

Guidance to support nurses' psychological well-being during Covid-19 crisis.

Maben, J. Taylor, C. and Bridges, J. (2020)

This guidance is designed to be used by all nursing team members across health and social care settings and may need tailoring for different contexts.

Individual / peer to peer

It can be helpful to accept and acknowledge that your own and others' feelings of stress and distress are a normal response to an extraordinary situation, and that "it is okay not to be okay". Individuals will vary in the strategies that they find helpful but supporting your co-workers to look after themselves in the way that works for them will be an important strategy in keeping people safe and well.

- While at work, pay attention to your needs for safe working, drinks, food and regular breaks. Find ways to step away for short unscheduled breaks when you are feeling under particular strain. Work shorter shifts when this is possible to do and allow enough time for recovery between shifts. Be aware of your peers and whether they have eaten/drank/rested (Adams & Walls 2020, Chen *et al.* 2020, Dall'Ora *et al.* 2019, Folkard & Tucker 2003, Tucker 2003, Wendsche *et al.* 2016)
- Use calming strategies when stress levels are high, for instance, the **FACE** Covid mnemonic: **F**ocus on what is in your control; **A**cknowledge thoughts and feelings; **C**ome back into your body (notice body- Press feet into floor, or press fingertips together) and **E**ngage in what you're doing - refocus on the activity in hand (Harris 2020)
- Meditation and mindfulness in breaks at work or outside of work may also help (Cole-King & Dykes 2020)
- Talk to your colleagues who may well relate to what you're experiencing and may be needing support themselves. Staff huddles or handovers can be useful ways to check in with each other, and shared breaks also present opportunities. Instigate and support opportunistic 'team off-load' time if opportunities are otherwise rare. Be sensitive to people's different preferences – some will be more private and others more open, so adapt how you look out for them accordingly. Make sure other team members know if someone needs particular support during a shift (Bridges *et al.* 2017, Cole-King & Dykes 2020, Teoh & Kinman 2020).

- Consider a buddying system each shift to provide support. Pay particular attention to the wellbeing of new or temporary team members (Chen *et al.* 2005, Cole-King & Dykes 2020, World Health Organization 2020).
- Peer support conversations (Watson 2020):
 - Potential check-in strategies for others e.g. offer basic resources like food water etc.
 - Begin with a casual two-way communication to get someone talking
 - Find the right way to check in on someone without annoying them (Email/Texting versus calling)
 - Check in more than once
 - Be approachable and authentic
 - Monitor/check on peer needs regularly
 - Remind peer about how they are safe here and now
 - Brainstorm and problem solve solutions together
 - Show understanding, validate concerns, provide information about reactions and coping
 - Praise and give positive feedback
 - Be a neutral, curious and compassionate witness and stand in non-judgement and just be with them, use opening statements / questions:
 - Good questions include: what are/have been your greatest challenges, hassles or frustrations? What are/ have been your greatest rewards or successes? What does it mean to be in this team?
 - If you don't know how to respond say something like "that must've been incredibly hard. I can't imagine how I feel in that situation"
 - If you want more information say something like: "it sounds like you've experienced something that nobody should have experienced can you help me understand how that's impacting you now"?

Teams

- Respect individuality, give recognition, and seek out opportunities to reframe negatives and boost each other's wellbeing (Watson 2020)
- Build in scheduled opportunities for the team to check in on each other's wellbeing and support each other during the shift (Billings *et al.* 2020, Bolton 2005, Bridges *et al.* 2017, Parker 2002)
- Find ways to help new or temporary team members feel safe, valued and welcome as quickly as possible. Begin a shift with a round of introductions and invite new members to ask for help and support, checking in with them regularly throughout the shift. Buddy less experienced team members with more experienced colleagues (Billings *et al.* 2020, Bridges *et al.* 2017, Maunder *et al.* 2006)
- End the shift with a check-in on everyone's wellbeing, signposting individuals to more support if they need it. Attendance at these check-ins should be optional (Billings *et al.* 2020).

- Review how welcoming and comfortable your staff break room is and, in the absence of a staff break room, re-purpose an existing space that is accessible and welcoming to staff. Ask managers for the resources needed to create a physical space that will support staff rest and recuperation (Adams & Walls 2020, Tucker 2003, Wendsche *et al.* 2016).
- Hold weekly review meetings to problem-solve around issues depleting wellbeing (Bridges *et al.* 2017, Cole-King & Dykes 2020).
- Create opportunities for colleagues to meet remotely or otherwise in a facilitated meeting- for small staff groups known to each other where there is a high degree of psychological safety. One example is 'TeamTime' (training and support from the Point of Care foundation)(Groves 2020).

