

# Protecting Our Health Care Worker's Well-being: A Three Part Course

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# Course Overview:

**In Part 1, we will discuss the immediate mental health needs of our frontline health care workers during the COVID – 19 Pandemic.**

**In Part 2, we will discuss the design of programs and systems for the long-term protection of Clinician Well-being.**

**In Part 3, we will discuss the expected mental health needs of our community during and after the COVID-19 Pandemic.**

*There are no disclosures. There are no conflicts of interest.*

# Part 1: Protecting Our Health Care Worker's Well-being During the COVID-19 Pandemic

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# Objectives for Part 1:

Participants will understand:

1. Lessons on mental health from past disasters.
2. The unique aspects of the COVID-19 Pandemic on Frontline Health Care Worker well-being.
3. Introductory frontline health care worker well-being strategies.
4. Compilation of Best Practices for Creating a Comprehensive System of Interventions to Support Frontline Health Care Worker Well-being during a Pandemic.

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# Knowledge is Power: We Have Learned a Great Deal from Past Disasters

- **Pandemics and Epidemics – 1918 Spanish Flu, AIDS / HIV, SARS, MERS, Ebola.**
- **Economic Downturns – Great Depression, 1980s Farm Crisis, Great Recessions.**
- **Disasters – 9/11, Hurricane Katrina.**
- **Health care workers are a resilient group.**
- **Interventions lead to fewer symptoms of stress and faster recovery.**

# We Also Know COVID-19 is Unique

- Pandemic Occurring over Months Rather Than a 1-time Event
- High Rate of Transmission
- Lasts on Surfaces
- Long-incubation Period
- Many are Asymptomatic or Minimal Symptoms
- It Can Go Bad Quickly:
  - ER Nurse - *“They look..... fine but their vitals are not.”*

# **We Also Know COVID-19 is Unique**

- **Impact of Social Distancing:**
  - **Personal Support, Family Support, Co-Worker Support**
  - **Jobs, Income and the Economy – including Co-workers in Health Care**
  - **Education of Children**
  - **Non-Congregate Sheltering of Frontline Health Care Workers in Hotels**

**Acknowledging What Is  
Happening.**

# Some of the Clinician Pressures – April 2020

- **Infecting others with CV-19**
- **Being infected with CV-19**
- **Stamina**
- **Difficult Decisions by the Minute**
- **Enough Personal Protective Equipment**
- **Ventilators**
- **“Elective” procedures and visits stopped**
- **Critical Access / Rural Hospitals**

# Pressure Downward: Maslow's Hierarchy of Human Needs

- As Highly Skilled, Highly Educated and Dedicated Health Care Workers, We Are Often Working at the Upper Levels of Maslow Hierarchy of Human Needs.
- During a Pandemic – Our Most Basic Needs are Threatened.



# Impact of COVID-19 on Frontline Health Care Workers – April 2020

## COVID-19 Health Care Worker Reports:

- 75% = Exhaustion and Mental Distress
- 50% = Depressive Symptoms
- 50% = Anxiety Symptoms
- 33% = Insomnia

*Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Corona Virus Disease, J. Lai, JAMA Open Network 3(3), 2020.*

# Phases of Health Care System Impact Rhinegold 2020

- 1. Pre-Surge** – Dominated by anticipatory anxiety.
- 2. Surge** – Dominated by fatigue, worry of mistakes, guilt not doing enough, guilt about being away from family during a tough time.
- 3. Post Surge** – Health care workers are resilient. Vast majority make it through. Interventions can help a great deal.

# Range of Normal Emotions and Reactions of Health Care Workers During a Pandemic

- **Fear – Known Threat, Normal Fight or Flight Response.**
- **Anxiety – Unknown, More Diffuse, Apprehension.**
- **Depression – Sadness Related to Suffering. Upset One Has Made Mistakes.**

# Range of Normal Emotions and Reactions of Health Care Workers During a Pandemic

- **Guilt – Not Doing Enough. Apart From Family Duties.**
- **Frustration, Anger – Not Enough Resources (Testing Capacity, Personal Protective Equipment, Ventilators.)**

