

Emotional Well-being and Staff Resilience: Navigating the Covid-19 Pandemic

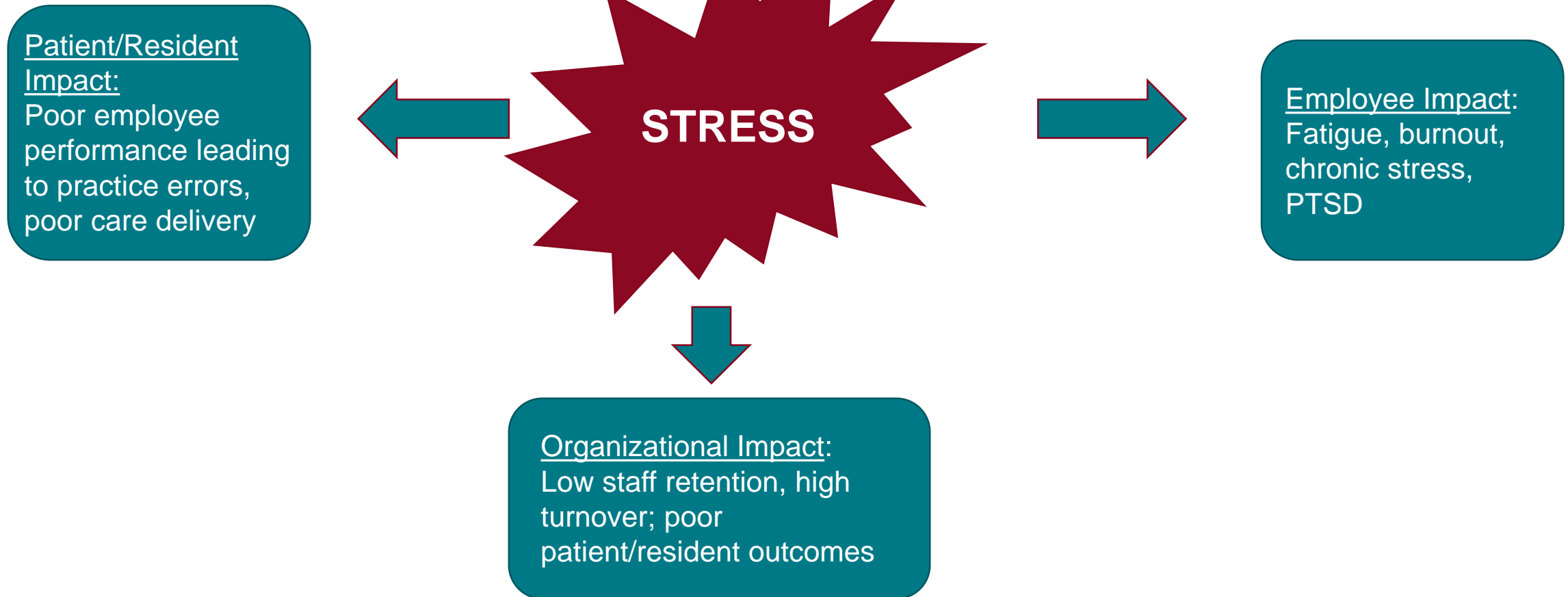


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The Case for Supporting Our Teams

Why should healthcare organizations invest energy in employee well-being and resilience?



Covid-19: A Constant State of Stress for Healthcare Workers

Loss of Safety/Insecurity

- PPE Shortages
- Fear of Disease Transmission

Loss of Control/Unpredictable Events

- Continued Disease spread despite safety measures

Uncertainty/Change

- Changes to Policies and Procedures
- Need to make changes with little information (closing of units, moving seniors)

Loss of Life/Loved Ones

- Loss of seniors with whom special bonds were formed
- Personal Losses

Lack of Emotional Support

- Quarantine/Social Distancing/Healthcare workers separated from family
- Public Scrutiny of healthcare facilities
- Stigmatization

Moral/Inner Conflict

- Restricting patient/resident visitation
- Inadequate access to life-saving treatment

