

COVID-19 and Healthcare Professional Stress and Resilience



the E X CHANGE

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

FOREWORD

COVID-19 and Healthcare Professional Stress and Resilience

The phenomenal effort that you and other healthcare emergency readiness and response professionals have made while caring for this nation's communities during the COVID-19 pandemic has not gone unnoticed and ASPR recognizes the immense sacrifices you and your peers continue to make. We also understand that responding to this long-term incident may affect your mental health, morale, and resilience.

In this issue ASPR TRACIE strives to collect and share the most valuable, timely, and helpful information for you and your colleagues and offer the following resources to address healthcare worker mental health and resilience:

- The [COVID-19 Behavioral Health Resource Collection](#) includes a section on [Self-Care and Resilience Resources for Responders and Healthcare Workers](#).
- The [Behavioral Health Compendium](#) can help Regional Emergency Coordinators and federal and state planners better understand how programs with behavioral health components (e.g., steady state programs, grants, certain HHS programs, waivers and flexibilities) can support the pandemic response.
- [ASPR TRACIE Mini Modules to Relieve Stress for Healthcare Workers Responding to COVID-19](#) are designed for healthcare workers in all settings, but primarily hospital-based providers, staff, and leaders dealing with the COVID-19 pandemic.

These resources, coupled with the [Mental and Behavioral Health](#) and [Online Training Webinars and Peer-to-Peer Sessions](#) sections of [ASPR's COVID-19 webpage](#), can help our partners, stakeholders, and the general population bolster mental health and resilience.

The articles in this issue of *The Exchange* focus on three categories: understanding acute and chronic stressors in the healthcare worker population, identifying at-risk employees, and promising practices in building resilience. The articles feature authors at all levels of government who represent urban, suburban, and rural areas of the country.

In the spirit of planning for and responding to the 2020-2021 influenza season and other potential concurrent incidents, I encourage you to visit ASPR TRACIE's [Natural Disasters Topic Collection](#), and continue to monitor the Centers for Disease Control and Prevention's pages on [2019 Novel Coronavirus](#) and [Influenza](#) and ASPR TRACIE's [Novel Coronavirus Resources Page](#).

ASPR TRACIE develops resources in conjunction with partners, stakeholders, and other subject matter experts who have direct experiences in the field. Please [share](#) your own promising practices, lessons learned, or requests for technical assistance about COVID-19 so that others may learn from your experiences. As always, we welcome your feedback.

If you are experiencing the stressful effects of this pandemic and need more immediate assistance, please reach out to SAMHSA's [Disaster Distress Helpline \(1-800-985-5990\)](#) or the [National Suicide Prevention Lifeline \(1-800-273-TALK\)](#). Both are available 24/7, 365 days a year.



Jack Herrmann

MSEd, NCC, LMHC Acting Director,
National Healthcare Preparedness
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WELCOME TO ISSUE 12!

The [last issue of *The Exchange*](#) focused on lessons learned during COVID-19 (with articles on patient surge, safety and staff health, operational considerations, and telehealth). In the months that have passed since a pandemic was declared, we have witnessed our nation's healthcare providers working tirelessly to care for patients, with surges testing their facilities' and their own personal resilience. This kind of work is grueling and can take a significant toll on physical and mental health.

[ASPR TRACIE](#) has had the honor of working with subject matter experts (SMEs) to gather and share timely information throughout the pandemic. We recognize that many of our stakeholders work in healthcare facilities and may be feeling overwhelmed by the work and the amount of information coming out. It is our goal to develop new and share with you existing articles, tools, quick sheets, and templates—all vetted by SMEs—that can help you identify and address risk and the negative mental health effects of stress in yourselves, your colleagues, and your staff.

We encourage you to continue to visit the [Centers for Disease Control and Prevention's Coronavirus \(COVID-19\) page](#) for clinical information and our [Novel Coronavirus Resources page](#) for updates. Your feedback is what makes us successful—please [contact us](#) with your comments, questions, technical assistance needs, and resources to share. We look forward to our continued collaboration.

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AT A GLANCE

5 Acute and Chronic Stressors

What short- and longer-term stressors are associated with the COVID-19 pandemic? These articles list and define the stressors healthcare workers faced in the initial months of the pandemic, during patient surges, and on a continuing basis.

6 Identifying At-Risk Employees

Stress can manifest in a variety of ways; the articles in this section define the concept of risk and highlight strategies for recognizing and managing the negative behaviors and mental health issues associated with stress.

7 Building Resilience: What Works?

There are many ways to care for staff and for staff to bolster their own resilience. These articles highlight a few that are specific to the stress associated with the COVID-19 pandemic (but can also be applied to life outside of work).

