Sustaining Workforce Well-being: A Model for Supporting System Resilience During the COVID-19 Pandemic

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Abstract
Professional well-being in health care is critical to the success of academic medical centers inpatient care, educating trainees, serving communities, and pursuing research missions. The COVID-19 pandemic, caused by SARS-COV-2, has stretched health care teams and individuals in unique ways, leading to high levels of persistent stress with concern for longer term mental health implications. The pandemic is a catalyst to grow and strengthen support for those who work in health professions. Using one academic health center as a model, this paper reviews how professional well-being can be approached comprehensively at a system level while considering the needs of diverse employees during a time of increased need. This ramping up of services has the opportunity to build community and support a trajectory of post traumatic growth.

Keywords
COVID-19, occupational trauma, mental health, professional well-being

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Health care worker well-being is essential to optimizing success in patient care, as well as the other goals of academic medicine, such as teaching and research efforts. The COVID-19 pandemic has strained care teams more than any other event in this century. Both personally and professionally, many individuals are experiencing a level of stress far above what they have previously experienced with concern for long-term mental health consequences. The traditional approach to personal well-being in medicine has been to put your head down and push ahead. This “I’m fine” approach, is not working in the setting of prolonged, increased stress. Many more healthcare workers and systems are finding a need to consider their own well-being in addition to those they care for. Now, more than ever, a clear approach to professional well-being in work and learning environments is paramount.

This descriptive paper shares the approach of one academic health system to comprehensively approach the well-being of its workforce in the face of managing the impact of the COVID-19 Pandemic caused by the SARS-COV-2 virus, to move quickly and efficiently to build on existing services, expand where necessary, and create new programs to fill gaps. While the stressors are not unique, this approach can be a model, both now and for future crises.

Prior to COVID, professional well-being was a strategic priority of the health system, alongside excellence in patient care, teaching, and research. The COVID-19 pandemic caused by SARS-COV-2 highlighted the need for comprehensive support of health care workers who are providing care in unprecedented and stressful circumstances.

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Table 1. University of Utah Health COVID Resiliency Workgroup Overview.

| Subcommittee | Representation                                                                 | Initiatives                                                                 |
|--------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Basic Needs  | Frontline teams (clinical/non-clinical), Human Resources, Operations,        | • Virtual Suggestion Box – central process for needs reporting               |
| – Identify   | Nursing leadership, Resiliency Center, Educational/academic representatives.  | • Childcare needs assessment                                                |
| and triage   |                                                                                | • Food bank for employees and patients                                       |
| new and      |                                                                                | • Cloth masks for employees and patients                                     |
| emerging     |                                                                                | • Resiliency Boxes with resources for units                                 |
| workforce    |                                                                                | • Low risk: virtual mindfulness classes, well-being articles, online learning, etc. |
| needs        |                                                                                | • Rising risk: facilitated check-ins, resilience consults, crisis debriefs, peer support |
| Support      | Chaplaincy, EAP, GME Wellness, Patient Safety, Psychiatry, Resiliency Center, | • High risk: psych referral, EAP referral, crisis line, mobile crisis outreach. |
| Services     | Social Work, UME                                                               |                                                                             |
| – Provide    |                                                                                |                                                                             |
| 3-tiered     |                                                                                |                                                                             |
| workforce    |                                                                                |                                                                             |
| crisis       |                                                                                |                                                                             |
| support      |                                                                                |                                                                             |
| services     |                                                                                |                                                                             |
| Recognition  | Advancement, Community Engagement, Frontline clinicians, HR, OND, Nursing,   | • Donated gifts: meals, posters, letters                                     |
| – Coordinate  | Occupational Medicine, OD, Resiliency Center                                   | • Story sharing: virtual employee forum presentations, blog posts, social media posts, community outreach (#UtahCares). |
| workforce    |                                                                                | • Internal: Live and on-demand virtual presentations, HR emails, web pages, intranet resource page, leader emails, slides, newsletters, print materials/signage. |
| recognition  |                                                                                | • External: resource web pages, blog posts, newsletters, social media posts, press releases, etc. |
| and gratitude|                                                                                |                                                                             |
| efforts      |                                                                                |                                                                             |
| Communication| Accelerate, Communications, Health Sciences Library, HR, Interactive Web and  | • Food bank for employees and patients                                       |
| – Develop    | Marketing, Public Relations, Resiliency Center, U of U Medical Group          |                                                                             |
| and disseminate |                                                                                   |                                                                             |
| internal/external workforce well-being communication efforts |                                                                             |                                                                             |

Abbreviations: EAP = Employee Assistance Program, GME = Graduate Medical Education, HR = Human Resources, OND = Outreach and Network Development, OD = Organizational Development.

in patient care, education, research and community service. A collaborative approach to coordinate efforts was in development, bringing together experts and leaders in professional well-being; patient safety and quality; human resources; equity, diversity, and inclusion; education; and clinical programs. System level initiatives were paired with local initiatives. Professional well-being was measured regularly and program outcomes were tracked.

