

PREVALENCE AND PREDISPOSING FACTORS OF POST-TRAUMATIC STRESS SYMPTOMS IN ANAESTHETISTS DURING THE COVID-19 OUTBREAK IN SOUTH AFRICA: A CROSS-SECTIONAL SURVEY

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Introduction:

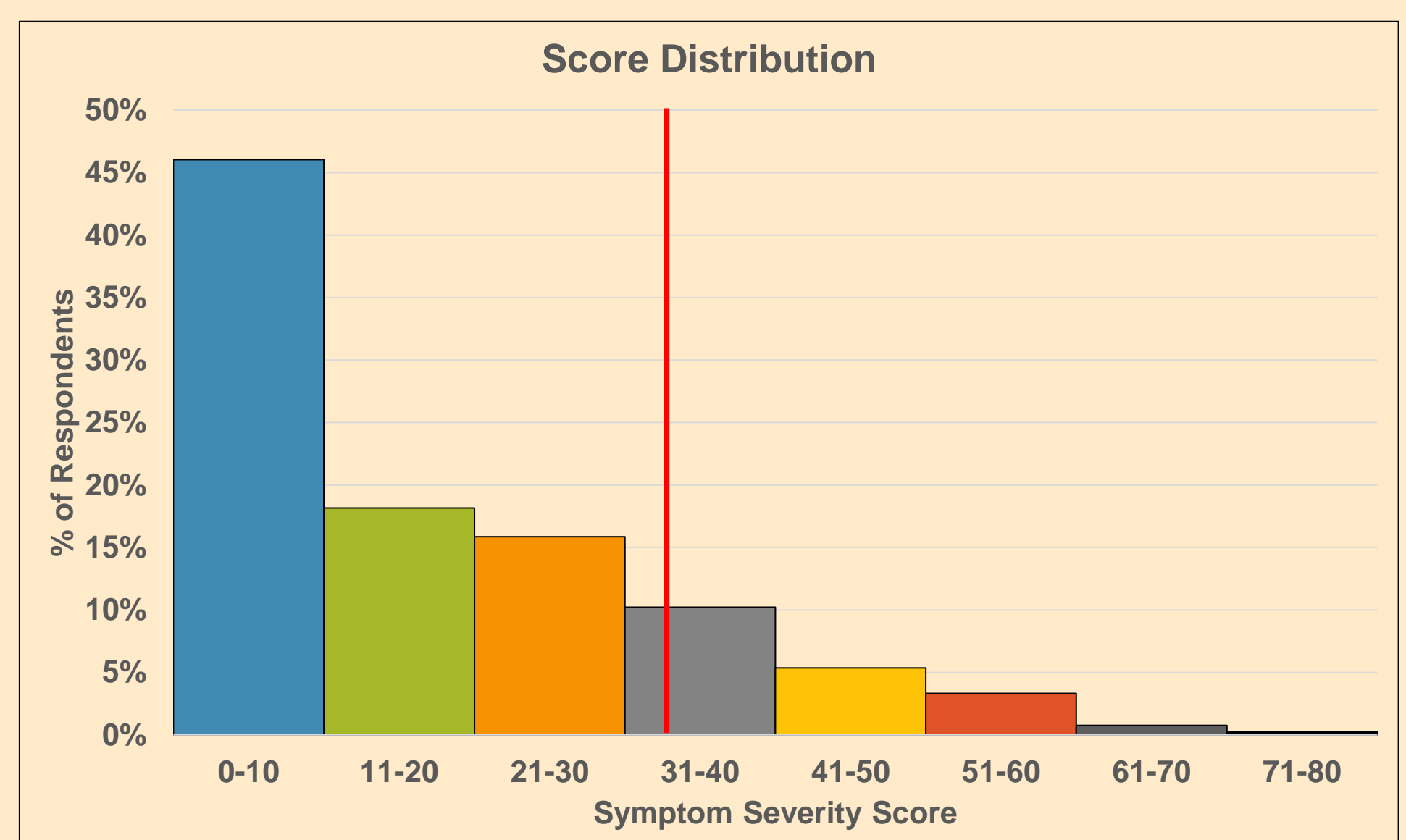
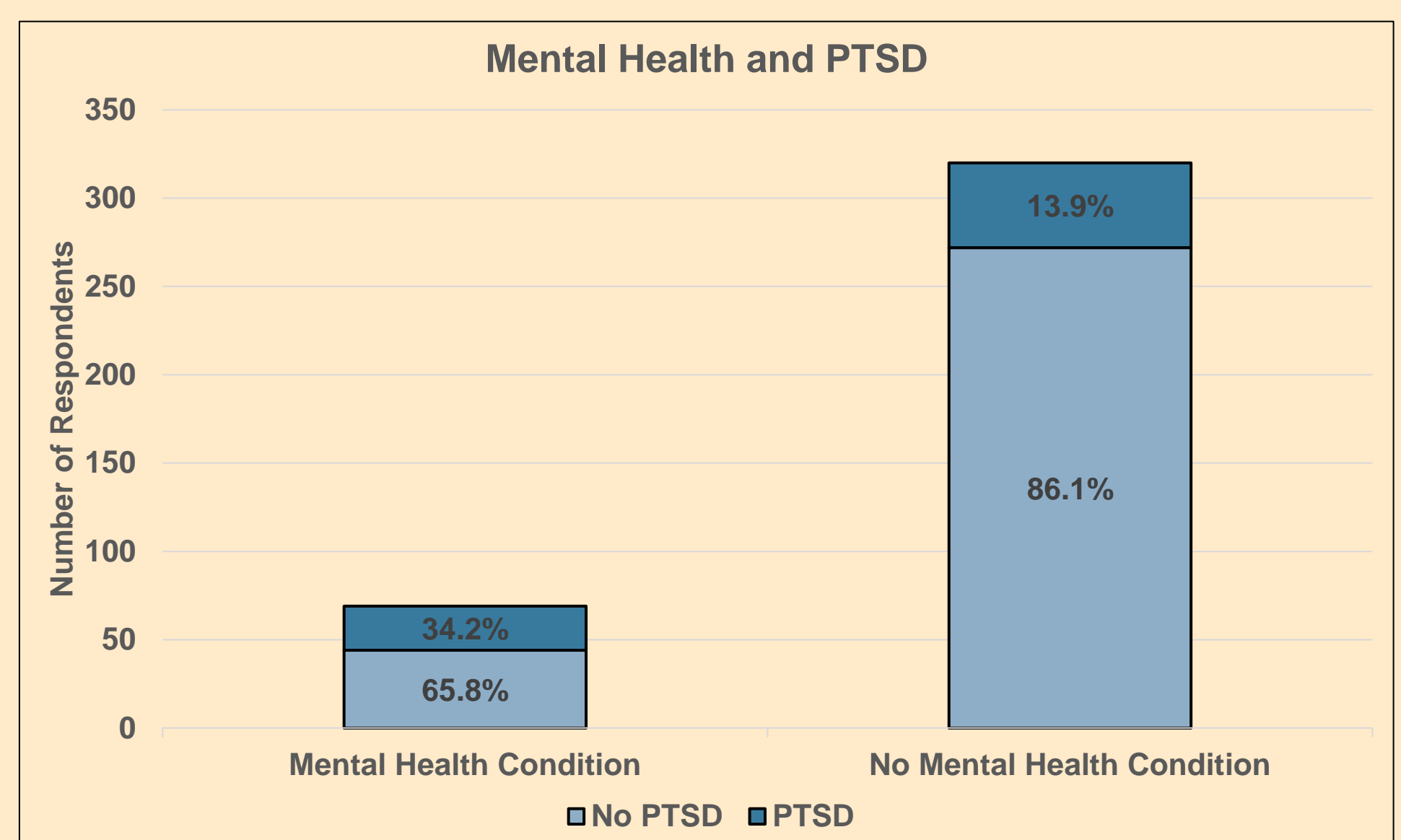
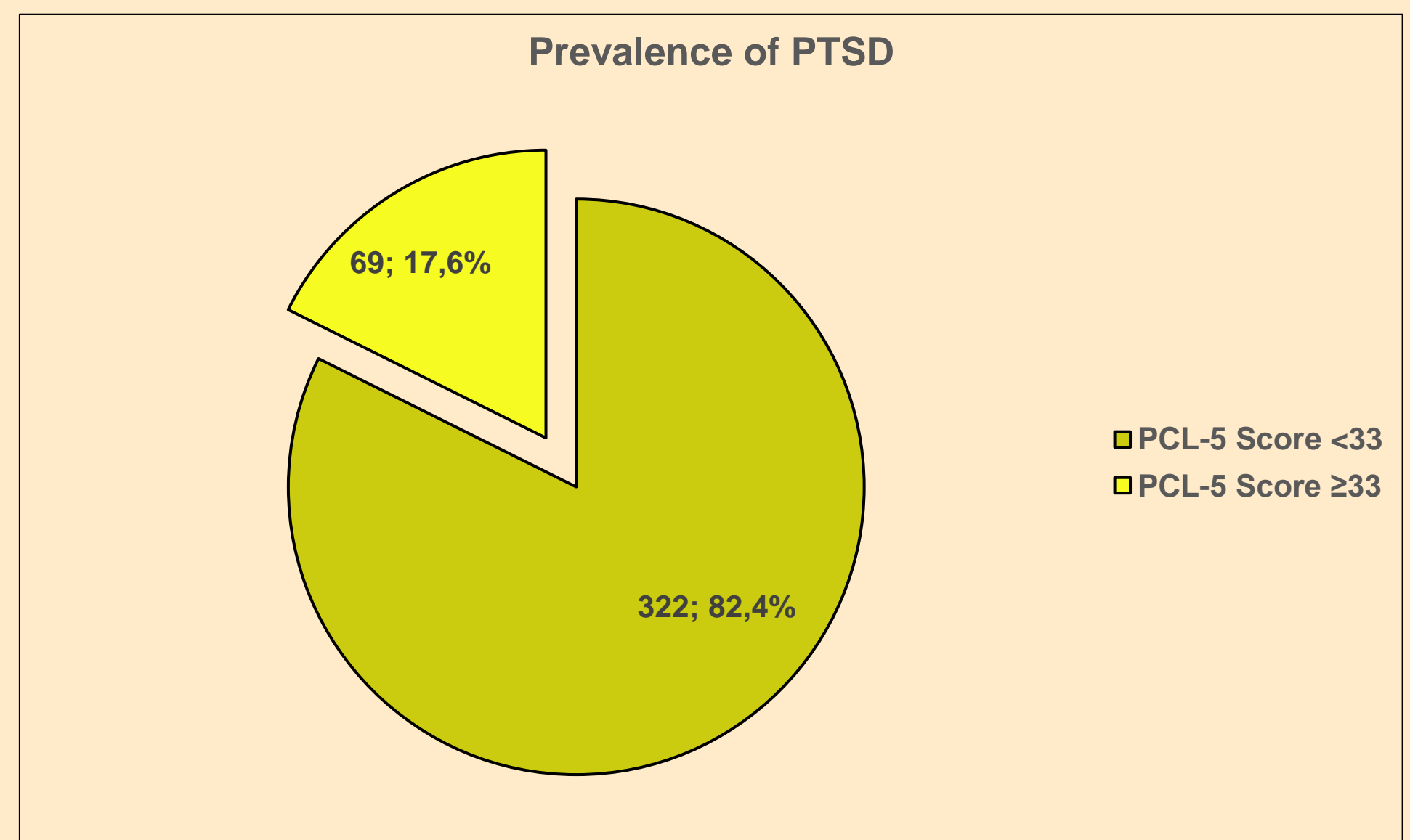
The COVID-19 pandemic has placed a burden on the South African healthcare sector, particularly frontline healthcare workers. Post-traumatic stress symptoms (PTSSs) have been described in healthcare workers after disease outbreaks. Anaesthetists are at high risk of exposure to COVID-19 due to the nature of the airway procedures they perform. Anaesthetists are also at increased risk of mental health disorders, substance abuse and suicidality. This may render them particularly vulnerable to developing PTSSs, which can have a detrimental effect on them, the patient and the healthcare system. When PTSSs are sufficiently high in number and severity, they become the key elements of the diagnostic criteria for post-traumatic stress disorder (PTSD).

