



Online Reality Therapy for Frontline Healthcare Workers during the COVID-19 Pandemic

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ABSTRACT

Introduction: Healthcare workers (HCWs) in Indonesia face a high risk of exposure and psychological distress during the COVID-19 pandemic. This situation underscores the urgent need for accessible psychological support to prevent burnout and maintain healthcare system functionality.

Objective: This study aims to explore the effectiveness of delivering psychological assistance through online reality therapy to frontline HCWs during the COVID-19 pandemic.

Methods: A qualitative study was conducted involving eight HCWs from a COVID-19 referral hospital in Surabaya, Indonesia. Participants received regular online group counseling over three months using reality therapy principles. Data were collected through semi-structured interviews, transcribed verbatim, and analyzed thematically.

Results: Six major themes emerged: (1) shared understanding of COVID-19 conditions; (2) psychological changes during the pandemic, including uncertainty and loneliness; (3) challenges related to misinformation and conspiracy beliefs; (4) adaptation strategies focused on survival, joy, and faith; (5) perceptions of social support; and (6) feedback on online counseling methods. Online psychological assistance was perceived as accessible, supportive, and effective in promoting emotional resilience among HCWs.

Conclusions: Online reality therapy provides a feasible and effective model for delivering psychological support to HCWs during a pandemic. It offers psychological flexibility and strengthens coping mechanisms in the face of uncertainty and occupational stress.

Introduction

Coronavirus Disease 2019 (COVID-19) is known for its exceptionally rapid transmission. In Indonesia, the number of confirmed cases increased more than thirtyfold in just one month—from 172

cases on March 17, 2020, to 5,923 cases by April 17, 2020 (Lidwina, 2020). COVID-19 spreads through respiratory droplets released when infected individuals cough, sneeze, or speak nearby (CDC, 2024b). Preventive measures include proper cough

and sneeze etiquette and maintaining physical distancing of at least 1 to 3 meters (CDC, 2024).

Indonesia recorded a COVID-19 mortality rate of 8%, with approximately 5% of the fatalities being healthcare workers (Bernie & Taher, 2020). Healthcare workers are among the most vulnerable due to their direct contact with patients. Around 35.5% of healthcare workers who treat COVID-19 patients experience symptoms within 14 days, and 7% test positive via PCR (Heinzerling et al., 2020). Continuous exposure even without direct patient contact can increase transmission risk. For example, being in the same room for three hours with an intubated COVID-19 patient increases the likelihood of infection. To reduce this risk, the Indonesian Medical Association (IDI) recommended that hospitals avoid assigning double shifts to frontline doctors (Fikri, 2020). Alarmingly, 36% of infected healthcare workers remain asymptomatic, unknowingly spreading the virus.

Providing psychological support to frontline healthcare workers during the pandemic has been increasingly challenging. Both counselors (e.g., psychiatrists) and clients are at high risk of infection. In-person assistance may contribute to the “ping-pong phenomenon” of indoor transmission, where the source of

infection becomes untraceable, necessitating temporary facility closures for full disinfection (Qian et al., 2020). In this context, online psychological support has emerged as a practical and safer alternative (Sultana et al., 2020).

Social media and online platforms have previously been used to deliver remote counseling (Ward-Ciesielski et al., 2018). While such platforms are suitable for general counseling, education, and group therapy, they are less effective for in-depth psychotherapy, especially for complex cases involving comorbid conditions such as COVID-19 (Chavooshi et al., 2017).

Given these circumstances, this study aims to explore the effectiveness of online psychological assistance using reality therapy for frontline healthcare workers during the COVID-19 pandemic. The findings are expected to serve as a foundation for developing future models of network-based psychological support for healthcare workers.

Methods

This study employed a qualitative in-depth approach involving a group of frontline healthcare workers who regularly participated in online counseling sessions. Participants were healthcare workers employed in a private hospital designated as a COVID-19 referral facility in Surabaya, East Java, Indonesia. They voluntarily

participated in the online psychological assistance program and provided consent to be recorded. The psychological assistance sessions were conducted through an online meeting platform.

Ethical Considerations and Procedures

This study was approved by the Hospital's Health Research Ethics Committee. The hospital provided a list of potential participants, from which samples were selected randomly. The researchers contacted candidates via WhatsApp to confirm their willingness to participate. Inclusion criteria included active healthcare workers (not on leave or in self-isolation), not currently COVID-19 positive during the study, or previously confirmed positive. Still, they declared recovered (with or without post-COVID complications). Exclusion criteria included healthcare workers with severe mental health conditions such as organic mental disorders, substance use disorders with complications, schizophrenia, delusional or hallucinatory disorders, unstable mood disorders, or other severe health conditions directly or indirectly related to COVID-19.