Overwork/Exhaustion/Lack of Self-Care

- Protracted Use of PPE
- Healthcare workers “service before self” mentality

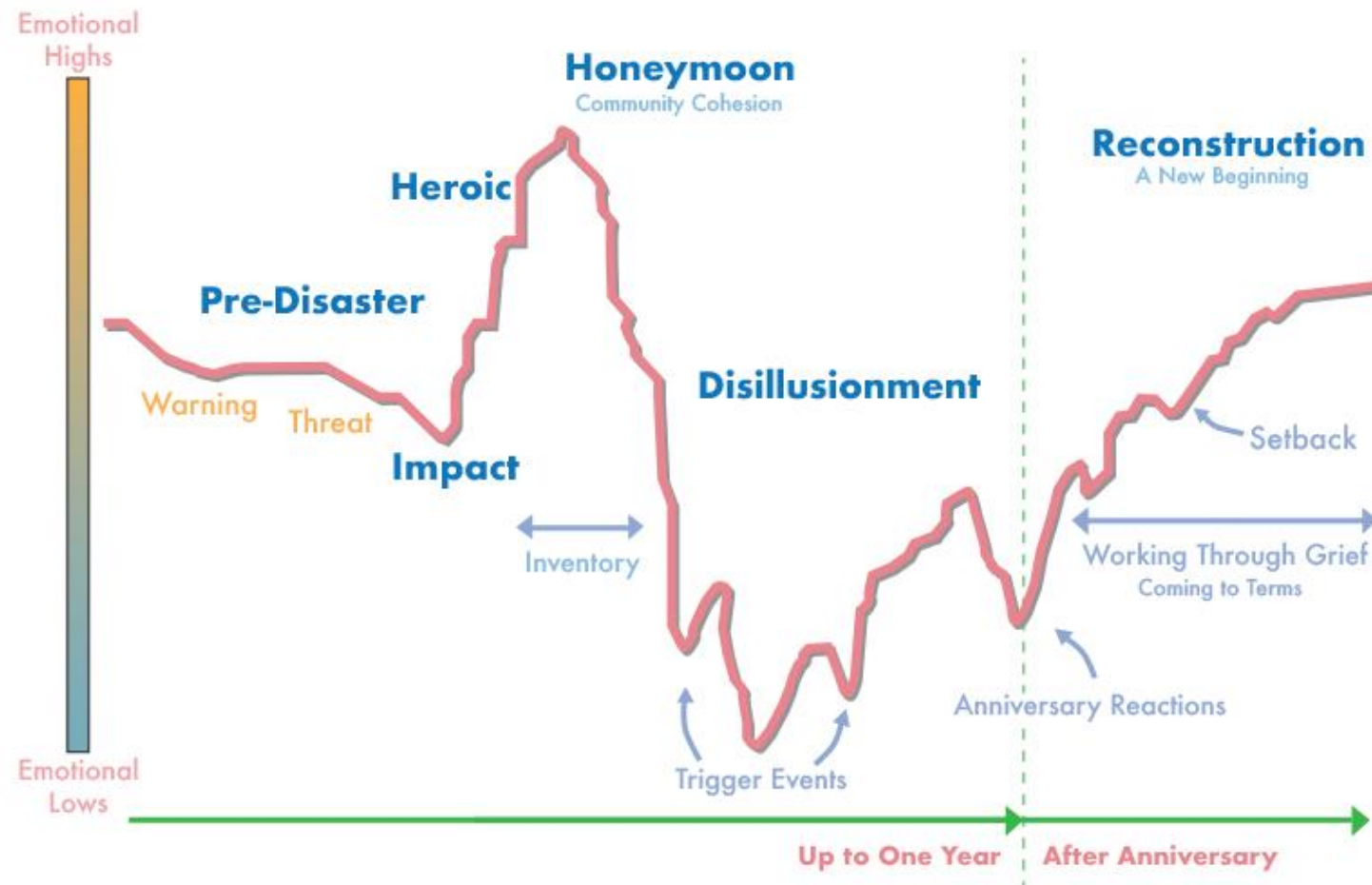
“The expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet.”