8 Summary



WHAT'S NEW WITH ASPR?

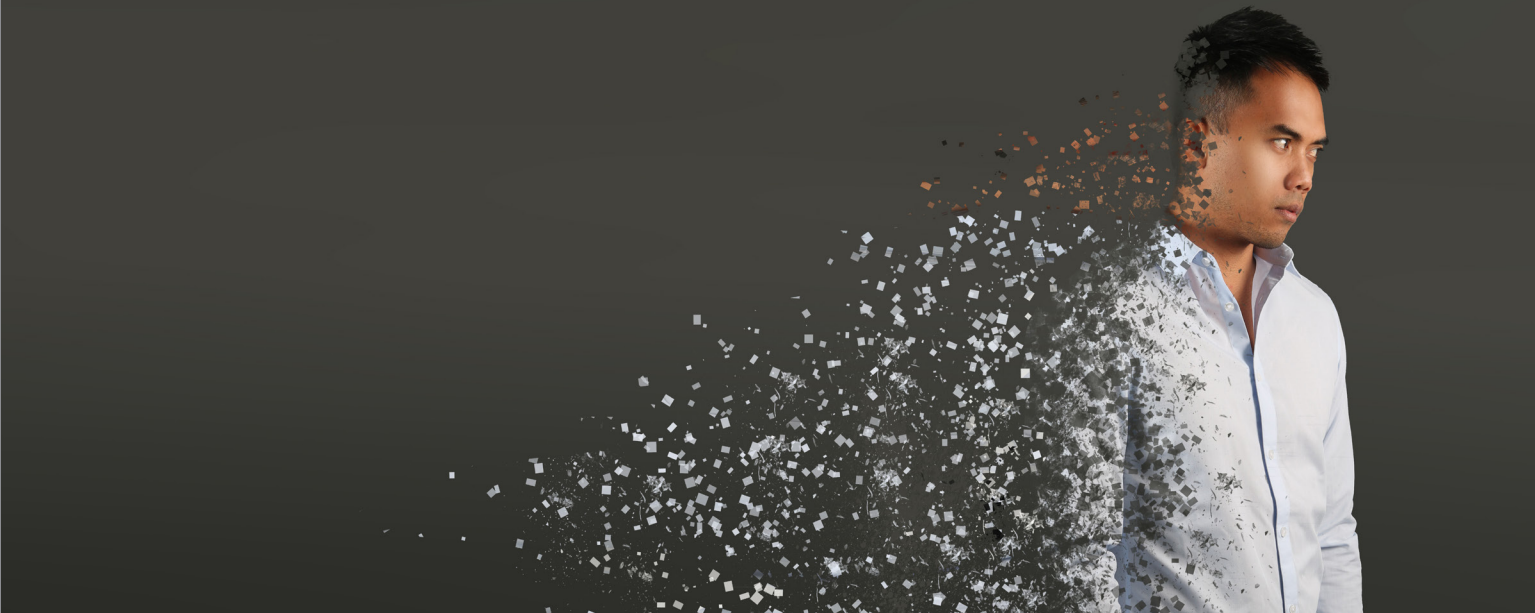
The last issue of *The Exchange* focused on lessons learned during COVID-19. In the months that have passed, our nation's scientists have been working nonstop to develop therapeutics and vaccines to fight this novel virus. HHS Secretary Azar renewed the COVID-19 Public Health Emergency Declaration [on October 2](#); the Emergency Declaration regarding the opioid crisis was [renewed on October 8](#). Check out the [PHE overview](#) and [frequently asked questions](#) (FAQ) to learn more about public health emergency declarations.

In September, many communities fought wildfires and ASPR's Division of Critical Infrastructure Protection issued [Five Ways to Prevent the Spread of COVID-19 during Wildfire Response Operations](#). BARDA reported on [New Medical Countermeasures in Burn Care](#) and how they could enhance patient outcomes.

By October, more than 50 million BARDA-supported COVID-19 [diagnostic tests had been shipped](#) to communities across the country. BARDA also [announced](#) a \$31 million agreement with Cytiva to expand the company's manufacturing capacity for products that are essential in producing COVID-19 vaccines (e.g., cell culture media, cell culture buffers, mixer bags, and XDR bioreactors). ASPR also provided [guidance](#) to help persons with disabilities return to the community after a COVID-19 diagnosis.

