: ASSESSMENT OF INDIVIDUAL WORK EFFORT AND SUPPORT MEASURES

To what extent are you professionally satisfied with the following aspects of your work?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
Your own effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your closest partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment of proficiency during work in the COVID-ICU

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
To what extent do you think that the work you participate / participated in was successful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you think that the work you participate / participated in was meaningful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do / did you experience falling short of the work tasks to be performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do / did you experience that you were impeded in the work you or your team had to perform (e.g. due to bureaucracy, lack of equipment, unclear messages?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you receive sufficient advice and support at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you overextend yourself because great effort was expected of your team, leader or colleagues (e.g. did not take breaks, worked more than you really could, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recognition and support during the pandemic

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
To what extent have your efforts been appreciated by your hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent have your family / friends given you recognition for your professional and personal efforts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent have you experienced that the authorities have recognized the work your professional group has done during the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does / did your employer have any kinds of support measures in place during the COVID-ICU effort?

Choose all that apply

- ☐ No special support measures
- ☐ Yes, group meetings where experiences could be shared (debriefing, defusing, etc.)
- ☐ Yes, professional support measure (psychologist, psychiatrist, psychiatric nurse, chaplain, minister, etc.)
- ☐ Information about support measures was provided
- ☐ I declined support talks
- ☐ Support by phone (e.g. from work environment)
- ☐ Follow-up by manager following completed shifts

- Other

Are there other elements at work that have seemed supportive? (Choose all that apply.)

- Talking to a colleague
- Talking to a manager
- Professional information
- Daily briefing
- Not applicable

Have you considered quitting your job as a result of the pandemic?

- No
- Yes, sometimes
- Yes, often
- Yes, specifically planning to quit / have already resigned

Part VI: REACTIONS TO EXPERIENCES AND ECONOMY

Below is a list of issues that may be reactions to highly stressful events such as the COVID-19 pandemic.

Please indicate whether any experiences related to the COVID-19 pandemic have been stressful for you by answering each question.

Have you experienced any of the following issues during the last month?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experiences of the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of the stressful experience of the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No problem Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of the stressful experience of the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong physical reactions when something reminded you of the stressful experience of the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding memories, thoughts, or feelings related to the stressful experience of the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding external reminders of the stressful experience of the pandemic (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trouble remembering important parts of the stressful experience of the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blaming yourself or someone else for the pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong negative feelings such as fear, horror, anger, guilt, or shame?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of interest in activities that you used to enjoy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling distant or cut off from other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable behavior, angry outbursts, or acting aggressively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking too many risks or doing things that could cause you harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being “superalert” or watchful or on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you experienced any of these during the last week (including today)?

	Not bothered	A little	Quite a bit	Very much bothered
Suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faintness, dizziness or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blaming yourself for things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties in falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling everything is a effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used one or more of the following medications as a result of your COVID-ICU work during the pandemic?

	Never	Sometimes	Weekly	Daily
Sleep medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiolytic medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used alcohol as a result of your COVID-ICU work during the pandemic?

	No	Yes, the first week	Yes, for more than a week
To calm you down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a mood enhancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used more alcohol than you normally do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used about as much alcohol as you normally do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used less alcohol than you normally do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you previously had symptoms of anxiety?

- ☐ Yes
- ☐ No

Have you previously had symptoms of depression?

- ☐ Yes
- ☐ No

How has the COVID-19 pandemic affected your finances?

- ☐ Improved
- ☐ Unchanged
- ☐ Worsened

Part VII: FINAL QUESTIONS

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
To what extent are you more prepared to cope with a future pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you better understand the reactions of others after the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you so much for taking the time to respond to this survey! Your participation is greatly appreciated, and we are extremely grateful for your contribution to this research on the experiences of healthcare personnel working in COVID-ICUs in Norway.

You have received a copy of the consent form in your digital mailbox and can register your consent via the consent portal: portal.tsd.usit.no/

<https://nettskjema.no/user/form/preview.html?id=147356#/> Page 29 of 29 rc1)

Table S1 and Table S2, Results of univariate quantile regression analyses

Table S1. Results of univariate quantile regression analysis of factors predicting probable mental health disorder (HSCL-10 ≥ 1.85).

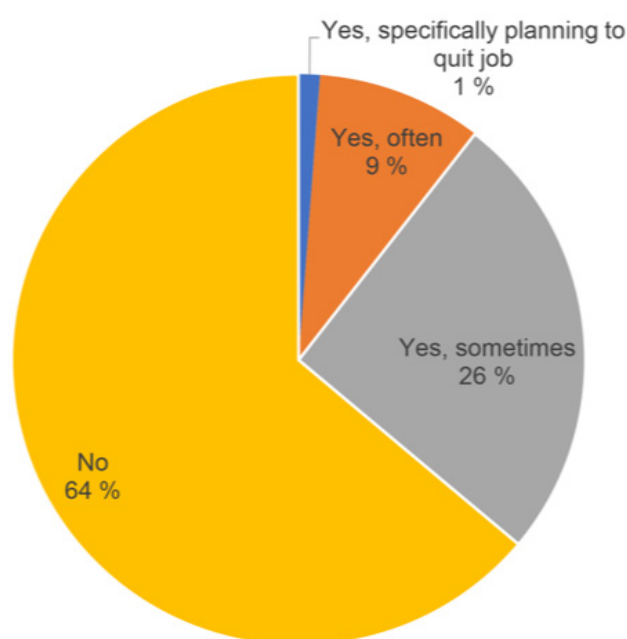
Exploratory variables Estimates (q=0.5)	Coefficient	Standard Error	95%CI	t	p
Age R 2 0.086	-0.16	0.0063	-0.028, -0.003	-2.464	0.017
Sex R 2 0.086	0.003	0.1670	-0.332, 0.332	0.019	0.985
Married/ partner Children in household R 2 0.160	0.100 0.000	0.4372 0.4646	-0.777, 0.977 -0.932, 0.932	0.229 0.000	0.820 1.000
Professional Nurse Physician R 2 0.006	0.000 0.100	0.4360 0.5057	-0.874, 0.874 -0.914, 1.114	0.000 0.198	1.000 0.844
Previous work experience (<5 years) >6 years R 2 0.104	0.400 0.200	0.1509 0.2310	0.097, 0.703 -0.263, 0.663	2.650 0.866	0.011 0.391

CI=Confidence intervals, R 2=Pseudo R square.

Table S2. Results of univariate quantile regression analysis of symptom-defined PTSD $n=31$ (PCL-5 ≥ 31).

Exploratory variables Estimates (q=0.5)	Coefficient	Standard Error	95%CI	t	p
Age R 2 0.010	-0.063	0.2168	-0.506, 0.381	-0.288	0.775
Sex R 2 0.011	-2.000	4.2836	-10.761, 6.761	0.467	0.644
Married/ partner Children in household R 2 0.040	4.000 1.000	10.1551 11.5147	-16.802, 24.802 -22.587, 24.587	0.394 0.087	0.697 0.931
Professional Nurse Physician R 2 0.017	-1.000 1.000	7.2988 12.2132	-15.951, 13.951 -24.018, 26.018	-0.137 0.082	0.892 0.935
Previous work experience (<5 years) >6 years R 2 0.034	-3.000 2.000	6.3069 3.7787	-15.919, 9.919 -5.740, 9.740	-0.476 0.529	0.638 0.601

CI=Confidence intervals, R 2=Pseudo R square.

**Figure S1.** Results of the answer to "Have you considered quitting your job as a result of the pandemic?" (N=484).