- Rachel Naomi Remen -

The Stress Continuum Model

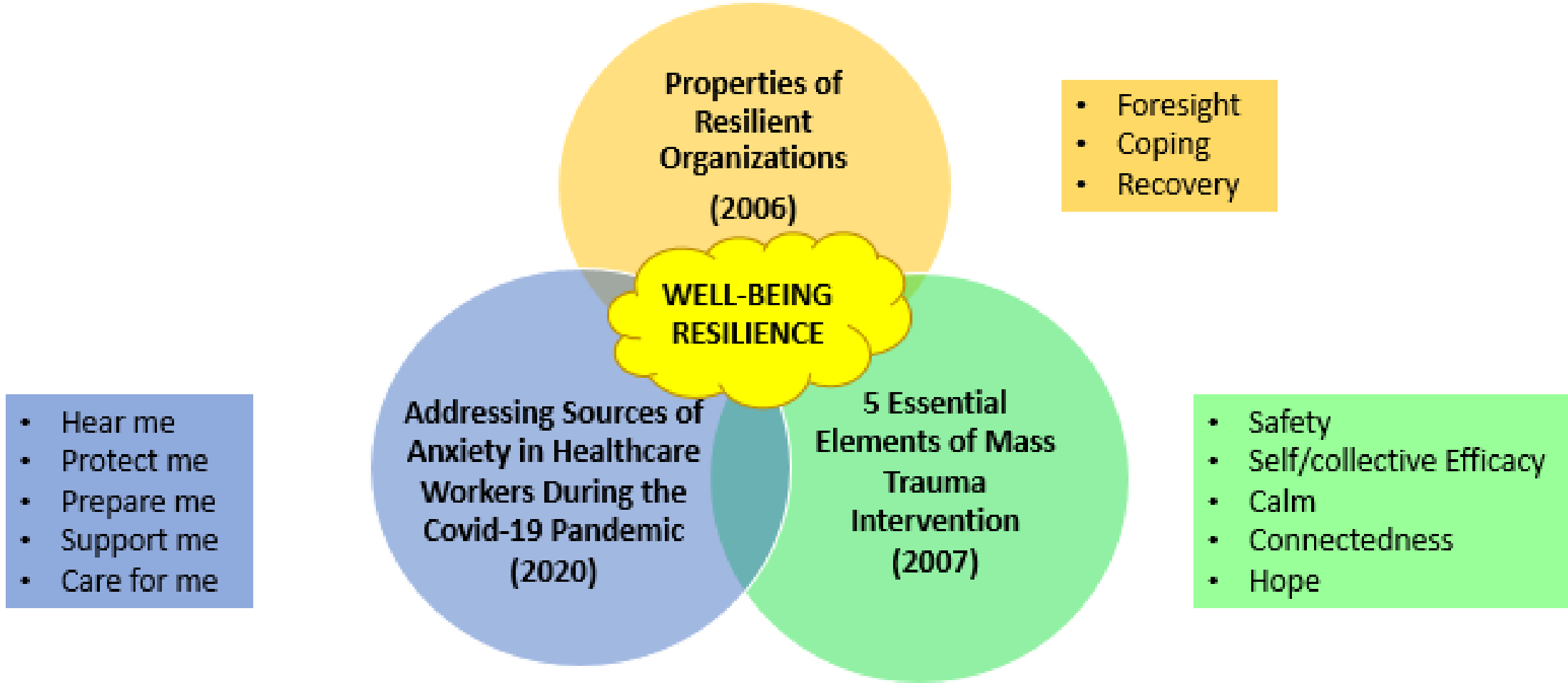
READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness <p>FEATURES</p> <ul style="list-style-type: none"> At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	<p>DEFINITION</p> <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk <p>FEATURES</p> <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun <p>CAUSES</p> <ul style="list-style-type: none"> Any stressor 	<p>DEFINITION</p> <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves a scar Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame <p>CAUSES</p> <ul style="list-style-type: none"> Life threat Loss Moral injury Wear and tear 	<p>DEFINITION</p> <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment <p>FEATURES</p> <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment <p>TYPES</p> <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse

