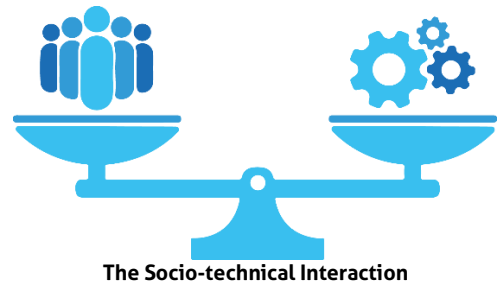


Reducing the risk of PTSD in Hospital Workers during COVID-19



Tips for organisations and leaders

The current outbreak of Novel Coronavirus (COVID-19; referred to here as COVID) is likely to affect us all differently. Those on the frontline like health practitioners, hospital staff and first responders are no exception. These people face not only the concerns of the community regarding the virus, but have a number of concerns focused on how they will care for those infected as the virus spreads, and how well they will be able to do this if the health system becomes overwhelmed, as well as concerns around whether they will be exposed whilst caring for those affected, and this will place their loved ones at risk. We may also find that as time passes, how they and others are coping may change too. The following tip sheet aims to pull together the top few areas leaders should focus on over this period to support their staff and prevent long term mental health impacts such as PTSD.

Executive Summary: Leadership Strategies

This tip sheet will talk you through what we know are psychological risks for hospital workers during this pandemic and the organisational and leadership strategies for setting your teams up for positive mental health and well-being. Leaders need to understand the potential concerns and focus on what they can influence and control.



Potential concerns

There are a number of concerns that have been expressed by leaders working in hospitals in Australia and outside Australia in relation to the management of hospitals and health care. Leaders may be concerned about:

- **Work – Family Conflict.** This is where work demands and the needs of your family can be in conflict. This may include caring for someone they know, or a family member, either at work, or leaving them at home to go to work, deciding not to work because of home responsibilities, or staying at a hotel so as not to infect vulnerable people at home.
- **Change Management and Training.**
 - Work practices have changed, for example social distancing, changes in work locations and allocations, the use of PPE, changes in procedures and practices for how care is delivered, interacting with colleagues, dealing with patients, and these need to be communicated and implemented well.
 - If community spread isn't controlled, the number of patients in EDs and ICUs may increase. Not all staff have completed mass casualty training and even less have experienced it in real life, so how do they prepare for the changes likely to face them?
- **Work Demands.** Some examples may include:
 - Ongoing job demands are likely to be exacerbated by any increase in COVID case numbers and the increase in vigilance required to prevent COVID spreading. This may also result in a lack of job variety, with the majority of cases being COVID. This may lead to a risk of complacency, incivility, fatigue and burnout for teams and individuals. How do we balance rosters and workload to give adequate recovery time (dwell time) but keep staffing levels and skill mix?
 - New job demands and a lack of job control are likely to cause concern. Many clinicians skilled in other areas of expertise will likely have to work in a new, somewhat unfamiliar environment (COVID wards) which they have not chosen. Some of the private workforce may be moved from doing mainly elective work to working with the public system doing acute medicine. This is likely to be relevant for all staff, but especially for senior staff, as they will transition from confident independent clinicians to having uncertainty or a skills gap, and will need to adapt in short time to not only new area of work / medical field, but also a new hierarchy of decision making. Also, as we come out the other side, those clinicians who have upskilled in preparation (but may never be required to use these skills) may feel undervalued, and perhaps unwanted in a post-COVID hospital.
 - Increased job demands. Staff may be concerned they may be required to work to the extreme limit of their capabilities. This may be because of the fear of staff shortages, actual staff shortages that pressures existing rosters, and perhaps needing to quarantine teams who may have been infected.
- **Support.** Some concerns may include monitoring staff to ensure they are mentally coping and knowing what to do if someone is identified because they are not coping.
- **Physical Safety.** Physical safety concerns may exist for a number of reasons such as a lack of personal protective equipment (masks, gloves etc), increased violence and aggression of patients or visitors, increased patient handling due to the acuity of the patients being cared for.
- **Leading Teams.** There are a range of challenges that may arise when leading teams in terms of their capabilities, workload management, and their individual responses and feelings such as-
 - Many clinicians may have to work in a new environment (COVID wards) outside their areas of specialty. They may start out less confident and uncomfortable.
 - Managing workloads and rosters to balance COVID exposure versus clinical need versus rest and recovery.
 - Guilt – possibly having to stand down because of health / age vulnerabilities, having to do things they may not be comfortable with, or around having a job where others do not.
 - Reduced Self-efficacy / self-worth – feeling that asking for help will seem like a failure for those who are used to feeling competent and confident at work.

