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Staff wellbeing when working in COVID-19 areas

ID of request: 22942
Date of request: 28th April, 2020
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If you would like to request any articles or any further help, please contact: Mary Smith at Mary.smith30@nhs.net

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Staff wellbeing when working in COVID-19 areas. Mary Smith. (28th April, 2020). EXETER, UK: Exeter Health Library.

Sources searched
CINAHL (5)
ERIC (1)
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[Cochrane, British Education Index, NICE Evidence, and Social Care Online also searched, but no further documents found]

Date range used (5 years, 10 years): 2010 - 2020
Limits used (gender, article/study type, etc.): LA=ENG
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A. Original Research

1. Leadership in the time of crisis.
   Foster S. British journal of nursing (Mark Allen Publishing) 2020;29(7):449.

   Sam Foster, Chief Nurse, Oxford University Hospitals, considers what leaders need to do in this time of COVID-19.

2. From Grenfell to Manchester Arena: supporting the health of medics on the front line.

   The article focuses on the emotional and mental cost associated with of being on the medical front line. Topics include risk of work-related stress, burnout and depression; supporting doctors in crisis with issues relating to a mental health concern or addiction problem; and the impact of work pressure on health of medical professionals.

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   OBJECTIVE To conduct a systematic literature review to identify social and occupational factors affecting the psychological wellbeing of healthcare workers involved in the severe acute respiratory syndrome (SARS) crisis.

   METHODS Four literature databases were searched and data extracted from relevant papers. RESULT Eighteen thousand five papers were found and 22 included in the review. The psychological impact of SARS on employees appeared to be associated with occupational role; training/preparedness; high-risk work environments; quarantine; role-related stressors; perceived risk; social support; social rejection/isolation; and impact of SARS on personal or professional life. CONCLUSION To minimize the psychological impact of future outbreaks of infectious diseases, healthcare workers should be prepared for the potential psychological impact; employers should encourage a supportive environment in the workplace and ensure that support is in place for those most at risk, for example, those with the most patient contact.

   Available online at this link
4. **Health workers’ experiences of coping with the Ebola epidemic in Sierra Leone’s health system: a qualitative study.**
   Raven Joanna BMC health services research 2018;18(1):251.

BACKGROUND

The 2014 Ebola Virus Disease epidemic evolved in alarming ways in Sierra Leone spreading to all districts. The country struggled to control it against a backdrop of a health system that was already over-burdened. Health workers play an important role during epidemics but there is limited research on how they cope during health epidemics in fragile states. This paper explores the challenges faced by health workers and their coping strategies during the Ebola outbreak in four districts - Bonthe, Kenema, Koinadugu and Western Area - of Sierra Leone.

METHODS

We used a qualitative study design: key informant interviews (n = 19) with members of the District Health Management Teams and local councils, health facility managers and international partners; and in depth interviews with health workers (n = 25) working in public health facilities and international health workers involved with the treatment of Ebola patients.

RESULTS

There were several important coping strategies including those that drew upon existing mechanisms: being sustained by religion, a sense of serving their country and community, and peer and family support. Externally derived strategies included: training which built health worker confidence in providing care; provision of equipment to do their job safely; a social media platform which helped health workers deal with challenges; workshops that provided ways to deal with the stigma associated with being a health worker; and the risk allowance, which motivated staff to work in facilities and provided an additional income source.

CONCLUSION

Supportive supervision, peer support networks and better use of communication technology should be pursued, alongside a programme for rebuilding trusting relations with community structures. The challenge is building these mechanisms into routine systems, pre-empting shocks, rather than waiting to respond belatedly to crises.

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5. **SARS 15 years on - My reflection on how to motivate your team to overcome the crisis.**

The author reflects on how to motivate healthcare workers in China to overcome the crisis of severe acute respiratory syndrome. Topics mentioned include percentages of HCWs in Vietnam, Canada, and Singapore, designation of Tan Tock Seng Hospital in Singapore as the national SARS hospital on March 22, 2003, and ethical framework provided by the Hippocratic Oath for the conduct and practice of doctors.

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6. **Working experiences of nurses during the Middle East respiratory syndrome outbreak.**

AIMS: To explore working experiences of nurses during Middle East respiratory syndrome outbreak. BACKGROUND: Since the first case of Middle East respiratory syndrome was reported on May 20, 2015 in South Korea, 186 people, including health care workers, were infected, and 36 died. DESIGN: A qualitative descriptive study. METHODS: Seven focus groups and 3 individual in-depth interviews were conducted from August to December 2015. Content analysis was used. RESULTS: The following 4 major themes emerged:
"experiencing burnout owing to the heavy workload," "relying on personal protective equipment for safety," "being busy with catching up with the new guidelines related to Middle East respiratory syndrome," and "caring for suspected or infected patients with caution." Participants experienced burnout because of the high volume of work and expressed safety concerns about being infected. Unclear and frequently changing guidelines were 1 of the common causes of confusion. Participants expressed that they need to be supported while caring for suspected or infected patients. CONCLUSION: This study showed that creating a supportive and safe work environment is essential by ensuring adequate nurse staffing, supplying best-quality personal protective equipment, and improving communication to provide the quality of care during infection outbreak.

