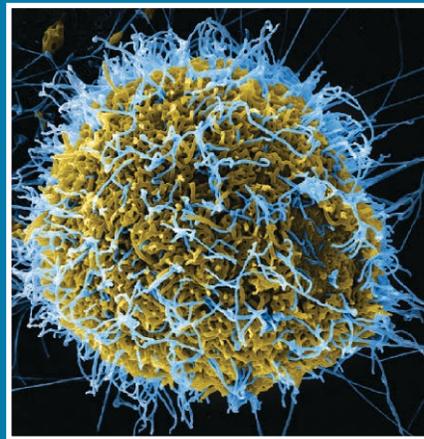# Health Workforce Resiliency

Planning for the Psychosocial Aspects of Ebola Virus Disease in Manitoba

Interim Version 1.5

EVD Psychosocial Working Group

Manitoba Health, Healthy Living and Seniors

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Manitoba

Introduction

Experience in disaster management has shown that health, emergency workers and public safety workers[1] may experience high levels of stress as a result of their role in responding to disease outbreaks. Increased stress affects individual workers, their families, the organizations where they work, and their communities.

This document offers basic guidance on building and maintaining workforce resilience in planning for and responding to an ebola virus disease (EVD) outbreak. Much of the content is reflective of suggestions within the draft *Building Workforce Resiliency within Workplaces: a Framework for Health Service Provider Systems Responding to Pandemic Influenza in Manitoba* (2009) as well as recent EVD-related literature. It is intended for a health system that is engaged in preparation for and response to an EVD outbreak.

Background

EVD is a severe, infectious disease that can be fatal; current reports on the 2014 outbreak in West Africa are citing a mortality rate of over 50%. The mortality rate to date of infected *health workers* in West Africa hovers around 50%; however, this rate appears lower in some nations outside of Africa which are currently managing a small number of cases. It is known that good health care substantially increases a person's survival, thereby placing the onus on health systems worldwide to prepare. Uncertainties as to how the virus spreads, and the efficacy of current health protocols, have all contributed to uncertainty and fear among health care providers and first responders.

It is important to remember that it is normal for human beings to react when experiencing an atypical and fearful situation. While most people are resilient when faced by a crisis situation, some health staff and emergency responders may experience extreme stress reactions depending on the nature and longevity of the EVD outbreak, the nature of their work, and personal circumstances. Even without an EVD case in Manitoba, it is normal to experience heightened anxiety particularly given the extensive media coverage and health system precautionary planning. In addition to personal impacts, stress reactions affect the way people relate to one another both within the workplace and outside of the workplace. This may be expressed through behaviours such as people isolating themselves, becoming easily upset or increased conflicts with others at work or at home. These normal responses to extreme stress can pose challenges to managers and co-workers, particularly if awareness, education and psychosocial supports are not in place.

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[1] This document is for the health care system and workers within the health care system, recognizing that this represents a wide variety of roles, both medical and non-medical, as well as employed and volunteer staff.

Workforce Resiliency

Increasing resilience at both an organizational level as well as an individual employee level is essential during any health emergency. Effective planning for health emergencies is dependent on the capacity of the health sector to identify and implement individual and systemic practices that will increase resilience. The more resilient an organization's service providers are, the more effective system-wide EVD outbreak preparedness and response will be.

Institutional and organizational issues significantly impact the level of stress and wellbeing of all staff, medical and non-medical personnel alike. Wellbeing and quality of work can be enhanced when stress-inducing working conditions and organizational issues are addressed. Common organizational issues that contribute to significant stress during health crises include: unclear job description or role on a team; lack of access to up-to-date information about the situation; poor briefing and preparation; inadequate training for assigned tasks; lack of boundaries between work and rest time; inconsistent or inadequate supervision; lack of acknowledgement or appreciation for worker efforts; and, lack of focus on staff wellbeing.

In a Canadian study on the mental health of 117 patients who recovered from severe acute respiratory syndrome (SARS) in 2003 – 65% of whom were health workers – mental health was significantly reduced up to one year after illness. The study highlights the importance of adopting strategies targeted to health workers in order to reduce the psychological burden of epidemic illness in pandemic planning.

It is through proper planning and worker-centered strategies – when workers can manage their stress, work effectively as a team, easily seek help when they need it, and sustain their own wellbeing through the demands of the job – that workforce resiliency can be realized.

Creating Workforce Resiliency during an EVD Outbreak

There are **three major psychosocial goals** that are essential to effective EVD response. They include:

- **Maximize personal and social resilience**
- **Increase understanding of and compliance with public health measures**
- **Support worker resilience (e.g. first responders, health care providers, social care staff, volunteers)**

Under the conditions posed by EVD, supporting worker resilience is an important but potentially daunting task for health authorities. An EVD outbreak, similar to previous pandemics, has the potential to cause extraordinary occupational stress for health care workers. EVD elicits a variety of reactions in those who may be at risk for exposure. Due to the severity of the disease, many people are fearful and the risk for stigmatization is high. Rumors and misconceptions can travel quickly throughout organizations or communities unless key information is widely and regularly shared in a variety of easily accessible ways, especially information related to how EVD is transmitted and how to prevent transmission.

