THE TOP TEN MESSAGES FOR SUPPORTING HEALTHCARE STAFF DURING THE COVID-19 PANDEMIC

This is page summarises the Ten Core Messages that appear in more detail in the document attached. The authors' intentions are to aid NHS leaders and clinical and general managers to create an agenda for discussion with staff in team meetings or at Schwartz rounds, for example, with a view to working out how they might respond to the needs of staff and provide them with support.

Message 1: Be Kind to Yourself and One Another

Encourage staff to be kind to themselves and then be kind to others.

Message 2: Assist staff to Manage their Concerns

Enable staff to acknowledge and discuss their real concerns so that they can be supported in meeting them. Concerns might include anxiety about contamination and the greater levels of risk some staff might face and about what access there will be to psychosocial support from within their teams.

Message 3: Encourage Staff to Sustain Their Social Connections

Encourage staff to sustain their social connections and maintain contact with families, friends and colleagues who they regard as sources of social support whether they are at work or away from work because of illness or exclusion following the self-isolation requirements. Connect often and by any means and share positive news.

Message 4: Moral Distress and Ethical Considerations

Effective leaders should recognise the potential impacts of the pandemic on the standards of care and that staff face moral strain and distress as they are unable, or feel unable, to do everything possible for all patients. Managers should agree a local process for developing an ethical framework for staff to work within.

Message 5: Remember to Eat, Drink, Rest and Sustain Contacts with Friends and Take Breaks Within the Requirements on Social Distancing

Remember to eat, drink and to sustain contacts with friends. All staff must be encouraged to take breaks, to make sure they get enough to eat and drink, to take exercise and to make any social connections that they require.

Message 6: Continue Supervision and Relevant Training

At least maintain existing levels of clinical supervision and relevant training. Ensure that opportunities for informal peer support are valued and continue during a pandemic. More formal peer-based support should be available that enables reflection on practice e.g. through virtual Schwartz Rounds.

Message 7: Challenge Incipient Loneliness

Challenge incipient loneliness that comes from being very busy on the frontline and remind staff that they need to keep in contact with families and friends, using whatever means are available and appropriate. Encourage staff to keep up-to-date with academic and research developments relating to the pandemic.

Message 8: Support for Frontline Staff Should be Visible

Plan and enact a good public risk communication and advisory strategy involving staff, the public and the media, which provides timely and credible information and advice. Senior general and clinical managers should be visible to staff on the frontline and seen to share the risks, as is appropriate.

Message 9: Follow Assessment and Treatment Protocols

Encourage staff to adhere to assessment and treatment protocols and ensure staff are aware of any necessary changes from protocols that were used pre-COVID-19. Staff need to be well-informed, consulted and involved in the plans. Employers should be aware of, and endeavour to prevent staff from developing distress, plan to assist staff to mitigate the stress that they are likely to experience, and have protocols in place for fast-track referrals for staff who might be developing more serious psychosocial problems and mental disorders.

Message 10: Be Aware of the Document from the World Health Organization on Mental Health and Psychosocial Considerations During COVID-19 Outbreak and Monitor Updated Guidance from the WHO, NICE and Other Authoritative Sources as it Emerges

Be aware of the contents of the current guidance from authoritative sources including the WHO and the UK authorities.

A DISCUSSION DOCUMENT

TOP TEN MESSAGES FOR SUPPORTING HEALTHCARE STAFF DURING THE COVID-19 PANDEMIC

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BACKGROUND

The NHS has a long history of responding effectively to emergencies and major incidents and staff are renowned for their resilience and resourcefulness under pressure. In a pandemic, the expectation is that the service and staff will respond in this way, but everyone involved is likely to require support. This discussion document summarises ten core messages on page 5. Their intentions are to aid managers and staff to consider how they might reduce the numbers of staff who may require additional assistance. Table 1 presents a phased approach to understanding the needs of staff and what might be required to support them. It illustrates the problems that staff face that arise from the viral threat, the risks they perceive and concerns about their circumstances.