7. **The Emotional Well-Being of Nurses and Nurse Leaders in Crisis.**
Livomese Karen Nursing Administration Quarterly 2017;41(2):144-150.

In a world after 9/11, Hurricane Katrina, and Sandy Hook, plenty of literature has emerged on the subject of disaster management, but little is specific to the emotional well-being of the health care staff dedicated to serve during a crisis. Disasters, whether natural or man-made, are episodic but becoming more frequent. Nurses may find themselves in hospitals affected by a disaster, awaiting a surge of patients while supplied with only limited resources. Or, they may be deployed to austere environments where they are challenged to operate clinics, surrounded by the rubble of an earthquake. In these situations, nurse leaders need to ensure that staff members are trained to be effective disaster health care resources before crises occur. Training includes education on what nurses may observe, how they will be utilized in an emergency situation, and how they can best handle a chaotic environment, both during and after the event, in a manner that will help them keep their emotions in balance. Training before a disaster will help nurse responders develop a plan for their personal responsibilities so they can focus on the mission. The time to start training is not when the disaster occurs. In a chaotic environment, most nurses will not have the necessary reserves to begin learning new concepts. Prepared nurses and their leaders must be ready to use their training prior to any crisis. They need to be able to assess that their colleagues are not suffering because of lack of sleep, food, or emotional support. Even after a disaster has initially been resolved, and nurse responders have returned to their families, nurse leaders need to follow up with their team. It may actually be during the postcrisis period that nurse responders need the most emotional support.

8. **Healthcare Workers Emotions, Perceived Stressors and Coping Strategies During a MERS-CoV Outbreak.**

Objective: Healthcare workers (HCWs) are at high risk of contracting Middle East respiratory syndrome coronavirus (MERS-CoV) during an epidemic. We explored the emotions, perceived stressors, and coping strategies of healthcare workers who worked during a MERS-CoV outbreak in our hospital. Design: A cross-sectional descriptive survey design. Setting: A tertiary care hospital. Participants: HCWs (150) who worked in high risk areas during the April-May 2014 MERS-CoV outbreak that occurred in Jeddah, Saudi Arabia. Methods: We developed and administered a "MERS-CoV staff questionnaire" to study participants. The questionnaire consisted of 5 sections with 72 questions. The sections evaluated hospital staffs emotions, perceived stressors, factors that reduced their stress, coping strategies, and motivators to work during future outbreaks. Responses were scored on a scale from 0-3. The varying levels of stress or effectiveness of measures were reported as mean and standard deviation, as appropriate. Results: Completed questionnaires were returned by 117 (78%) of the participants. The results had many unique elements. HCWs ethical obligation to their profession pushed them to continue with their jobs. The main sentiments centered upon fear of personal safety and well-being of colleagues and family. Positive attitudes in the workplace, clinical improvement of infected
colleagues, and stoppage of disease transmission among HCWs after adopting strict protective measures alleviated their fear and drove them through the epidemic. They appreciated recognition of their efforts by hospital management and expected similar acknowledgment, infection control guidance, and equipment would entice them to work during future epidemics. Conclusion: The MERS-CoV outbreak was a distressing time for our staff. Hospitals can enhance HCWs experiences during any future MERS-CoV outbreak by focusing on the above mentioned aspects.

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Competency models attempt to define what makes expert performers “experts.” Successful disaster psychosocial planning and the institutionalizing of psychosocial response within emergency management require clearly-defined skill sets. This necessitates anticipating both the short- and long-term psychosocial implications of a disaster or health emergency (ie, pandemic) by developing effective and sustained working relationships among psychosocial providers, programs, and other planning partners. The following article outlines recommended competencies for psychosocial responders to enable communities and organizations to prepare for and effectively manage a disaster response. Competency-based models are founded on observable performance or behavioral indicators, attitudes, traits, or personalities related to effective performance in a specific role or job. After analyzing the literature regarding competency-based frameworks, a proposed competency framework that details 13 competency domains is suggested. Each domain describes a series of competencies and suggests behavioral indicators for each competency and, where relevant, associated training expectations. These domains have been organized under three distinct categories or types of competencies: general competency domains; disaster psychosocial intervention competency domains; and disaster psychosocial program leadership and coordination competency domains. Competencies do not replace job descriptions nor should they be confused with performance assessments. What they can do is update and revise job descriptions; orient existing and new employees to their disaster/emergency roles and responsibilities; target training needs; provide the basis for ongoing self-assessment by agencies and individuals as they evaluate their readiness to respond; and provide a job- or role-relevant basis for performance appraisal dimensions or standards and review discussions. Using a modular approach to psychosocial planning, service providers can improve their response capacity by utilizing differences in levels of expertise and training. The competencies outlined in this paper can thus be used to standardize expectations about levels of psychosocial support interventions. In addition this approach provides an adaptable framework that can be adjusted for various contexts.

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10. Psychological impact of the pandemic (H1N1) 2009 on general hospital workers in Kobe.

