

A Guide to Promoting Health Care Workforce Well-Being

During and After the COVID-19 Pandemic

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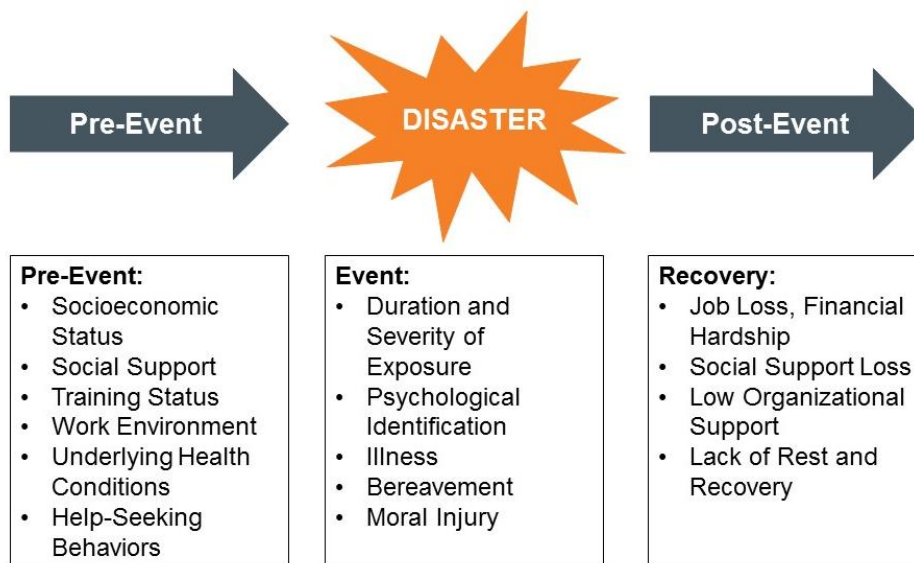
Introduction

The COVID-19 pandemic is exacerbating existing issues with health care professional burnout and joy in work, escalating the stressors on the health care workforce to unprecedented levels.

The pandemic is uniquely stressful for health care professionals for a variety of reasons: the unknowns associated with the disease; the uncertainties about how long the crisis will last; risks not only to health care workers, but also to their families; and feelings of not being fully supported by health care systems and governments. Many workers are grappling with a phenomenon known as “moral injury,” which occurs when people feel implicated in harm, whether inadvertently causing harm, witnessing it, or feeling helpless to prevent it.

Moreover, inequities have been laid bare by the crisis. Some health care workers are personally encountering systemic and interpersonal racism. Other workers, those not in traditional care team member roles such as doctors and nurses, may experience another form of inequity in that they receive less respect and recognition from patients and the general public as essential members of the health care workforce.

Risk factors for health care workers are depicted in the figure below.^{1,2,3}



Historically, health care workers have often been inculcated with a sense that they need to be strong, to be heroes, and that acknowledging distress or seeking help is tantamount to weakness. The recent public acclaim for health care workers — for example, the nightly applause in some cities — has been welcome, but also risks reinforcing the detrimental aspects of the “heroic” image.

Fortunately, in recent years, health systems have increasingly recognized that the well-being of the health care workforce is both a moral imperative and essential to the care of patients. Everyone needs support in times of crisis. For some, informal support from friends, family, or colleagues is sufficient. Others may need professional counseling or treatment, but they may be hesitant to seek help because of the stigma associated with mental health or a lack of available support services. Some workers are in crisis mode now, but they may not be able to start processing their pandemic experiences until a future point in time.

The COVID-19 pandemic has also produced some positive effects. Leadership, in many cases, has become more unified. Workers at all levels have displayed incredible courage and leadership, and many are finding this time to be deeply meaningful, with a reinvigorated commitment to their patients and their teams and the profound connections that can come from making it through challenging times together. There is a deep pride among the health care workforce.

The pandemic has been understandably difficult for many, and yet it is important to remember that the vast majority of health care workers will have increased resilience (in a demographic already known to have higher resilience) once the crisis has abated. We have the opportunity — and the obligation — to ensure that the pandemic serves as a galvanizing moment, one from which we learn and improve.

