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## Letter to the Editor

### Infection prevention partners up with psychology in a Danish Hospital successfully addressing staffs fear during the COVID-19 pandemic



Sir,

In relation to a recent paper “Risk of nosocomial transmission of Coronavirus Disease 2019: an experience in a general ward setting in Hong Kong” [1] we would like to share an interesting experience from Denmark. Nordsjællands Hospital (NOH) is a 600-bed hospital situated north of Copenhagen, Denmark. The first Danish COVID-19 patient was diagnosed 27<sup>th</sup> February 2020 (<https://www.ssi.dk>). A (first?) peak of the Danish outbreak was reached around 1<sup>st</sup> April 2020 and is presently, in late-April 2020, declining (<https://politi.dk/coronavirus-i-danmark/in-english>). NOH follows national infection control guidelines for COVID-19 from National Board of Health (<https://www.ssi.dk>).

We have worked at NOH to prepare for the pandemic by building COVID-19 cohort isolation wards using existing wards, creating new workflows, tripling the available number of intensive care beds, and initiating intensive education of literally all groups of staff. We pride ourselves on being used to a high standard regarding hand hygiene [2], we are well familiar with the occasional seasonal occurrence of influenza, norovirus, CDIFF and VRE [3]; however, COVID19 is a new virus and reports of deaths among healthcare staff from Italy, China and Spain make frightening reading, especially for front-line healthcare personal.

Recently the mental health care for medical staff in China during the COVID-19 outbreak including various remedial actions was reported [4,5]. The frontline staff at NOH predominately expressed fear of not being sufficiently protected from infection when using personal protection equipment (PPE). This problem was hospital wide but particularly pronounced at the COVID cohort wards because the workflow was new and unfamiliar and the exposure intense. Accordingly, a new and unusual collaboration between an infection prevention and control nurse and a psychologist was initiated. An inductive change strategy (bottom-up) addressing staff fear and anxiety was used in an attempt to release defence mechanisms blocking rational thinking and change of behaviour. The intervention was based on Edgar H. Schein’s Process

Consultation and how to help people change [6,7]. The psychologist acted as a process facilitator and the infection prevention and control nurse acted as a teacher during the process. Facilitation was combined with psychoeducation in coping strategies towards fear and high level of stress, and the education focused primarily on recalling staff’s existing knowledge of infection prevention and secondly on how to use PPE correctly. Thus far, this new approach has been used in five sessions comprising 20 nurses and 15 physicians. The response from staff has been overwhelmingly positive. Most were relieved that their worries were acknowledged and became eager to discuss different scenarios of virus transmission. Many were reassured of their professional ability to risk assess behaviour when close to patients with COVID-19 and began trusting their knowledge of infection prevention and correct use of PPE.

Combining the professional angles of psychology and infection prevention proved fruitful. Addressing and acknowledging fear of healthcare staff might lead to the reappearance of rational thinking and of a professional attitude in the fearful time of a pandemic.

#### Conflict of interest statement

None declared.

#### Funding sources

None.

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