AIMS: In order for hospitals to work efficiently in a pandemic, it is important to know how a pandemic affects the hospital staff. The aim of the present study was to investigate the
psychological impact of the pandemic (H1N1) 2009 on hospital workers and how it was affected by the characteristics of the hospital, gender, age, job and work environment.

METHODS: In late June 2009, soon after the pandemic had ended in Kobe city, Japan, a questionnaire was distributed consisting of questions on sociodemographic characteristics, 19 stress-related questions and the Impact of Event Scale (IES) to all 3635 employees at three core general hospitals in Kobe. Exploratory factor analysis was applied to the 19 stress-related questions, and this produced four factors for evaluation (anxiety about infection, exhaustion, workload, and feeling of being protected). Multiple regression models were used to evaluate the association of personal characteristics with each score of the four factors and the IES.

RESULTS: Valid answers were received from 1625 employees. Workers at a hospital with intense liaison psychiatric services felt less psychological impact. Workers at a hospital that provided staff with information about the pandemic less frequently, felt unprotected. Workers in work environments that had a high risk of infection felt more anxious and more exhausted. The total IES score was higher in workers in high-risk work environments.

CONCLUSIONS: It is important for hospitals to protect hospital workers during a pandemic and to rapidly share information about the pandemic. Liaison psychiatric services can help to reduce the impact of the pandemic on hospital workers.

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11. Resilience training for hospital workers in anticipation of an influenza pandemic

Background Well before the H1N1 influenza, health care organizations worldwide prepared for a pandemic of unpredictable impact. Planners anticipated the possibility of a pandemic involving high mortality, high health care demands, rates of absenteeism rising up to 20–30% among health care workers, rationing of health care, and extraordinary psychological stress. Method The intervention we describe emerged from the recognition that an expected influenza pandemic indicated a need to build resilience to maintain the health of individuals within the organization and to protect the capacity of the organization to respond to extraordinary demands. Training sessions were one component of a multifaceted approach to reducing stress through effective preparation and served as an evidence based platform for our hospital's response to the H1N1 pandemic. Results The training was delivered to more than 1250 hospital staff representing more than 22 departments within the hospital. The proportion of participants who felt better able to cope after the session (76%) was significantly higher than the proportion who felt prepared to deal confidently with the pandemic before the session (35%). Ten key themes emerged from our qualitative analysis of written comments, including family-work balance, antiviral prophylaxis, and mistrust or fear towards health care workers. Conclusions Drawing on what we learned from the impact of SARS on our hospital, we had the opportunity to improve our organization's preparedness for the pandemic. Our results suggest that an evidence-based approach to interventions that target known mediators of distress and meet standards of continuing professional development is not only possible and relevant, but readily supportable by senior hospital administration.

12. Surviving a life-threatening crisis: Taiwan's nurse leaders' reflections and difficulties fighting the SARS epidemic.

AIM This study explored Taiwan's nurse leaders' reflections and experiences of the difficulties they encountered and survival strategies they employed fighting the severe acute respiratory syndrome epidemic and the background context framing these phenomena. BACKGROUND On several continents in 2002-2003, the highly infectious severe acute respiratory syndrome overwhelmed health care systems and health professionals who had to provide care in situations involving high personal risk and stress,
some becoming infected and dying. Nurse leaders in Taiwan had to develop new strategies and support systems for nursing care. DESIGN A two-step within-method qualitative triangulation research design. 

METHODS Focus group in-depth interviews held with 70 nurse leaders from four Northern Taiwan hospitals involved in the severe acute respiratory syndrome epidemic. Participants then completed an open ended questionnaire. Content analysis was undertaken with data and stages and themes generated. Data were then analysed using Hobfall’s concepts of conservation of resources to further discuss participants’ reactions and actions in the severe acute respiratory syndrome crisis. 

RESULTS Participants worked under incredible stress to lead the profession through a period of crisis. Five stages arose in the participants’ involvement against severe acute respiratory syndrome over 12 weeks: facing shock and chaos; searching for reliable sources to clarify myths; developing and adjusting nursing care; supporting nurses and their clients; and rewarding nurses. 

CONCLUSION Nurse leaders become important executors of intervention in this health disaster, requiring emotional intelligence to manage their internal conflicts and interpersonal relationships effectively. They developed sociopolitical and analytical abilities and crucial requirements for planning and implementing strategies in areas where none previously existed. Building support systems was an important resource for managing conflicts between familial and professional roles. Relevance to clinical practice. Findings will assist nurse leaders to prepare themselves and the profession to better deal with disaster management in similar infectious outbreaks in the future.

Useful websites

HEE has been supporting MindEd to develop the COVID-19 Resilience Hub - http://covid.minded.org.uk/. The Hub is for the health and social care workforce to help them manage their mental health and wellbeing while supporting others during the pandemic. It is aimed primarily at front line staff, but there are lots of useful tips that are relevant to all health and social care workers.

See also Exeter Health Library’s topic guide on COVID-19, particularly the link to mental health and wellbeing here

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