# Well-being Strategies

# I. Better Preparation for Additional Global Diseases

- **National Strategy for Prevention, Monitoring and Planning for Pandemics.**
  - *1918 Spanish Flu had 3 Waves*
- **Widely Available Testing; Ability to Isolate Infected, Contact Tracing.**
- **Personal Protective Equipment**
- **Ventilators**
- **Increase Surge Capacity for Health Systems**

## II. Prevention and Early Intervention

### We Know:

- **Before COVID-19, Physicians had High Rates of Burn-out, Clinical Depression and Risk of Suicide.** *To Care is Human; Collectively Confronting the Clinician Burnout Crisis, Dzau VJ, N Engl J Med, 2018.*
- **Disasters increase the Risk of Clinical Depression, Clinical Anxiety, Substance Use Disorders, Post-Traumatic Stress Disorder, Secondary Stress Disorder.** *Recovery from PTSD following Hurricane Katrina, McLaughlin, Depression and Anxiety, 28(6), February 2011.*

## II. Prevention and Early Intervention

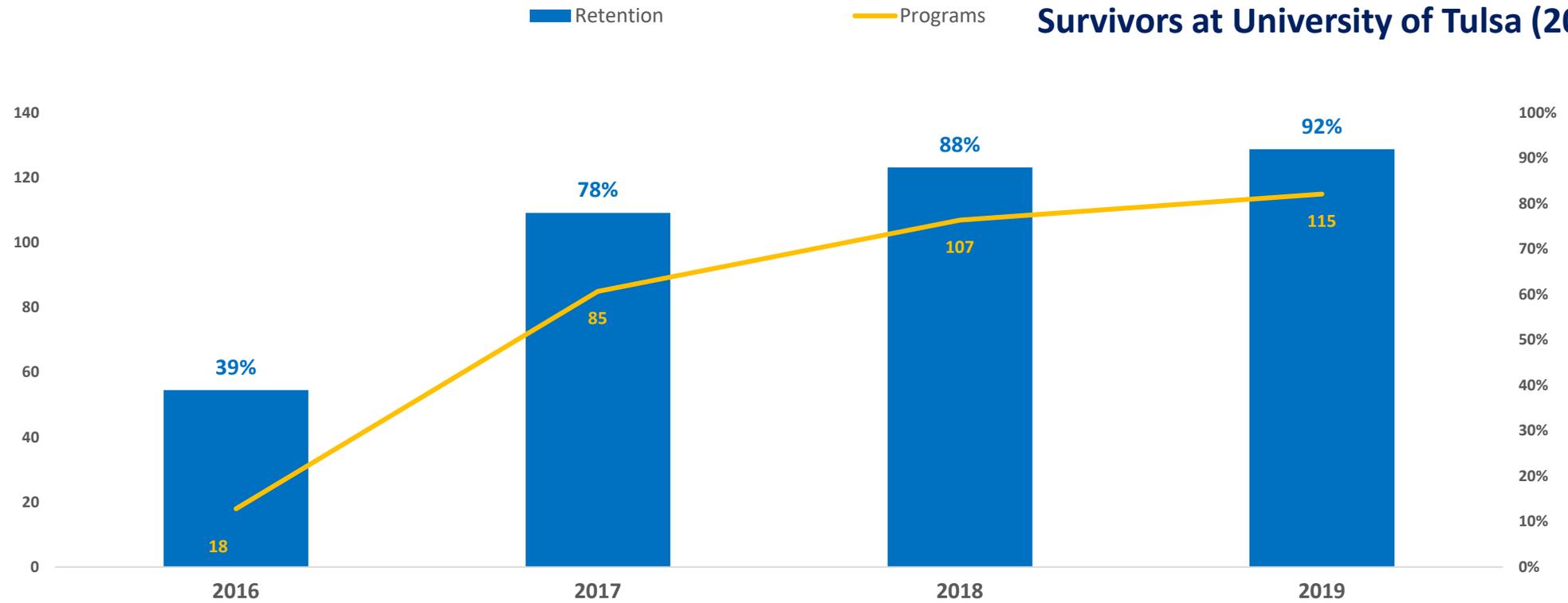
**We Know: The Immediate Period Around the Traumatic Events Matters.**

- **Vietnam War Veterans - High Rates of PTSD related to a non-supportive return to the US.** *VA.gov, 2020*
- **Israel – Immediate mental health interventions after terror events leads to lower rates of PTSD.** *Fortuna Ben-Harosh, MD, Orion Center, Haddasah Medical Center, Jerusalem, Israel (2017)*



