



## BALANCING WELLBEING CHALLENGES AND RESOURCES DURING COVID-19

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*'A focus on the care and protection of staff is absolutely vital for staff well-being to ensure a safe, sustainable workforce and to maintain high quality clinical care. It should be recognised that intensive care staff will likely have an increased workload with heightened anxiety both at work and at home.'*

*ANZICS COVID-19 Guidelines. Version 2; (15 April 2020).<sup>1</sup>*

### **Introduction**

The COVID-19 pandemic caused by the novel coronavirus SARS-nCoV-2 continues to overwhelm healthcare resources and devastate populations worldwide. As a medical fraternity we can be grateful that the political leaders of Australia and New Zealand have, by and large, adopted effective pandemic responses to contain the virus and limit community transmission. However, the recent surge of cases in Victoria, Australia, highlights how tenuous this containment has been.

We now see Intensive Care Units in Victoria starting to fill again with patients suffering from the severe end of the COVID-19 disease spectrum. We feel empathy for our colleagues who are working long hours under difficult conditions to care for patients with COVID-19. We now take the time to reflect on the challenges ahead that we all face, including what must be our biggest challenge: ensuring our own wellbeing during the COVID-19 pandemic. Never in our lifetime has the risk to healthcare providers been more obvious than during the current global pandemic of COVID-19.<sup>2,3</sup>

### **The COVID-19 Pandemic Provides an Opportunity**

If there is one positive that has emerged from the COVID-19 pandemic to date, it is the fact that as a healthcare profession we are engaging more fully in conversations about our own wellbeing and welfare. The fact that this increased conversation has been initiated by a global pandemic that has exposed large numbers of healthcare providers to the real risk of physical, emotional, and psychological harm is not to our credit. The truth is that the burden of harm that accompanies healthcare provision and the risk of physical, emotional and psychological harm to healthcare providers existed well before the pandemic.

We have been a vulnerable population for a long time. A population with increased risks of relationship breakdown, burnout, and suicide when compared to non-medical populations.<sup>4</sup> A population made more vulnerable by an ability to ignore or downplay our own needs; a population that at times accepted institutional abuse, gender discrimination, and workplace bullying as a rite of passage; a population accepting of staffing and rostering practices that result in sleep-deprivation and accumulation of fatigue that contribute to the detriment of our own physical and mental health, and to the care of our patients.<sup>5,6</sup> The COVID-19 pandemic has provided us with an opportunity to reflect on what our wellbeing involves, and how we might care for ourselves and our colleagues during difficult times.

Identifying the challenges to our wellbeing that we face, and resources available to us to respond to those challenges is an important part of our self-care during the COVID-19 pandemic, and indeed throughout our professional lives.

### **Defining Wellbeing**

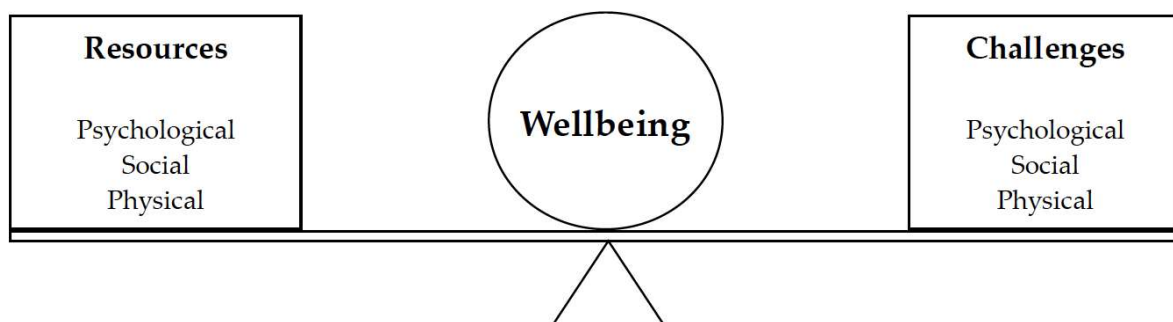
Searching for a definition of wellbeing is unsatisfying. There is no universally agreed upon definition of what wellbeing is, and in fact there is not even a general agreement as to whether the word should be written as 'wellbeing' or 'well-being'. Whilst there is no consensus definition of wellbeing, it is generally agreed that wellbeing as a concept involves a subjective sense of an individual's state of being. As such wellbeing involves: the presence of positive emotions, such as contentment and happiness; the absence of negative emotions, such as depression and anxiety; satisfaction with life; a sense of fulfilment and positive functioning. Put simply, wellbeing can be thought of as "feeling good, and functioning well".<sup>7</sup>

There is an enormous volume of literature arguing the defining characteristics, conceptual models, and measurable elements that constitute wellbeing based on philosophical, psychological, sociological, ethical, economical, and medical constructs. A review of this literature is outside of the scope of this article but further reading is available.<sup>7,8,9</sup> In addition to the academic literature, the concept of individual and organisational wellbeing is widespread across the internet with entire industries devoted to convincing people that their wellbeing can be measured and improved, for a fee.