Emotional Fluctuations in Times of Mass Disaster

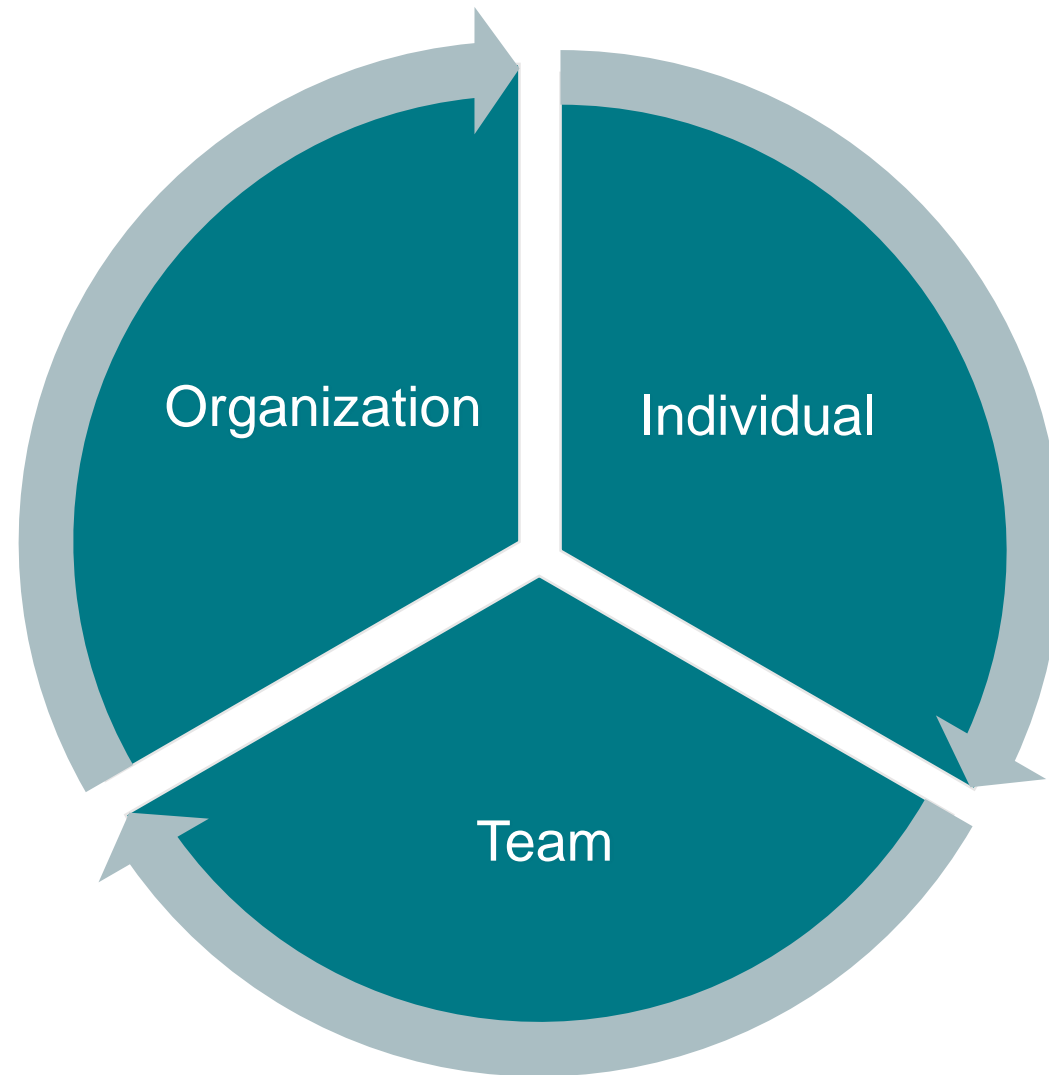


Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000. Training manual for mental health and human service workers in major disasters (2nd ed., HHS Publication No. ADM 90-538). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services