As COVID cases spread nationally in March of 2020, coordinated efforts addressed all aspects the pandemic response. Planning included considering the need for repurposing equipment and personnel, ensuring adequate supplies, ethics of health care rationing, and care for employees children, alongside discussions of how to sustain workforce well-being. The COVID Resiliency Workgroup (Table 1) was convened to coordinate, develop, and implement solutions to build community, connection, foster resilience and recognition of clinical and non-clinical teams during the pandemic. Reporting to senior leaders, the group brought together experts in well-being, patient experience, human resources, and clinical units. Four subgroups, co-led by system experts in their respective focus areas, addressed basic needs, crisis support, recognition and communication. On March 25th, 2020, upon approval from executive sponsors, subcommittee leaders convened interprofessional teams with representation spanning the healthcare system, established guiding principles, goals, purpose statements, and a process for weekly virtual check-ins. An experienced project manager maintained connection with all team leads to ensure fluid communication and prevent duplication of efforts. Weekly status updates were sent via email to executive sponsors.

The Resiliency COVID Workgroup considered approaches through the lens of a modified Maslow’s Hierarchy of Needs. This modified pyramid starts with the basic human needs of food, hydration, and sleep at its foundation and extends up through safety, respect, and appreciation on the way to self-actualization. This group sought to consider the needs of the health care delivery system, academic departments, and the medical group, bringing together different cultures that can make system-level initiatives challenging. Broad representation was essential to coordinate the work of each subgroup.

The Support Subcommittee provided central coordination of employee support services. During the initial pandemic response, requests for support services increased by 30% and employee needs began to outstrip baseline resources. The first six months of the pandemic saw one-on-one resilience consultation rates increase by 80% and individuals participating in group check-ins nearly tripled. The Employee Assistance Program also
saw an increase in requests. Additional mental health professionals were tapped to provide support. Nearly all sessions occurred virtually, whereas virtual visits were not available prior to the pandemic. Additional expanded offerings included debrief sessions, online mindfulness and compassion workshops, and support groups for Black, Indigenous, and People of Color. High risk frontline groups were identified and offered scheduled interventions.

The Recognition Subcommittee organized meaningful and timely recognition. Foundational to the work was a social media campaign created in partnership with another large health system. The group helped state wide recognition campaigns understand the implications of language in appreciating front line workers. Initially, a “Heroes Work Here” campaign was designed to engage the community in appreciating healthcare workers; however, when it became clear that many frontline workers felt that being a “hero” wasn’t necessarily in line with messaging around self-care and boundaries, the group worked to change messaging.

Additionally, a site was developed to aggregate across social media platforms to offer the community an opportunity to write notes and pictures of thanks. The website also served as a development tool, collecting financial, in-kind, and personal protective equipment (PPE) donations. Internally, each week a “bright spot” was highlighted at virtual employee forums. On average, 1200 employees regularly tuned in.

The Workforce Needs Subcommittee coordinated an inventory of employees’ needs, facilitated development of programs, and provided quick feedback on expected impact on employees as policies were made during the pandemic. The most commonly identified needs among healthcare workers initially included childcare, temporary housing, help with groceries, masks for community use and PPE for clinical use. Over time, the biggest needs became support and ways to talk about ongoing grief and stress. This group spun off a COVID Childcare Workgroup that partnered to survey childcare needs, share existing resources, develop stopgap measures to support families and help leaders understand the support needs of those employees with child and elder dependents.

The communication group was responsible for content development and dissemination of resilience and well-being resources. Accelerate U of U Health (online healthcare learning community), led the development of COVID Well-being web pages. This content received 18,071 pageviews between March 15 - May 26, a tenfold increase from well-being content during the same period in 2019. Regular presentations on resilience topics were broadcast through bi-weekly Clinical Update sessions alongside other COVID updates, with approximately 3000 participants for each presentation.

Overall, the Resiliency COVID Workgroup has continued to morph to meet the needs of the organization over the course of the pandemic, returning frequently to the expected course of stress after a disaster, recognizing the unique interplay of stressors from a persistent pandemic, combined with high stress from increases in racial and political conflict. As time passes, increased fatigue and persistent stress are leading to burnout and decreased patient satisfaction. Remarkably, although the number of people considering leaving the workforce is high, turnover has not been impacted thus far.

The combination of the COVID pandemic with other social stressors has presented unprecedented challenges to the US healthcare system. Creativity and collaboration are key in managing this upheaval. The pandemic presents personal challenges to healthcare workers, who often prioritize the care of patients over self-care and the health of their families, yet it is an opportunity to discuss important principles of self-care on a broad scale and destigmatize mental health. It is an opportunity to shore up our consideration of professional wellbeing towards a goal of post traumatic growth, such that healthcare organizations can emerge as stronger communities. Now is the time to lean in to supporting professional well-being such to transform the future of healthcare.

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