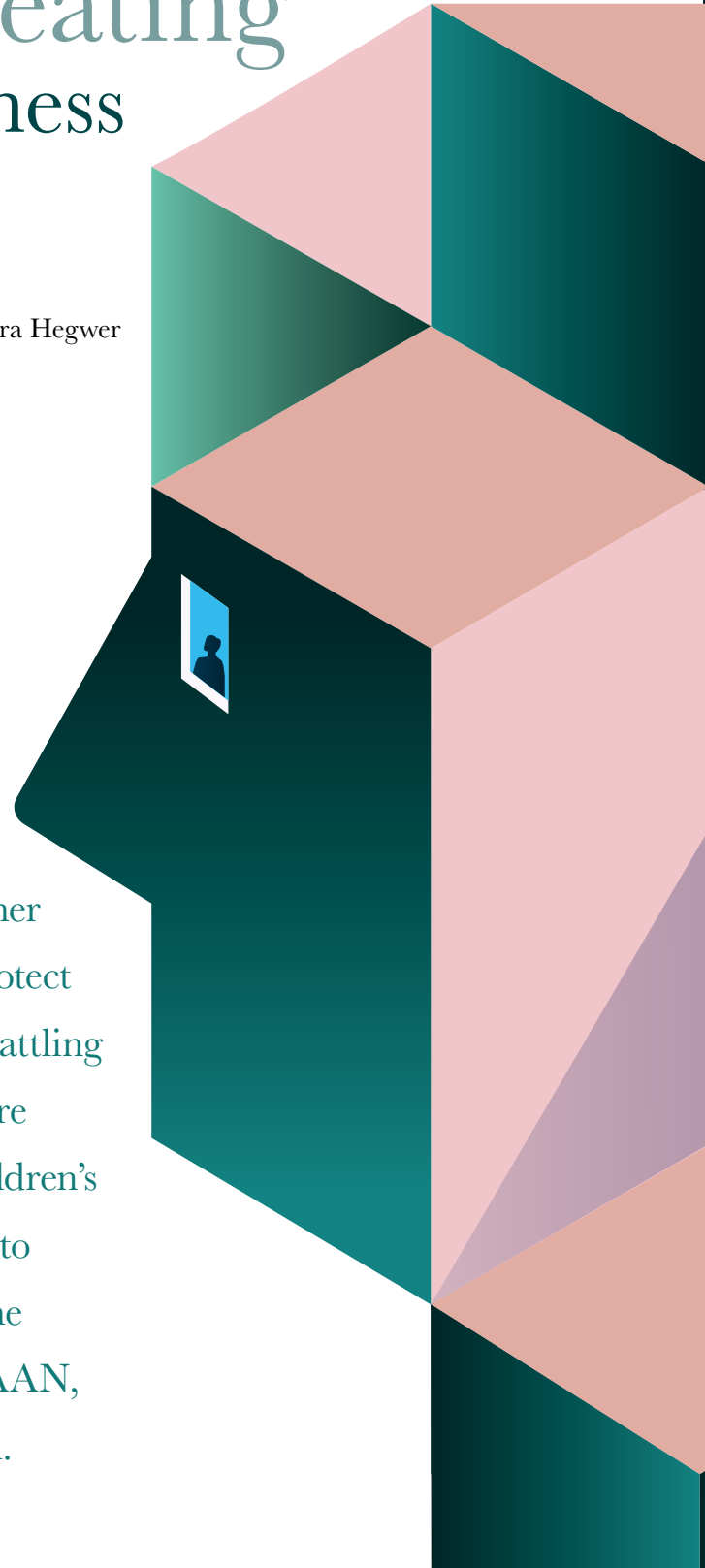


Providing Psychological PPE and Creating a Culture of Wellness

By Laura Hegwer

Behind the face shields, masks, gowns and other personal protective equipment designed to protect against COVID-19, healthcare workers are battling internal stressors that have taken a toll for more than a year. Worries about finances, their children's education and their personal health continue to weigh heavily on front-line staff fatigued by the pandemic, says Ernest J. Grant, PhD, RN, FAAN, president of the American Nurses Association.





At the same time, many clinicians are dealing with the cumulative grief of seeing patients die and families suffer from being separated from their loved ones.