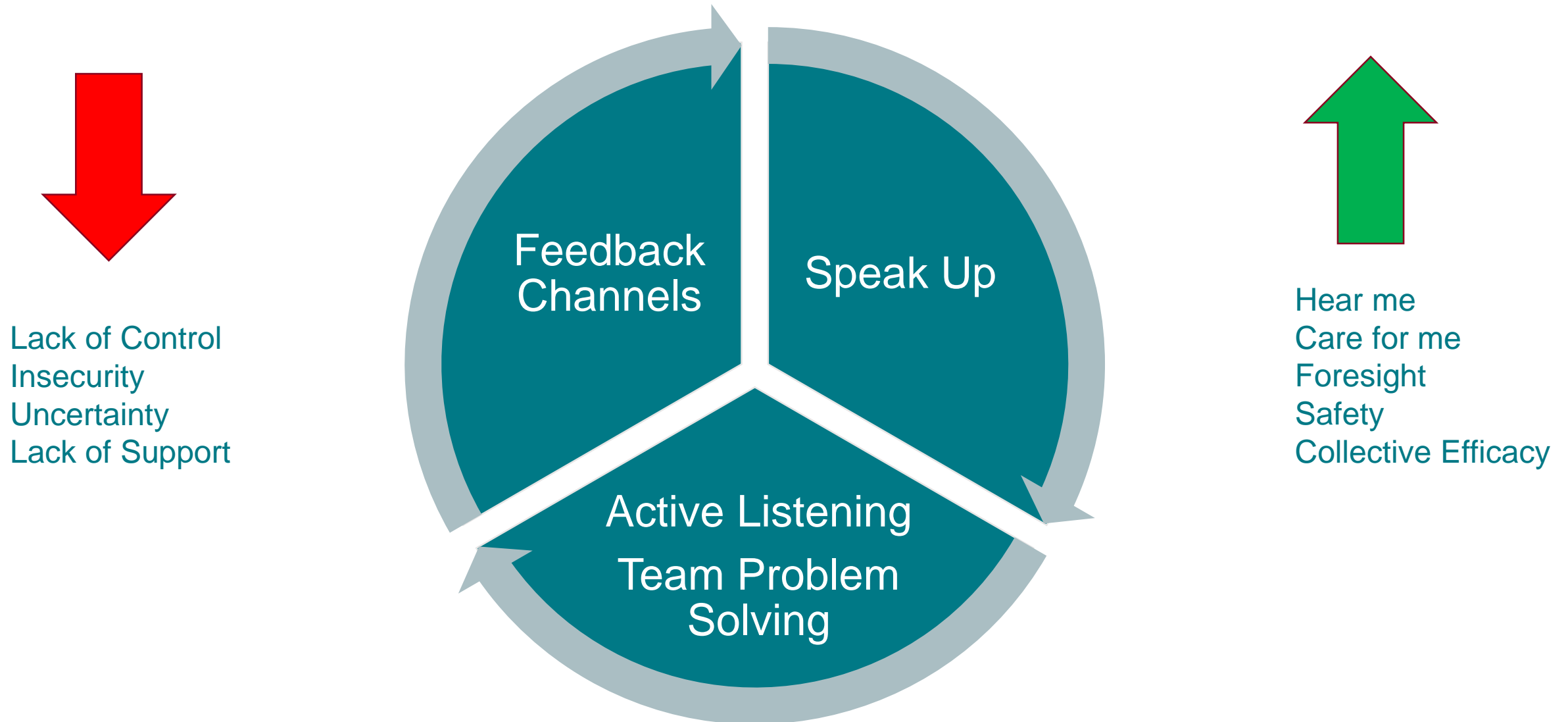
The Convergence of 3 Frameworks for Supporting Emotional Well-being and Resilience



