Supporting Clinician Well-Being During COVID-19

• Now this global public health emergency is presenting clinicians with even greater workplace hardships and moral dilemmas that are very likely to exacerbate existing levels of burnout and related mental health problems.

• During this challenging time, we should aspire to follow clear strategies, both as healthcare leaders and as individual clinicians, to help sustain the well-being of clinicians amidst the COVID-19 pandemic.
Understand your People

1. Access to PPE
2. Personal exposure and taking it home to family
3. Not having rapid testing in case HCP starts experiencing symptoms -> spreading infection
4. Uncertainty that their organization will support HCP + family if they are infected
5. Access to childcare during increased work hours
6. General home + family needs (food, hydration, lodging, transportation)
7. Concern about providing competent medical care if deployed to new area/specialty
8. Lack of access to updated clinical information and communication
Community Phases of Disasters

- Pre-Disaster
- Heroic
- Honeymoon
- Disillusionment
- Reconstruction

- Emotional Highs
- Emotional Lows

- Warning
- Threat
- Impact

- Inventory
- Trigger Events

- Working Through Grief
- Coming to Terms
- Setback
- Anniversary Reactions

- Up to One Year
- After Anniversary
- 50.4% reported symptoms of depression
- 44.6% reported symptoms of anxiety
- 34% reported insomnia
- 71.5% reported distress

Women, frontline healthcare workers and those working with a high density of infected patients report more severe degrees of all measurements
Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis

Steve Kisely, Nicola Warren, Laura McMahon, Christine Dalais, Irene Henry, Dan Siskind

WHAT THIS STUDY ADDS

Compared with lower risk controls, staff in contact with affected patients had greater levels of both acute or post-traumatic stress and psychological distress. Risk factors for psychological distress included being younger, more junior, parents of dependent children, and in quarantine, having an infected family member, lack of practical support, and stigma. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity.
Increased Risk

- contact with infected patients
- less clinical experience
- increased time in quarantine
- single or social isolation
- female
- comorbid health conditions
- history of psych issues or substance misuse
- perceived lack of organizational support
- social stigma against hospital workers

Box 1: Factors that increase risk of adverse psychological outcomes

**Individual factors**
- **Clinical**
  - Increased contact with affected patients
  - Precautionary measures creating perceived impediment to doing job
  - Forced redeployment to look after affected patients
  - Higher risk among nurses
- **Training and experience**
  - Inadequate training
  - Lower levels of education
  - Part time employee
  - Less clinical experience
- **Personal**
  - Increased time in quarantine
  - Staff with children at home
  - Personal lifestyle impacted by epidemic/pandemic
  - Infected family member
  - Single or social isolation
  - Female sex
  - Lower household income
  - Comorbid physical health conditions
  - Younger age
- **Psychological**
  - Lower perceived personal self-efficacy
  - History of psychological distress, mental health disorders, or substance misuse

**Service factors**
- Perceived lack of organisational support
- Perceived lack of adequacy of training
- Lack of confidence in infection control
- No compensation for staff by organisation

**Societal factors**
- Societal stigma against hospital workers
Stress Indicators

- Change in habits/personality
- Conflict
- Disciplinary actions
- Apathy
- Isolation
Top E.R. Doctor Who Treated Virus Patients Dies by Suicide

“She tried to do her job, and it killed her,” said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak.

By Ali Watkins, Michael Rothfeld, William K. Rashbaum and Brian M. Rosenthal
Best Practices during Covid-19

Protect your Asset (YOU!)

