



University of  
**Salford**  
MANCHESTER

## Can survivors of COVID-19 later experience guilt?

Saalmink, G and Iles-Smith, HM

<http://dx.doi.org/10.7748/cnp.19.5.12.s9>

<b>Title</b>	Can survivors of COVID-19 later experience guilt?
<b>Authors</b>	Saalmink, G and Iles-Smith, HM
<b>Publication title</b>	Cancer Nursing Practice
<b>Publisher</b>	
<b>Type</b>	Article
<b>USIR URL</b>	This version is available at: <a href="http://usir.salford.ac.uk/id/eprint/58885/">http://usir.salford.ac.uk/id/eprint/58885/</a>
<b>Published Date</b>	2020

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: [library-research@salford.ac.uk](mailto:library-research@salford.ac.uk).

**Authors:**

Gwendolyn Saalmink, Oncology Research Nurse, Leeds Teaching Hospitals NHS Trust ([gwendolyn.saalmink@nhs.net](mailto:gwendolyn.saalmink@nhs.net))

Dr Heather Iles-Smith, Head of Nursing Research and Innovation, Leeds Teaching Hospitals NHS Trust/Honorary Clinical Associate Professor, University of Leeds ([heather.iles-smith@nhs.net](mailto:heather.iles-smith@nhs.net))

**Is survivor guilt from COVID-19 an enigma?**

Word count 789

Since the beginning of the Covid-19 pandemic, the UK government has prioritised research into effective treatments as part of the Coronavirus Action Plan. As two research nurses, one normally working in Oncology and the second a senior nurse manager with Cardiology research experience, both authors responded to the crisis by contributing to the set up and delivery of Covid-19 studies within our Trust. Covid-19 studies were opened in record time to investigate various treatments that experts believed may be effective in treating patients most severely affected.

As part of one trial, six patients were followed up (after discharge) by telephone to identify continuing symptoms. During these follow ups all patients reported an improvement in their Covid-19 symptoms, although some had on-going respiratory problems.

Patients also reported feelings of disbelief in their recovery. Anecdotally, some patients expressed the belief that being part of the clinical trial had saved their life. One patient expressed gratitude for being approached for the trial and strongly believed she would not have survived otherwise. Of the five patients (one died) followed-up, four questioned why they had survived when so many had died. They also experienced levels of anxiety following discharge, with some reporting being too anxious to leave their house, meet with other people or attend hospital. Although this article involves only a small number of patients and doesn't describe a robust research methodology, the experiences of these patients are worthy of sharing anecdotally to prompt discussion. It is possible that these patients are experiencing a form of anxiety, such as survivor guilt.

Survivor guilt is a well-documented phenomenon in trauma and natural disasters. First identified in the 1960s, it is a significant symptom of post-traumatic stress disorder (PTSD) and is defined as a mental health condition occurring when a person believes they have done something wrong by surviving a traumatic event when others did not.

The significance of survivor's guilt in context of a pandemic is underreported. Within the context of Covid-19 with significant death rates worldwide, one might consider that reports of survivor guilt are not surprising. However, the belief of patients that being part of a Clinical Trial has played a significant role in their survival is an interesting concept and is new to the authors. As experienced research nurses working in cancer research and acute cardiology, where patients receive life-saving

and life extending experimental therapies and drugs, one might expect to receive similar feedback yet this has not been the case.

It does raise the question of potential longer term mental health consequences and whether steps are required to routinely assess Covid-19 patients for survivor guilt, PTSD and other mental health issues post discharge. Literature on disaster mental health has shown that approximately one third of studies noted severe effects on the population's mental status, high incidence rates of PTSD, major depressive, and generalized anxiety disorders. Studies following the SARS pandemic of 2002 showed that stress, anxiety and stigmatisation were commonplace among people surviving the infection.

We still know very little about the short and longer term psychological impact of Covid-19 on patients. It is known that nearly one-quarter of intensive care unit survivors develop PTSD<sup>1</sup>, with the amount of sedation received during ventilation being an identified risk factor. Medics have been very hesitant to intubate and ventilate Covid-19 patients due to poorer outcomes, which introduces the question whether sedation plays a part in PTSD or survivor guilt in Covid-19 patients?

The impact of Covid-19 on mental health is unknown; numerous studies are underway investigating this further. However, research is needed to specifically understand the extent of possible survivor guilt in patients who have recovered and how nurses can best support patients. Further research may help to identify populations at higher risk of developing mental health problems during a pandemic, which may enable the setup of a response framework prior to the onset of similar future crises.

In the forthcoming months, the nursing workforce is likely to come across instances of survivor guilt. Understanding the signs and symptoms<sup>2</sup> is an important starting point to allow nurses to better support and sign post patients to gaining further help. As nurses, we aim to take a holistic approach when delivering care, ensuring that rather than treating only physical symptoms, we also attend to the psychological, spiritual and social needs of our patients. However, most of our follow-up encounters with trial patients are brief and usually focus on any lingering problems from the trial medication or intervention. Nevertheless, in nursing it is important to make every contact count (MECC) and therefore the trial follow up is a key opportunity to provide holistic care by assessing and delivering psychological support to Covid-19 patients during recovery who report feelings of survivor guilt.

---

<sup>1</sup> [https://www.hopkinsmedicine.org/news/media/releases/ptsd\\_common\\_in\\_icu\\_survivors](https://www.hopkinsmedicine.org/news/media/releases/ptsd_common_in_icu_survivors)

<sup>2</sup> <https://www.psychologytoday.com/gb/blog/the-empowerment-diary/201801/what-everybody-should-know-about-survivors-guilt>