Methods and materials:

Following local Research Ethics Committee approval, members of the South African Society of Anaesthesiologists (SASA) completed an electronic survey including sociodemographic information, as well as information regarding COVID-19 exposure. The PTSD Checklist for DSM-5 (PCL-5)¹ was used to measure PTSSs. The resultant score gave an indication of symptom severity, with a score of 33 or higher indicating a provisional diagnosis of PTSD. Chi-square and Fisher's exact tests were used to test for association between categorical variables. Logistic regression analysis was performed to identify predisposing factors of PTSSs. A p-value of <0.05 was statistically significant.

Results:

An electronic survey was e-mailed to 2028 SASA members. A total of 483 participants completed the survey (23.8% response rate). Three hundred and ninety-one respondents were included in the study, of which 17.6% received a provisional PTSD diagnosis. Younger anaesthetists with less experience, females, single participants and those without children exhibited a greater prevalence of PTSD. Anaesthetists with pre-existing mental health conditions (p-value = 0.009) and those who reported loneliness (p-value = <0.001) and poor social support (p-value = 0.018) were more likely to receive a provisional PTSD diagnosis. Personal protective equipment (PPE) shortages were also associated with the development of PTSD (p-value = 0.009).



The red line demonstrates the cut-off point of 33, separating absence and presence of provisional PTSD.

Conclusion:

The prevalence of PTSSs is unacceptably high amongst South African anaesthesia providers, especially those with pre-existing mental health conditions and poor social support. Findings emphasise the importance of supporting vulnerable healthcare workers through interventions aimed at positive mental health promotion and PTSD prevention.