



CORONAVIRUS 2019-nCoV

Support for Overstretched Clinicians During the Ongoing Pandemic: Literature and Practice

HIGHLIGHT

Dr. Eileen Barrett, MD, MPH, SFHM MACP, is the Director of Graduate Medical Education at the University of New Mexico School of Medicine's [Office of Professional Wellbeing](#). In this article, she highlights select journal articles and practical resources clinicians and healthcare enterprise leaders can consider to bolster healthcare worker mental health care and individual and organizational resilience.

There is an emerging understanding that professional wellbeing must address multiple factors, and experts in the field recommend initiatives that improve practice workflows, facilitate a culture of respect and compassion, and promote personal resilience. The information and resources highlighted in this article, while not all published during the COVID-19 pandemic, are extremely relevant to healthcare workers operating in this challenging environment.

The Behavioral Health Effects of COVID-19 on Clinicians

On a “normal” day, our work can be challenging, as we deal with sick people, worried loved ones, and the pressure of diagnosing illness while adhering to organizational policies and practices. Add a novel, highly infectious disease with no proven treatment and patient surge, and the pressure on those who work in healthcare becomes even greater.

The authors of [Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019](#) surveyed 1,257 health care workers in 34 hospitals that treated patients with COVID-19 in multiple regions of China in January and February 2020. Not surprisingly, they found an increased risk for adverse mental health outcomes in this sample. Outcomes included anxiety, depression, and insomnia and were more prevalent for those who worked in Wuhan (the epicenter of the outbreak at the time), female respondents, and those who were directly engaged caring for COVID-19 patients. Data are emerging that negative mental health effects are being seen across disciplines in the U.S. as the pandemic wears on.

Related Resources

[ASPR TRACIE Speaker Series Recording](#)

[Support for Overstretched Clinicians During the Ongoing Pandemic: Webinar Series Recording](#)

[Nurse Wellbeing at Risk](#)

[It Is Time To Stop Stigmatizing Mental Health Among Healthcare Workers](#)

[Tips for Successful Advocacy for Modernizing State Licensing Board Questions on Mental Health](#)

[Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience](#)

[ASPR TRACIE's Self-Care and Resilience Resources for Responders and Healthcare Workers](#)



The Role of Leadership: De-Stigmatizing Mental Health and Addressing Patient Bias

Every institutional leader has a duty to de-stigmatize help-seeking, and that starts with the job application. On the typical application, the questions about mental health are often located close to the items specific to pedophilia or other immoral or illegal behaviors. This placement essentially stigmatizes mental healthcare. The good news is this can be changed and these applications can be updated.

There are cultural, logistical, and procedural reasons healthcare providers refuse to seek assistance for mental health conditions. [Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions](#) was published in 2017 and found that in those states where medical licensure applications ask about mental health diagnoses or conditions, physicians in those states were less likely to seek mental health care, for fear that it would affect their ability to get a medical license. This study has not been done with nurses or other healthcare workers, but it is reasonable to believe those studies would garner similar results. It is important to destigmatize help-seeking. It is also important to consider working with your state licensing bodies and related organizations to remove these types of questions from job applications.

[Addressing Patient Bias Toward Health Care Workers: Recommendations for Medical Centers](#)

The COVID-19 pandemic has highlighted issues like bias, discrimination, and harassment many healthcare workers receive from patients. Every organization should address this by having robust anti-bias and anti-discriminatory policies and procedures and training for providers on upstanding (e.g., intervening, delegating, and distracting) these types of situations in a safe and efficient manner to reduce provider emotional injury.

The Importance of Making Mental Health Resources Available to Clinicians

Having mental health resources available to healthcare workers is vital. While many employers set up wellness and resilience drop-in or more formal support groups (and this is a good thing), one thing we have found is that this essentially puts the onus on the employee. Most of the effective interventions that are done to increase professional fulfillment, decrease burnout, and create a mentally healthy workforce and workplace are things that the institution can do. Some may choose to provide opt-out mental health check-ins (where the mental health check-in is scheduled for the healthcare worker, and they can cancel it if they wish not to keep the appointment), acknowledging the challenging nature of the work and the agency's desire to support its staff. If this is not supported by an organization, it is important to figure out why. Leaders at every level should model vulnerability and be transparent about how they support their own mental health.