How to Use This Guide

This guide provides some ideas and lessons learned to improve the well-being of the health care workforce — so that we can look forward to a day when all workers truly experience joy in work. Harvested from content presented in the IHI Virtual Learning Hour Special Series on Caring for Caregivers, the strategies are organized by actions that individuals, leaders, and organizations can take to support the health care workforce during the COVID-19 pandemic and beyond. The guide aims to support health care leaders at all levels with actionable tools for combating burnout, fatigue, and emotional distress during and after the pandemic and is aligned with the IHI Framework for Improving Joy in Work.⁴

Key Concepts

Before we explore the different actions for individuals, leaders, and organizations, it's important to define some relevant key concepts to broaden our understanding and support those actions.

Moral Injury

Moral injury is defined as: “The anguish experienced in response to moral harms, wrongs, or failures and unrelieved moral stress.”⁵

Moral injury is an occupational hazard for clinicians that shows up in many different ways. It occurs when one's sense of integrity and wholeness is threatened or violated. It happens when we know what we ought to do but we can't because of internal or external constraints. Moral injury typically occurs in high-stakes situations. It can be triggered by witnessing, participating in, or being unable to prevent harm.

The distress that we experience is a reflection of who we are and our character. It's not a failure. It's important to find a more robust vocabulary to describe the moral injury health care workers, in particular, experience — to recognize that “this is wrong because it compromises values that are central to who I am.”

Kintsugi, or “golden repair,” is the Japanese art of mending broken pottery with golden lacquer, a process which honors the broken parts and uses them to create something beautiful and new. Similarly, there are ways to harness our inherent moral resilience and restore our integrity. We can enact a “golden repair” through social connection, through a guide or a mentor. We may be able to achieve “post-traumatic growth” after time has passed.

Mental Health Stigma

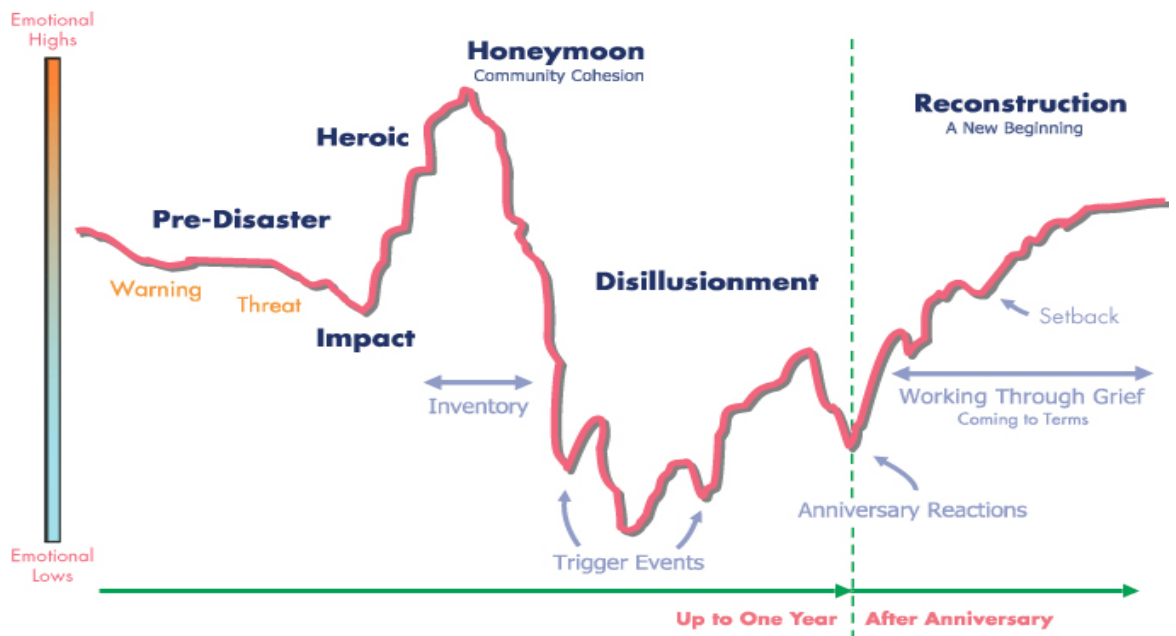
The health care profession has a longstanding culture that espouses a type of “heroism” and invulnerability. But the idea that the suffering, trauma, and dilemmas that clinicians face have little or no effect on their well-being, especially in circumstances like the pandemic, is misguided. Clinicians are human, yet that aspect has historically been disregarded in medicine.

