

a VITAL WorkLife article

How Organizations Can Impact the Emotional Aftermath of COVID-19

By Gaurava Agarwal, MD



Coming up in the article:

- An outline of what compassion looks like within the context of well being
- “Psychological PPE” and how leaders can take steps toward this practice
- The case for building strong organizational culture and how it affects an organization’s bottom line
- A look at how certain aspects of the pandemic have allowed for progress

The COVID-19 pandemic rages on, but with new vaccines helping healthcare professionals protect themselves—and greater knowledge of the virus and improved care protocols—it’s a little easier to believe we will ultimately beat this virus. Even after we do, the effects of the pandemic will continue to take a significant toll on practitioners.

The psychological impact of the pandemic varies from place to place and person to person. Once it ends, the data from past pandemics suggests we should prepare for some healthcare workers to continue to struggle psychologically and emotionally for several years to come.

In short, healthcare leaders need to understand they should prepare to provide support for the long-term mental health needs of their workers.

This means organizations won’t be able to just declare “mission accomplished” come end of summer. They’ll need to understand the ongoing aftereffects of handling COVID-19—the toll of the day in, day out struggles, the failures, the fears, the grief and the fatigue—and respond with compassion long after the pandemic recedes.



Compassion: What it is and How to Demonstrate It

Compassion means many things. To show compassion, you must understand that different people have different stressors they are facing, and all of these stressors are cumulative. Stress can be due to both work and personal demands. Leaders need to show compassion for the unique challenges every individual faces.

Here are some ways in which you can demonstrate compassion to your clinicians after the pandemic:

- Be mindful of how your organization reactivates as the pandemic recedes. People have been pushed to their limits and forgone vacations and breaks. It is important to balance the needs of these individuals to recharge their tanks with the needs of the organization to make up for lost revenue and provide care to patients who have postponed “non-essential” procedures and care.
- Provide, or continue to provide, access to mental health resources along the mental health continuum, including a clinician-focused EAP, digital mental health options, peer support and well being and resilience offerings.
- Continue to educate managers and directors about the nature of stress and the stress continuum, the need for rest, [what compassion fatigue and prolonged grief reaction are](#)—so they can recognize symptoms, direct their people to those resources and encourage them to use them.
- Educate all clinicians about the warning signs of psychological distress so they can spot the signs both in themselves and in their colleagues and encourage them to seek care early on.
- Be proactive about scheduling. This can mean encouraging people to take vacations and mini-breaks. Most of my colleagues have put off everything for many months, so it is really important to encourage them to take a break. It’s not a part of our culture as clinicians and people tend to feel guilty if they do—so leadership has a major role to play here.

Psychological PPE

One way to look at these measures is to consider them to be “psychological PPE.” The Institute for Health Care Improvement (IHCI) defines psychological PPE as, “Individual and system-level actions owned by unit and team leaders that provide protection and support for staff’s mental health that can be deployed both before providing care and after a shift has ended.”¹

IHCI says leaders can create psychological PPE for their people by:

- Limiting staff time on site and on shift
- Setting up clear roles and being clear about leadership roles and expectations
- Training managers to be aware of risk factors for negative emotional and psychological conditions
- Making peer support resources available
- Pairing workers in a “buddy system” for mutual psychological support

At the same time, individuals can fashion their own psychological PPE by:

- Taking a day off when possible, to rest and re-charge
- Avoiding media coverage of the pandemic which can trigger negative responses
- Making use of mental health support resources
- Focusing on gratitude for the good things in their lives
- Reframing negative experiences in the most positive light possible

As I pointed out in an interview with the Northwestern Medicine Physician Forum last year, while there’s a lot you as a practitioner can’t control during workdays, there are also important basic need areas where you do have control.

