

## Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

Pandemic Stage	Technical Capacity	Staff Challenges	Staff Own Actions	Interventions for Staff	Corporate Actions Senior Execs/Managers
<b>Preparation for Covid-19</b>	<ul style="list-style-type: none"> <li>• Planning and anticipating</li> <li>• Gaining insights and information</li> <li>• Practical Preparation ie PPE and fit testing</li> <li>• Encourage simulation (“dry runs”) of safety protocols and procedures, to facilitate embedding knowledge to increase safety</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipatory anxiety vs. possible denial - potential for conflict</li> <li>• If PPE/fit testing delayed &gt; more stress</li> <li>• May feel overwhelmed at prospect</li> <li>• Physical/emotional signs of tension</li> <li>• Information overload vs. lack information</li> <li>• Realisation reduced/absence agreed leave</li> <li>• Reasonable identification of limits to practice</li> <li>• Potential fear of reprisal relating difficult decisions</li> <li>• May already be struggling due to work or unrelated issue</li> <li>• Be aware of the <i>Stress Response Curve</i>*</li> <li>• Concern over transmission to vulnerable relatives</li> </ul>	<ul style="list-style-type: none"> <li>• Optimise ‘Personal batteries’</li> <li>• Make <i>Personal Wellbeing Plan</i>*</li> <li>• Home contingency planning</li> <li>• Self-isolation planning</li> <li>• Work within own competencies but learn new skills to help others</li> <li>• Focus on what can be reasonably undertaken</li> <li>• Try to anticipate likely individual challenges both professional and personal.</li> <li>• Make a <i>Safety Plan</i>* - See <a href="http://StayingSafe.net">StayingSafe.net</a></li> </ul>	<ul style="list-style-type: none"> <li>• Encourage self-care</li> <li>• Good advice regarding COVID-19 safety protocols</li> <li>• Start regular supportive meetings with colleagues</li> <li>• Commence <i>End of Shift huddles</i>* and regular supportive <i>Team Review Meetings</i>*</li> <li>• (see full details below)</li> <li>• Optional 1:1 Coaching for senior staff</li> <li>• Ensure staff are aware of range of support options available including occupational health.</li> <li>• May need counselling support – by telephone/videolink (avoid over-medicalisation)</li> <li>• “Marathon not a sprint”: maximise regular rostered short periods of leave and annual leave whenever possible</li> <li>• Clear communication channels with clear escalation if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Develop regular communication channels e.g. daily emails at same time: use same wording format</li> <li>• FAQs updated daily with option to feed into process</li> <li>• Develop Media Plan: focus on certainty, transparent, honest</li> <li>• Remove non-urgent business-as-usual tasks ASAP and extend deadlines (e.g. non-essential mandatory training, job planning, appraisals, KPI)</li> <li>• Ensure active monitoring of staff wellbeing and PPE availability are standing agenda items in COVID-19 Management Meetings</li> <li>• Managers need support and coaching to avoid inadvertent overbearing approach.</li> <li>• Harness/accept pro-bono offers of coaching</li> <li>• ‘Open door’ policy in person/remotely</li> <li>• Senior staff highly ‘visible’ and approachable</li> <li>• Involve chaplaincy services</li> </ul>