Be a Role Model
Be a Role Model
Protect your Asset

• Meet Basic Needs: hydration, nutrition, sleep
• Take Breaks
• Stay Connected
• Respect Differences
• Stay Updated
• Perform self check-ins/access resources
• Honor your service
Leadership and Organizational Strategies
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

**Individual factors**
- Staff “buddy” system to support personal precautionary measures\(^{40}\)
- Encouragement among peers\(^{43}\)
- Sufficient rest and time off\(^{35,43}\)
- Opportunities for reflection on the effects of stress\(^{56,66}\)
- Increased support from family and friends\(^{16,17}\)
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

- **Communication and training**
  - Clear communication with staff
  - Training and education around infectious diseases
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

- **Infection control**
  - Clear direction and enforcement of infection control procedures\(^{13} 23 34 35 40 41 43 67\)
  - Screening stations to direct patients to relevant infection treatment clinics\(^{56}\)
  - Sufficient supplies of adequate protective equipment\(^{12} 13 17 23 25 35 41 43 56 67\)
  - Redesigning nursing care procedures that pose high risks for spread of infections\(^{34} 67\)
  - Improving safety such as a better ventilation system or constructing or negative pressure rooms to isolate patients\(^{34} 67\)
  - Reducing the density of patients on wards\(^{34} 67\)
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

- Psychological
  - Recognition of staff efforts
  - Training to deal with identification of and responses to psychological problems
  - Minimising time in quarantine
  - Access to psychological interventions

Physician Support Line
1 (888) 409-0141

Helping our colleagues all over the U.S. on the front lines of COVID-19
Free & Confidential | No appointment necessary
Open 7 days a week | 8:00AM - 12:00AM EST
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

- **Workload**
  - Appropriate work shifts and regular breaks\(^{12\,13\,40\,43}\)
  - Avoidance of compulsory assignment to caring for patients with coronavirus\(^{35\,55}\)
  - Rearranging hospital infrastructure, such as redeployment of wards and human resources\(^{34\,67}\)
  - Availability of hospital security to help deal with uncooperative patients\(^{22}\)
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

- **Personal support**
  - Guaranteed food and daily living supplies\(^{13,22,43}\)
  - Alternative accommodation for staff who are concerned about infecting their families\(^{22,33,67}\)
  - Video facilities for staff to keep in contact with families and alleviate their concerns\(^{22}\)
Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

**Societal factors**

- Attention to media portrayal of healthcare workers
- Minimisation of stigma and discrimination
## Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

<table>
<thead>
<tr>
<th>Request</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear me</td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process</td>
</tr>
<tr>
<td>Protect me</td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions</td>
</tr>
<tr>
<td>Prepare me</td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts</td>
</tr>
<tr>
<td>Support me</td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs</td>
</tr>
<tr>
<td>Care for me</td>
<td>Provide holistic support for the individual and their family should they need to be quarantined</td>
<td>Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection</td>
<td>Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary</td>
</tr>
<tr>
<td></td>
<td>Strategies for Health Care Leaders During COVID-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Value clinicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Communicate best practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Monitor &amp; promote clinician well-being</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Provide supportive environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Enable cooperation &amp; collaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Provide central information access point</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ensure clinicians aren't required to return to work during dire situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Provide appropriate resources if clinicians are infected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
“May you be free...may you find peace...may you have grace and courage”

-Jason Satterfield, Ph.D.
Additional Information


• More COVID-19 resources: nam.edu/coronavirus

• More Clinician Well-Being resources: nam.edu/CW

• Social media: @theNAMedicine
Resources

You may access the links by downloading the slides.

• **AMA: Caring for Our Caregivers During COVID-19**
• **Stanford Medicine WellMD Center**
• **NAM: Action Collaborative on Clinician Well-Being and Resilience**
• **National Center for PTSD:**
  – [Managing Stress Associated with the COVID-19 Virus Outbreak](#)
  – [Managing Healthcare Workers’ Stress Associated with the COVID-19 Virus Outbreak](#)
  – [Stress First Aid Self Care / Organizational Support Model](#)
Resources
You may access the links by downloading the slides.

- **SAMHSA – First Responders and Disaster Responders Resource Portal**
- **For the Frontlines – Free Crisis Counseling for Health Care Professionals and Essential Workers**
- **Headspace – Free Headspace for US Healthcare Professionals**