



EXPLORING THE EXPERIENCES OF COVID-19 CONTACT TRACERS IN IRELAND TO IMPROVE PROCESSES AND UNDERSTAND PSYCHOLOGICAL IMPACT

De Brún, A.¹, Fulham-McQuillan, H. ² & O'Donovan, R. ³

On behalf of the full COVID-19 contact tracing research team

¹UCD Centre for Interdisciplinary Research, Education and Innovation in Health Systems (UCD IRIS), School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland.

2. School of Nursing & Midwifery, Trinity College Dublin, Ireland.

3. Royal College of Surgeons, Dublin, Ireland

For further information, please contact Dr Aoife De Brun, aoife.debrun@ucd.ie

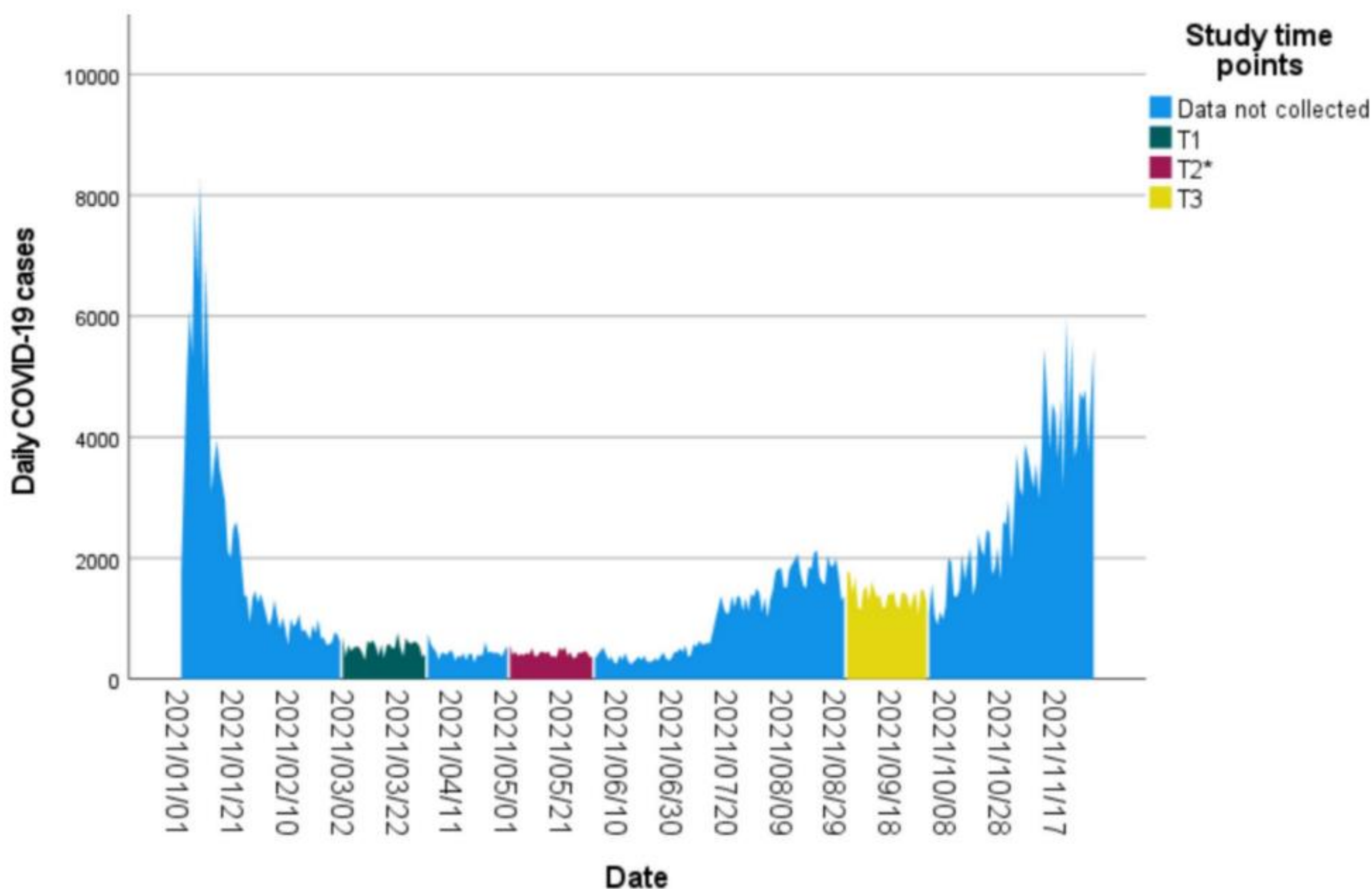


Introduction

- ❖ Optimising contact tracing processes and coverage to reduce the delay in testing individuals for COVID-19 is central to controlling the spread of the virus [1].
- ❖ Contact tracing is normally a role carried out by public health teams. However, in the effort to contain the COVID-19 virus, the Irish health system required that dedicated contact tracers be newly recruited or redeployed from the public sector.
- ❖ Contact tracing staff were provided with intensive training but worked in a dynamic environment where processes and advice were adapting continuously. Contact tracers may lack significant experience in healthcare and may experience difficulties in managing the anxieties and emotional distress of members of the public. Very little attention has been paid to the potential emotional burden on staff.
- ❖ Research to understand the real-time impact of this work on staff was crucial to understand better how we can effectively learn from, and leverage, the experiences of contact tracing staff and understand how we can best support those in this vital role [2].
- ❖ **This study aimed** to (i) identify emerging issues related to contact tracing systems and processes in Ireland, (ii) understand the psychological impact on contact tracers and (iii) inform the development of appropriate supports.

Methods

- ❖ A mixed-methods approach was used to collect data from contact tracing staff in Ireland at three time points during 2021. This figure below maps data collection over time and indicates the daily number of COVID-19 cases during these periods.



- ❖ An online survey was administered to explore the psychological well-being of contact tracers, using psychometrically valid scales to measure tension/stress (from the Intrinsic Motivation Inventory), mental distress (General Health Questionnaire-12), emotional exhaustion (Oldenburg Burnout Inventory), perceived stress (Perceived Stress Scale-14), and post-traumatic stress symptoms (Impact of Events Scale-6). Two-tailed independent sample t-tests and exploratory linear mixed models were performed on the data.
- ❖ One-on-one interviews were also conducted to explore the experiences and perspectives of contact tracers and data was analysed thematically. [3]
- ❖ Ethical approval was obtained from University College Dublin (LS-20-78)

Results

- ❖ In total, 350 surveys and 47 interviews were completed across three time points (March-September 2021).