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<p><b>Early phase</b></p>	<ul style="list-style-type: none"> <li>• Single/small number of cases</li> <li>• Potential for fast shifting caseloads (empty ITU suddenly filling)</li> <li>• Full technical capacity</li> <li>• Vigilance regarding sufficient resources</li> <li>• Some ethical dilemmas</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipatory anxiety heightened</li> <li>• Increased psychosomatic symptoms</li> <li>• Increased awareness of own symptoms</li> <li>• May feel overwhelmed by responsibilities</li> <li>• Possible denial/some on overdrive</li> <li>• Most will be coping with the 'new normal'</li> <li>• Potential fear of reprisal relating to difficult decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Build new teams</li> <li>• Learn new self-care strategies</li> <li>• Actively use <i>Personal Wellbeing Plan*</i></li> <li>• Work within own competencies, but learning new skills to help others</li> </ul>	<ul style="list-style-type: none"> <li>• Informal peer-support</li> <li>• Create 'buddy' support</li> <li>• Pair up experienced with inexperienced staff</li> <li>• Start support forums (in-person and on-line)</li> <li>• Consider real time &amp; regular weekly support</li> <li>• <i>End of shift huddles*</i>,</li> <li>• Regular supportive <i>Team Review Meetings*</i></li> <li>• May be able to access Liaison/psychology</li> <li>• Home-based tasks when staff well and self-isolating to support sense of being useful</li> </ul> <p>THIS SECTION WILL BE EXPANDED SHORTLY</p>	<ul style="list-style-type: none"> <li>• Regular communication channels and consistent Media Plan as above</li> <li>• Encourage home-based tasks when staff well and self-isolating, to support sense of being useful</li> <li>• Provide increased levels of supervision and ensure no one is pressured into a role that provokes overwhelming anxiety and stress</li> <li>• Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings</li> <li>• Managers need support and coaching to avoid inadvertent overbearing approach</li> <li>• Remember 'marathon not a sprint'</li> </ul>
<p><b>Mid-phase</b></p>	<ul style="list-style-type: none"> <li>• Many new cases daily</li> <li>• Strain in technical capacity due to insufficient equipment and staff sickness, covering for colleagues, redeployment anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Distress and worry increase</li> <li>• Some staff not coping and already overwhelmed</li> <li>• Many habituated to 'new normal'</li> <li>• Some on 'overdrive'</li> <li>• Starting to deplete personal reserves:</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on 'circle of influence'</li> <li>• Focus on supportive teamwork</li> <li>• Practice developing psychological and cognitive strategies</li> <li>• Conscious attempts to establish a routine for</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritise drinks/food/rest/sleep</li> <li>• Strategic comfort breaks and rest periods (and avoid caffeinated drinks prior to shift) to optimise comfort whilst conserving stocks of PPE</li> <li>• Consolidate supportive meetings</li> <li>• Ensure regular 'offload'</li> </ul>	<ul style="list-style-type: none"> <li>• Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings</li> <li>• Regular communication channels and consistent Media Plan as above</li> <li>• Ensure successes are shared, no matter how small</li> <li>• Vigilant to monitoring resources adequate</li> </ul>

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	<ul style="list-style-type: none"> <li>Challenging ethical decisions will need support process from regulatory organisations, professional bodies and senior staff</li> </ul>	<ul style="list-style-type: none"> <li>'Running on empty' and starting to burnout</li> <li>'Staying strong' for patients</li> <li>Potential fear of reprisal relating difficult to decisions</li> </ul>	<ul style="list-style-type: none"> <li>relaxation/sleep hygiene</li> <li>Avoid excess caffeine/alcohol</li> </ul>	<ul style="list-style-type: none"> <li>Formal 'buddy' each shift</li> <li>May need intensive support</li> <li>Clear communication channels with clear escalation if needed</li> </ul> <p>THIS SECTION WILL BE EXPANDED SHORTLY</p>	<ul style="list-style-type: none"> <li>Consider additional practical support for staff to allow to stay at work</li> <li>Redeploy some staff to support staff caring for COVID-19 patients</li> <li>Managers need support and coaching to avoid inadvertent overbearing approach.</li> <li>Remember 'marathon not a sprint'</li> </ul>
<b>Peak-phase</b>	<ul style="list-style-type: none"> <li>Case overload ++++</li> <li>Insufficient Capacity due to patient numbers</li> <li>May need national review of boundaries of individual scope of practice</li> <li>Challenging ethical decisions will need support process by senior staff</li> </ul>	<ul style="list-style-type: none"> <li>Distressed due personal impact</li> <li>Likely to have affected family/friends</li> <li>'Altruistic Distress'</li> <li>Feeling overwhelmed +++</li> <li>May feel unable to cope ++</li> <li>Staff 'running on empty' &amp; burnout ++</li> <li>Potential work conflict due to excess stress</li> <li>Potential fear of reprisal relating difficult decisions</li> </ul>	<ul style="list-style-type: none"> <li>Focus on 'circle of influence'</li> <li>Focus on supportive teamwork</li> <li>Use psychological, cognitive and self-compassion strategies constantly</li> <li>Conscious attempts relax/sleep hygiene</li> <li>Avoid 'overdrive'</li> </ul>	<ul style="list-style-type: none"> <li>Prioritise drinks/food/rest/sleep</li> <li>Strategic comfort breaks and rest periods (and avoid caffeinated drinks prior to shift) to optimise comfort whilst conserving stocks of PPE</li> <li>Compassionate management</li> <li>'Buddy system' every shift</li> <li>Opportunistic support</li> <li>Regular supportive <i>Team Review Meetings*</i></li> <li>Support 'off load' time built into shift</li> <li>May need 1:1 or small group support</li> </ul>	<ul style="list-style-type: none"> <li>Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings</li> <li>Regular communication channels and consistent Media Plan as above</li> <li>Ensure successes are shared, no matter how small</li> <li>Consider additional practical support for staff to allow to stay at work</li> <li>Redeploy some staff to support staff caring for COVID-19 patients</li> <li>Liaise with external bodies as required</li> <li>Managers need support and coaching to avoid inadvertent overbearing approach.</li> </ul>