Things physicians can do to curb fatigue & stress:

- You can control your water intake and maintain hydration.
- You can ensure you are getting enough rest and take breaks or at least micro-breaks.
- You can keep a snack bar in your pocket if you miss lunch—going 12 hours without eating doesn’t bode well for your health.
- You can control your media intake—how often you have the TV and digital news on and how much negative information you’re taking in. This is very important and often overlooked. Media inputs into your brain can make a difference in how calm or agitated you may feel, so in times of stress, it makes sense to consume soothing media and find other ways to settle your brain down.²



¹“Psychological PPE: Promote Health Care Workforce Mental Health and Well-Being.” Institute for Healthcare Improvement, August, 2020

²“Q&A with Physician Well-Being Director Gaurava Agarwal, MD.” Northwestern Medicine Physician Forum, November 20, 2020

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A Matter of Culture

The crisis has highlighted the need to make clinician well being a permanent concern for organizations. What I hope people have seen during the COVID-19 pandemic is when we talk about the well being of physicians, nurses and advanced practitioners, we're not just talking about an initiative or a task to complete. We're talking about an organizational value, which is what **organizational culture** is all about. We need to advance a culture where with every decision we make, we consider the impact of the decision on the well being of our workers. This commitment comes down to applying the science of well being to operational decisions.



The pandemic has also highlighted the importance of installing and instilling these values early on, before a massive crisis makes it both necessary and much more difficult to do. After all, the time to think about and invest in well being is not in the midst of a pandemic. Organizational leadership needs to provide the vision, strategy and building blocks for a successful culture of well being. It's a matter of creating the well being infrastructure and possessing the ability to respond to whatever the next big challenge will be. This infrastructure gives organizations many more options to be nimble and pivot to meet the specific needs of future challenges.

And there will be another big challenge.

ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a physician-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 physician peer coaches and senior behavioral health consultants deliver life-changing well being solutions.



GAURAVA AGARWAL, MD

Gaurava Agarwal, MD, a Peer Coach for VITAL WorkLife, is an Associate Professor in both the Departments of Medical Education and Psychiatry and Behavioral Sciences at Northwestern University's Feinberg School of Medicine.

He serves as the Director of Physician Well-Being for Northwestern Medicine's Medical Groups and Director of Medical Student Education in Psychiatry at Northwestern's Feinberg School of Medicine.

Sources:

1. ["Psychological PPE: Promote Health Care Workforce Mental Health and Well-Being."](#) Institute for Healthcare Improvement, August, 2020
2. ["Q&A with Physician Well-Being Director Gaurava Agarwal, MD,"](#) Northwestern Medicine Physician Forum, November 20, 2020
3. [Herbert L. Fred, MD and Mark S. Scheid, PhD, "Physician Burnout: Causes, Consequences, and \(?\) Cures."](#) Texas Heart Institute Journal, August 2018

Pandemic-Produced Progress

The urgency and overwhelming scale of the pandemic has produced trauma, but, perhaps paradoxically, it's allowed for progress. One of the bright spots in the COVID-19 picture has been the speed and flexibility with which many organizations have responded. It turns out that when there is urgency to respond, organizations can move rapidly. We quickly enhanced telehealth services to become a popular and viable method for providing patient care. We created new COVID-19 units and developed entirely new workflows almost overnight.

Many of these changes have promoted well being by addressing long-term, pre-COVID drivers of clinician dissatisfaction such as burdensome managed care procedures, lack of time and lack of autonomy.³

For example: We've been talking about telehealth for decades, but adoption was difficult as both practitioners and patients were reluctant to try the technology. Being forced to use it during the pandemic has helped both parties become more comfortable with the technology and alleviate some of their concerns. In many cases, we have discovered that telehealth has really added to clinician well being, by allowing clinicians to work when and where they want and to avoid time-consuming commutes.

Most importantly, COVID-19 has driven home the lesson that the workers are the most valuable asset in healthcare. We have seen incredible achievements in building makeshift hospitals and beds throughout the early stages of the pandemic. The real issue is, are you going to have enough clinicians to staff those beds?

This, I hope, is the wake-up call that comes out of this crisis—you have to protect clinicians in order to be able to provide the best patient care. And to continue to protect them when COVID-19 recedes into the background.

[Contact us for more information on how your organization can provide adequate long term care for your physicians and healthcare team members.](#)

Contact us by phone: 877.731.3949



3. Herbert L. Fred, MD and Mark S. Scheid, PhD, "Physician Burnout: Causes, Consequences, and (?) Cures." Texas Heart Institute Journal, August 2018