Potential concerns during this time:

Proactive and practical prevention strategies

Culture of support and psychological safety

(Leaders and teams)

A climate where there is good leadership support and strong leadership protects staff. A climate of psychological safety where they feel safe to raise concerns about process or patients and where they can ask for help.

A culture of support is built through

- Regular and good communication – letting people know what is happening, how you are dealing with issues, what this means for them and their job including job security and flexibility.
- Focus on teamwork and cohesion – building team relationships and morale is an important protective factor for PTSD.
- Positive leadership climate – address issues of poor leadership behaviours early, ensure leaders are aligned to a supportive approach that is focused on team, whilst supporting good performance.
- Shared decision making – most hospitals have a process for clinical decision making that is collaborative. This is critical in the current climate - including doctors, nursing and midwifery staff and, hopefully, patients and their families / loved ones. It means no single clinician will have to make difficult decisions in isolation. Hospitals should have an ethical framework in place and policies around patient care in a COVID context. This includes discussions around scenarios so staff can see how decision making is done and supported.

Strong leadership and team cohesion

Research shows one of the most protective factors for health practitioner mental health is social support - leader and co-worker support.

Team cohesion and morale should be priorities for all leaders.

- Develop work practices, with consultation, and communicate them clearly and calmly. Keeping staff involved and well informed about what is happening is important.
- Reassure staff that work practices will be regularly reviewed and updated as required. Ensure consultation with staff is part of the review process.
- Ensure your team feels listened to by acknowledging their concerns and communicating resulting actions or outcomes.
- Ensure leaders feel supported and heard as well – the responsibilities and workload placed on them also needs to be monitored and shared.
- Acknowledge uncertainty about the disease but focus on practical things that are inside your/their control. Refocus the team on things they can do/control when they seem to worry about things they can't control.
- Acknowledge the difficulties staff may be experiencing in the event of a pandemic, such as COVID, and where anticipatory anxiety or prolonged worry may be a concern. Ensure the provision of clear and timely communication that gives a balanced prediction of likely outcomes (including longer term), accept some uncertainty will be ongoing, and provide employees with support to focus on the present.
- Reinforce your team's mission and purpose. Staff are more confident in their actions and decisions if they can link it to something meaningful and shared.
- Even when things are busy, make sure you still have scheduled team meetings even if they are 15mins. You want to be doing two types:
 - case reviews / debriefs so you can validate clinical process and keep confidence high.
 - check-ins to see how people are traveling and for the team to share, laugh and connect.
- Encourage staff to set boundaries between home and work – encourage self-care and conscious transition to non-work activities (eg. walking the dog, family time).
- Check in with each other informally and offer practical and emotional support.

Preparedness and expectations

(Training and communication)

A major protective factor for staff is how prepared staff feel going into a crisis – how good their training for this type of event has been, and how informed they feel they are about processes and readiness, and how much they trust that their leaders have the welfare of staff at the centre of all decisions. This is about what expectations of themselves and others they have when the chips are down. Confidence in their abilities and in the processes they will use will reduce feelings of anxiety and will support their confidence in their own and others' decision making.

Ensure the team feel confident in their abilities and the processes, that they feel supported in their decision making.