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				<ul style="list-style-type: none"> <li>• Clear communication channels with clear escalation if needed</li> </ul>	
<b>Tail off phase</b>  <b>NB timeline is not yet unknown</b>	<ul style="list-style-type: none"> <li>• Technical capacity OK</li> <li>• Minor ethical dilemmas</li> </ul>	<ul style="list-style-type: none"> <li>• Staff ‘running on empty’</li> <li>• Many with burnout</li> <li>• Potential retrospective guilt</li> <li>• Potential fear of reprisal relating difficult decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on supporting self and others</li> <li>• Use psychological and cognitive strategies when required</li> <li>• Focus on compassion self and others</li> </ul>	<ul style="list-style-type: none"> <li>• Compassionate management</li> <li>• Regular supportive <i>Team Review Meetings*</i></li> <li>• Watch and wait and refer/Occupational Health</li> <li>• More formal psychological help if and when required</li> </ul>	<ul style="list-style-type: none"> <li>• Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings</li> <li>• Regular communication channels and consistent Media Plan as above</li> <li>• Ensure share successes, no matter how small</li> <li>• Liaise with external bodies as required</li> <li>• ‘Open door’ policy in person/remotely</li> </ul>
<b>Post COVID-19</b>  <b>NB timeline is not yet unknown</b>	<ul style="list-style-type: none"> <li>• Full technical capacity</li> <li>• Still reduced staff functioning/reduced numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Expect a delayed response</li> <li>• Potential retrospective guilt</li> <li>• Mitigate staff distress and/or burnout</li> <li>• Fear reprisal for difficult decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on supporting self and others</li> <li>• Use psychological and cognitive strategies if required</li> <li>• Focus on compassion self and others</li> </ul>	<ul style="list-style-type: none"> <li>• Compassionate management</li> <li>• Prioritise annual/study leave</li> <li>• Watch and wait and refer/Occ Health</li> <li>• More formal psychological help if and when required</li> </ul>	<ul style="list-style-type: none"> <li>• Managers need support and coaching to avoid inadvertent overbearing approach.</li> <li>• Open door on offer as needed</li> <li>• Plan team building activities</li> </ul>

### IMPORTANT

- This is an unprecedented situation that none of us have previously had to contend with.
- We must remember that all of us, however junior or senior, may be feeling out of our depth, which is an entirely normal and reasonable response.
- However, with planning and preparation and working as a collective we can support each other to do our very best.
- We will need to be creative, pool resources and also consider harnessing non-NHS people for support tasks and tasks to optimise our performance.

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## GLOSSARY

### \*End of shift huddles

- A quick check in, facilitated by senior clinician: what went well, what to do differently, self-care reminder, safety net for anyone who may need more support that day

### \*Team Review Meetings (formerly called **debriefs**)

- For the purpose of this document, a *Team Review Meeting* refers to a semi-formal structured, regular and facilitated meeting where teams are given the opportunity to come together to reflect on the experience of working together, build a shared understanding of what has happened, foster connection, give mutual support and think about their self-care needs. If regular meetings are not possible a one-off Team Review Meeting is to be encouraged.
- Ideally, they should be facilitated by at least one suitably qualified professional (i.e. psychologist, psychiatrist, trained mental health nurse or other) although COVID-19 may mean flexibility is required across all aspects of provision.
- The primary process is for compassionate support and not as a treatment intervention. However, it is important that at least one facilitator has a background in psychiatry or psychology and is able to recognise signs of PTSD should they emerge, so they can signpost on and ensure the team review is delivered safely.
- Where possible there should be two facilitators, with one being already known to the team (e.g. senior clinician, , team psychologist).
- Team reviews must always be optional, and no staff member should be compelled to attend.
- *We will be producing a “Guide to delivering a debrief” as soon as possible (promoting a Team Review Meeting structure least likely to exacerbate PTSD, whilst still being supportive and helpful if run correctly)*

### \*Safety Plan

- The mental health equivalent of putting on a car seat belt: a set of strategies, emotional and social support in the event of emotional distress. See [StayingSafe.net](https://www.staying-safe.net)