Table 1: An Outline Plan for Staff Care to Mitigate Against the Psychosocial Impacts of COVID-19

Potential Timeline	Primary & Secondary stressors faced by staff	Suggested plan to mitigate identified stressors / demands	Actions needed to support the plan
Throughout the Crisis	Physical fatigue and exhaustion Hunger Dehydration Personal hygiene Moral distress	At all times throughout this crisis, organisations should ensure that staff have regular breaks, can rest, eat, and are hydrated – especially those who habitually wear PPE. Rotas, annual leave and pre-existing physical health needs of each member of staff must be carefully considered by managers.	Workforce to support managers in identifying and addressing these ongoing needs.
Build-up Phase	1. Anxiety (worry about not knowing what is to come & increased work demands) 2. Anxiety (worry about risk to self and others) 3. Stress related to preparation & planning 4. Distress linked to exposure to social media and public anxiety	In addition to existing support offered to staff by their employers all members of staff require good and effective communications, a flow of timely and accurate information that is hosted on a trusted intranet site and unique to COVID-19 – with its own icon. This site should host: • Basic 1-page advice on wellbeing that is based on WHO advice • Weekly short videos offering specific advice • A wellbeing-related FAQ section. • Direct consultation with managers / clinical leads to help their preparation & assist them in managing their anxiety (Critical Care Focus initially). • Promote specific ways in which employers can support staff during the crisis. • Continue to offer staff one-to-one support, when possible, by using telephones / virtual means e.g. Skype if possible. • Offer staff access to an Employee Assistance Programme for phone-based support.	This requires: a. Identified support to manage the Intranet site. b. Additional mobile phones. c. Lockable cases for storing clinical notes for staff who are working from home.
Acute Phase	All the above and also: 1. Increased exposure to the distress of other people. 2. Increased exposure to public & peer hostility. 3. Increased exposure to experiences that create moral / ethical distress (threats to purpose or over identification with patients). 4. Stress related to concerns about personal safety & safety of loved ones.	In addition to the above: • Coordinate an Action Group to identify and monitor the developing physical & psychosocial needs of frontline and supporting staff. • Provide support for managers with OD colleagues. • Offer staff drop in sessions (the aim is to offer support and a space to decompress and feel heard). • Promote peer support networks. • Facilitate access to a wider network of support from colleagues in mental healthcare.	a. Create an Action Group involving representatives from HR and occupational health services. b. Link with HR services and facilities. c. Link with medical and clinical directors to coordinate referrals and hospital-based support.
Post-Acute - Cool Off Phase	All the above and also: 1. Exhaustion and exposure to feeling overwhelmed. 2. Teams may fragment as the pressure eases. 3. Increased friction between members of staff.	In addition to the above: Use a Schwartz Rounds framework to facilitate recognising COVID-19-related themes in all hospitals and for community-based staff and enable a plan to meet the needs of staff who are likely to be exhausted and over-stretched	Link with organisers of Schwartz Rounds to plan & populate.
Return to Business as Usual Phase	Unknown	In addition to the above Create an Action Group to evaluate the needs of staff.	

The healthcare systems in the UK are well-advanced into the preparatory build-up phase and many, particularly in London, have now reached the acute phase. Many staff are likely to have concerns and some of them may become distressed at intervals. But, we should take into account the possibility that, some staff may be so adversely affected that they require more intensive support and assessment by specialists, if it is possible that they are developing a mental disorder.

PRIMARY AND SECONDARY STRESSORS AND PSYCHOSOCIAL RESILIENCE

In a pandemic, healthcare staff are called on to cope with stressors that are inherent in the ways in which a widespread disease intersects with their jobs. Stress and anxiety for the people who are directly involved, their relatives, friends and colleagues and the practitioners and staff who intervene are inherent in all emergencies and disasters. The worries stem directly from the events. These sources of stress, worry and anxiety are primary stressors. They include:

- Exposure to the disease
- Exposure to on-site dangers
- Exposure to survivors' suffering and their relatives' stories
- Feelings of powerlessness - feelings about inability to provide help at the level and at the time that it is needed.