- Use preparation time (before you are at maximum capacity) to discuss clinical care and likely scenarios. This builds confidence, builds a team approach and gives people confidence in their decision-making principles.
- Discuss guidelines relevant to the crisis – make sure they are clear, that staff know where they stand and can implement them easily, for example using equipment, decision making, DNRs, appropriate use of supplies like PPE. Ensure leaders and managers are consistent with these and use supportive language.
- Managers should remind staff of the great training they have, their capabilities and reassure staff that they are trusted.
- Take time (even in busy periods) to discuss case studies and scenarios with teams – ensure they are on the same page with treatment and processes, that they feel supported and that everyone is aligned.
- Continue to do clinical care debriefs, particularly around tricky or difficult issues – discussions that allow the team to review how they clinically handled a situation and confirm they did everything they could. Use language that is focused on reinforcing “what we did well and where we can learn” (not where we made mistakes or did poorly). This reinforces action and helps with reducing anxiety, stress and rumination when employees go home. It also provides good social support and can improve team morale. Clinical debriefs are known to help normalise employees' reactions and actions, as well as lowering the risk of mental injury.
- Ensure communication about positives is also included frequently. Information around how many have recovered, left ICU, reduction in transmission rates, how many rooms were cleaned, how many patients have been supported by allied health etc. can help balance the perspective of employees who may only see the worst of COVID.
- Normalise reactions and communicate the bigger picture
 - Discuss appropriate coping strategies including times where staff have had to cope under stress and what they did to cope. Highlight substance abuse, overworking, gambling, and family violence as potential concerns and communicate supports that are available.
 - Discuss situations where people or other occupations have faced similar things and what can we learn, and how strong and resilient people can be. Remind them that they can be too.

Work demands

(Cognitive and emotional load, rosters, breaks, recovery time between shifts)

The risk of mental health issues and PTSD is elevated when there is not enough time for staff to mentally process their emotions and thoughts, when they have little downtime for their bodies to rest and recover and when the emotional and cognitive workload remains high for sustained periods. Research shows one of the biggest contributors to work-related stress such as anxiety is workload and work demands, and one of the biggest predictors of PTSD is not having a low stress period to process, rest and recover – often referred to as dwell time or recovery time.

It is important for leaders to provide rest and recovery where they can, and to try to balance workload and exposure to emotional work for themselves and staff.

- **Workload:** Monitor leaders and teams' workload. In particular, pay attention to how long and how often people are working. Aim to give people some rest and respite on shift and across shifts. Where skill mix enables, rotate staff through less demanding/patient facing work for a change / break and for variety, ensuring it is communicated that they are valued and this is to mitigate the risk of psychological injury.
- **Breaks on shift:** ensure employees get their meal breaks and aim for there to be good healthy food options available.
- **Provide a private space** for individuals or groups to meet or process emotions.
- **Recovery between shifts:** fatigue management guidelines say a minimum of 10-12 hours between shifts to enable sleep, exercise and cognitive downtime. Check your rosters and try not to violate this guideline. Encourage your team to rest and to do things they enjoy or find restful when they are away from work.
- **Rosters:** review your rosters and aim for frequent recovery periods of at least a 2 day break to allow for recovery from the additional mental and psychological demands. Fatigue and emotional management time is important. Minimise the number of night shifts in a row, and make sure there are at least 2 full nights off after finishing a set of night shifts. Consider a forward rotation of shifts (e.g. morning to afternoon, afternoon to night).
- **Enable staff to speak up** if they are feeling fatigued and unable to work without risk.
- **Leave:** where the decision is made to cancel leave during this pandemic to help maintain staffing levels, communicate to staff how you will ensure they get their leave after this pandemic is over, how you will prioritise this (i.e. family needs), and perhaps stagger it. Let them know you care and will do what you can, when you can. Also let them know that should they feel they need time away, they are encouraged to let their leaders know and everything possible will be done to provide for emotional care.