- ❖ Qualitative findings highlighted the importance of peer support to the emotional well-being of contact tracers and how ongoing training could be improved.

"If you had a difficult call, you could turn around and say to a colleagues "oh that was quite difficult" and they might go you know, you kind of like you can have a talk about it"

Results (cont.)

- ❖ Contact tracers expressed a need for more regular ongoing training. Most contact tracers saw the service they provided as a care service.
- ❖ While initially nervous in the role, participants were motivated to contribute to the pandemic response and believed the role provided them with valuable experiences and transferable skills.

"It's opened my eyes up to maybe something new, something different and it's definitely a new thing... and I suppose it's given me confidence as well to do something else with my life"

- ❖ Staff felt pressured to increase call volumes during case surge period, and perceived that this pressure was unfair, and had negative effects on the quality of calls, the prioritisation of calls made, and the ability to take time after psychologically difficult calls.

"So, the person next to me could have 15 call ones because they've done a load of children and I might have eight or nine call ones but I've done loads of complexes, close contacts, exposures, that kind of thing you know. So actually, that can be a bit of a challenge or a pressure actually."

- ❖ At the final time point, 82% of contact tracers met the criteria for burnout related exhaustion, 44% met the threshold for impact of events indicative of posttraumatic stress symptoms and 50% met the criteria indicative of mental distress. These scale scores increased significantly over time from T1 to T3. Participants reported a need for formal psychological support and supportive supervision.

	T1 Mean (SD)	T3 Mean (SD)	t value	df	p
Exhaustion related burnout	19.47 (3.50)	21.32 (4.05)	4.50	339	< 0.001
Perceived stress	23.24 (8.45)	27.19 (8.91)	4.10	302	< 0.001
Mental distress	12.64 (6.54)	14.69 (7.52)	2.67	318	0.008
PTSD symptoms	6.91 (5.35)	9.19 (6.04)	3.60	314	< 0.001
Tension and pressure	3.05 (1.21)	3.69 (1.35)	4.54	331	< 0.001

Bonferroni adjustment was applied so that $p < 0.01$ to be considered statistically significant

Discussion

- ❖ This longitudinal analysis assessed the psychological impact of contact tracing work on staff during the COVID-19 pandemic. In line with international findings indicating that the psychological impact of the pandemic on healthcare workers appeared to be sustained or increased over time [4, 5], there was a significant increase in the prevalence of exhaustion related burnout, PTSD symptoms, perceived stress, mental distress and feelings of tension and pressure among contact tracing staff working in Ireland.
- ❖ This study offered much needed insight into the psychological impact of working in contact tracing and highlighted the stress experienced by staff. The emotionally demanding work strongly suggests a need for greater levels of psychological services to support staff more effectively in this challenging role

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