Managers / leaders in organisations

- Be highly visible and approachable, inviting feedback from staff across the team and adjusting strategy in response. Some staff may need ways to provide feedback where they can stay anonymous (Adams & Walls 2020, Billings *et al.* 2020, Chen *et al.* 2020, Cole-King & Dykes 2020, Melnikov *et al.* 2019, O'Boyle *et al.* 2006, Shih *et al.* 2009)
- Communicate regularly with staff. A daily clear and concise email will help people feel well informed when face-to-face contact is not possible. Include acknowledgements of staff needs and show empathy, valuing the contribution of staff and recognition of their hard work. Be as honest and open as possible (Adams & Walls 2020, Billings *et al.* 2020, Chen *et al.* 2020).
- Clearly and frequently signal that staff wellbeing is a priority, mandating and monitoring work breaks, encouraging opportunities for teams to meet together and support each other, and ensuring that individual support is accessible to all team members. Provide welcoming and accessible physical spaces with food and drink that staff can use for breaks (Adams & Walls 2020, Billings *et al.* 2020, Bridges *et al.* 2017, Cole-King & Dykes 2020, Folkard & Tucker 2003, Tucker 2003)
- Divert the efforts of clinical psychologists, mental health liaison teams, chaplains to support staff by being located nearby and proactively offering support through informal contact (Shamia *et al.* 2015)
- Actively promote recognition of symptoms when someone's psychological wellbeing is deteriorating and reduce stigma in order to increase help-seeking. Provide strong and clear messages about the value of seeking help at an early stage and information on a range of confidential support options for trauma-exposed staff and their families (Greenberg *et al.* 2015)
- Invite feedback on and systematically monitor staff psychological health (for instance, by regular burnout measurement surveys), responding as needed when concerns are apparent. Consider appointing organisational lead for psychological health for Covid-19 and beyond (up to 6-12 months after pandemic peak) (Cole-King & Dykes 2020)
- Provide training, especially for new staff, on potentially traumatic situations that staff might encounter. Honestly convey the facts, developing coping skills and raising awareness of potential mental health issue (Billings *et al.* 2020)
- Actively monitor whether essential physiological and safety needs of staff are being met, and address shortcomings when this is needed. Ensure senior managers are actively engaged in addressing issues related to PPE / childcare/ staff sickness / testing, and other issues of concern to staff (Adams & Walls 2020, Arai *et al.* 2012, Billings *et al.* 2020, Cole-King & Dykes 2020)

- Make sure that staff have and feel able to draw on managerial support out of hours (O'Boyle *et al.* 2006)
- Aim for shorter working shifts and support flexible schedules where possible, ensuring that staff have sufficient recovery time and family contact outside of work (Adams & Walls 2020, Dall'Ora *et al.* 2019, World Health Organization 2020)
- Remove all non-urgent business to alleviate staff burden (non-essential mandatory training, appraisals; job plans etc) (Cole-King & Dykes 2020)
- Rotate nurses from high stress to low stress functions where possible (Billings *et al.* 2020, World Health Organization 2020)
- Partner inexperienced nurses with more experienced colleagues, making sure that supportive buddying work is shared across the team (Billings *et al.* 2020, Maunder *et al.* 2006, World Health Organization 2020)
- Consider how staff who get sick can feel supported while away from the workplace and on their return to work (O'Boyle *et al.* 2006)
- Share successes (no matter how small) and actions that nurses and teams can feel pride in, and find ways to show their contribution is valued (Jiang 2020, Khalid *et al.* 2016, Shih *et al.* 2009)
- Consider your own needs for safe spaces to discuss difficult decisions at senior level (coaching; on-line mentorship and buddying) (Cole-King & Dykes 2020, Shih *et al.* 2009)
- Pay attention to staff who may be vulnerable and ensure safety plans are in place for people known to be at risk of self harm or suicide (4 Mental Health 2020, Billings *et al.* 2020)
- Plan ahead for long term support programmes for staff recovery(Billings *et al.* 2020, Maunder *et al.* 2006).

Underpinning theories

Stress response curve: The stress response curve can help individuals teams and managers understand the stress levels of people and how they are coping (Karmakar 2017). 'Stretch' refers to when someone is working or functioning at a high level but generally coping and efficient (good stress). But as the stress increases or develops multiple layers it can become distress (bad stress). This is when people may be considered "strained". They may initially appeared to be functioning and coping but may rapidly descend into developing psychological emotional and physical signs and symptoms which could lead to burnout, crisis or to becoming unwell with the smallest additional stress (stress curve) (Cole-King & Dykes 2020, Karmakar 2017).

Circle of concern and influence: Covey's work (Covey 1989, cited by Cole-King & Dykes 2020)) can be adapted to nursing work to reduce high pressure load when working in high pressure situations. It is a technique for separating out lower from higher priorities, and gaining ownership for action. A Circle of Concern includes the range of concerns we have, such as our health, our patient condition, concerns at work, and a Circle of influence encompasses those concerns that we can do something about. They are concerns that we have some control over. Thinking about our concerns in this way can help reduce feelings of being overwhelmed and focus on what we can control and do something about. It can be used to reduce stress by encouraging staff to think about the things that they can control and influence and those that they can neither control or influence and to focus on what is directly under their control

at that very moment – to encourage breaking work down into units of time and manageable chunks. This can be helpful when focusing on individual patient issues if nurses are becoming overwhelmed by the workload or emotional distress (Cole-King & Dykes 2020).

Stress first aid model: Watson’s work, includes the stress or psychological first-aid (PFA) model is a self-care and peer support model developed by those in high risk occupations like military fire and rescue and healthcare and is now the first, and most favoured, early intervention approach (Watson *et al.* 2011). It is a ‘common-sense’ intervention that would “first, do no harm” and includes elements of previous psychological debriefing models while avoiding elements (e.g. expectations for a detailed incident review) that may cause side-effects or do harm (Forbes *et al.* 2011, Shultz & Forbes 2014). It is underpinned by five “essential elements” from the research literature agreed at a consensus conference of disaster mental health experts in 2004 (Hobfoll *et al.* 2007). These five elements are: safety, calming, connectedness, self-efficacy, and hope (Shultz & Forbes 2014). Flexibility and ‘tiny steps’ are emphasised; mentoring and problem solving are highlighted and bridging to higher care is recommended when indicated. It is important to note however that PFA is currently considered “evidence informed but without proof of effectiveness” (p.251)(Fox *et al.* 2012). Watson has adapted her work for emergency services such as firefighters (Watson *et al.* 2013) and healthcare workers (Watson 2020).

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