In November, bamlanivimab, a monoclonal antibody treatment for COVID-19 from Eli Lilly and Company, received Emergency Use Authorization from the U.S. Food and Drug Administration; ASPR had previously purchased 300,000 doses of the treatment and after EUA immediately announced an allocation process. [This page](#) describes this antibody treatment and the allocation and distribution process. Later that month, members of the National Disaster Medical System (NDMS) Trauma and Critical Care Team [deployed to El Paso to support medical professionals with intubated COVID-19 patients](#).

Visit the [ASPR homepage](#), and [blog](#) and follow us on [LinkedIn](#), [Facebook](#), [Twitter](#), and [Instagram](#) to learn more about how ASPR is working to strengthen the nation's ability to prepare for, respond to, and recover from emergencies.



Acute and Chronic Stressors

SUMMARY

Healthcare workers encounter short- and longer-term stressors during nearly every incident that requires patient care. What is different about a pandemic, however, is the duration of the incident (ongoing) and the threat that a relatively new virus poses to us all, regardless of occupation, socioeconomic status, or community. This section highlights those and other stressors unique to COVID-19 and how to recognize them in yourself, you colleagues, and your staff.

EXPERIENCES FROM THE FIELD

- **Coping on the Front Lines of a Pandemic: Understanding and Managing COVID-19 Stressors**
Since the onset of the COVID-19 pandemic, the nature and frequency of stressors experienced by the healthcare workforce have increased exponentially. Rachel Kaul, the Behavioral Health Lead for ASPR EMMO, shares how to recognize and mitigate these stressors while bolstering resilience.
- **Pandemic Workforce Well-being: Recognizing Stressors and Supporting Our Own**
The Mount Sinai Hospital System is comprised of eight hospitals and numerous urgent care and outpatient locations across New York City. During the first wave of the COVID-19 pandemic, the system and its staff was overwhelmed by patient surge. Dr. Jonathan Ripp (Chief Wellness Officer, Mount Sinai Health System, Dean for Well-Being and Resilience, Icahn School of Medicine at Mount Sinai, and Co-Chair, Collaborative for Healing and Renewal in Medicine (CHARM)) and Dr. Brendan Carr (Professor and System Chair of Emergency Medicine, Icahn School of Medicine at Mount Sinai and Mount Sinai Health System) shared how they developed new and maximized existing programs to ensure the system recognized and helped mitigate the unprecedented type and level of stress encountered by healthcare workers.
- **Understanding Stress and Taking Care of Each Other (and, In Turn, Ourselves)**
Dr. Patricia Watson is a psychologist at the U.S. Department of Veterans Affairs' National Center for Post-Traumatic Stress Disorder (PTSD). For more than 20 years, she has focused on high stress occupations (e.g., first responders, healthcare workers) and the importance of peer support and self-care. ASPR TRACIE asked Dr. Watson to explain risk factors for stress and PTSD in healthcare workers during the COVID-19 pandemic and strategies for identifying and managing these and other negative behavioral health effects.



ADDITIONAL ASPR TRACIE RESOURCES

- [Behavioral Health Speaker Series](#)
- [Disaster Behavioral Health Self Care for Healthcare Workers Modules](#)
- [Mini Modules to Relieve Stress for Healthcare Workers Responding to COVID-19](#)

ADDITIONAL RESOURCES

- [Moral Injury in Healthcare Workers](#)
- [Moral Injury \(National Center for PTSD\)](#)
- [Behavioral Health Practices Shown to be Effective in Healthcare Settings During the COVID Response](#)
- [Pandemic Workforce Well-Being: A Comprehensive Toolkit for Supporting Our Own During COVID-19](#)
- [Health Care Workers Ask Therapist: 'Why Aren't More People Taking This Seriously?'](#)

While this issue of *The Exchange* focuses on acute and chronic stressors, identifying at-risk employees, and fostering resilience, it is important to understand these are somewhat artificial distinctions; they are actually interrelated concepts. Though it is helpful to segment them for the purposes of highlighting key factors in each, it is important to understand how they are related in order to craft a comprehensive understanding and strategy to optimize healthcare worker mental health.

*Brian Flynn, Ed.D. and
Dr. Joshua Morganstein,
Center for the Study of
Traumatic Stress*





Identifying At-Risk Employees

SUMMARY

Once we understand the stressors associated with COVID-19, recognizing their negative mental health effects on ourselves and our colleagues becomes easier. The resources in this section can help you identify “at-risk” employees and provide a segue to the third category of this newsletter: resilience.