### \*Personal Wellbeing Plan

- The mental health equivalent of an MOT, designed to maximise wellbeing and build emotional resourcefulness to help mitigate tough times. *New website soon.*

### \*Circle of Influence (based on Covey’s work)

- This can potentially be adapted to clinical settings to reduce cognitive load when working in a high pressure or crisis situation.
- Encourage staff to think about the things that they can control, those they can influence and those they can neither control nor influence.
  - If staff start to become overwhelmed encourage them to focus on what is directly under their control at that very moment, and to encourage breaking down units of time or tasks into manageable chunks.
  - This can be applied to focussing on individual patient tasks if they start to become overwhelmed by unmanageable clinical workload or emotional distress

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### \*Stress Response Curve:

- Terms such as ‘stretch and strain’ can be useful to consider in understanding of the dynamics of the state people are in, and what has become widely known as the Nixon Curve [P. Nixon 1979] has also been called the *Stress Response Curve*.
- The term “stretch” is often used when someone is working and functioning at a high level whilst generally coping and efficient. At this time a person may be experiencing what might be termed “good stress”.
- However, as the stress increases, accumulates or develops multiple layers, this good stress can become distress (bad stress).
  - At this point people may be seen as strained, and though initially they may appear to be functioning and coping, the truth is they may rapidly descend into someone developing psychological, emotional and physical signs and symptoms which may lead to them becoming unwell, experiencing crises and burnout with even the smallest additional stresses.

### NOTES FOR EXECUTIVE TEAMS & SENIOR MANAGERS

- Senior leaders to include active monitoring of staff wellbeing and in COVID-19 Management meetings through engagement with stakeholders in Organisational Development/Occupational Health, Psychology, Liaison Psychiatry and faith leaders.
- Consider canvassing and harnessing pro-bono offers of coaching.
- **Communication is KEY**
  - Focus on certainty with transparent, honest and consistent style with same wording format.

### IF YOU HAVE BEEN EMAILED THIS DOCUMENT...

- This guidance is an evolving project: there will be expansions and additions soon.
- The latest version will always be downloadable from <https://www.lindadykes.org/covid19> and announced from our Twitter account @HCW\_Welfare

### COMMENTS OR SUGGESTIONS?

- Message Dr Alys Cole-King on Twitter - @AlysColeKing or to our Twitter account, @HCW\_Welfare, which will continue until the pandemic is over.

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## APPENDIX – Contributors

*As this is an interim document: multiple drafts have been flying around the contributing team, and this list will be updated as new contributors participate (or if we have accidentally missed anybody out!)*

### Project Coordinator

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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.