Clinical Focus: Leaders should aim to keep themselves and their staff focused on what each person can do to manage this infection, as this will also help reduce the risk of psychological injury.

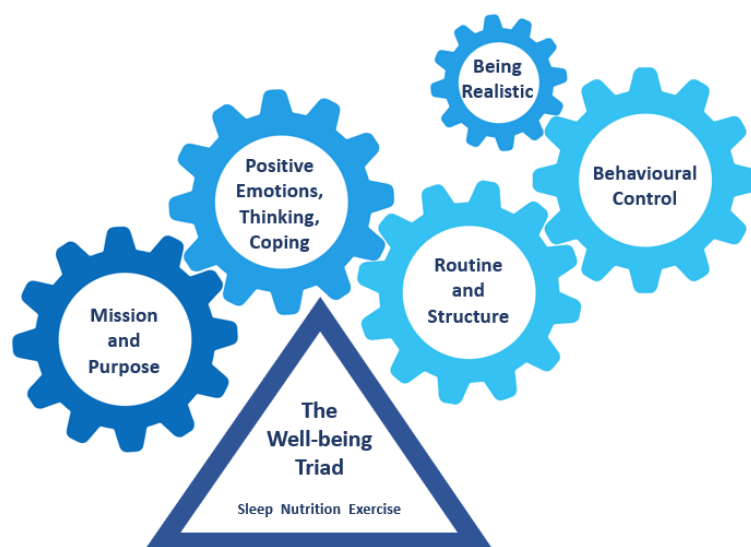
- **Ensure leaders take time to have conversations** with patients and family members about care directives, DNRs etc. Know their wishes on what they do or don't want in various dire scenarios. This eases the burden on leaders, their staff and the patients' family. Clear expectations and intentions supports decision making.
- **Infection control:** Follow the infection control guidelines that are in place, question them if they appear inadequate, discuss them regularly with staff, address any concerns they have and discuss how they practically implement these in their roles.

Monitor and respond with stepped care

It's important to triage staff and their emotional responses. Pay attention to who is most at risk, the workaholics and perfectionists who may not be realistic with themselves, and those with high workloads who are not getting much respite. Ensure you control the high workloads where there is a risk.

Stepped care is about focusing on individual needs and wrapping support and services around people as needed:

- Monitor staff and look for changes in their behaviour, i.e. what is not usual or normal for them. If you see any changes, make the effort to talk with them and encourage them to seek appropriate professional support. You might need to arrange this for them.
- Remind all staff about their wellbeing at this time and to reach out as needed. Remind them of the in-house options like chaplains, Employee Assistance Programs (EAPs), peer supporters (if you have them) and talking with their supervisors.
- You could also suggest some resources from the Western Australian Department of Health to help staff control anxious thoughts (module 4 at <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Worry-and-Rumination>) as well as mindfulness apps such as Smiling Mind (www.smilingmind.com.au).
- Keep monitoring staff during this time and after– most people will need time to rest, recover and normalise back into their normal routine and life. If anyone struggles or seems to be taking a long time (more than 4-6 weeks), you need to make the effort to talk with them and encourage them to seek appropriate professional support. You might need to arrange this for them.
- Ensure that the support and monitoring extends to managers, as this period is also likely to add an additional emotional workload to their role.
- Support leaders and staff with programs or information on protective factors for physical, mental and emotional wellbeing such as personal and professional behaviours and routines that enhance resilience. The resilience model below (detailed in the tip sheet we prepared for individuals) focuses on eight factors commonly found in resilient people. Encourage them to build a foundation of well-being through their sleep, their nutrition and their activity levels they help regulate mood. Help them with perspective taking and staying positive, and remind them to focus on their mission and purpose. For more information on resilience and the model below, please consult the tip sheet we have prepared for individuals.



Evidence base

At Performance Science HPO we believe in *practical* and *relevant evidence-based* solutions to ensure meaningful impacts for organisations and people. Our tip sheets for health practitioners are based on the following sources:

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