One of the most pernicious barriers to health care workers seeking help is mental health stigma. It’s essential to normalize seeking help as a sign of strength and not weakness. Creating a culture of psychological safety is essential for the health care workforce. Peer support is a vehicle for cultural reform, overcoming stigma, and normalizing conversations about trauma (see below for more on peer support).

Phases of Disaster

Following disasters, communities typically experience predictable phases. Pre-disaster, there is often a warning or threat. When the disaster hits, clinicians and other first responders are put in positions to act heroically and there’s typically a temporary period of community cohesion. This phase is typically followed by disillusionment and, ultimately, working through grief and reconstruction (a new beginning).

These phases are nonlinear, with evolving needs, as depicted in the figure below.⁶



The COVID-19 pandemic may follow these predictable phases to some extent, but in other ways it deviates. In the honeymoon phase, for example, we can’t come together as we normally might because of physical distancing practices to slow the spread of COVID-19 or for fear of contracting the virus. Moreover, as opposed to a natural disaster or a terrorist attack, the pandemic is ongoing, without a definite end point, and it recurs in waves.

Grief Leadership

Grief leadership is the practice of promoting healing by openly acknowledging grief and facilitating an honest reckoning with pain, loss, and grief. Responsive leaders bring the grieving process forward, provide compassion, and establish support services to help the health care workforce deal with grief, sorrow, and loss during and after the pandemic.

Psychological First Aid

Psychological first aid is analogous to physical first aid, but focuses instead on mental health. It is an immediate and mid-term response to mass trauma. It operates from a principle of “do no harm” and focuses on resilience. It is not a cure for illness, but it can mitigate distress.

The five elements of psychological first aid include the following:⁷

- Safety (training, equipment, information, protect family, “buddy up”)
- Calming (ensure sleep and meals, use media wisely, provide information, normalize reactions, provide breaks and rest cycles, listen to people)
- Self- and community efficacy (health care worker-derived activities, recognize service, provide helping resources, buddy checks)
- Connectedness (team huddles, camaraderie activities, buddy checks)
- Hope (restore normal activities, encourage problem-solving, leverage opportunities, focus on strength/growth)

Psychological PPE

Psychological personal protective equipment (PPE) is analogous to physical PPE. The concept of psychological PPE is that workers establish practices and routines that will protect and nurture their psychological resilience, and that leaders and organizations support them in doing so. Donning and doffing psychological PPE should become automatic and ritualized, similar to practices such as wearing masks and washing hands. Workers can tailor their own psychological PPE in a way that suits their individual needs.

Both psychological first aid and psychological PPE are intended to increase the psychological resilience of health care workers, and there may be some overlap between the two. But psychological first aid is more focused on immediately responding to disaster, whereas psychological PPE refers to routines and practices that workers can integrate into their work on an ongoing basis.

Learn more about evidence-based recommendations in IHI’s *“Psychological PPE”*: *Promote Health Care Workforce Mental Health and Well-Being*.⁸

Peer Support

Peer support is a popular strategy among law enforcement, military, and first responders that is supported by research,⁹ and it has more recently started to gain a foothold in health care. During the pandemic, health care workers need more support than ever, but stigmas exist in the medical profession. There is a culture of infallibility and a fear of vulnerability.