## 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

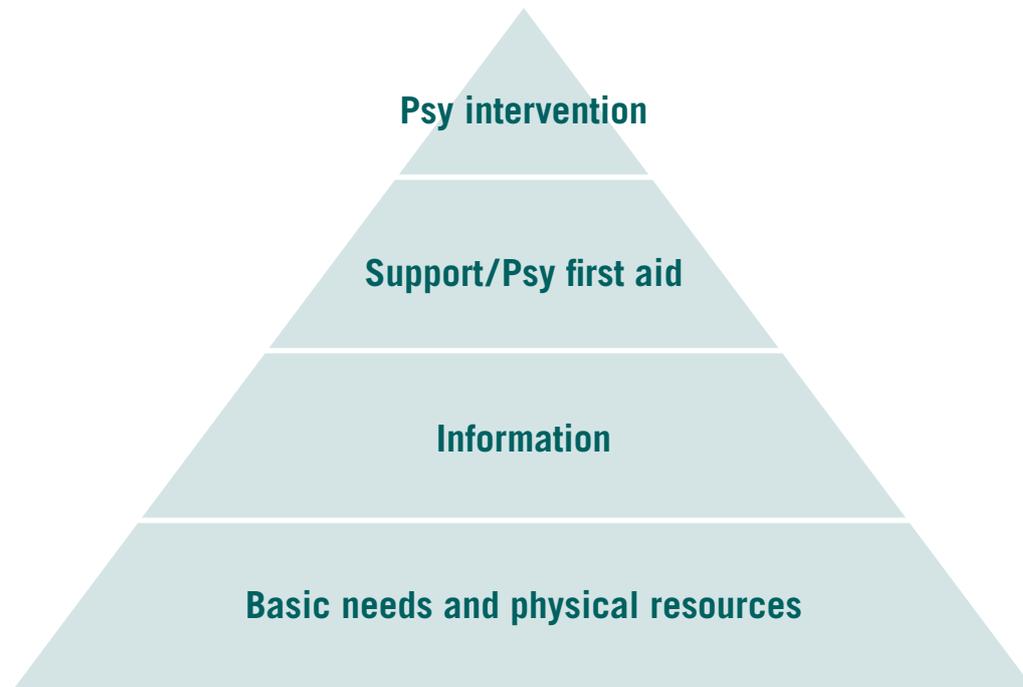
- Create systems of communication between (1) relatives/loved ones and clinical staff; and (2) between relatives/loved ones and the patient (this will require innovation but examples already show that a little goes a long way).
- Offer guidance/protocols for care in the context of treatment limitations 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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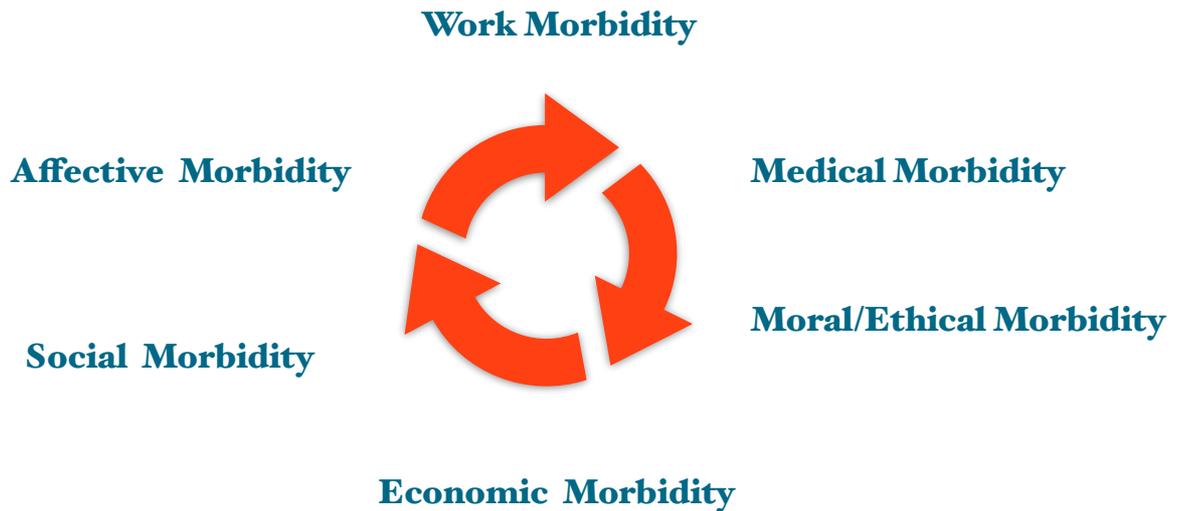
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## **THE COVID-19 MORBIDITIES** **AND THE EMPLOYER**



**The Employer and Employee are essential cogs in the fight against the current pandemic.**



- It is crucial that a harmonious and committed relationship exists between the two that can be nurtured in a healthy manner.
- This relationship is nurtured by fostering communication and consultation, a willingness to compromise and to remain committed to one another.
- Failure or an unwillingness on the either the part of the Employer or Employee will result in Work Morbidity and the onset of a vicious cycle as noted above.

### **The Role that the Employer needs to adopt:**

- Compromises are being asked of Employees and thus the Employer must be willing to show flexibility in a reasonable manner.

- The lack of appropriate Personal Protective Equipment (PPE) in the work environment is an issue that the Employer is responsible for.
- The Employer has to be transparent with its Employees regarding the ongoing acquisition of PPE and the difficulties with this process.
- Feedback will be greatly appreciated by Employees and may entail the use of notice boards within the work environment or the use of other media/communication platforms.
- The Employer needs to highlight the importance that every Employee is playing in the current battle against the COVID-19 pandemic. This may entail the use of letters or other forms of communication regarding the appreciation that the Employer has for the dedication and work ethos that Employees are showing during this period.
- The Employer has to engage with Management Structures within the work environment encouraging the use of positive feedback to Employees.
- This feedback would entail thanking Employees for their work ethic before and after each shift. Discussion should also be encouraged to highlight issues within the shift that can be managed/resolved with other Employees.
- The Employee must feel that the work environment despite its challenges is an environment which is dynamic and open to valuing feedback and catharsis.
- The Employer has to ensure that Employees are aware of the various support structures that are available to them and the means in which to access them.

A Constructive Work Environment allows Happy Employees to Flourish in and improves Productivity.

