**Amended Submission:** ‘HCA Roles in Covid 19: The Emotional Cost of Sacrifice’

**Authors:**

Catherine Hayes, Professor of Health Professions Pedagogy and Scholarship, Faculty of Health Sciences and Wellbeing, University of Sunderland, UK

Yitka Graham, Associate Professor of Health Services Research; Head of the Helen McCardle Care and Research Institute, Faculty of Health Sciences and Wellbeing, University of Sunderland, UK

**Correspondence Address:**

Prof Catherine Hayes

Faculty of Health Sciences and Wellbeing

The Sciences Complex

Wharncliffe Street

Sunderland

Tyne and Wear

SR1 3SD

0191 5152523

Catherine.hayes@sunderland.ac.uk

**‘HCA Roles in Covid 19: The Emotional Cost of Sacrifice’**

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| **Central Messages Surrounding Care for HCAs during the Covid 19 Pandemic** | |
| **Issues to Reflect On…** | **Opportunities to Think…** |
| Exceptional circumstances require exceptional responses – these have nothing to do with the level at which we serve in an organisation, we are all working towards the same goal, saving human lives and aiding recovery. | By treating people in a manner in which you would wish yourself or your own family members, you are invaluable in the lives of people who cannot be with their families at a time of severe vulnerability. Never lose sight of your worth to them and of your value to colleagues undertaking different roles. You are all part of a network, which contributes directly to compassion in action for real people. |
| The terms emotional labour and emotional giving refer to the sense of selflessness that you adopt when you are working with patients and their families and carers. In these environments you ‘save face’ by deliberately parking your own emotions so that you can support others. Acknowledging this, is the first stage of reconciling how much of this giving you are actually doing and how you need to both rest and recouperate from this sacrifice yourself. | Acknowledging your own feelings at times of immense pressure is important. Remember you are an exceptional human dealing with exceptional circumstances and you may feel deeply upset or traumatised by what you witness in relation to illness and death. Remember that you need to talk about these feelings in order to ensure your own mental health does not suffer. It is not a positive thing to try to cope indefinitely with issues that are upsetting and may feel, in the moment, as though they will never end. |
| Feeling emotional is not about a particular profession or vocation, it is about being human and feeling compassion for others. Reach out to colleagues and let them reach out to you. | In the midst of stressful situations, we often perceive that others cope better than ourselves. Never be afraid to admit you are struggling or to support those you see who are not giving themselves the chance to cope. |
| No generations in recent history have had to cope with what you are enduring at work. Acknowledge the personal and sacrifices you are making and in the time you have away from work, make time to contemplate this. You are not a machine, you are human and nobody expects you to be immune to the situation you are in. | However depressing the current situation appears, things will eventually get better. You are one of the people ensuring that can happen and society owes you a debt of gratitude. Knowing you are doing your best for the people you serve means everything to people who cannot see their relatives at such an unprecedented time. |
| Reflecting on your contribution to practice will aid your own capacity to reach the end of these unprecedented times. | Accept the absolute regard that society has for you as a carer at this time and the privilege that serving people who are ill and dying means to real people in a real crisis. |

Events in the UK emergence of Covid 19 have already left a legacy of sacrifice in relation to those who have sacrificed their lives in the support of caring for those with this deadly condition. Coronavirus has no regard for level of the organisational hierarchy, rank in society, race, ethnicity or religion. In reconnecting the universality of human experience, in its wake, it leaves the treasured memories of our colleagues and friends who paid the ultimate sacrifice for their care of others, with their lives. Their selflessness, regardless of professional or vocational background will never be forgotten but nor should the extent of the emotional cost on the healthcare workforce, of which our HCAs are an integral and invaluably embedded part.

Written in acknowledgement of all those who give so selflessly, this short article has been written to encourage HCAs to actively consider the concept of ‘emotional labour’ and ‘emotional giving’ so that those who read it might be at least more aware of their need and right to acknowledge their service to society in continuing their daily work. For those of us who exist in the shadows of this care, we hope all HCAs know just how grateful, as a society we really are for their service and their dedication to those in need. Their work represents the very best of what our society can and ought to be and we applaud their sacrifice and mourn the loss of their much loved and ever respected colleagues.

**Emotional Labour and Emotional Giving**

The concepts of emotional labour have generally been well explored throughout published healthcare literature. One of the first definitions of the concept was that of Hochschild (1983) who provided a definition of the term as ‘holding back or suppressing emotion so that others might be provided with the sense of mattering and being cared for’. Similarly, the concept of resilience has been equally well annotated, as organisations seek to retain and recruit staff who may feel challenged by their working conditions. Whilst there can be no substitute for an end to the ongoing suffering that healthcare assistants are witnessing on a daily basis in the midst of this Covid 19 pandemic, being able to acknowledge that emotional giving comes at a personal price, and one which ought not be overlooked is important and something which is not a new phenomenon in the research literature (Katz and Genevay, 2002). It is perhaps not in the midst of overwork or anxiety that the impact of this concept is already evident but in the months and years to come, when the current situation changes and becomes memorialised in the minds of those who are currently serving at the front line of patient care.

