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Pandemic Workforce Well-being: Recognizing Stressors and Supporting Our Own

HIGHLIGHT

The Mount Sinai Hospital System is comprised of eight hospitals and numerous urgent care and outpatient locations across New York City. During the first wave of the COVID-19 pandemic, the system and its staff was overwhelmed by patient surge. Dr. Jonathan Ripp (Chief Wellness Officer, Mount Sinai Health System, Dean for Well-Being and Resilience, Icahn School of Medicine at Mount Sinai, and Co-Chair, Collaborative for Healing and Renewal in Medicine (CHARM)) and Dr. Brendan Carr (Professor and System Chair of Emergency Medicine, Icahn School of Medicine at Mount Sinai and Mount Sinai Health System) shared how they developed new and maximized existing programs to ensure the system recognized and helped mitigate the unprecedented type and level of stress encountered by healthcare workers.

■ Brendan Carr (BC)

Mount Sinai is the biggest academic medical system in the city. We saw the first case of COVID-19 in New York City on March 1, 2020, and we admitted our first patient shortly thereafter. Over the next couple of weeks, a significant level of stress and fear circulated among staff during what we can now look back on as an unimaginable patient surge throughout all hospitals in the system. We set up a field hospital in Central Park a month into the pandemic because we didn't have the capacity to take care of COVID-19 patients in-house.

While we will never know the exact number of patients we admitted or treated (because we did not have a reliable test for the virus at first), it is safe to estimate that we admitted and cared for approximately 11,000 COVID-19 patients during that surge.

Our faculty and staff were afraid to go home, afraid to get sick, afraid of infecting their loved ones, and frankly, experienced significant psychological trauma from watching people get sick and die over the course of the surge. We knew we needed to support our staff, and that is where Dr. Ripp and his team came in.

Related Resources

[ASPR TRACIE Speaker Series Recording](#)

Mount Sinai Resources

[Pandemic Workforce Well-Being: A Comprehensive Toolkit For Supporting Our Own During COVID-19](#)

[The Office of Well-Being and Resilience](#)

[Mount Sinai Center for Stress, Resilience, and Personal Growth](#)

■ Jonathan Ripp (JR)

This was our first experience with a pandemic of this nature. Everything we were doing; we were doing for the first time. And while we all struggled through that initial surge, it also created opportunities for feeling, at times, enhanced meaning from our ability to meet the call for action when we were needed.

Factors Affecting Physician Well-being

We understood before the pandemic that if you are running a health system and you start to see decreased quality of care, productivity, or patient satisfaction, and increases in errors and staff absence, you may be dealing with staff burnout. During COVID-19, we noted three categories of major stressors and did our best to address those using existing and new strategies.

Table 1. Stressors and Related Strategies

Stressor	Strategy
Fear for Basic Needs <ul style="list-style-type: none">• When/what will I eat?• How will I be kept safe and keep others safe?• Who will care for my children?• How will I get to and from work?	Provide Basic Daily Resources <ul style="list-style-type: none">• Food (free and subsidized)• Personal protective equipment (PPE) clarity• Childcare resource• Transportation and Parking
Uncertainty <ul style="list-style-type: none">• How long will this workload continue?• Will I be able to do the job if redeployed?• Am I doing enough?• Will I be supported by my employer?• Will I be able to make the difficult decisions?	Communication <ul style="list-style-type: none">• Weekly wellness messages• Town Halls• Transparency
Processing <ul style="list-style-type: none">• Grief and loss• Post-traumatic stress disorder (PTSD) or post-traumatic growth• Catching my breath and taking time to reflect while facing the impact of societal upheaval around racial injustice	Psychosocial and Mental Health <ul style="list-style-type: none">• Support Groups• Phone Lines• Telepsychiatry• Mental Health “PPE”• Frontline Relief

We helped staff address their basic needs by providing things like childcare, free and subsidized food and transportation to and from work, and clear guidance on the efficiency of their PPE and the reassurance that they would have enough PPE at their disposal.

In March and April, as cases continued to rise, uncertainty really became a major source of stress for our teams. And when uncertainty is a major source of stress, communications is the treatment. Noting no “end” to this pandemic in sight and witnessing the healthcare field taking a major financial hit, we had a lot of staff asking themselves some tough questions and starting to worry about their careers. The fear of moving into a crisis standards of care situation was very real, but thankfully we did not have to make those types of decisions. Our system did our best to address this uncertainty by providing regular and clear communication via weekly messages and virtual town halls, and by staying committed to being as transparent as possible.

As spring turned to summer, the surge ebbed. This is when we began to process what we went through and recognized that we were all grieving in some way. We were all touched by COVID, some in very personal ways; we lost members of our workforce to the disease. This was also a time where we worried about post-traumatic stress setting in, but it also gave us the opportunity to capture, debrief, and reflect on what we had been through and acknowledge it was also a time

of post-traumatic growth for some. Many staff members felt like the meaning around their work was enhanced. This often happens during what disaster behavioral health researchers call the “honeymoon period.” Now that we have come down the other side of the curve, we are entering a “disillusionment phase.”

Supporting Our Own

Our staff worked long hours under extremely stressful conditions. We provided (and continue to encourage staff across our entire system to use) our interactive recharge rooms—immersive spaces with music, scent, meditative visual elements, lighting, sound. These rooms are located close to the critical care units that house our COVID-19 patients.

We also provided snack stations where staff could take a break and grab healthy food and beverages.

We continue to provide an array of [mental, emotional, and spiritual resources](#) to all employees, from a traditional employee assistance program to yoga, in- and outpatient psychiatric services, and “Paws and Play” sessions with the facility dog. Providing a variety of services helps to ensure we are reaching and supporting as many employees as possible.

Information about these services and how to access them is provided in our [Pandemic Workforce Well-Being: A Comprehensive Toolkit For Supporting Our Own During COVID-19](#).

The COVID Pivot

As a system, we are moving back to a more holistic approach with two main areas of focus: the culture and the efficiency of the workplace, and how those influence the well-being and enable the workforce to do their job in a way where they feel supported. Like other healthcare systems across the country, we took a significant financial hit because of COVID, so this approach needs to be as cost-effective as possible. In particular, we are examining the role of coaching, expressing appreciation, and the “[Listen, Act, Develop](#)” model, where we engage and collect the ideas from individual employees and use them to help inform potential solutions.

As the pandemic continues and cases ebb and flow, we have incorporated the following lessons learned into our staff well-being plans and resources.

- » The approach to clinician well-being almost certainly requires a pivot specific to the pandemic.
 - Note that we are experiencing a communal trauma.
 - Shifting needs and drivers of well-being may lead to shifting priorities.
 - But pre-COVID models can still apply in many respects.
- » Uncertainty is a major source of anxiety and stress during a pandemic.
 - Regular, authentic, transparent, and supportive communications cannot be overemphasized.
- » Moral distress may lead to significant long-term consequences.
 - Most of us get through stress quite well; we must raise awareness and help those who need it.
- » Where to from here?
 - Diagnose your institution’s readiness for change.
 - Identify allies, develop collaborations, make the case.
 - Try to pivot back where appropriate with a focus on culture.