In response to emotional stressors, health care workers often find it helpful to talk with colleagues who often share the same challenges, and who view these challenges as an occupational hazard rather than a mental health issue. (Although, of course, sometimes workers do need professional mental health support as well.) A formalized process for providing peer support among health care workers bridges the gap between informal collegial rapport and formal professional resources.

Peer support principles include the following:¹⁰

- Presence
- Psychological safety
- Empathic listening: validate
- Non-judgmental curiosity
- Problem-solving guidance
- Explore coping mechanisms
- Reframing
- Resource connection
- Appreciation

Actions for Individuals to Promote Health Care Workforce Well-Being

Systemic change is essential, but in the short term, there are a number of steps individuals can take to improve their own well-being.

Many health care workers have a desire to manage things that may be beyond their control. One important step is to recognize that there are many things beyond your control in this situation; try to focus on small acts that make you feel less helpless. Realize that the distress you may be experiencing is a reflection of who you are and your character. It's not a failure. Also recognize that the COVID-19 pandemic is a marathon, not a sprint — we will be grappling with these experiences for some time to come.

Self-compassion has never been more important. It's also helpful to extend compassion to colleagues and give them the benefit of the doubt in these trying times.

Below are some concrete strategies for individuals to test.

- **Psychological PPE for individuals:** Psychological PPE can protect and nurture an individual's psychological resilience. Examples include the following:⁸
 - Take a day off and create space between work and home life.
 - Avoid unnecessary publicity and media coverage about COVID-19.
 - Seek mental health support during and after the crisis.
 - Facilitate opportunities to show gratitude.
 - Reframe negative experiences as positive and reclaim agency.

- **Find your rituals:** Rituals are cues for mindfulness that many workers find useful. Examples of rituals recommended by other health care workers include:
 - I take a breath and remember why I'm here.
 - I use somatic tracking to notice what's happening in my body.
 - I begin every day by asking myself, "What's most important?" and "Am I spending my time on what's most important?"
 - At the end of the day, I focus on a meditation exercise for a few minutes so that when I go home, I'm fully present.
- **Find a peer support "buddy":** If your health system has instituted a peer support program, take advantage of it. If not, there are several ways to seek out peer support on your own. Pair up with a colleague and check in with them periodically, to make sure you are both OK, share concerns or coping strategies, or simply listen and offer support.

A "buddy" might be a colleague within your own organization or someone outside the organization who works in a similar job role, such as a friend or colleague from medical or nursing school. This geographically diversified approach is particularly helpful because workers in "hot spots" can connect with colleagues working in regions that are in different phases of the crisis, providing opportunities to share learning and offer mutual advice and support.

Actions for Leaders to Promote Health Care Workforce Well-Being

The COVID-19 pandemic has presented challenges for health care leaders above and beyond their typical responsibilities. Leaders must quickly assess and provide direction for clinical care, ensure that system- and individual-level interventions are in place, and effectively communicate with health care workers and those in their communities, among other priorities.

Crisis events like the pandemic call for a somewhat different leadership skill set. Tolerance for uncertainty is one important leadership skill in this situation. Another is to identify and acknowledge the myriad stressors on the workforce, exacerbated by the pandemic, in order to provide better support to workers to mitigate these stressors.

It's important to also recognize that leaders' roles and responsibilities during the pandemic may evolve over time. In the early days of coronavirus, it was important for leaders to be visible, offer transparent communication, and project calm and empathy. As we move into other phases of the pandemic, different leadership skills may be needed. Divisiveness can emerge, as it may become clear that some mistakes were made early on. After the unity of the initial crisis response, blame and frustration may arise among staff members.

Both during and after the crisis, leaders need to acknowledge and address workers' feelings of fear and anxiety, and possible frustration and anger, while also providing hope, a sense of togetherness, and a forward-facing outlook. Once we move beyond the crisis, leaders need to engage workers in discussions to retrospectively focus on opportunities to make improvements that were perhaps not possible to implement during the crisis.

In times of crisis, especially, effective health care leaders implement the practices described below.