Secondary stressors are, by contrast, circumstances, events or policies that are indirectly related to events or are not inherent in them. All too often, secondary stressors, such as failure of countries to deal effectively with people losing their homes, livelihoods or their financial stability, may persist after the events have subsided and their impact may be long term and devastating. Depending on the circumstances and the effectiveness of responses, their effects may be as great as or greater than the disaster itself. Secondary stressors include:

- Lack of skills or training needed to do the job
- Lack of materials (supplies, equipment) needed to do the job
- Poor role definitions and unclear expectations
- Poor organisation of work
- Lack of support at work
- Unnecessary policies and practices
- Unnecessarily poor working conditions
- Poor scheduling of work (long hours, few breaks, lack of leave time)
- Lack of opportunities for recreation
- Arbitrary leadership and/or management practices
- Conflict and mistrust within and between teams
- Poor communications (within teams, agencies and with families).
- Stigma from family or members of the public due to their work roles and fears of contagion

In these circumstances, people often use the term resilience though that construct is often misused. The authors prefer the term psychosocial resilience and adapt Norris's definition. She describes it as being a multi-dimensional process '… linking a set of adaptive capacities to a positive trajectory of functioning and adaptation after a disturbance …'[1]. There are two important components within it; personal and collective psychosocial resilience.

Personal psychosocial resilience describes 'a person's capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge'[2]

Collective psychosocial resilience refers to the way in which groups of people and crowds of people 'express and expect solidarity and cohesion, and thereby coordinate and draw upon collective sources of support and other practical resources adaptively to deal with adversity'[3].

Both aspects of psychosocial resilience are important for healthcare staff who are faced with coping with a pandemic. Psychosocial resilience is not about avoiding short-term distress. It is about recognising:

- How people adapt to, and recover from adverse events and/or circumstances in a realistic manner
- The abilities of people to accept and use social support, and its availability, are important and key features of resilience
- There is evidence that adequate support reduces the effects of exposure to challenging events and emergencies.

Plans for sustaining the resilience of staff during the course of events should be based on:

- Reducing inherent stressors so far as that is possible
- Planning to recognise and intervene to mitigate secondary stressors
- Providing training and social support.

A CORE PRINCIPLE

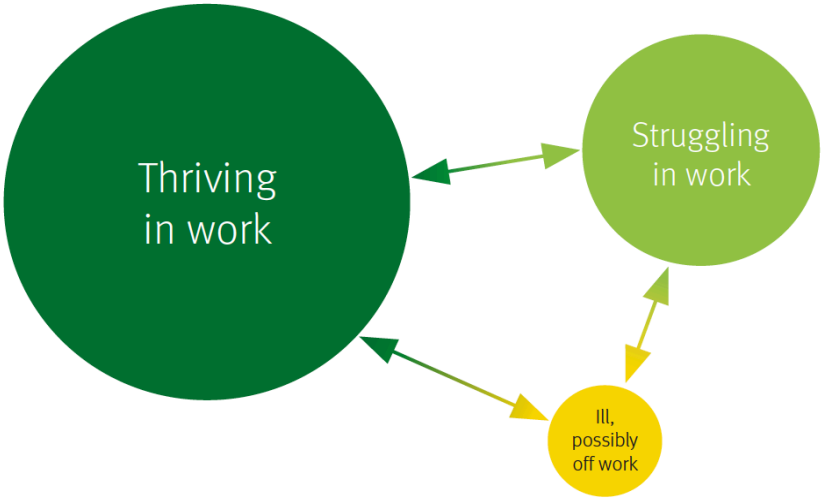
A core principle is understanding how people, including healthcare staff, can sustain their social connectedness and their access to social support. There is evidence about the strong links between these two social processes, and longevity and health. As the Ebola outbreaks have shown, this is no different in circumstances in which staff are working with very ill patients, wearing PPE, with its attendant restrictions on communication, or in lock down or self-isolation. Social distancing is essentially concerned with physical rather than social separation. Some ingenuity is required by staff and their employers to sustain social connectedness and accrue the benefits of social support without putting measures to create physical separation at risk.