Participants received an explanation of the study via a Google Form, which included informed consent information. They were also asked to complete two standardized instruments as part of therapy evaluation: the Patient Health

Questionnaire (PHQ) ultra-brief with four items and the Self-Reporting Questionnaire (SRQ) consisting of 20 items.

Each participant selected their preferred session schedule via the form. The counseling sessions were held once a week in group format, conducted over three months through an online meeting platform.

Participants

The study involved a maximum of ten participants. However, two individuals withdrew: one due to limited phone storage preventing app installation, and another due to having recently given birth. The remaining eight participants included both males and females, aged 25–45 years, with the majority (50%) between 25–30 years old. Half were general practitioners, while the others consisted of nurses, radiographers, and medical laboratory technicians.

Guided Interviews

Group counseling was conducted using semi-structured interviews developed based on systematic reviews and meta-analyses relevant to telemedicine-assisted psychological support. To build therapeutic alliance, the facilitator (who was also one of the researchers) began by introducing themselves and encouraging participants to do the same. This approach helped reduce participant resistance and promoted trust

within the group. The interview questions were designed to be open-ended and casual, without right or wrong answers.

Reality Therapy techniques were used to help participants reflect on their expectations and real-life conditions during the pandemic. Questions explored participants' perceptions of the current COVID-19 situation, psychological changes, common challenges, beliefs in conspiracy theories, adaptive strategies, and expectations for psychological support. Participants were encouraged to develop realistic plans and provide feedback on the support received. All sessions were recorded and transcribed verbatim for analysis.

Data Analysis

Researchers conducted thematic analysis by identifying and reviewing segments of text related to the core themes of psychological assistance. The process included systematic coding and validation to ensure each theme was strongly supported by the dataset.

Results and Discussion

In-depth interviews with eight participants revealed six major themes that reflect the psychological experiences of healthcare workers during the COVID-19 pandemic and their perceptions of the online psychological support provided.

These themes include: (1) general understanding of COVID-19 issues; (2) psychological changes during the pandemic; (3) challenges related to conspiracy theories; (4) adaptation strategies; (5) perceptions of social support; and (6) feedback on the online psychological assistance method.

General Understanding of COVID-19 Issues

Most participants noted that the number of COVID-19 cases remained high, even after more than six months into the pandemic. Some described the situation as a “second wave.” Emergency rooms (ERs) were often overwhelmed, requiring patients to be referred to other hospitals. This led to increased workload and emotional exhaustion. Several participants also observed the emergence of family clusters due to overconfidence in underestimating the virus's risk.

These findings align with previous studies (Fikri, 2020; Heinzerling et al., 2020), which highlight the evolving nature of COVID-19 transmission and the critical need for continuous public health vigilance. The reports from participants that case counts stayed high more than six months into the pandemic — and in some places resembled a “second wave” — mirror empirical findings showing repeated surges of COVID-19 infections that strained

hospital capacity and disrupted emergency care. Studies across various countries revealed that emergency departments (EDs) experienced overwhelming patient inflows during peak waves, leading to ambulance diversions and inter-hospital referrals due to limited ICU and bed availability (Chen et al., 2021; Tsai et al., 2022). These system-level pressures were not only logistical but also affected the quality of care and patient safety, highlighting the vulnerability of healthcare systems in prolonged pandemics (Janke et al., 2021). The situation described by participants aligns with the global patterns of fluctuating transmission rates influenced by community behavior, policy responses, and virus variants (Rajan et al., 2022).

Such sustained workload and critical care demands significantly contributed to emotional exhaustion among healthcare workers. Several studies documented heightened burnout and psychological distress among frontline staff, particularly in emergency and intensive care settings, where high case volumes and mortality rates persisted (Prasad et al., 2021; Morgantini et al., 2020). Emotional fatigue and moral injury were exacerbated by prolonged exposure to crisis conditions and uncertainty (Panagioti et al., 2022). Additionally, the observation of emerging family clusters corresponds with epidemiological evidence showing

substantial household transmission rates due to close contact and risk underestimation (Madewell et al., 2020; Li et al., 2021). Overconfidence and relaxed adherence to preventive measures within households were recognized as major contributors to intra-family spread during the later pandemic phases (Zhou et al., 2022).

