Health and Social Care

Supporting the Well-being Needs of our Health and Social Care Staff during COVID-19: A Framework for Leaders and Managers

April 2020

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INTRODUCTION

The effect and scale of challenge facing our communities and our workforce as a result of Covid19 is unprecedented. As such we need to acknowledge and actively address the anxiety that is present within our communities and workplaces.

We know from the experience in other countries, during the current pandemic and our own experience as a community with a significant history of trauma, that there is value in structured, planned and considered physical and psychological support, in energizing our workforce and also in sustaining their wellbeing, both during and after the crisis.

This framework will guide leaders of services in responding positively to the demands being placed on their staff. It will also signpost them to the best resources and ideas. The framework captures the great initiatives that are already being taken by Trusts and other service providers and builds on them.

Our aim is to ensure that all staff and volunteers, irrespective of where they work, have access to the support they may need over the coming months. We have a clear Take 5 message for staff.
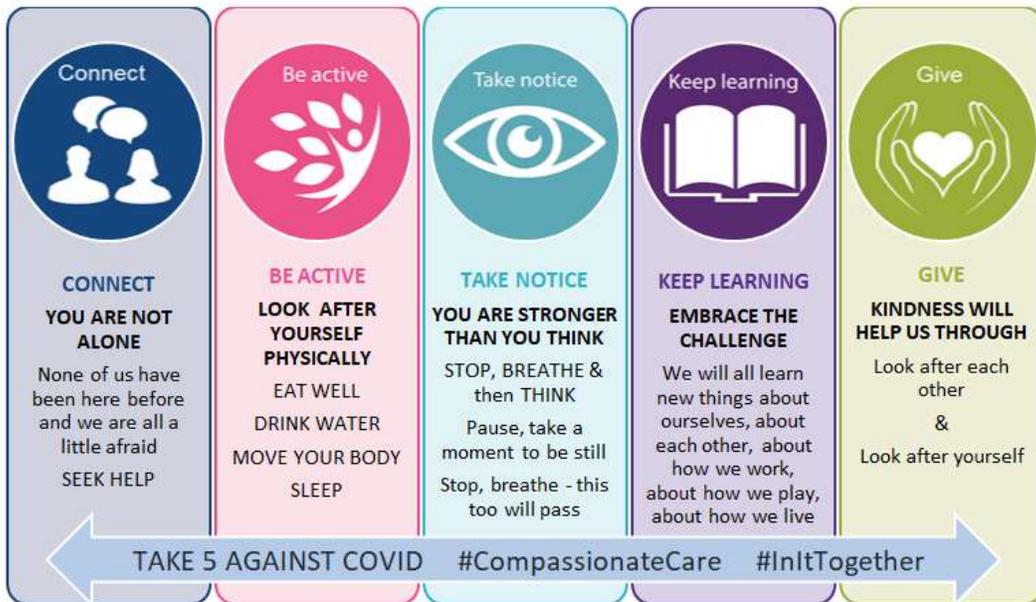
This framework is the means by which we will make these five key messages real. It is underpinned by the HSCNI Values of Openness and Honesty, Excellence, Compassion and Working Together. This is a time for true collective and compassionate leadership.

The framework has 3 connected sections:

Section 1: Key Principles

Section 2: Psychological Response Phases

Section 3: Well-Being Supports across the Phases

The work is based largely on *The Psychological Needs of Healthcare Staff as a Result of the Coronavirus Pandemic* produced by the British Psychological Society. It has been developed and produced in partnership between the Trusts, PHA, HSCB, Department of Health, HSC Leadership Centre and the Health Trade Unions.

SECTION 1: Key Principles

Principles of responding well in the 'active' phases for sustained staff wellbeing (see Section 2)

1. Visible leadership

- Support collective leadership;
- Be visible, be available, and be supportive;
- Where you can, guide staff to the resources they need, however basic (e.g. to rest, to speak with family) LOOK-LISTEN-LINK;
- You do not need to have all the solutions all the time;
- You will need to tolerate and manage uncertainty for yourself and your staff;
- Your wellbeing is important too, be compassionate towards yourself;
- You are best placed to create a protective environment for your staff – psychologists can help you with this.

2. Have a communication strategy

- Communicate to staff regularly and frequently in simple clear ways.
- Communicate even at times when you may feel there is nothing new to add – anxiety breeds in a vacuum of communication.
- Use video and written means;
- Actively encourage expression of concerns, fears and hopes. Listen with patience and compassion.

3. Ensure consistent access to physical safety needs

- Support physical distancing recommendations;
- Appropriate PPE and appropriate training for role,
- Protected place to rest/relax/cry,
- 24-hour easy access to food and drink;
- Sleep is essential for staff to maintain decision-making abilities;

4. Providing psychological care to patients and families is key to staff wellbeing

- Consider communication between (1) relatives/loved ones and health and social care staff; and (2) between relatives/loved ones and the patient (this will require innovation but examples already show that a little goes a long way);
- Offer guidance/protocols for care in the context of treatment limitations and acknowledge organisational responsibility;
- Create a way for staff to manage end-of-life care in a dignified manner, with family involvement (if desired);
- Practitioner psychologists can help you to consider how you and your team can manage patient and family fears and concerns.