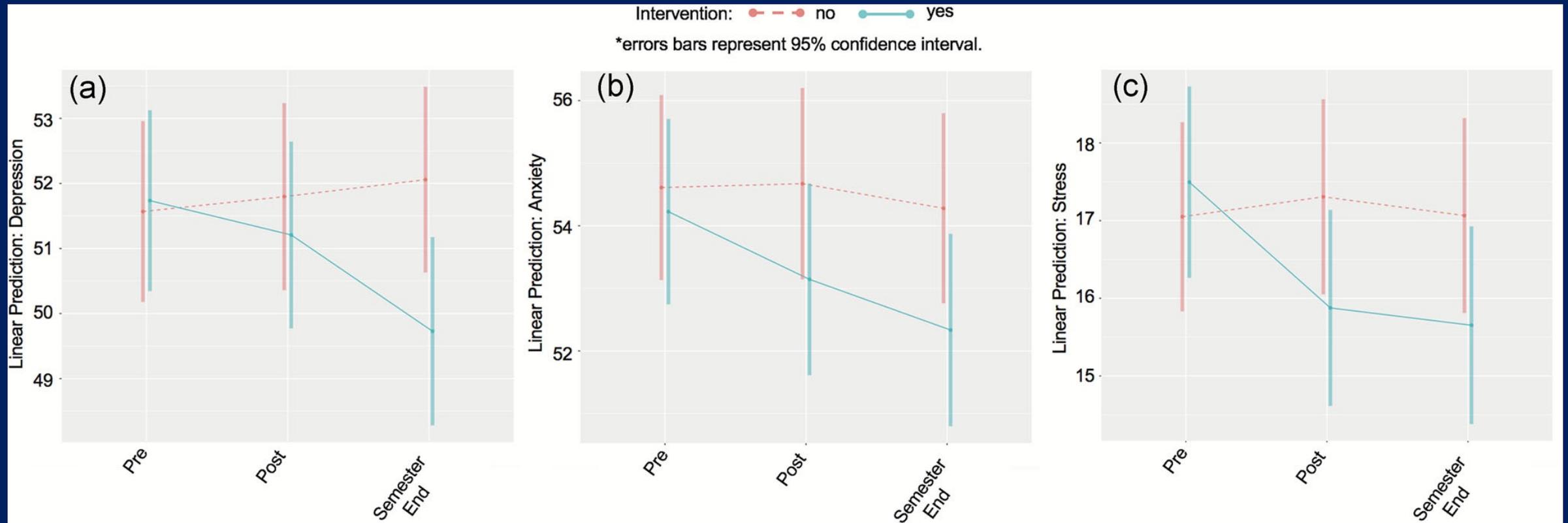
Student-Survivor Retention and Program Activity

## Early Intervention Trauma Care Programming Results in Higher College Retention Rates for Sexual Assault Survivors at University of Tulsa (2020)