Can healthcare executives help protect front-line workers from these stressors? The Institute for Healthcare Improvement suggests that evidence-based actions at the individual and organizational levels can serve as “psychological PPE” for the workforce. Measures like limiting staff time on shifts, offering peer support and expanding behavioral health resources can shield staff from burnout and promote greater well-being. But being truly effective means integrating such protective measures into a broader, organizational culture of wellness, one that healthcare executives can help create, experts say.

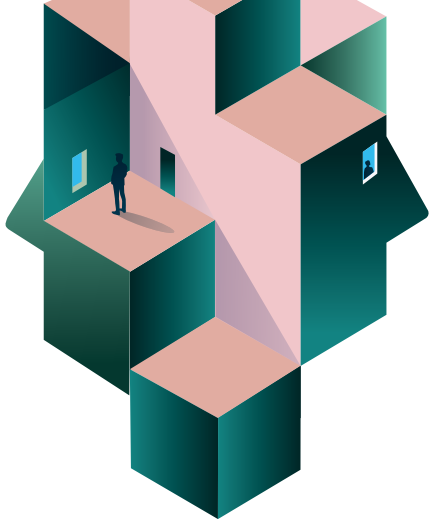
Grant says one of the benefits of such a culture is that it can help increase retention. “When the culture is not there, people may step back and say, ‘Well, the grass may be greener on the other side,’” he says.

Following are examples of organizations that are finding new ways to support their workforce and create a culture of wellness.

Giving Workers What They Need

When burnout happens, clinicians may believe what they do doesn’t matter, says Harjot Singh, MD, chief of telepsychiatry services for Kings View Behavioral Health Systems, and an ACHE faculty member. He favors the definition of burnout from researcher Christina Maslach, who described it as, “an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will.”

When workers are in this difficult state, leaders may do more harm than good if they choose to implement one-off, faddish resilience programs, Singh says. “These programs cause even more cynicism and compassion fatigue,” he says. That’s why he recommends that healthcare executives begin to address burnout by asking clinicians what they need.



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Case Study: Children's Mercy, Kansas City, Mo.

In her role as medical director of professional well-being, Jennifer Bickel, MD, and an ACHE Member, has spent more than 200 hours listening to the concerns of teams and individuals—and sharing feedback with C-suite leaders and board members—since the pandemic began. The organization has also distributed two comprehensive burnout surveys with validated metrics to more than 1,400 providers.

The feedback has helped leaders take specific actions to create a culture of wellness, such as updating and expanding the medical staff lounge and adding more networking opportunities for faculty, Bickel says. They also have started Schwartz Rounds to provide a forum for staff to share the

emotional and social aspects of being healthcare providers.

Clinician feedback also helped leaders find ways to address technology-induced burnout. For example, the medical informatics team worked with more than 150 providers to decrease EHR time by 12%. Additionally, Children's Mercy offers a comprehensive range of support services through its Center for Professional Well-Being, which is staffed by a medical director and two clinical social workers. Offerings include mindfulness-based stress-reduction classes, weekly wellness assessments, trauma support for teams and individuals, one-to-one counseling, virtual support groups, virtual guided medication and other services.

Bickel recommends that healthcare leaders implement a variety of organizational strategies to promote greater workforce wellness. "Wellness initiatives that only address personal resilience are not enough to reduce burnout," she

says. "It is imperative that all hospitals have services, beyond the typical employee assistance program, to support the unique needs of hospital workers during COVID and beyond."

Making It Normal to Ask for Help

Michael Frisina, PhD, CEO of The Frisina Group and an ACHE faculty member, believes leaders provide psychological PPE when they fulfill their employees' four fundamental needs as humans. These include the need for trust, compassion, safety and hope. But oftentimes, healthcare workers are reluctant to seek help when they aren't getting what they need.

