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## GUIDANCE

# The psychological needs of healthcare staff as a result of the Coronavirus pandemic

British Psychological Society Covid19 Staff Wellbeing Group

This is a guide for leaders and managers of healthcare services who will need to consider the wellbeing needs of **all** healthcare staff (clinical and non-clinical) as a result of the Coronavirus outbreak. It offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals and anticipates the psychological reactions over time, and what people may need to recovery psychologically from this.

## PRINCIPLES OF RESPONDING WELL IN THE 'ACTIVE' PHASES FOR SUSTAINED STAFF WELLBEING (SEE TABLE 1)

Leaders and managers, this is how staff need you to **act now**, with clear leadership, clear information, and physical and psychological resources.

### 1 Visible leadership

- Most importantly 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 to work this out.

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## 2 Have a communication strategy

- Communicate to staff regularly and frequently in simple clear ways. Use video and written means.
- Actively encourage expression of concerns and fears. Listen with patience and compassion.

## 3 Ensure consistent access to physical safety needs

- Adequate PPE (sufficient to permit leaving 'hot zone' for breaks), adequate training, protected place to rest/relax/cry, 24-hour easy access to food and drink.
- Sleep is essential for staff to maintain decision-making abilities.
- Set up a centralised hub of simple psychological resources for **all** staff, examples can be found here: [www.ics.ac.uk/ICS/Education/Wellbeing/ICS/Wellbeing.aspx](http://www.ics.ac.uk/ICS/Education/Wellbeing/ICS/Wellbeing.aspx)

## 4 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 for staff to be together even for limited periods.

## 5 Providing psychological care to patients and families is key to staff wellbeing

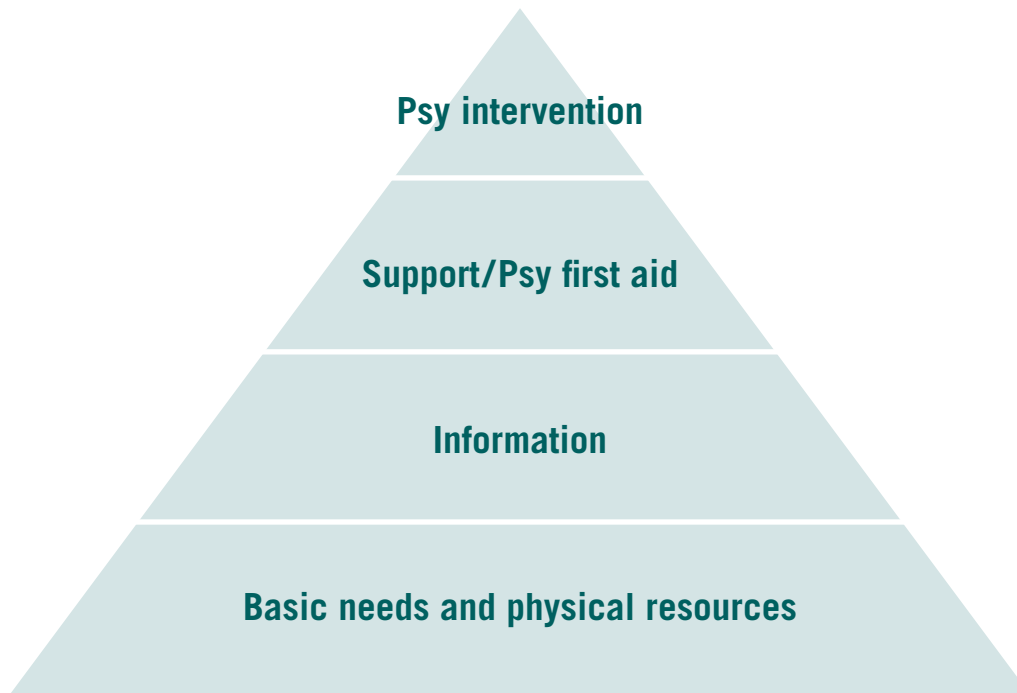
- Create systems of communication between (1) relatives/loved ones and clinical staff; and (2) between relatives/loved ones and the patient (this will require innovation but examples already show that a little goes a long way).
- Offer guidance/protocols for care in the context of treatment limitations 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.

## 6 Normalise psychological responses

- Remember – this situation is unprecedented; it is okay to not be okay.
- Experiencing symptoms of stress 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.
- Do not mandate direct psychological interventions, these are not helpful to everyone in the midst of crisis (e.g. see the top of the pyramid of possible interventions), but allow psychological support to be available in different ways – speak to your practitioner psychologists.