THE CONTEXT: AN APPROACH TO CARING FOR STAFF OF HEALTHCARE ORGANISATIONS

The background to creating a coherent approach to supporting healthcare staff during the pandemic is understanding the wider as well as the more usual needs of staff.

Figure 2 is reproduced from the report of the Stevenson-Farmer review of mental health and employers[3]. While that report concerns work in all organisations, it is particularly relevant to staff of organisations that deliver care for other people as their main function.

Figure 2: Three goals for improving people's experience in work (Stevenson 2017: p. 16). (© Crown copyright 2017: reproduced under the Open Government Licence v3.0.)



In effect, the report frames three challenges for employers:

1. Assisting employees to thrive at work
2. Supporting staff who are struggling
3. Enabling people who are ill to recover and return to work.

The orientation of the messages in this document is that of sustaining staff who are thriving in the work in healthcare organisations. However, these messages should be set in a wider context, which is that some staff were already struggling before the COVID-19 threat arose, and a smaller number have problems that amount to their being ill. We reference one such framework[4]. Some staff may come to struggle as a result of their experiences in the pandemic. More substantial services to assist them and healthcare staff who are ill are also required.

This document summarises actions and activities that are intended to reduce the numbers of staff who may require additional assistance. We offer ten core messages.

THE TOP TEN MESSAGES

The Top Ten Messages are summarised in Table 2. They are intended to assist staff to recognise and respond to their concerns and anxieties about the principle primary stressors: a. concerns about their patients and the decisions that staff may have to make about their care; and b. their own exposure to the real risks of the viral illness. The messages are also intended to recognise the ordinary and extraordinary secondary stressors that staff face.

Table 2: The Top Ten Messages for Supporting Healthcare Staff

Tip	
1	**Be Kind to Yourself and One-another**
2	**Assist Staff to Recognise and Manage Their Concerns**
3	**Encourage Staff to Sustain Their Social Connections**
4	**Deal Actively with Moral Distress and Ethical Considerations**
5	**Remember to Eat, Drink and Sustain Contacts with Friends (within the requirements on social distancing)**
6	**Continue Supervision and Relevant Training**
7	**Challenge Incipient Loneliness**
8	**Ensure Support for Frontline Staff**
9	**Follow Assessment and Treatment Protocols**
10	**Be Aware of the Document from the World Health Organization on Mental Health and Psychosocial Considerations During COVID-19 Outbreak and Monitor Updated Guidance from the WHO, NICE and Other Authoritative Sources as it Emerges**

These messages are aimed at. sustaining the psychosocial resilience of the staff. The messages are evidence-informed and values-based. They take the psychosocial resilience of persons and the collective psychosocial resilience of staff as the anticipated responses, but not as inevitable.

EXPANDING THE TOP TEN MESSAGES

Message 1: Be Kind to Yourself and One Another

1. It is important to encourage staff to be kind to themselves, colleagues and everyone else. This involves being aware of the limitations in human communications and care that are imposed by social distancing and PPE etc.
2. Be kind to yourself first and then be kind to others. In a pandemic, there will be high levels of anxiety even among those not working in healthcare.

Message 2: Assist Staff to Manage their Concerns

It is important that staff members recognise and are allowed to discuss their real concerns so that they can be supported in meeting them. This means:

1. Acknowledging the anxiety of staff about contamination and personal and family impacts and outcomes.
2. Being aware that some staff face greater levels of risk than do others and endeavour to make policies for sending people home and into isolation transparent and similar across departments.
3. Reassuring all staff that psychosocial support is available now and will continue to be available in the coming months, but only if that is true.