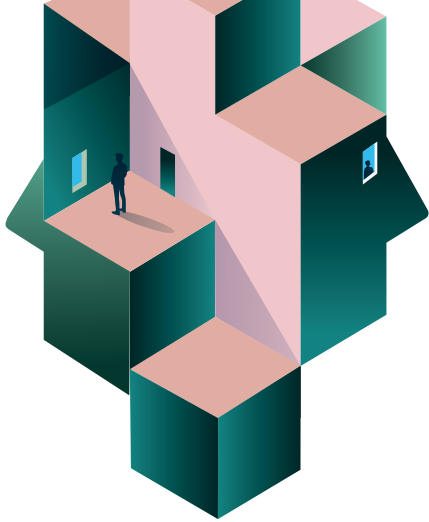
In organizations that promote a culture of wellness, employees are not stigmatized for seeking help. What's more, measures that serve as psychological PPE are integrated into everyday practice.

Case Study: Mount Sinai Health System, New York City

In March 2020, leaders established a multidisciplinary taskforce, which assessed the needs of its employees and identified three priorities for improving well-being: meeting staff's basic daily needs (personal safety, childcare, transportation, etc.), improving internal communications and enhancing support options available, says Jonathan

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Ripp, MD, chief wellness officer (Ripp co-authored an article in *Academic Medicine* detailing this process).

Task force-developed strategies address each priority. For instance, a newly created online tool helps staff find childcare services (basic need); town hall meetings with leadership and infection personnel are held (communication); and a crisis line and mental-health liaisons are available to employees (support). The latter strategy was especially important, as many clinicians are reluctant to seek help. “The idea is that, in the midst of crisis, you may not have time, the wherewithal or the desire to reach out for support, and you may not recognize that you need it,” says

“When your C-suite treats you like family, and they ask you to go that extra mile, you don’t mind it because you’re committed to the organization—and the organization is committed to you.”

—Ernest J. Grant, PhD, RN, FAAN, American Nurses Association

Ripp, who is also the co-founder and co-director of the Collaborative for Healing and Renewal in Medicine, an international group focused on developing tools and communities to address clinician burnout, such as the Charter on Physician Well-Being.

In April 2020, Mount Sinai established its multidisciplinary Center for Stress, Resilience and Personal Growth to help front-line healthcare workers manage the psychological impact of COVID-19. The center offers screening and treatment for all front-line health workers to assess for personal and family stressors, increased use of alcohol or drugs, and history of mental health issues. The center also provides support groups and workshops to help staff become more resilient across six domains: physical, emotional, social, spiritual, family and career.

Ripp says the crisis resources were highly utilized during the spring

surge 2020 and then used less as the crisis ebbed. The other resources have been steadily increasing in their utilization, more than pre-COVID-19 levels. “We anticipate a steady rise in use beyond the drop in COVID cases as people process and grieve,” he says.

Building a More Resilient and Engaged Workforce

The previous case studies illustrate strategies that healthcare organizations are exploring and using as they strive to help their workforce during the pandemic and beyond.

Following are additional tactics that healthcare executives can use to provide more support to employees working in-house or remotely (see also “Supporting a Remote Workforce” at [HealthcareExecutive.org/WebExtras](https://www.healthcareexecutive.org/WebExtras)).

Borrow ideas from existing tools and models. The American Nurses Foundation launched the Well-Being Initiative to support the mental health and resilience of nurses. Organizations like the American Medical Association and the Stanford Medicine WellMD Center also offer resources for combating burnout.

Bickel of Children’s Mercy says following best practices has helped improve physician engagement. In fact, physicians’ positive responses to “our culture supports my health and

well-being” increased by 12% from 2019 to 2020. Her organization has since joined the National Academy of Medicine’s Action Collaborative on Clinical Well-Being and Resilience and adopted CHARM’s Charter on Physician Well-Being.

Provide opportunities for leadership development and coaching.

“Individual leader behavior is the single most important predictor of how a team performs,” ACHE faculty member Frisina says. What’s more, leadership behaviors are directly related to the risk of employee burnout. For that reason, Children’s Mercy recently launched a dedicated institute to foster a culture of leadership and engagement. Employees at all levels, including front-line staff, may enroll in leadership development classes. Leaders are also expanding employee access to professional coaching, which Bickel describes as an evidence-based intervention to reduce burnout.

Ripp of Mount Sinai and researchers from Stanford School of Medicine offer a framework for leadership to proactively address burnout in this issue (see Page 50).



Behind the personal protective equipment designed to protect against COVID-19, healthcare workers are battling internal stressors. At Children’s Mercy, Kansas City, Mo., a nurse treats a patient.