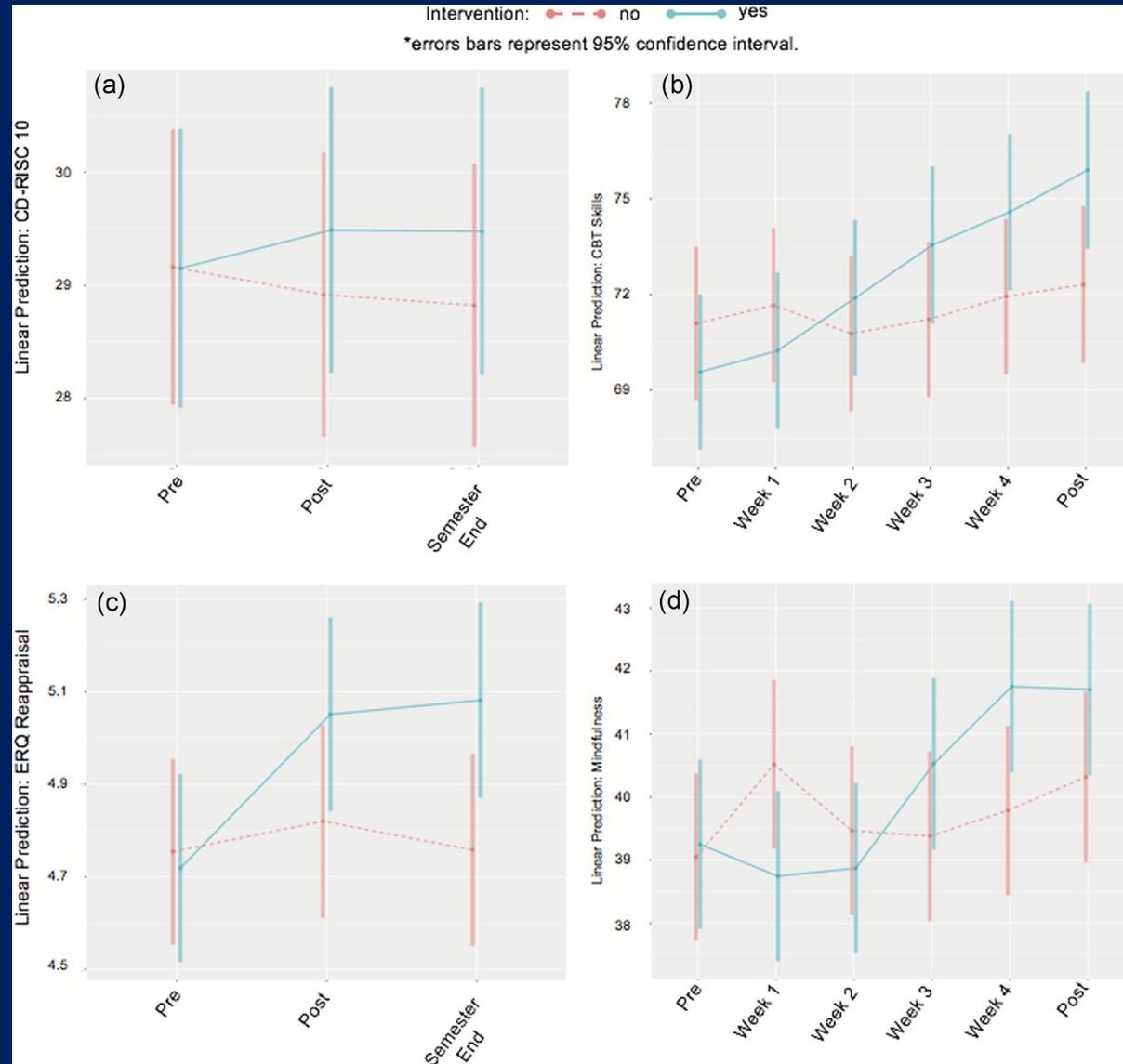
# TU Tough Freshmen Resiliency Program Improves Rates of Stress, Anxiety and Depression

E. Akeman, R Aupperle, A pragmatic clinical trial examining impact of a resilience program on college student mental health. *Depress Anxiety*, 2019 1-12



# TU Tough - Freshmen Resiliency Program

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# III. Initial Interventions, *Managing Anxiety Related to Taking Care of Patients during the COVID-19 Pandemic, Gore-Felton, Karen, Trockel, Shanafelt, Stanford Medicine, April 3, 2020.*

## Support Comes in Many Forms; Seek the Best Fit for You

- *Social*
- *Emotional*
- *Physical*
- *Reassurance*
- *Material*
- *Feeling Needed*

# III. Initial Interventions,

*Managing Anxiety Related to Taking Care of Patients during the COVID-19 Pandemic, Gore-Felton, Karen, Trockel, Shanafelt, Stanford Medicine, April 3, 2020.*

## Coping Activities; Seek the Best Fit for You

- *Intentionality*
- *Talking*
- *Mindfulness*
- *Meditation*
- *Prayer*
- *Journaling*

## Coping Activities; Seek the Best Fit for You

- *Take a Break from News Media*
- *Exercise*
- *Normal Schedule*
- *What Can You Do Right Now*
- *Cooking and Healthy Food*

# III. Initial Interventions

## Coping Activities; Seek the Best Fit for You

- *Learning*
- *Writing /Scholarship*
- *Creating Educational Materials*
- *Sublimation – Uncomfortable emotions (e.g. anxiety) are transferred to positive actions.*