- **Meet the needs of the workforce:** Leaders need to do everything within their power to ensure that the immediate needs of the workforce are addressed — whether that’s providing food, physical PPE, childcare resources, transportation support, ensuring the availability of a broad array of mental health services, or other types of support. Longer term, it’s imperative for leaders to ensure that all health care workers earn a living wage and have good health insurance that covers mental health services.
- **Communicate effectively and openly:** Leadership communication during this crisis is of the utmost importance. Communications and messaging — which have a profound impact on community well-being and also influence perceptions of risk — should be honest, authentic, and regular. While outward communication of timely and accurate information is critical, leaders also need to listen to the questions and concerns of their workforce and communities.
 - A good option for creating more effective two-way communication, with health care workers in particular, is to establish formalized listening sessions.
 - Using appropriate humor and telling stories can be helpful communication mechanisms.
 - Ask questions such as: How do you feel about this? What’s your biggest hope? What would help you know?
- **Be vulnerable:** Good leaders acknowledge their own vulnerability. They exhibit humility, curiosity, inclusion, and empathy.
- **Ask what’s going well:** To overcome the negativity bias, ask people what is working. What went well today that we can build on? Conversations can help generate trust.
- **Normalize help-seeking behavior:** Leaders need to maintain proactive outreach and support for health care workers and remove the stigma associated with seeking help, particularly for mental health support. Try to normalize help-seeking behavior as a sign of strength and not weakness. Worry about the workers you don’t hear from more than those you do hear from.
- **Acknowledge loss, and look to the future:** Leaders must strike a delicate balance: openly acknowledging grief and facilitating processes that honor losses, while also offering hope and a path forward. They need to seek opportunities to identify and disseminate learnings, and reinforce that eventually the crisis will end and the vast majority of the workforce will be resilient.

Resilient people have a “sense of coherence” and a level of understanding about what is required of them. They find their situation manageable and derive meaning from the work. Leaders who create a sense of coherence among the workforce are better able to guide workers through the crisis in a healthy way.

Authors of a 2020 *JAMA* article noted five requests from health care professionals to their organizations during the COVID-19 pandemic; leaders should endeavor to honor these requests:¹¹

- **Hear Me:** Listen and act on lived experience to understand and address concerns to the extent organizations and leaders are able.
- **Protect Me:** Reduce the risk of acquiring COVID-19 and/or being a transmitter to family.
- **Prepare Me:** Provide training and support for high-quality care in different settings.
- **Support Me:** Acknowledge demands and human limitations in times of great patient need.

- **Care for Me:** Provide holistic support for team members and their families, if isolation is required (or other sources of distress occur).

Learn more about how to engage with staff and honor these requests using IHI's *Conversation and Action Guide to Support Staff Well-Being and Joy in Work During and After the COVID-19 Pandemic*.¹²

Actions for Organizations to Promote Health Care Workforce Well-Being

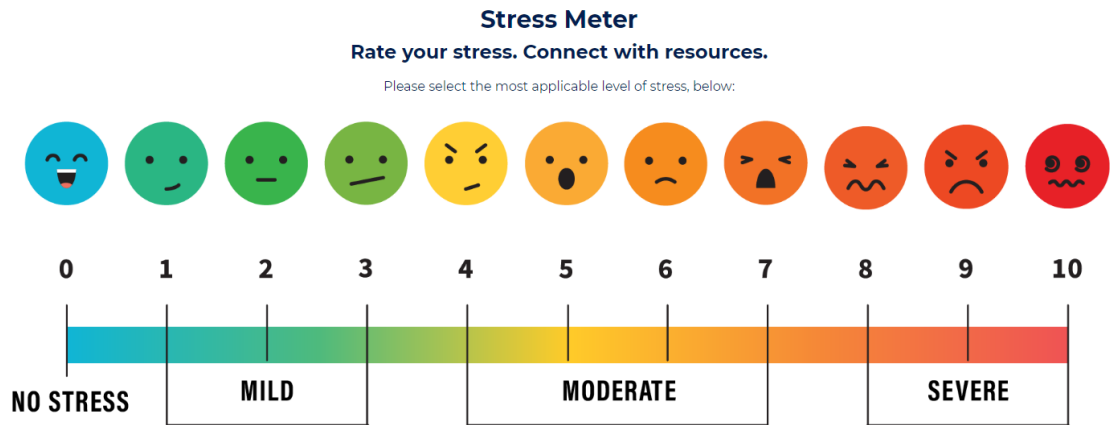
Health care organizations need to leverage and build on existing support systems and behavioral health services, implementing a broad array of behavioral health supports and services available to all health care workers. Ideally, organizations create processes to share learning throughout the health care system and with government at all levels, and they advocate for a national research agenda for disaster-related behavioral health support.

