Discussion and Conclusions

HCWs ages 18-29 may exhibit different overall, social-support, and avoidant coping mechanisms than their older counterparts.

- 18-29-year-old HCWs exhibited significantly increased social support coping compared to 40-49 and 60+ year-old HCWs.
- Younger HCWs may be more knowledgeable of and adept at navigating technology for social connections (potential easier transition to online social connections).
- Higher pre-pandemic use of social media and technology for social connections, relative to older populations.
- Known higher pre-pandemic likelihood of social isolation among older populations.
- Older HCWs may experience more fear and stress surrounding exposure to the virus; potential for greater social isolation due to fears of viral infection in social settings.
- Healthcare workers aged 18-29 years also exhibited significantly higher scores in avoidant coping than their older adult counterparts.
- Younger adults also exhibit decreased inhibition and increased avoidant coping than older adults, when assessed in other contexts.
- Avoidant coping exhibits a positive relationship with depression scale scores. There is a need to assess and address mental health issues among all HCWs; it is important to explore specific mental health outcomes to determine whether these higher avoidance scale scores correlate with depression measures.
- No significant difference between self-sufficient coping among different age groups.
- Potentially due to adult populations having sufficient life experience to have developed adequate self-sufficient coping skills.
- HCWs are often high achievers and exhibit high degrees of independence.

Conclusions

The significant findings of our study suggest there may indeed by stark contrasts in coping type among HCWs of different generations. Future research should also focus on addressing specific maladaptive versus helpful coping mechanisms and encourage positive coping skills among all healthcare workers. For instance, if technology results in positive social-support coping in younger populations, these methods could be made more accessible to older populations as well.

Methods

Voluntary, anonymous electronic survey was June 8-22, 2020, distributed by business managers to ~552 eligible participants.

Measures:
- General demographic data: gender, race, and age, home life data
- Years of experience in healthcare
- Medical role: physician, nurse, or other
- Department of work
- Brief-COPE scale for coping mechanisms: subscales (1) social support coping, (2) avoidant coping, and (3) self-sufficient coping.
- MERS-CoV Staff Questionnaire for healthcare worker response to increased stress.

Statistical measures: bivariate analyses including chi square, ANOVA, and Pearson Correlation Coefficients were used to evaluate for associations between years of healthcare experience and Brief-COPE scale and subscale scores. Significance was determined as α < 0.05.