Given that wellbeing is not well defined, that the term is applied ambiguously, and that the scientific basis relating to wellbeing measurement and interventions is generally low, it is understandable that we as health professionals, trained in critical thinking, should be sceptical of discussions relating to initiatives to improve our wellbeing.<sup>10</sup>

### **Conceptualising Wellbeing**

In order to progress our participation in wellbeing discussions it may help to use a conceptual model rather than searching for a concise definition. One such model seeks to conceptualise wellbeing as a seesaw balance point, or equilibrium point, between our individual resource pool and the challenges we face (Figure 1).<sup>8</sup>



**Figure 1:** Conceptual model of wellbeing as a seesaw balance point (or equilibrium) between the psychological, social and/or physical resources of an individual and the psychological, social and/or physical challenges they face.<sup>8</sup>

A stable sense of wellbeing, where one is feeling good and functioning well, would occur when we as individuals have the psychological, social and/or physical resources to meet the particular challenges we face. When that challenge exceeds our available resources, the

balance will tip and we might begin to feel overwhelmed, fearful, anxious, fatigued, and depressed; our wellbeing will decline. Adding resources to support our physical, psychological, and social wellbeing will help redress the balance and restore wellbeing. Similarly, this model also suggests that when resources exceed challenges wellbeing will also decrease as we will tend to feelings of boredom and a decreased sense of purpose and satisfaction.

The position of the balance point will differ between individuals, such that some of us will need more resources than others to achieve wellbeing in the face of similar challenges. The point of balance between our resources and challenges might be thought of as our wellbeing set point.

### **Balancing Resources and Challenges to Wellbeing During COVID-19**

Using a model such as the one above we can assess challenges to our wellbeing posed by COVID-19 and make an assessment of the resources available to us to deal with them. If a challenge is identified and the resources available do not seem adequate to deal with it then we need to engage in a conversation with our colleagues, directors, and executive to ensure that adequate resources are put in place. The following are some examples of how a resource inventory might look (adapted from recommendations made in previous publications<sup>1,11</sup>). These examples are illustrative only and are not meant to be prescriptive.

Readers are encouraged to add or subtract from the lists as is suited to their circumstances.

## The risk of acquiring COVID-19 at work

### Challenges

#### Physical

- Contracting potentially fatal COVID-19 disease
- Maintaining strict precautions and hand hygiene
- Performing usual clinical duties in PPE

#### Social

- Monitoring for symptoms, self-isolating and getting tested to avoid exposing family and colleagues to potential infection
- Potentially having to live away from family
- Supporting colleagues who are in isolation, being screened, or who have COVID-19
- Social isolation and loss of peer support if unable to work or in isolation

#### Psychological

- Anxiety and fear of physical harm or death from COVID-19
- Anxiety and fear of transmitting COVID-19 to family or colleagues
- Anxiety about letting down your family or colleagues if you contract COVID-19 or are in quarantine

### Resources

#### Physical

- Organisational:
  - Ensuring adequate PPE stocks
  - Scrubs for staff to change into and out of at work
  - Shower and change facilities for staff
  - Hand hygiene champions to maintain strict standards
  - Observed donning and doffing of PPE
  - Appropriate disposal of used PPE
  - Frequent, comprehensive surface cleaning
  - Staffing and rostering to limit exposure
  - Minimising staff present during high risk procedures
  - Re-deployment of high-risk staff
  - Leave for staff being screened or isolated
  - Adequate staffing to cover staff screening/isolation
  - Log nosocomial infections as sentinel incidents
- Individual:
  - Training in PPE doffing and donning, with mask fit testing and checking
  - Simulation for high risk aerosol generating procedures (intubation, tracheostomy, CPR, circuit changes)
  - Training in dealing with PPE breaches

#### Social

- Organisational
  - Leave for staff being screened or quarantined
  - Culture that supports staff testing/isolation
  - Daily briefings from senior staff on PPE stock and appropriate usage (email or video links)
  - Start and end of shift team huddles
  - Open forums to discuss concerns using appropriate language
  - Welfare advocates/Wellbeing champions and peer supports to monitor colleagues and encourage testing
- Individual
  - Checking with team members regarding concerns
  - Planning contingencies with family and friends
    - Childcare
    - Isolating away from family