# III. Initial Interventions, *Managing Anxiety Related to Taking Care of Patients during the COVID-19 Pandemic, Gore-Felton, Karen, Trockel, Shanafelt, Stanford Medicine, April 3, 2020.*

## Understanding and Correcting “Self Talk”

- *Inaccurate thoughts can lead to negative emotions.*
- *Identify unhelpful thoughts in relation to negative emotion.*
- *Test the accuracy of those thoughts.*
- *Reframe the thought and often the emotion improves.*
- *What would you tell a friend who was thinking as you were?*

# III. Initial Interventions, *Managing Anxiety Related to Taking Care of Patients during the COVID-19 Pandemic, Gore-Felton, Karen, Trockel, Shanafelt, Stanford Medicine, April 3, 2020.*

## Sudden Panic and Anxiety

- *Take a quick break.*
- *Slow, steady inhalation and exhalation works for many as a re-set.*

# III. Initial Interventions, *Managing Anxiety Related to Taking Care of Patients during the COVID-19 Pandemic, Gore-Felton, Karen, Trockel, Shanafelt, Stanford Medicine, April 3, 2020.*

## Helpful Phrases to Use on Yourself

- *What would you tell a friend who was thinking as you were?*
- *How were you helpful to others today?*
- *How did you show compassion today?*
- *Its OK to not be OK;*
  - *Our emotions go up and down throughout the day.*
  - *There is a great deal of suffering. It is important to grieve.*

# **IV. Building a Better System for Frontline Healthcare Worker Well-being**

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

1. **Inclusive** – Entire team of workers; nurses, physician assistants, physicians, respiratory therapists, radiographers, phlebotomists, sonographers and more.....

# Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 2. Normalizing Interventions for Stress Management:

- Communications platform such as University of Iowa Health Care's (UIHC) "The LOOP" that provides the entire health system updates on COVID-19 at UI as well as available resources.
- Embedded in these updates is clinician well-being as a "normal" need during crises environment.
- Messaging is also included around seeking assistance for stress and mental distress as normal part of the emergency work that is being accomplished.

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 3. A Known Array of Services

- A comprehensive web site to find all resources and services that are specific to health care workers.
- Includes within the specific health systems, across the region and state-wide.

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 4. Social Media as Support:

- Strong positive social media presence - with closed Facebook groups for clinician support of each other.
- This is very successful at the University of West Virginia with 6,000 members.

# **IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19**

## **5. Interventions 24 hours / 7 days per week:**

- A 24 hour hotline for health care workers for initial access and guidance.
- At the University of Iowa, 21 urgent calls in the first 14 days.

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 6. Screening Starting Point:

- A triage / screening / video call process with a 1-800 number for clinicians needing help to have a trained professional help guide them.

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 7. Access to Care:

- A bank of clinicians willing to provide counseling pro bono (e.g. University of Michigan, Wayne State University).
- The CARES Act provides liability protection for any clinician volunteering during the Pandemic.
- Zoom Health Care, Doxy.com and others provide video meeting platforms that are HIPAA compliant.

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 8. Skills Development;

- Skills training sessions - using evidence-based Psychological First Aid, Skills for Psychological Recovery and TU Tough Resiliency Training (University of Tulsa).
- Stanford University has also developed a 1- hour CME session “Managing Anxiety Related to Taking Care of Patients During the COVID-19 Pandemic: An Interactive Webinar.”

# IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19

## 9. Attention to Family;

- Creative family supports.
- For Example, at University of Iowa Health Care, they are hosting online all sorts of activities for the employees children including a dance on Zoom.

# **IV. Building a Comprehensive Frontline Health Worker Well-being Program During COVID-19**

## **10. Cleanliness of Frontline Health Care Workers.**

- Scrubs that they leave behind before they go home.
- Shower access before they go home.

# Summary

1. **The COVID-19 Pandemic has placed frontline health care workers under a great deal of understandable stress.**
2. **Health systems can help prevent poor mental health outcomes among their frontline health care workers on two levels:**
  - **Assisting with access to stress management strategies including the various aspects of support, coping activities, and cognitive behavioral interventions.**
  - **Utilizing a set of emerging Best Practices for building a comprehensive program to protect clinician well-being during the COVID-19 Pandemic.**