EXPERIENCES FROM THE FIELD

- [Supporting Health and Behavioral Health Professionals in Times of Disaster: Reflections on “At-Risk Employees”](#)

What is unique about the pandemic and its contribution to our country’s actual and perceived risk? Brian W. Flynn, Ed.D., RADM, USPHS, Ret., Associate Director for Health Systems, Center for the Study of Traumatic Stress, Adjunct Professor, and Joshua C. Morganstein, MD, CAPT, USPHS, Associate Director Center for the Study of Traumatic Stress, Associate Professor and Assistant Chair, both from the Department of Psychiatry, Uniformed Services University, offer a unique view on risk, how it may be manifested in this unprecedented time, and important steps in risk mitigation to enhance sustainment. Note: In this article, we use the term “healthcare worker” to refer to those involved in providing behavioral and physical healthcare. As this and other recent disasters have shown, support staff (e.g., housekeeping, logistics, maintenance, information technology, nutrition) are also being impacted in many of the same ways, and it is critical that they be included in organization-wide resilience-building efforts.

- [Support for Overstretched Clinicians During the Ongoing Pandemic: Literature and Practice](#)

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.

ADDITIONAL ASPR TRACIE RESOURCES

- [Behavioral Health Speaker Series](#)
- [COVID-19 Behavioral Health Resources](#)
- [COVID-19 Workforce Resilience/Sustainability Resources](#)
- [Disaster Behavioral Health Self Care for Healthcare Workers Modules](#)



- [Mini Modules to Relieve Stress For Healthcare Workers Responding to COVID-19](#)
 - [Creating a Practical Self-Care Plan in Difficult Times](#)
 - [Stress Management Exercise](#)
 - [Leading Towards Organizational Wellness in an Emergency](#)

ADDITIONAL RESOURCES

- [SAMHSA Tip Sheets for Disaster Responders](#)
- [First Responders: Behavioral Health Concerns, Emergency Response, and Trauma](#) (SAMHSA Supplemental Research Bulletin)
- [Well-being of Healthcare Workers During COVID-19 Crisis Webinar](#)

This was our first experience with a pandemic of this nature. Everything we were doing, we were doing for the first time. During COVID-19, we noted three categories of major stressors (fear for basic needs, uncertainty, and processing) and did our best to address those using existing and new strategies.

Dr. Jonathan Ripp, Mount Sinai Health System





Building Resilience: What Works?

SUMMARY

When we understand stressors and what being at-risk looks and feels like, we can appreciate the plethora of resources available that can bolster healthcare worker response. The articles in this section highlight traditional and alternative strategies our stakeholders use to ensure healthcare workers and systems remain as strong as possible during the pandemic.

EXPERIENCES FROM THE FIELD

- **Total Force Fitness through HOPE: Applying Warrior Principles to Healthcare**

The Consortium for Health and Military Performance (CHAMP) is a Center of Excellence at the Department of Defense's Uniformed Services University. CHAMP uses the "Total Force Fitness" approach and "HOPE" framework to optimize the performance of military service members and their loved ones. Dr. Gloria Park (Director of Performance Psychology) and Dr. Gabe Paoletti (Mental Fitness Scientist) have worked to apply these principles to healthcare workers on the frontlines of the COVID-19 pandemic.

- **Plan, Do, Check, Act: Managing COVID-19 in New Orleans**

In June 2020, ASPR TRACIE hosted the webinar Ensuring Healthcare Safety Throughout the COVID-19 Pandemic to allow speakers to share lessons learned in adjusting care delivery, the role of leaders, and how rounding was changed to ensure workforce safety during COVID-19. Tracey Moffatt, RN, MHA, System Nursing Officer and Vice President of Quality, from Ochsner Health (in New Orleans, LA) shared her experiences with ensuring staff protection and resilience; she provided ASPR TRACIE with an update in October 2020.

- **Adding Alternatives: Complementary Practices and Considerations**

Caring for others in a pandemic can wreak havoc on our minds and bodies. ASPR TRACIE met with Eleni Fredlund, MS, LMHC, ADS, the director of the New Mexico Integrative Wellness Medical Reserve Corps, to learn more about their deployment to support patients and healthcare workers affected by COVID-19 using Chinese medicine coupled with Psychological First Aid and other types of emotional support.



ADDITIONAL ASPR TRACIE RESOURCES

- [Behavioral Health Speaker Series](#)
- [COVID-19 Workforce Resilience/Sustainability Resources](#)

ADDITIONAL RESOURCES

- [Behavioral Health Practices Shown to be Effective in Healthcare Settings During the COVID Response](#)
- [Promoting Resilience & Recovery from the Effects of the COVID-19 Pandemic](#)
- [SAMHSA Tip Sheets for Disaster Responders](#)
- [Emergency Responder Self-Care Plan: Behavioral Health PPE](#)

If you can help people acknowledge that they have made their way through something very difficult, find some meaningful structure and have positive social support, and create little footholds where they can make a difference and be helpful to others and themselves, that can hopefully help reduce stress reactions and moral distress and increase sense of safety, calm, connectedness, self-efficacy and hope.