Message 3: Encourage Staff to Sustain Their Social Connections

1. Encourage staff to sustain their social connections and maintain contact with people who they regard as sources of social support whether they are at work or away from work because of illness or exclusion following the self-isolation requirements.
2. Healthcare staff are also family members, and, during a pandemic, they have to balance their professional values and obligations with the needs of their families and with advice given to the public to stay away from work if they have the signs of infection. Decisions in these situations can be challenging. However, there is experience from these kinds of scenario that absenteeism and presenteeism are lowered if clinical and general managers recognise and respond effectively to the professional, psychosocial and leadership needs of staff.

   This means:

   a. Connecting often.
   b. Connecting face-to-face (when and if that is feasible and consistent with government advice). Connecting virtually either when face-to-face is not possible or as an additional means of communication.
   c. Reaching out to, and supporting others in your staff teams.
   d. Remembering to share positive news in your life when you do connect. This includes having conversations with others about shared interests, including nostalgia for shared positive experiences in the past and continuing to participate in social media groups around common interests (sport, music, film, television etc.).
   e. Looking after colleagues who may be more vulnerable.
   f. Looking after all your group memberships (not just some).
      i. This includes joining or forming support groups to help colleagues who are self-isolating because that can enhance self-efficacy and self-esteem as well as being practical.
      ii. Nominating members of staff in senior or supervisory roles to maintain continuing contact with staff who are sent into isolation in order to ensure they experience recognisable care. These contacts should aim to provide support and facilitate staff returning to work when their isolation has elapsed.

Message 4: Moral Distress and Ethical Considerations

1. Moral distress and moral injury are constructs that were first used in the military and they are now being applied to healthcare[5]. It is likely that clinicians involved in treating patients who have COVID-19 will face difficult decisions that raise substantial moral concerns and the possibility of moral distress and the potential for moral injury. It is important to acknowledge facing the moral strain and distress that staff suffer now and later when they are unable to do everything possible for all patients. This includes advising staff not to fill gaps by heroic actions that place them at greater moral and physical risk and not to raise their expectations of what should be done for patients.
2. It is necessary to develop clarity about practical and professional expectations of staff and realistic standards for practice and practitioners during a pandemic. This requires effective leadership, recognition of the potential impacts of the pandemic on the standards of care and negotiation of mechanisms for decision-making when services are under pressure.
3. Before the influenza HINI pandemic of 2009-10, the Department of Health and the Cabinet Office established the Committee on the Ethical Aspects of Pandemic Influenza (CEAPI)[6]. It produced an ethical framework for pandemic flu based on public health ethics. It was well-evaluated by the subsequent Hine Review[7]. Much of that framework is, arguably, relevant to the COVID-19 pandemic.
4. Managers should agree a local process for developing an ethical framework for staff to work within. Professional and general managers should be clear about support that may be required to enable staff to work within their competency but in areas that are not part of their current role.
5. In addition, NHS employers should consider convening rapid review ethics committees in order to support staff in clinical decision-making, where relevant.

Message 5: Remember to Eat, Drink, Rest and Sustain Contacts with Friends and Take Breaks Within the Requirements on Social Distancing

1. Remember to eat, drink and to sustain contacts with friends. This includes having your meals with colleagues if that is compatible with government advice and senior clinical and general managers should model this activity whenever possible.
2. Whenever possible, staff (particularly senior staff with substantial responsibilities) must be enabled to take rest and work to realistic rotas to avoid them becoming overtired. All staff must be encouraged to take breaks, to make sure they get enough to eat and drink, to take exercise and to make any social connections that they require.