#### Psychological

- Senior leadership set the example
  - Everyone, no matter what their role, gets appropriate PPE
  - Senior staff using the same PPE as everyone else
- Peer support and culture of positive regard
  - Welfare advocates/Wellbeing champions in each unit to direct staff to resources as required
- Psychologist support via confidential phone lines or in-person psychology services

## Fatigue management during COVID-19

### Challenge

#### Physical

- Fatigue from long shifts or additional shifts to cover absent colleagues; managing high acuity patients or large volumes of patients; long periods in PPE
- Risk of medical errors with increasing fatigue

#### Social

- Maintaining relationships with family and friends
- Maintaining collegial relationships at work

#### Psychological

- Loss of satisfaction with work
- Absenteeism
- Increased self-criticism and criticism of others
- Increasing anxiety and risk of depression

### Resources

#### Physical

- Organisational:
  - Appropriate staffing to ensure breaks
  - Availability of rehydration solution and nutritious meals during breaks
  - Rest areas and quiet spaces for staff
  - Increasing length of breaks for staff spending prolonged periods in PPE
  - Shorter roster cycles
  - Encouraging planned leave periods
  - Rotating staff to lower acuity areas
  - Taxi vouchers or transport for fatigued staff
  - Systems to check medication prescribing and administration
- Individual:
  - Being flexible to cover leave for others
  - Taking leave when offered
  - Rest whenever able
  - Avoid alcohol

#### Social

- Organisational
  - Leave arrangements for staff
  - Culture of encouraging staff to identify that they are fatigued and unsafe to work
  - Adequate cover to allow leave
  - Start and end of shift team huddles
    - Check on team wellbeing and fatigue levels
    - Identify break and rest periods
  - Welfare advocates/Wellbeing champions and peer supports
  - Cease non-essential meetings
- Individual
  - Planning contingencies with family
    - Consider time out in a hotel to rest

#### Psychological

- Peer support and culture of positive regard
  - Welfare advocates/Wellbeing champions in each unit to direct staff to resources as required
  - Monitor for self-medicating (sleeping tablets, caffeine tablets, alcohol)
  - Use going home checklists to end shift
- Psychologist support via confidential phone lines or psychology services if overwhelming concerns
- Ensuring staff have a general practitioner

## Burnout and moral injury during COVID-19

### Challenge

#### Physical

- Insomnia and fatigue
- Decreased exercise, poor nutrition, weight gain
- Substance misuse and self medication
- Self-harm
- Impaired decision making and worse patient outcomes

#### Social

- Disengagement with patients, colleagues, family, friends
- Avoidant behaviour
- Irritability, interpersonal conflict

#### Psychological

- Decreased job satisfaction
- Increased cynicism, self criticism and decreased feelings of accomplishment
- Anger, guilt, remorse, feelings of betrayal
- Anxiety, depression, feelings of hopelessness, suicidal ideation

### Resources

#### Physical

- Organisational:
  - Encouraging leave periods
  - Providing adequate leave cover
  - Reducing rostered hours
- Individual:
  - Keep a journal
  - Take leave when offered
  - Increase exercise
  - Spending time outdoors (reconnect with nature)
  - Good nutrition (consider food delivery schemes)
  - Good sleep hygiene
  - Avoid alcohol
  - Avoid medicating to regulate mood/sleep unless under supervision of GP

#### Social

- Organisational
  - Peer support and mentoring within the department
  - Welfare advocate/Wellbeing champion as a point of contact
  - Culture of asking each other "Are you OK?"
  - Provide psychological first aid training within the organisation to enable 'RUOK' conversations
  - Formal debriefing processes for critical incidents
    - establish a no-blame culture to critically evaluate outcomes
  - Triage teams to support clinicians
    - Assist with ethically challenging decisions
- Individual
  - Seek help – you are not alone
  - Openly discuss feelings with colleagues and family
  - Regular meeting with a peer/mentor to debrief

#### Psychological

- Organisational
  - Employee assistance programs
    - Welfare advocates within the department
    - Peer support phone lines
    - Access to psychology services
    - External peer support programs (Drs4Drs support line, Converge via CICM)
- Individual
  - Mindfulness training
  - Access psychological support services provided via organisation
  - Regular consultations with GP
    - Referral to other specialists including psychiatrists as needed

## Conclusion

The COVID-19 pandemic poses significant risks to the wellbeing of healthcare providers. It has also provided an opportunity for us to reflect on what wellbeing means for us and how we can help to safeguard ourselves and our colleagues during difficult times. Discussions around wellbeing are hampered by ambiguous definitions but conceptual models can help us assess the resources we need to face the challenges of COVID-19. Having a range of resources available, taking time to make an inventory of resources for predicted challenges, and knowing where to go to access those resources, will help safeguard our wellbeing during the pandemic.

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