Dr. Patricia Watson



Summary

Traditionally, the impact of disasters on healthcare and other frontline worker mental health has not received much attention for a myriad of reasons. Over the past several years, however, as disasters increased in number and severity, we have learned that acknowledging stress, promoting and supporting resilience building, encouraging breaks, and providing resources (e.g., buddy systems, wellness check-ins, information about stress responses and constructive strategies, and professional support when needed) before, during, and after an incident is critical to ensuring staff experience the least negative impacts possible.

COVID-19 has presented healthcare with a unique set of challenges: constrained resources, a highly infectious, novel pathogen that poses a significant threat to the health of providers and support staff, large numbers of critically ill patients and deaths—often with only the caregivers to accompany the patient in their final moments—limited PPE and therapeutics, restricted social interactions, and a protracted timeline with no clear end in sight. These challenges have contributed to unprecedented mental health impacts among healthcare workers. Highly publicized suicides are the tip of the iceberg. Surges in healthcare worker stress and related symptoms accompany surges of patients in overwhelmed hospitals. Self-reported anxiety, depression, and burnout have sharply increased. To preserve our workforce, we must ensure that mental health is incorporated throughout the incident management process and the entire system/facility during COVID-19 and beyond.

There is no such thing as providing too much information or offering too much support to our healthcare workers. Making them feel valued and empowering them to participate in "intra-action" reviews where they can suggest improvements in policies and practices, and providing numerous opportunities to build individual and team resilience (including self-analysis, mindfulness and other stress-reduction and self-care practices; providing psychological first aid training to enable them to support their team members) can help blunt the effects of the response. Further, identifying particular high-risk stressors (e.g., attending many deaths or procedures, uncertainty over personal health and job security, fatigue, long stretches of shifts, family illness or related issues) and job categories (e.g., critical care, chaplaincy, and the emergency department) can be helpful when choosing stress-reducing resources and approaches.

Thanks to all of you who are committed to fighting this pandemic and to supporting each other in the process. We hope that sharing the lessons learned can help you plan and care for yourselves, your loved ones, your colleagues, and your organizations. Please [reach out](#) if you have resources to share or need technical assistance.

The ASPR TRACIE Team



RECOMMENDED RESOURCES



TECHNICAL RESOURCES

In addition to our 57 [comprehensively developed Topic Collections](#), we recently worked with subject matter experts to publish 21 [COVID-19 Healthcare Planning Resource Collections](#). We continue to add resources to our Collections; check back often. You can also learn more about rating, commenting on, and saving resources [in this short tutorial](#).



ASSISTANCE CENTER

We have received hundreds of requests for [COVID-19-specific technical assistance](#) (TA); we encourage you to review those and our [summary of responses to select TA requests](#). [Check out this tutorial](#) for assistance navigating the Assistance Center.



INFORMATION EXCHANGE

Check out the [COVID-19 threads in the Information Exchange](#) (IE) to access what your colleagues are sharing and provide feedback. Don't have an account? [Register for the IE today](#), where you can share your opinions and resources with us and your colleagues. [Access our quick tutorial](#) for help with registration.



ASPR TRACIE

Your Healthcare Emergency Preparedness Information Gateway

The Exchange is produced by the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Through the pages of *The Exchange*, emergency health professionals share firsthand experiences, information, and resources while examining the disaster medicine, healthcare system preparedness, and public health emergency preparedness issues that are important to the field. To receive *The Exchange*, visit <https://asprtracie.hhs.gov/register> and enter your email address.

ASPR TRACIE was created to meet the information and technical assistance needs of ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. The infographic illustrates ASPR TRACIE's reach since launching in September 2015.



ASPR TRACIE STATS



VISITORS
TO WEBSITE

TECHNICAL ASSISTANCE
REQUESTS



~7,850

Types of professionals requesting TA:

- Healthcare Professional
- Federal, State, Local, Tribal Government
- Hospital
- Healthcare Coalition
- Healthcare Association
- Academia



NUMBER
OF SUBJECT MATTER
EXPERT CADRE MEMBERS:
~980

**TOPIC AND RESOURCE
COLLECTIONS**



Most frequently accessed resources:

- CMS EP Rule Page
- COVID-19 Virtual Workforce Toolkit
- Novel Coronavirus Resources Page
- HVA Topic Collection
- Coronaviruses Topic Collections
- HCC Resources Page



INFORMATION
EXCHANGE MEMBERS:



ASPR TRACIE
DISTRIBUTION
LIST REACH: ~150,000

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