Sources of stress for health sector workers during epidemics and pandemics may include, for example, increased risk of infection, exposure to a high number of distressed clients, increased workload demands, workforce shortages, shifts in roles and responsibilities, shifts in daily routines and practices, and potential to work in non-traditional sites or under exceptional circumstances. When such pressures continue over a period of time, they can reduce a person's ability to perform assigned duties and may have long-term effects such as contributing to the development of a mental health problem.

EVD Specific Sources of Stress

While all emergencies are stressful, below are specific significant sources of stress that are part of an EVD outbreak and should be considered in planning for worker care[2]:

- **Adoption of strict bio-security measures by workers**
  – Physical strain of protective equipment (dehydration, heat, exhaustion)
  – Physical isolation (concern about touching others, even after work hours)
  – Constant awareness and vigilance needed
  – Pressure of the strict procedures to follow (lack of spontaneity)
  – Risk of being contaminated and contaminating others

- **Common symptoms can be mistaken for EVD**
  – Developing a simple fever, diarrhea or other symptoms may lead to fear of being (or having been) infected in the workplace.

- **High mortality rate**
  – Medical interventions may appear to be mostly focused on palliative care rather than on saving lives.

- **Late stage symptoms**
  – The late-stage symptoms of EVD and rapid deterioration of patients may be shocking, both for medical and non-medical staff.

- **Stigmatization**
  – Medical staff, non-medical staff, and volunteers (and their families) working with EVD patients may be subjected to stigma and even violence.

- **Tension between Public Health and patients/families**
  – Public health priorities and the wishes of the patients, as well as the needs of the families, may be in conflict.

- **Broader community and familial consequences**
  – In the case of a widespread outbreak, the consequences to communities and families can be great, such as: deterioration of social network, patients abandoned by their families, surviving patients rejected by their communities, possible anger/aggression against health structures, staff and volunteers etc.

Both pandemic and EVD-related research and experience highlight priorities for enhancing workforce resiliency during an EVD response:

1. Timely, consistent and trusted sharing of information targeted to members of the health workforce and their families;

2. Integration and coordination of psychosocial considerations and actions within all EVD plans (across all scales of health services, social services, nongovernment organizations, and military operations); and,

3. Ensuring decision makers and leadership understand risk factors that affect the likelihood that people will not cope well with the psychosocial impacts of EVD.

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[2] Adapted from "Briefing paper – Stress management for Expat working in Ebola Mission", March 2014, Caroline Joachim, *Medecins sans Frontieres.*

Targeted Health Workforce Objectives

The psychosocial impacts of EVD can be reduced through strategic planning, use of best practices, an appropriate use of human and organizational resources, and a work atmosphere which emphasizes dignity for all.

Below are key objectives and associated actions that can contribute to workforce resiliency in preparation for, and during, an EVD outbreak. The proposed actions must be undertaken and adapted depending upon the degree of exposure to EVD within the health sector and the characteristics of the epidemic.

OBJECTIVE 1

Strengthen organizational capacity to manage psychosocial aspects of an EVD outbreak and integrate psychosocial considerations into all EVD plans.

- Educate organizational leadership in psychosocial aspects and impacts of EVD.
- Develop specific workforce resiliency plans to support all staff and essential service providers.
- Establish an **EVD Worker Care Team** to:
  1. Identify general worker needs
  2. Support staff in addressing immediate personal concerns that arise, and
  3. Liaise with senior management about worker care concerns
- Anticipate and plan for the negative impact of stigmatization and other social pressures on workers.
- Coordinate psychosocial planning and response activities with other provincial departments, and regional and local partners; consider establishing an **EVD Psychosocial Planning Group** to work in partnership with these stakeholders.

OBJECTIVE 2

Develop a communication plan that proactively addresses the needs of **all** staff.

- Include key components such as: **Who** (target audiences); **What** (content); **When** (timing and frequency of communication) and **How** (multiple strategies) information is to be communicated.
- Use a single point of contact to answer staff requests for information.
- Initiate a process for timely follow up and response to staff-initiated questions, concerns, and suggestions.
- Provide clear, honest, regular updates on outbreak status.
- Develop and implement a strategy to quickly dispel contradictory messages or rumors.
- Simplify complex messages such as those related to EVD transmission and protective measures.

OBJECTIVE 3

Senior Management to proactively create and promote a work environment in which self and mutual care is possible.