For the purposes of this article, we define emotional giving, as the affective impact of working tirelessly with patients in the context of healthcare, whose conditions may lead to prolonged illness or death. A consideration of the concept of emotional giving within this article, aims to facilitate pragmatic yet compassionate approaches to the delineation of feelings and expressed behaviours in situations such as the care of patients living with Covid 19. The fact a global pandemic was largely unanticipated up until reports from Wuhan reached the UK in January, is an indication and to some extent an irony, that despite the fact we live in what we term a global society, we often disregard that which impacts on others, as if it could never happen to us. To predict that within three months, the National Health Service would also have to lead and manage the condition at a practical level, seems almost unimaginable but now, presents a new reality within which HCAs still work. Their fundamental worth and value to the overall healthcare workforce has often been overlooked and largely under acknowledged by society, yet this offers us an opportunity not only to recognise this, but also press the re-set button in terms of what holistic care necessitates and requires at the front line of compassion in practice. Authentic service to humanity is something our HCA continue to provide, but is something that comes at a personal cost. In this respect, it serves as an acknowledgement of the debt of gratitude our countries owe the vocation of healthcare assistance in affording families a supported path in Covid 19 care towards eventual recovery or sometimes, tragically the affordance of a dignified death in the presence of people who might not necessarily be related, but unconditionally care.

**Why Roles Matter in Healthcare Provision**

To date, research findings on the concept of emotional giving reveal that the roles that people occupy within healthcare settings largely dictate how staff articulate and project their feelings, in line with the roles they occupy (Riley & Weiss, 2015). Whilst it is acknowledged that support and affirmation of this is required within organisational hierarchies, the cultures and settings within which care takes place are of great importance in any situational consideration of impact. Put simply HCAs are first and foremost people, whose ability to cope with challenging situations, belies their capacity to support the work and lives of others. If we are to ensure HCAs can cope, then we also need to ensure they have working cultures and a regard for their contribution that advocate support of their support beyond the front line of patient care.

**Framing Care Provision in Context**

Emotional reaction to working under times of great stress is not particular to any one professional discipline or vocation, it is part of the universal experience of being a person first and a worker secondarily.

We are one of the few generations where the majority of healthcare professionals have not seen the immediate impact of global emergencies such as war or the pandemic spread of illness. We are therefore more psychologically vulnerable to the demands that Covid 19 has brought with it. With exposure to environments where anxiety and stress have become part of the cultural norm, we can reasonably expect our HCA workforce to be influenced and their lives heavily affected. This is a heavy price to pay and one which will resonate through the next generation of care (Browall et al, 2014). The sense of overall failure and hopelessness for those who do not survive the condition, is something which will similarly haunt the lives of those whose expertise, care and compassion, could do nothing to save the most vulnerable members of our societies across the world. In a culture and society where to save lives and advocate optimal longevity have become an embedded part of what medical and healthcare is perceived as being all about, this necessarily sudden and radical shift in attitude to the provision of dignified death is one which has resonated across the whole context of care provision (Gelinas et al, 2012). Indeed, it is not so much death, which characterises the potential for negative post-traumatic reaction by healthcare staff but rather the sheer volume and frequency of exposure to it that can lead directly to personalised psychological damage. Working in the context of palliative or end of life care is classified as being one of the most psychologically draining areas of work (Parola et al, 2018). However, in contrast to conditions that characterise usual pathological illness, natural senescence, deterioration and eventual death, which healthcare staff face as an integral part of their roles, Covid 19 has left minimal opportunity for the concept of personal reward, development or the building of personal resilience.

**Dissonance in Care Provision for Covid 19 Patients**

For those most acutely ill patients who have experienced respiratory incapacity, the whole notion of being able to care not only for the patient but also their family and carers, is entirely altered by the presence of Covid 19. We have already heard reports in the media, informing us that the process of grief is irrevocably altered by the condition that necessitates social distancing at the time when the value of closeness in death and in rites of passage both in terms of faith and societal expectation, has never been greater. For healthcare staff too, this can pose a sense of dissonance and difference, where the ipad and software are the new mechanisms of supporting the transition from life to death via 21st Century so technically advanced it is the equivalence in complexity to that which enabled man to travel to the moon in 1969, yet exists in a world where he is hostage to a viral particle in 2020, just over half a century later.

Hochschild’s (1983) work recognised the process of acting as a means of healthcare professionals articulating and expressing what people expect them to articulate and express. In this sense, we do not expect a doctor to cry when he or she breaks bad news, or a nurse to be visibly devastated by death. This is rooted in cultural expectation and societal norming but one which nevertheless means that, as Riley and Weiss (2015) articulated, people are unable to express their authentic emotions and are forced to suppress their real emotions. This is an integral part of emotional labour and emotional giving, since the suppression of emotion is known to psychologically intrinsically damage those who are the perpetrators of it. As an integral part of professionalising and medicalising care, this has become something we are all too familiar with and simply expect, rather than pay much attention to. The greatest danger is that in the height of business in the context of caring for people with Covid 19, that there may also may not be time to systematically debrief with others, who are already experiencing their own levels of psychological trauma and are unable to offer the same degree of reciprocal support as they would normally.

It is for this reason that remembering to talk about emotional experiences is so pivotal for front line healthcare staff. Whilst this at first glance appears a somewhat tokenistic comment, it is central to the communication which can make the fundamental difference between coping and not coping, with circumstances never encountered before. Regardless of rank or level in the organisational hierarchy above all else support for those caring for the critically ill and dying ought to incorporate this.

To all those serving at the front line of patient care, we encourage you all to speak to others and protect your own psychological wellbeing. In times of unprecedented levels of death due to illness and in the shadow of its repercussions, society thanks you and recognises the emotional price of this pandemic to you as individuals as well as the greater collective of people with whom you serve.

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