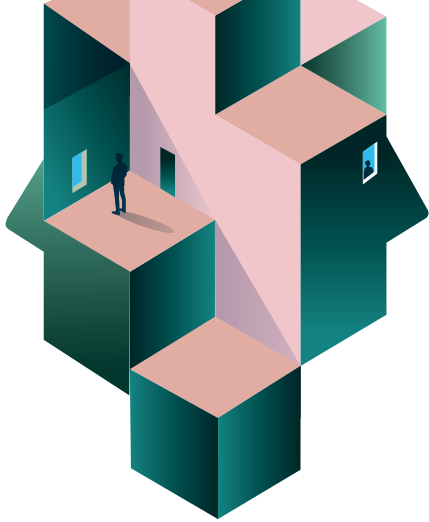
Communicate to alleviate staff anxiety. Ripp also co-authored a viewpoint published in the *Journal of the American Medical Association* on the sources of anxiety for healthcare workers during the pandemic. Two sources are ambiguity and uncertainty, which leaders can alleviate with information. That’s why Ripp recommends that leaders provide “regular, robust, authentic and supportive communications.”

Another supportive communication strategy is expressing gratitude,

ANA’s Grant says. “When I was at the bedside as a charge nurse, I would go around and personally thank all of the staff that worked for me that day,” he says. When his staff were having a rough day, he would let them know that he was available to talk or just listen, which helped them feel supported. This is advice that leaders at every level can use: “When your C-suite treats you like family, and they ask you to go that extra mile, you don’t mind it because you’re committed to the organization—and the organization is committed to you,” Grant says.

Offer financial counseling. Addressing wellness from a holistic view

requires supporting not only employees’ mental and physical health but also their financial health. A 2020 survey of 10,000 nurses conducted by the American Nurses Foundation found that 14% of nurses have been furloughed or lost their jobs, 27% have had their work hours reduced and 56% say their financial situation is worse than it was before the pandemic. In addition, 39% said they have used their savings and emergency funds. To address this problem, Grant



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recommends that organizations provide financial counseling or workshops for staff.

Fix problems together. “So often the arguments of burnout turn into almost an ‘us versus them’ concept,” Bickel says. Administrative leaders should actively partner with clinicians to address problems affecting efficiency, quality, safety and other areas that matter most to the workforce.

Grant suggests that leaders ask their governance councils to help identify solutions to build resilience: “Nurses need to be at the table where these decisions are being made because we’re problem-solvers.”

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—Jonathan Ripp, MD, Mount Sinai Health System

Don’t employ a one-size-fits-all approach. Recognizing that people behave differently in times of stress and require different types of support is essential. “We are unique as human beings, and a particular strategy that might work for one group of people who share the same behavior pattern isn’t going to work for another set of folks who have a different behavior pattern,” Frisina says. He says most people’s behaviors fall into four distinct patterns based on how their brains respond to external stimuli. For example, some people respond to a crisis by focusing on planning and execution, while others want to devote their energy to caring for people. Creating an organizationwide wellness strategy that works requires keeping these differences in mind.

Don’t put the onus on the clinician. In resilience training, clinicians may be told that their behaviors (like not sleeping enough or not meditating) are causing burnout, rather than structural or operational issues like

problems with the EHR or team conflict, ACHE faculty member Singh says. That’s why leaders should make sure they address organizational issues, rather than focusing on individual resilience.

Model the importance of self-care. “Leaders, in particular, have been functioning nonstop for so long that they are particularly feeling some unique strains,” Ripp says. “Take care of yourself—not only because it’s the right thing to do for you, but also because it’s going to make you more effective and improve the well-being of your workforce.”

Looking at Wellness Over the Long Term

It’s important that healthcare executives realize that it may take years—or even longer—for their organizations to realize a benefit from prioritizing employee wellness. Bickel, who is also chair of the American Academy of Neurology’s Wellness Subcommittee, points to the industry’s first safety programs launched three decades ago as an example. “Safety initiatives work because they are widespread, and safety is now a top-tier metric,” she says, adding that leaders should approach well-being the same way. This means leaders should not get discouraged if their wellness efforts do not have an immediate impact.

Laura Hegwer is a freelance writer and editor based in Lake Bluff, Ill.