

a VITAL WorkLife article

Best Practices for the COVID-19 Recovery Process

By Susan Wilson, MD, CPC



Coming up in the article:

- A look at four major conditions showing up among clinicians dealing with the COVID-19 pandemic.
- Strategies your healthcare organization can implement to care for the well being of your physicians.
- How you can effectively keep tabs on the mental and physical health of your organizational team members.

Whether case numbers and mortality from COVID-19 have stabilized, declined or are on the rise where you are, there is one thing you as a healthcare leader can be sure of: the pandemic has taken a toll on the emotional and mental health of your frontline workers.

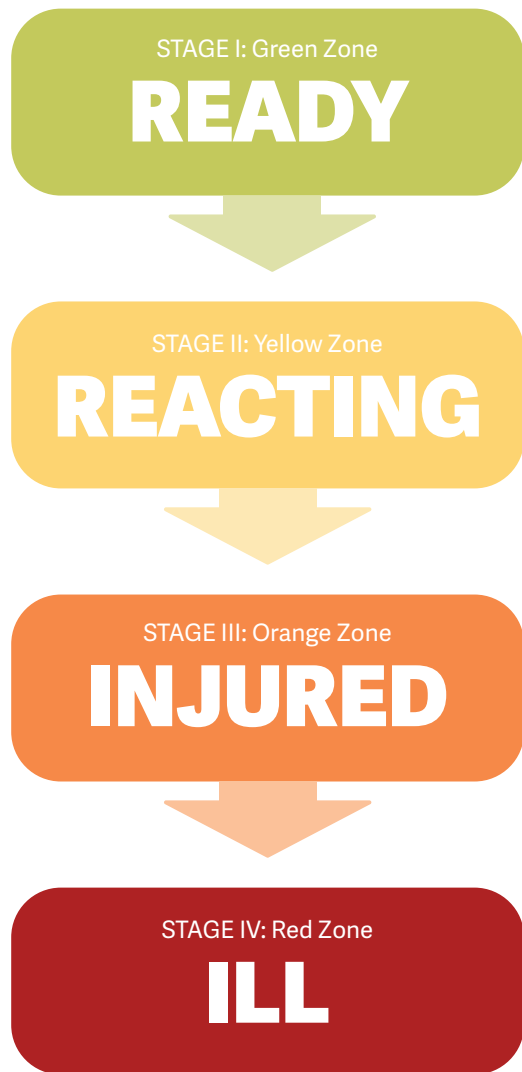
Two studies from early COVID-19 hot spots, China and Italy, tell the story of this toll. In the Chinese study, 50 percent of the 1,257 frontline workers surveyed reported symptoms of depression, 45 percent reported symptoms of anxiety, 34 percent reported insomnia and 72 percent reported feelings of distress.¹

Of 1,379 healthcare workers surveyed during the peak of the outbreak in Italy, nearly half of frontline workers who responded reported PTSD symptoms, one quarter reported depression symptoms and 20 percent reported symptoms of anxiety.²

Contemporary medicine has produced new stressors: lost autonomy, institutional productivity requirements, the complexities of insurance and EMRs, an aging patient population with multiple comorbidities and much more. The pandemic has added exponentially to these sources of distress and it's important to be able to recognize and name the consequences. Here is a look at four major conditions showing up among clinicians.

¹Ana Sandoiu, "COVID-19 Healthcare Workers at Risk of Mental Health Problems," Medical News Today, March 25, 2020

²"Watch for PTSD in Healthcare Workers Following Their COVID-19 Experience," Relias Media, July 1, 2020



PTSD

With half of COVID-facing Italian physicians reporting symptoms of this serious condition, it's a documented concern. PTSD is at the far end of the spectrum of clinician well being and distress.

This spectrum has been divided by University of Virginia nursing professor Richard Westphal into four stages, each with a color: Ready (green), Reacting (yellow), Injured (orange) and Ill (red).

- In the green zone, clinicians are at their best.
- Yellow stands for a condition of initial vulnerability to stress, with some mood changes and some loss of focus and motivation.
- The orange zone represents reaction to multiple strong stressors with feelings of loss of control and of no longer being one's normal self.
- The red zone involves severe distress and functional impairment, with persistent and worsening symptoms. PTSD occupies the red zone.³

Compassion Fatigue

This condition can set in when you've been giving more and more of yourself and the point comes where you just can't give any more. You've exceeded your emotional capacity; you're out of gas. You're still providing medical care, but you're not providing emotional support to the patient.