## 7 Deliver formal psychological care in stepped ways (see Figure 1)

- Follow the principles in Figure 1, physical needs, information and peer support, and psychological first aid are first line, with psychological interventions being utilised for those who require it, and can make effective use of it during crisis periods.
- Include your in-house practitioner psychologists and other mental health professionals in thinking and planning with teams.
- Identify within your current psychological support staff any additional and flexible capacity to establish a centrally coordinated professional support line/website for staff using a systematic approach such as Psychological First Aid.
- Respond to post-traumatic stress in line with evidence-based guidance (e.g. [www.traumagroup.org](http://www.traumagroup.org))
- Clear links to crisis services which need to be advertised widely.
- Do not forget to support those supporting others.



**Figure 1:** Stepped psychological response

- 8 Innovate to implement psychological care, but in a coordinated way and consistent with organisational policies and principles of compassionate care**
- 9 Come back to your core NHS, organisational and professional values in making decisions**
- 10 Take care of yourself and pace yourself – this is a marathon, not a sprint**

**TABLE 1: 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.

<b>PREPARATION PHASE</b>	<b>ACTIVE PHASE</b>		<b>RECOVERY PHASE</b>
<b>Anticipatory anxiety</b>	<b>Heroics and surge to solution</b>	<b>Disillusionment and exhaustion</b>	<b>Recovery and long term psychological impacts</b>
<p>Planning may happen at a high level in a rapid timeframe leading to anticipatory anxiety about the unknown.</p> <p>With limited time to plan, and limited input into the preparation phase, many staff may not report feeling 'prepared' for the outbreak.</p> <p>Many UK Health Trusts have now passed through this phase.</p>	<p>Increased camaraderie as staff cross boundaries and work together.</p> <p>Sense of rising to a challenge.</p> <p>Staff may respond on instinct and are more prone to error. They may lack the headspace to see all options.</p> <p>Frustrations and role confusion as people try to adapt quickly within current system design.</p> <p>Staff witnessing things they have never seen before and feeling out of control.</p> <p>Disagreement between groups over sense of urgency.</p> <p>Staff lose usual boundaries over working hours and breaks and start to over-work.</p> <p>Work-life tensions arise as family life also becomes unsettled.</p> <p>Social norms and niceties slip and behavioural responses may causes difficulties for others.</p> <p>Focus on 'getting things done' which may lead to poor communication and silo working.</p>	<p>The period of highest psychological risk.</p> <p>Staff are in 'full go mode' with high levels of adrenaline and on 'automatic pilot'. They may then experience sudden exhaustion.</p> <p>They may neglect physical and psychological self-care as they feel it is not a priority.</p> <p>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.).</p> <p>Staff may begin to feel emotionally disconnected from the work, experience compassion fatigue, and may engage in avoidant or unhelpful coping.</p> <p>Tensions at home and within the wider family may over-run work life.</p> <p>Stress has a cumulative effect and smaller things trigger reactions.</p> <p>Staff with pre-existing vulnerabilities are at higher risk of crisis and suicidality.</p>	<p>Staff have time to start to reflect.</p> <p>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.</p> <p>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.</p> <p>Others may feel differently about their job and experience resentment towards individuals and towards the organisation.</p> <p>Individual difficulties have wider family and social impacts which may further exacerbate these longer-term impacts.</p> <p>Certain staff may be at risk of chronic psychological difficulties (including but not limited to burnout and post-traumatic stress).</p>

## PRINCIPLES OF RESPONDING WELL IN THE 'RECOVERY' PHASE FOR RESTORING AND MAINTAINING STAFF WELLBEING FOR THE FUTURE

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It is important, when this is over, that we do not return to business as usual without considering the long-term psychological needs of our workforce.

- 1 Allow space for taking stock, utilising trained practitioner psychologists to facilitate reflection and processing of experiences.
- 2 Organise active learning events that involve healthcare staff at all levels – feed learning into future preparedness plans.
- 3 Organise thanks and rewards for everyday going above and beyond.
- 4 Needs assessment of staff – what did they find helpful, what ongoing input would they want now. If needed, increase your access to in-house Employee Wellbeing Services offering evidence-based psychological therapies.
- 5 Provide spaces for ongoing peer support.

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