Psychological Changes During the Pandemic

Participants commonly experienced uncertainty and loneliness. Uncertainty was associated with inconsistent health policies and pandemic duration, while loneliness stemmed from the need for isolation. Some participants reported experiencing stigma and social rejection, although others felt supported by neighbors during isolation periods.

These experiences reflect earlier research, which notes that frontline workers often struggle with the fear of infection, emotional isolation, and fluctuating health policies (Ellepola, 2020; Santarone et al., 2020). Social support was seen as an important factor in emotional recovery (Polizzi et al., 2020; Saltzman et al., 2020).

Challenges Related to Conspiracy Beliefs

Participants shared that some patients and families denied the existence or severity of COVID-19, considering it a conspiracy.

This created significant barriers to diagnosis, treatment, and funeral protocol compliance, occasionally leading to legal disputes. In certain cases, healthcare workers required institutional support and legal protection to enforce COVID-19 protocols. According to Kalam and Ulya (Kalam & Ulya, 2020), belief in conspiracy theories can lead to defensive and irrational behaviors, which obstruct healthcare delivery and public health efforts.

Adaptation Strategies During the Pandemic

Participants identified five basic needs relevant to their adaptation: survival, love and belonging, freedom, power, and fun. Most emphasized survival as the most essential, not only for themselves but also for their families and colleagues. Strategies included adherence to health protocols, maintaining a healthy lifestyle, spiritual practices, and stress management.

These findings support the view that maintaining protective behaviors and psychological resilience is crucial for navigating prolonged health crises (Chavarria et al., 2021).

Perception of Social Support

Healthcare workers acknowledged institutional support from hospitals, including the provision of personal protective equipment (PPE), free medical

check-ups, and logistical assistance. Peer support and team solidarity also played a vital role in maintaining their mental well-being and motivation. Studies have shown that adequate PPE supply and institutional safety protocols significantly reduce anxiety and perceived vulnerability among frontline healthcare workers (Shaukat et al., 2020; Gómez-Ochoa et al., 2021). Moreover, organizational interventions, including health monitoring and welfare support, have been associated with increased job satisfaction and lower burnout levels (Khalid et al., 2021). In parallel, peer support and team solidarity have emerged as essential protective factors against psychological distress, enhancing resilience and collective efficacy within clinical teams (Maunder et al., 2021; Labrague, 2021). These findings underscore that both tangible institutional resources and interpersonal connectedness within teams are indispensable components for sustaining healthcare workers' mental health and motivation amid prolonged crises such as the COVID-19 pandemic.

Feedback on Online Psychological Assistance

Participants gave positive feedback on the online group counseling. They valued the opportunity to share experiences, solve problems collectively, and make joint decisions. Reality Therapy techniques

helped them identify realistic goals, evaluate personal coping strategies, and improve emotional adaptability.

The use of online platforms was perceived as an accessible and flexible means of psychological support during the pandemic. These findings reinforce earlier evidence that digital psychological interventions can be effective during health emergencies (Sultana et al., 2020; Ward-Ciesielski et al., 2018).

Conclusion

The rise in COVID-19 cases throughout 2020 required healthcare workers to quickly adapt to intense psychological stress and field-related challenges. One of the major barriers they faced was the persistence of conspiracy beliefs in society, which hindered diagnostic procedures and disrupted the implementation of health protocols.

This study demonstrated that online psychological assistance—particularly when combined with reality therapy—was beneficial in providing emotional support to frontline healthcare workers. It helped improve their psychological flexibility, strengthen coping mechanisms, and offer a safe space for reflection and mutual support during the crisis.

Although the pandemic has now subsided and the number of COVID-19 cases has significantly decreased, the need

for accessible mental health services remains relevant. Online-based psychological counseling continues to offer flexible, low-risk support, especially for healthcare workers in high-demand environments or remote areas. The infrastructure developed during the pandemic should not be discontinued but rather optimized and integrated into long-term mental health strategies.

Future studies should examine the long-term psychological impacts of pandemic-related stress on healthcare workers and evaluate the effectiveness of hybrid (online and in-person) mental health services. Quantitative or mixed-method approaches may be used to strengthen generalizability and measure specific psychological outcomes, such as resilience, burnout, and job satisfaction.

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