Compassion fatigue can be characterized by exhaustion, anger and irritability, negative coping behaviors including alcohol and drug abuse, reduced ability to feel sympathy and empathy, a diminished sense of enjoyment or satisfaction with work, increased absenteeism and an impaired ability to make proper decisions.⁴ Also described as depersonalization, compassion fatigue can result in cynicism and lack of empathy towards patients. In a pandemic, seeing many healthcare facilities stretched to their limits, compassion fatigue is a real hazard, especially given the other pressures clinicians are under.

³Christine Kueter, "Four Tips to Prevent Stress Injuries in Healthcare Workers on the Frontlines," University of Virginia School of Nursing News, March 31, 2020

⁴Cocker, Fiona, and Nerida Joss, "Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review," International journal of environmental research and public health vol. 13,6 618. 22 Jun. 2016

“The most important measures to fight these forms of COVID-related clinician distress are proactive and preparatory. They anticipate potential issues and allow for intervention in the earlier stages of the four-color stress continuum.”

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Second Victim Syndrome (SVS)

First described by Dr. Albert Wu in 2000, SVS refers to the impact of an unanticipated, adverse medical event on a clinician; while the patient is the primary victim, the clinician is secondarily affected. Although the original definition refers to the aftermath of medical errors, a wide spectrum of scenarios can trigger this phenomenon. These can include sudden death, an erroneous diagnosis, medication error, complications resulting from a procedure and malpractice lawsuits. When these things occur, the physical and emotional reactions of clinicians may impact their ability to perform at their best.⁵

Up to half of all healthcare professionals—including physicians, mid-level providers, nurses, therapists, pharmacists and techs—will experience SVS at some point in their careers. Due to COVID-19, adverse events happen with greater frequency and administrators whose organizations have experienced COVID-related pressures can assume their frontline workers run the risk of SVS.

Moral Injury

Moral injury is a violation of our morality. “This is caused by many types of situations,” Patricia Watson, MD, of the National Center for PTSD tells Medical News Today, “such as when people feel they have made mistakes, have had to do things that conflict with their values or ideals, or have seen others doing things [that] conflict with their values.”⁶

Moral injury has been offered as a challenge to the concept of burnout. Wendy Dean, MD, and colleagues underline the point in an article in the journal *Federal Practitioner*.

“The difference between burnout and moral injury is important,” they write, “because using different terminology reframes the problem and the solutions. Burnout suggests that the problem resides within the individual... Moral injury, on the other hand, describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control.

“Moral injury is the consequence of the ever-present double binds in healthcare: Do we take care of our patient, the hospital, the insurer, the EMR, the healthcare system or our productivity metrics first? There should be only one answer to that question, but the current business framework of medicine pressures us to serve all these masters at once.”⁷

Under the drastic conditions of COVID-19, the double binds grow much tighter because of additional issues such as limited capacity and equipment. Moral injury comes, for example, when you have to make the decision that Patient A is going to get a ventilator and Patient B is not, because you don’t have enough resources to go around.

For more on these issues, check out the following Insight:

What is Second Victim Syndrome and How Peer Coaching Helps



⁵ Susan Wilson, MD, CPC, “What Is Second Victim Syndrome and How Peer Coaching Helps,” VITAL WorkLife Insights, September 9, 2020

⁶ Yella Hewlings-Martin, “What Can Healthcare Staff Do to Prevent PTSD During the Pandemic?” Medical News Today, May 15, 2020

⁷ Wendy Dean, MD, et al., “Reframing Clinician Distress: Moral Injury Not Burnout,” *Federal Practitioner*, September, 2019



What Are the Best Practices to Combat the Four Conditions?

The most important measures to fight these forms of COVID-related clinician distress are proactive and preparatory. They anticipate potential issues and allow for intervention in the earlier stages of the four-color stress continuum.

1. Practice resources: First of all—and in many instances, the most difficult of all—is to simply have adequate resources: enough staff, PPE, ventilators and other necessary elements so clinicians don't have to make choices inviting moral injury and higher than necessary levels of stress.