In the article [Implementing a Universal Well-Being Assessment to Mitigate Barriers to Resident Utilization of Mental Health Resources](#), the authors found that when they scheduled new physicians for a mental health wellness check-in with a MH provider, over 90% kept the appointments. This is an unaddressed need and an untapped resource. Our system offers this to incoming physicians and 78 out of 106 kept their appointments, with 10 choosing to receive additional mental health care.

Projects that Provide Free Assistance to Healthcare Workers

Every one of us can support our co-workers getting mental health care by providing resources that exist outside of the workplace.

- [Project Parachute](#) and [The Emotional PPE Project](#) connect front-line healthcare workers to licensed therapists in their state who offer free telehealth services.
- [Headspace](#) is offering all U.S. healthcare professionals who work in public health settings free access to Headspace Plus through 2020.
- [Free Mental Health Resources for Frontline Workers](#) provides links to free (in some cases, registration is required) resources healthcare workers can use to reduce stress and increase resilience.

Resources for Healthcare Workers on Reducing Stress and Increasing Resilience

[Protecting your Mental Health During the Coronavirus Outbreak](#) highlights strategies that healthcare workers can use to protect their mental health. They fall under five categories: create structure, maintain your physical health, support—and create—your community, take care of your spirit, and continue or seek out mental health treatment.

The authors of the paper [Expressions of Gratitude and Medical Team Performance](#) found a statistically significant relationship between gratitude expressed to the team by the patient’s mother and medical team performance (e.g., information sharing and diagnostic performance). Take a moment right now to text to someone to thank them for what they have done for you. And when you have a few minutes, write a letter or note to someone to thank you for how they have helped you in some way. It will make their day, and likely yours, too.

Anecdotal evidence has consistently suggested improvements in mental health when exposed to natural environments. The authors of [The Great Outdoors? Exploring the Mental Health Benefits of Natural Environments](#) examine scientific literature on the mental health benefits of natural scenes and found a positive relationship in the perceived restorative effect of nature; one might reasonably say there is a difference between perceived and actual benefits, and yet there is still value to prioritizing time in nature given the preponderance of benefits.

Our work is hard, but it also can be beautiful—we all know that. One way to acknowledge this is to always be connected to the human side of our jobs and the patient experience. [“The Pause” Allows for Moment of Silence After a Patient Death](#) explains how taking a short break after the death of a patient allows us to acknowledge their humanity; this can be done alone or as a team and helps acknowledge the patient and their loved ones and offers the opportunity to thank everyone involved in their care.

Conclusion

Every leader should also be engaged in ensuring our work culture, processes, and systems make it as easy as possible to do the right thing for the patients. Getting rid of every avoidable click or any extra step that can be minimized is a step in the right direction to improving our ability to provide top-notch patient care. Consider setting up a task force to get rid of the stupid stuff.

If you get tired, I hope some of these resources and tools can help you “learn to rest, not to quit.” I thank you for caring for your patients and your colleagues, and I hope that you take some time to care for yourselves.

Streamlining the Work and Workspace

[Getting Rid of Stupid Stuff](#) is a free toolkit created in 2018 and provided through the American Medical Association that provides guidance on getting rid of the aggravating “stuff” involved in your clinical workspace that could actually get in the way of patient care.

[A Prescription for Note Bloat: An Effective Progress Note Template](#)

Having a more efficient electronic environment is helpful. The authors found that when they provided direct, targeted training to internal medicine residents on using the electronic health record, notes were more user friendly and concise. They were also finished an average of 1.3 hours earlier. Improving this environment is better for both the patient and provider.