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5. Support well-being in stepped ways

Establish a centrally coordinated professional support for staff using your current Occupational Health Services, Psychological Services or Employee Assistance Programmes

- Where available, include your in-house practitioner psychologists and other mental health professionals in thinking and planning for the organisation and within teams

Follow the principles of Psychological Stepped Care

- Step 1 – Ensure physical safety and meet physiological needs
- Step 2 – Provide accessible and accurate information
- Step 3 – Provide Psychological First Aid as first line of supporting distress
- Step 4 – Have available Psychological Intervention for those who require it, at a time when they can engage in it.
  Keep in mind the importance of allowing processing time for normal resilience.
  DO NOT rush in with non-evidenced de-briefing models or counselling approaches where trauma is a potential presentation. Respond to post-traumatic stress in line with evidence-based guidance (e.g. www.traumagroup.org)
- In times of crisis support people to link with Lifeline INSERT LINK;

Do not forget to support those supporting others.

6. Ensure human connection and methods of pre-existing peer support

- Establish explicit peer support mechanisms e.g. daily buddying including explicit permission to 'look out for your buddy';
- Access to protected spaces in keeping with distancing guidance for staff to be together even for limited periods

7. Normalise psychological responses

- Remember – this situation is unprecedented; it is okay to not be okay;
- Experiencing distress doesn't mean you aren't up to the job, it means you're human;
- Give staff permission to step back and ensure breaks and rest.

8. Take care of yourself and pace yourself. We're in this for the long haul but we're in it together.

SECTION 2: Anticipated Psychological Response Phases

The psychological response of your staff is likely to vary over the phases of the outbreak. These stages may not be sequential depending on the course of the outbreak and people may cycle rapidly through.

Anticipating peak of demand	**Demands reach peak**	**Through the peak**	
P > Prepare	**A >** Active	**R >** Recover	

Anticipatory anxiety	Heroics and surge to solution	Disillusionment and exhaustion	Recovery and long term psychological impacts
Planning may happen at a high level in a rapid timeframe leading to anticipatory anxiety about the unknown. With limited time to plan, and limited input into the preparation phase, many staff may not report feeling 'prepared' for the outbreak. Many UK Health Trusts have now passed through this phase.	Increased camaraderie as staff cross boundaries and work together. Sense of rising to a challenge. Staff may respond on instinct and are more prone to error. They may lack the headspace to see all options. Frustrations and role confusion as people try to adapt quickly within current system design. Staff witnessing things they have never seen before and feeling out of control. Disagreement between groups over sense of urgency. Staff lose usual boundaries over working hours and breaks and start to over-work. Work-life tensions arise as family life also becomes unsettled. Social norms and niceties slip and behavioural responses may cause difficulties for others. Focus on getting things done which may lead to poor communication and silo working.	The period of highest psychological risk. Staff are in 'full go mode' with high levels of adrenaline and on 'automatic pilot'. They may then experience sudden exhaustion. They may neglect physical and psychological self-care as they feel it is not a priority. Moral distress and injury are a risk as healthcare becomes limited and people are unable to act or respond within their own moral or ethical code and death and dying may not be handled in the way it usually is (with family etc). Staff may begin to feel emotionally disconnected from the work, experience compassion fatigue, and may engage in avoidant or unhelpful coping. Tensions at home and within the wider family may over-run work life. Stress has a cumulative effect and smaller things trigger reactions. Staff with pre-existing vulnerabilities are at higher risk of crisis and suicidality.	Staff have time to start to reflect. Most staff will feel able to cope successfully using their own preferred style, individual resources and social support. Many may be changed in a positive way, experiencing personal development, and post traumatic growth. Some may experience intrusive thinking about what they 'should' have done differently and shame or guilt. Dissonance with a 'heroes' narrative may make this harder to disclose problems and may exacerbate distress. Others may feel differently about their job and experience resentment towards individuals and towards the organisation. Individual difficulties have wider family and social impacts which may further exacerbate these longer term impacts. Certain staff may be at risk of chronic psychological difficulties (including but not limited to burnout and post-traumatic stress).

SECTION 3: Principles for Wellbeing Supports

	Preparation Phase	**Active Phase**	**Recovery Phase**
Likely Emotional State for Staff	Anticipatory anxiety Fear for self and others	**Early stages** – feeling 'ready' increased camaraderie **Later stages** – risk of physical and emotional exhaustion. Risk of moral distress at decisions required to take	Relief Pride and personal growth Feeling guilt or shame - some may experience burnout or post-traumatic stress
Environmental Needs	Establish spaces conducive to breaks, rest, quiet space etc. outside clinical area Access to appropriate PPE	Easy access to food and fluids throughout all shifts	Re-integrate to substantive base and job roles
Team Functioning	Ensure newly established teams / new team members can become familiar with each other Access to training and e-learning for new and transferable skills Establish 'buddy' support system for established and new team members	Ensure end of shift huddles and support team meetings Encourage all staff to be compassionate with each other	Team based activities (e.g. reflective practice, Schwartz rounds etc.) to process impact of pandemic for all team members
Communication	Access to clear, up to date information Visible leadership /open door policy	Clear roles and responsibilities for all staff	Share and celebrate successes
Psychological Support	Establish a Staff Wellbeing Support Working Group to oversee service delivery Access to online resources e.g. posters, information leaflets, wellbeing apps etc. Establish Staff Wellbeing Helpline Establish Drop-In support / access to one-to-one sessions in key services	Increase access to Wellbeing Helplines, Drop-In Centres and Service Outreach Guidance and support for managers (e.g. pre-recorded sessions, zoom drop in calls etc.)	Allow staff time to process normal reactions to pandemic Access to evidenced-based psychological therapies for those with ongoing difficulties

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