- Train supervisors in strategies for maintaining a supportive work environment.
- Consider providing **Psychological First Aid** (PFA) training to staff: PFA is an evidence-based intervention to assist all individuals during and in the aftermath of an emergency. A specific PFA training for Ebola virus disease outbreaks provides particularly relevant material (at http://tinyurl.com/PFA-Eb).
- Engage staff in planning for psychosocial aspects of response; include consideration of any cultural, language or other special needs within the workforce, or issues that may impact staff capacity to report to work.
- Provide repeated, clear, and accurate information about the potential emotional, behavioral and physical impacts of EVD, emphasizing the normalcy of staff reactions and providing tips for healthy coping.
- Develop a process of training staff on the organizational **EVD Response Plan.**
- Promote the **EVD Worker Care Team** and clearly identify its mandate and functions (refer to Appendix 1 for more detail on Worker Care Teams); plan for supplementing the Worker Care Team membership with external partners if needed (e.g. Red Cross; faith-based organizations; psychologists and counselors).
- Prioritize stress management across the health system.
- Provide rest and recuperation sites in workplace settings that provide space to get away from work stressors and that encourage positive coping strategies such as rest, healthy snacks, mindfulness, relaxation exercises etc.
- Consider a "buddy" system for staff members to encourage mutual help in coping.

OBJECTIVE 4

Be clear with workers about expectations and roles; support workers to balance work and life demands that impact capacity to work.

- Provide high standards of protection that provide both physical and psychological comfort.
- Adopt work-related practices that positively impact stress management (e.g. post-shift debriefs and adequate rest periods)
- Create awareness and processes to manage both major forms of work-related stress; namely, *critical incident* stress and *cumulative* stress.[3]

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[3] Critical incident stress results from an emotionally intense event that overwhelms individual coping skills. Cumulative stress is a result of a chronically stressful situation, often with multiple stressors.

OBJECTIVE 5

Provide specific support services to workers and their families.

- Employ the **EVD Worker Care Team** to monitor employee health and well-being, and identify and respond to circumstances placing individual workers at increased risk of extreme stress or traumatic responses.
- Develop and/or bring in needed psychosocial resources and practical supports and procedures to holistically meet staff needs (such as informational, psychological, emotional, physical and spiritual supports).
- Provide employee education on how to develop their own family emergency communication plans.
- Identify a process of communication between the organization and **families** of employees
- Develop and provide informational and psychosocial supports to **families** of workers as needed.

OBJECTIVE 6

Review, revise and adapt policies and practices in relation to worker health and safety as the situation evolves.

- Have a formal process for ongoing review and for making revisions and additions to worker care plans during an EVD outbreak.
- Give particular attention to worker needs that are directly related to the outbreak in order to reduce long term negative impacts on workers and their families. For example, develop targeted psychosocial supports for special worker groups, such as those placed in quarantine.

EVD Information

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Appendix 1

Worker Care Teams

Established Psychosocial Worker-Care Teams[4] can:

- monitor employee health and well-being, recognize fatigue
- distribute information appropriate for each phase of a pandemic
- maintain and possibly staff rest and recuperation sites
- provide peer support[5] (may involve the utilization of 'buddy systems')
- provide support to families
- coordinate activities such as mindfulness training, relaxation meditations, physical exercise breaks, and other stress management techniques
- encourage worker self-monitoring and awareness
- link workers to further psychosocial and counseling support
- be aware of cultural differences and their impact on health, self-care practices and access to information
- provide spiritual care (or link to spiritual care)
- work with employee assistance programs and other community partners to create specialized support opportunities for employees

Worker-care teams can be comprised of (or supplemented by) non-government organizations (e.g., Red Cross, Salvation Army, faith-based organizations) or retired emergency and public safety responders. They may also include employees with the appropriate combination of education, training or inclination as natural caregivers. In either case, team leaders may want to include spiritual care providers, Elders, Medicine Persons, Traditional Healers and/or clergy members as appropriate to the needs of the workers.

> "(Someone) (n)eed(s) to monitor burnout with teams and team leaders, recognizing fatigue – if you let them, they will not stop working." (*Caring for Nurses*, 2008, p.9)

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[4] See http://www.health.gov.bc.ca/library/publications/year/2007/Worker_Care_Team.pdf for a detailed description of Worker Care Team support services in British Columbia.

[5] Effective psychosocial programming can and often does include peer support teams/groups. The advantage of peer support groups is a greater likelihood of acceptance and first-hand knowledge of the work environment and culture. The disadvantage is that team members can themselves be part of the response and therefore at risk of burnout themselves, and can at times be too close to colleagues and incidents to provide effective service including the skills and ability to assess the necessity for referring to a more experienced mental health professional. Peer teams should work closely with a professional who can provide ongoing supervision, training, and support to the peers themselves.