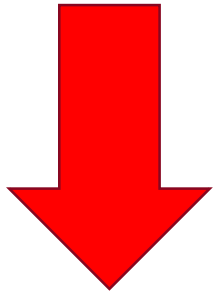
Levels of Organizational Structure



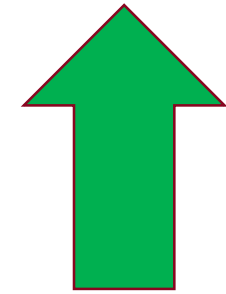
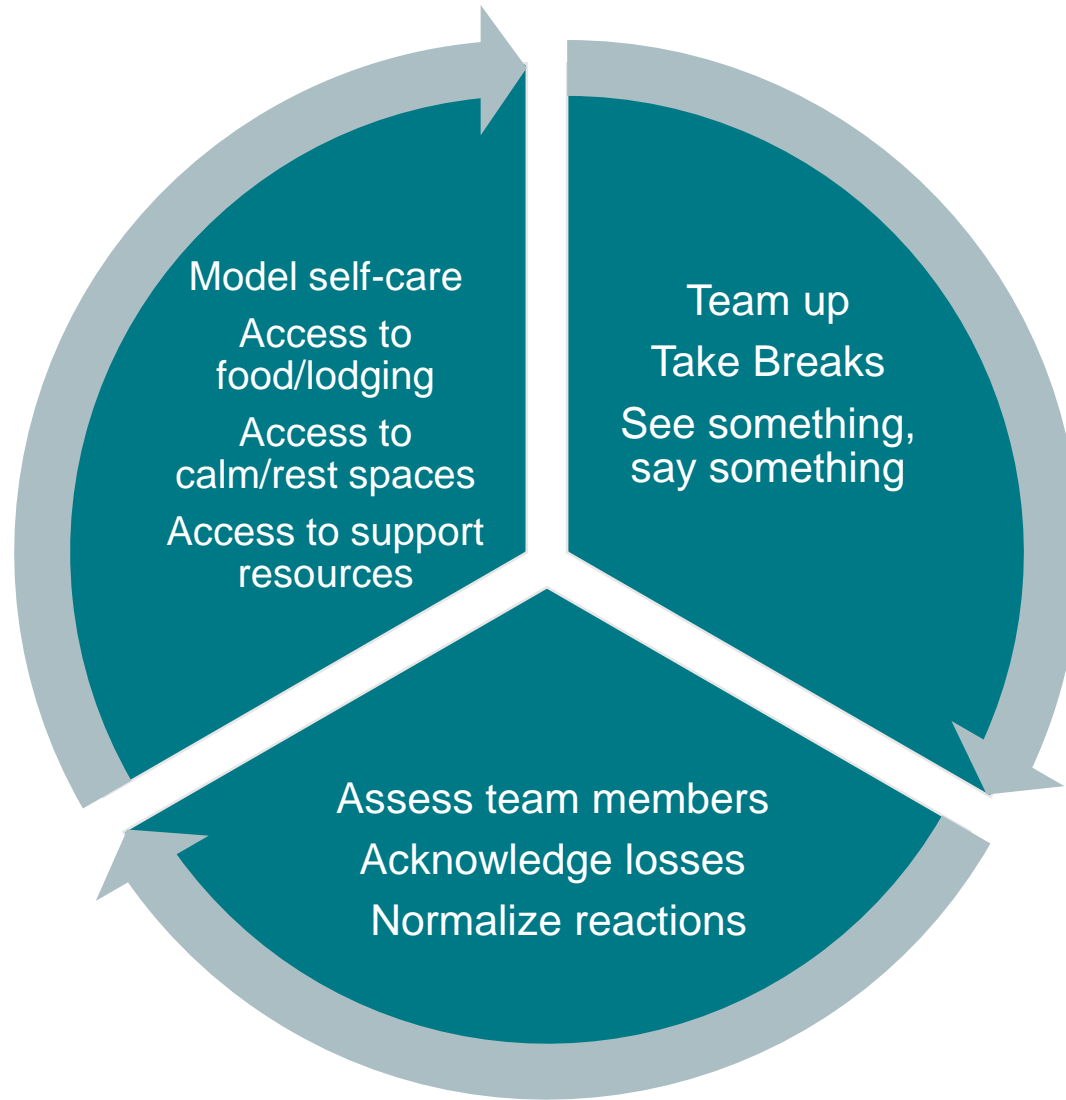
Recognizing and Responding to Front Line Concerns



Making Space for Self-Care and Emotional Support



Lack of Control
Insecurity
Uncertainty
Lack of Support



Hear me
Care for me
Foresight
Coping
Recovery
Safety
Collective Efficacy

Individual	Team	Senior Leaders/Organization
<ul style="list-style-type: none"> • Plan for how to access reliable sources of information • Suggest limiting intake of media/news • Allow individuals ways to communicate safety or workflow concerns • Identify points of control for individuals over process and practice • Form “battle buddy” relationships • Individual check-ins for employees • Assist individuals with managing time/schedules/workloads • Encourage stockpiling of compassion for self and others • Encourage breaks, sleep, eating well and hydration • Allow employees to express their individual needs/coping strategies are unique to the individual • Encourage staff to assist to identify colleagues that may need extra support 	<ul style="list-style-type: none"> • Identify centralized location/process for information and policy updates • Managers of teams must be present and practice active listening • Problem solve work flow issues as a team • Include team members in decision making • Managers eliminating fear of consequences for staff needing to make hard decisions • Take time to recognize the losses the team has experienced • Normalize the challenging emotions • Managers should actively assess team members for signs of individuals who need support • Mock drills/simulations/practicing roles • Debrief after challenging cases • Team building initiatives to encourage trust amongst colleagues • Create a space for sharing positive messages such as a whiteboard or post it board 	<ul style="list-style-type: none"> • Providing all necessary PPE or communicating transparently about challenges and potential solutions • Develop mechanisms for frontline teams to communicate safety concerns • Respond to concerns (feedback loops/close the loop) with information training or policy adjustments • Provide clear, transparent and frequent communication • Provide Covid-19 testing to staff if able • Senior Leaders must be present on the front lines, particularly in affected areas • Acknowledge the losses and challenges • Model self-care • Provide access to food and lodging as needed if able • Ensure staff access to resources for emotional/physical support (listed resources and/or on-site resources) • Create calm/rest spaces in the facility • Send Thank You Cards/Staff Acknowledgements • Share stories of recovery/success • Create a vision of hope • Keep a future focus

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**AHRQ ECHO National Nursing
Home COVID-19 Action Network**