Message 6: Continue Supervision and Relevant Training

1. Continue supervision and relevant training and, if anything, increase these activities while services are adapting and before pressure reaches its peak and sustain them as pressure rises.
2. Ensuring the psychosocial welfare of all people involved directly with delivering any response to the pandemic is a key part of that response. Risks to psychosocial wellbeing can be minimised by planning and implementing good management procedures and by ensuring that staff have adequate supervision and access to advice.
3. Staff should have continuing access to clinical supervision; this is likely to become more rather than less vital in stressful situations when critical and sometimes controversial decisions may have to be made. There needs to be as much provision of real-time supervision and support for staff during the response as can be achieved.
4. Less formal discussion about clinical experiences ordinarily occurs in workplaces. In challenging circumstances, the support that comes from having access to team members, peers and others for

discussion and advice and to share challenges and frustrations is invaluable. It is important to ensure that opportunities for informal peer support are valued and continue during a pandemic. More formal peer-based support should be available that enables reflection on practice. Clinical managers might consider how they might implement virtual Schwartz Rounds.

Message 7: Challenge Incipient Loneliness

1. Challenge incipient loneliness that comes from being very busy on the frontline and remind staff of the need to keep in contact with their families and friends.
2. This is another reason for recommending that staff should:
   i. Connect virtually and connect often and if at all possible, connect face-to-face, either in person or using technology.
   ii. See people face-to-face if that fits the public health protocol. It is important as it can make for stronger connections than can reaching out via technology.
   iii. Develop means of keeping up-to-date with academic and research developments relating to matters such as novel interventions, creating vaccines etc and how they might be applied locally.

Message 8: Support for Frontline Staff Should be Visible

1. Plan and enact a good public risk communication and advisory strategy that involves staff, the public and the media, which provides timely and credible information and advice that will also support staff confidence and psychosocial resilience.
2. Senior general and clinical managers should be visible to staff on the frontline and seen to share the risks, as is appropriate.

Message 9: Follow Assessment and Treatment Protocols

1. Staff should be reminded that adhering to assessment and treatment protocols is likely to produce the best services that can be offered in all the circumstances. This means ensuring that all staff are aware of latest treatment protocols and the rationale behind them, especially where these differ from protocols pre-COVID-19.
2. Staff must have confidence in the plans for day-to-day service delivery that are made, and this requires that they are fully informed about them and their anticipated roles. The feeling of being ill informed is a factor that can most erode trust and psychosocial resilience. Conversely, if staff are well-informed, consulted and involved, their confidence in the plans and their equipment is enhanced, their uncertainties are reduced, and their psychosocial resilience is augmented.
3. Reciprocally, the recovery phase is likely to be swifter for staff and services if staff feel supported and are confident about the overall plans that are in place to manage the pandemic. Employers should be aware of, and endeavour to prevent staff from developing distress and mental disorders and plan to assist staff to mitigate the stress that they are likely to experience.

Message 10: Be Aware of the Document from the World Health Organization on Mental Health and Psychosocial Considerations During COVID-19 Outbreak and Monitor Updated Guidance from the WHO, NICE and Other Authoritative Sources as it Emerges

1. Be aware of the contents of the current guidance from the WHO and other authoritative sources. This includes ensuring that everyone who has responsibility for supervising or managing staff are aware of appropriate referral pathways when psychological distress becomes severe. A copy of the guidance is annexed to this document.

PREPARING FOR SELF-ISOLATION

Preparations for self-isolation fall into three main domains. They are:

1. The first is making plans to remain physically fit. This includes understanding the public health advice and observing the requirements in order to minimise the risk of infection, eating well and remaining hydrated. It also means taking steps to sustain physical fitness through activities.
2. Second is attending to people's psychosocial needs. Prime in this domain are planning to sustain one's social connectedness and access to social support. There is evidence about the strong links between these two social processes, longevity and health. This is no different in lock down/self-isolation. Indeed, there may be gains for some people. There is evidence showing that making one new and sustained group membership after retirement can add as much as 5 years to life. What is important is being on the receiving end of altruism. Some people may emerge knowing a great many more people.
3. Third is creating a forward-looking and optimistic purpose for one's time during the isolation period. This might include projects in self-education as well as recreational activities etc, etc. It is all the better if one can create collaborative projects that involve being socially connected with other people through the wonders of technology.

Overall, the authors think that the second, the psychosocial, domain holds the key to success in the other two domains.

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