

# To support healthcare workers battling COVID-19, start fresh and think holistically, experts say

April 10 2020, by Rosanne Spector

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Tait Shanafelt co-authored an article that describes the approach Stanford Medicine used in developing and implementing a strategy to support health care professionals in the early days of the COVID-19 pandemic. Credit: Steve Fisch

Although health care workers' physical safety is paramount, their psychological, emotional and spiritual well-being are also key to their ability to function under conditions that are unlike any they've faced before, according to three experts in physician wellness.

In an opinion article published online April 7 in *JAMA*, the experts provide a strategy for supporting [health care workers'](#) well-being during the COVID-19 pandemic.

"We should not be recycling the wellness offerings of the past, as if retooled versions of those approaches are the current needs," said co-author Tait Shanafelt, MD, Stanford Medicine's chief wellness officer. "We need to approach this situation with fresh eyes, ask our people what they need, develop our response based on the needs they've expressed, and effectively and compassionately communicate with them."

The first step is asking workers to describe their concerns. Next, health care leaders must respond in a meaningful way. Very likely the standard approaches to boost physician wellness, such as improving the practice environment, addressing administrative burdens and offering courses in relaxation techniques, won't be sufficient, Shanafelt said.

"Fundamentally, the Stanford approach includes listening to understand urgent basic needs and facilitating access to essential goods to meet those needs, coupled with emotional and [social support](#)," said Shanafelt.

Shanafelt's co-authors are Mickey Trockel, MD, director of scholarship and [health promotion](#) for Stanford Medicine's physician wellness program and a clinical associate professor of psychiatry and behavioral sciences, and Jonathan Ripp, MD, chief wellness officer and professor of medicine, of medical education, and of geriatrics and palliative medicine at Mount Sinai's Icahn School of Medicine in New York.

## Developing the Stanford framework

The article describes the approach Stanford used in developing and implementing its strategy to support [health care professionals](#) in the early days of the pandemic.

"What our people told us helped provide a focused and clear framework. Our hope is that it can serve as a useful framework to others," said Shanafelt, the Jeanie and Stew Ritchie Professor and professor of medicine. "We want to emphasize that leaders also need to be listening to their people and responding to the unique, local needs."

During the week the World Health Organization declared the outbreak a pandemic, leaders at Stanford Medicine held eight listening sessions with physicians, nurses and other health care workers to learn about three things: what they were most concerned about, what they wanted from their leaders and what sources of support would be most helpful. The authors found the responses consistently centered on eight sources of anxiety:

- Having access to appropriate [personal protective equipment](#);
- Being exposed to COVID-19 at work and taking the infection home to their families;
- Not having rapid access to testing if they developed COVID-19 symptoms, along with a fear of passing along the infection at work;
- Feeling uncertain whether their organizations would support or take care of their personal and family needs if they were infected;
- Having access to child care during increased work hours and school closures;
- Getting support for other personal and family needs, such as food and lodging, as work hours and demands increase;

- Providing competent medical care if they are deployed to a new department—if, for example, a nurse who does not work in the intensive care unit is assigned to the ICU; and
- Lacking access to up-to-date information and communication.

"We learned that health care professionals want unambiguous assurance that their organization will support them and their family," Shanafelt said. "You can summarize their requests as: Hear me, protect me, prepare me, support me and care for me."

## **Importance of leadership in a turbulent time**

"The other major message should go without saying," Shanafelt said. "There's no time when leadership is more important than during this turbulent time. It's important for leaders to demonstrate that they are present, desire input, are listening and will do all they can to support their people."

At Stanford Medicine, extensive support efforts have now been implemented, and listening sessions continue weekly. Health care professionals can also provide feedback through weekly leadership town hall sessions and an email suggestion box, and during regular visits by members of the leadership with hospital teams. In addition, the institution has provided tangible support, such as personal protective equipment, [child care](#) and a new occupational health clinic to allow rapid testing for infection.

Less tangible but no less critical efforts to provide psychological support are also underway, said Shanafelt. These include support from peers and from mental health experts via drop-in groups and interactive webinars on Zoom.

Sincere gratitude from leaders and between co-workers can also be a

powerful source of support. "Sincere gratitude for health care workers' efforts reinforces their compassion and helps these workers sustain their efforts," Trockel said.

"It's inspiring to see the courage and commitment of health care professionals as they step forward to meet the needs of their patients, community and one another. As health care organizations and leaders, we need to make sure we have their back and are supporting them and providing for their needs," Shanafelt said.

**More information:** Tait Shanafelt et al. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic, *JAMA* (2020). [DOI: 10.1001/jama.2020.5893](https://doi.org/10.1001/jama.2020.5893)

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