Below is some specific guidance for organizations seeking to institute a peer support program, which can provide invaluable support for workforce well-being.

- **Be proactive:** Peer support programs need to be proactive and reach out to workers. It's unfair, and ineffective, to put the burden on individuals to seek help. Make the program opt-out, not opt-in.
- **Integrate outreach into existing clinical processes:** Check in during rounds or existing team meetings. Ask, "How was the day (or week) for you?" If it was particularly difficult, facilitate discussion and connection with peer support.
- **Distribute the load to lessen burnout:** Make sure you don't burn out the colleagues who provide peer support. Implement a rotating schedule; ask people to be available in different circumstances.
- **Co-design the peer support program:** These programs can be developed by small steering committees that include representatives from across the workforce.
- **Recognize peer support's limits:** Peer support should provide psychological first aid, not counseling or professional mental health services. Have a referral process to professional counseling; develop a list of mental health providers who are willing to work with health care providers in your community.
- **Effectively publicize the program:** Determine which communication and outreach mechanisms will be most effective to engage workers in the program. One health system, for example, partnered with its risk management department to refer individuals to the program. Talk about the program in lots of different venues. Put information about the program in staff break rooms.
- **Support the supporters:** Set up a regular (e.g., quarterly) meeting for peer support volunteers to discuss their experiences and problem-solve together.
- **Perfection is the enemy of the good:** Determine the minimum requirements to establish a peer support program and get started on a small scale. Test different aspects and improve the program over time to meet workers' specific needs.

The following are some additional specific actions other health care organizations have found helpful for addressing workforce well-being:

- Staff “safety hub” portal: An internal website where workers can get answers to their questions and that also provides resources organized by basic needs, psychosocial health, and just-in-time resources
- Frontline relief center: Snack stations and well-being centers for frontline staff to recharge
- Screening, referrals, and resilience training and coaching
- Create a new position of chief wellness officer, with a mandate to oversee, prioritize, and coordinate system-wide efforts to improve workforce well-being
- Resilience rounds: At the end of shift, an opportunity for staff to share brief lessons learned
- Stress meter: An interactive tool from Providence St. Joseph Health that refers workers to resources based on needs and preferences¹³



- Behavioral health concierges: Confidential support services for health care workers and their families (with appointments via video or phone), including counseling, care navigation, self-help tools, and other resources

Conclusion

The COVID-19 pandemic presents an opportunity to make fundamental and lasting change to better support health care workers’ health and well-being and foster a thriving workforce. While all health care organizations may grapple with their own unique challenges, we hope that this guide provides actionable ideas that all can implement to promote workforce well-being.

Selected Additional Resources

IHI Virtual Learning Hour Special Series on Caring for Caregivers: Recordings and Materials

- [COVID-19: Caregiver Mental Health and Well-Being](#)
- [COVID-19: Grief Leadership and System Supports](#)
- [Transforming Moral Distress into Moral Resilience](#)
- [Peer Support: Fostering Connection and Destigmatizing Mental Health for Caregivers](#)
- [Psychological Personal Protective Equipment \(PPE\)](#)
- [Fostering Connection and Co-Creation](#)
- [Understanding and Addressing Sources of Caregiver Anxiety](#)

[Mount Sinai Safety Hub](#)

[Providence Caregivers Resources](#)

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