2. Commitment to well being: This can take different forms—from providing clinician-specific counseling resources to taking clinician well being into account when drawing up work schedules and developing workflow protocols. When offering resources for emotional health and well being, make them easily accessible and convenient—such as having counselors or support groups on site or available virtually or offering quick self-care tips such as stretching, quick breathing exercises or short walks. Other helpful tactics may include:

- Find multiple ways to share information on available resources. By keeping well being issues and resources visible, it normalizes having difficult emotions as well as seeking help and support.
- Demonstrate your commitment to well being not just by the resources you offer, but by staying engaged with your workforce.
- Take time to listen to frontline workers' perspectives and clinical judgment.
- Show appreciation for any feedback or input provided.
- Acknowledge how hard it can be to stay on top of constantly changing information and protocols.
- Communicate openly and transparently.
- Understand and address practice and well being concerns to the full extent you are able to.
- Offer up to date information.



3. Peer support: This strategy is crucial for helping an individual through SVS, because only physicians know what physicians go through—in normal times as well as under pandemic conditions. The same is true for clinicians. This can take the form of a formal peer support program or informal group gatherings where physicians or clinicians can share their stressors and concerns, listen to one another and offer mutual support. It's critical for clinicians to realize they are not alone with their struggles.

4. Peer coaching: Professionally trained peer coaches can add expertise to support and help clinicians in distress to reframe what they are going through. Peer coaching can address issues outside of the clinical setting like assistance in building a healthy work-life balance and establishing healthy habits in communicating issues experienced while working. Additionally, peer coaching carries less stigma than traditional mental health resources, and as such may be more widely sought after by health care professionals.

ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a clinician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of solutions. Serving the U.S. healthcare industry since 2007, our national team of certified peer coaches and senior behavioral health consultants deliver life-changing well being solutions.



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Susan Wilson, MD, CPC is a certified physician peer coach for VITAL WorkLife, devoting herself to issues of burnout, job satisfaction and peer support for her clients. Now retired, Dr. Wilson practiced Emergency Medicine in the greater Milwaukee area

since 1994. Having experienced Second Victim Syndrome in her own career, she knows firsthand how important peer support can be.

Sources:

1. [Ana Sandoiu, "COVID-19 Healthcare Workers at Risk of Mental Health Problems,"](#) Medical News Today, March 25, 2020
2. ["Watch for PTSD in Healthcare Workers Following Their COVID-19 Experience,"](#) Relias Media, July 1, 2020
3. [Christine Kueter, "Four Tips to Prevent Stress Injuries in Healthcare Workers on the Frontlines,"](#) University of Virginia School of Nursing News, March 31, 2020
4. [Cocker, Fiona, and Nerida Joss, "Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review,"](#) International journal of environmental research and public health vol. 13,6 618. 22 Jun. 2016
5. [Susan Wilson, MD, CPC, "What Is Second Victim Syndrome and How Peer Coaching Helps,"](#) VITAL WorkLife Insights, September 9, 2020
6. [Yella Hewlings-Martin, "What Can Healthcare Staff Do to Prevent PTSD During the Pandemic?"](#) Medical News Today, May 15, 2020
7. [Wendy Dean, MD, et al., "Reframing Clinician Distress: Moral Injury Not Burnout,"](#) Federal Practitioner, September, 2019

How Can You Keep Tabs on the Emotional and Mental Health of Your Clinicians?

When it comes to monitoring your staff for these conditions, or the potential for them, administrators should check in periodically with the department heads, medical directors, managers and supervisors. For example, the Emergency Department Director can be one of these contact people. He or she is probably going to have a good sense of whether or not clinicians are feeling compassion fatigue, suffering moral injury or experiencing SVS. These people will have their finger on the pulse of their departments and are vested in the health of their teams.

Focus on Resilience

As we help clinicians face the challenges of COVID-19, we need to remember an important truth: they are not immune to the struggles and even suffering others are also facing during this time. Building on resilience, leaning on effective coping strategies and finding their way through this uncertain time is essential to ensuring they remain effective and healthy. Listening to those on the frontline and those who know and are living through the here and now of COVID-19 helps leaders and organizations respond to and support their physicians, clinicians and workforce during the next phases and eventual recovery process from COVID-19.

How are you supporting your clinical team? Get in touch with our trained professionals for assistance on guiding your team members through the challenges weighing on their well being throughout the COVID-19 pandemic.

