

Fear and Anxiety

Features: Anxiety, ongoing, in response to uncertainty and worry about future, Fear, brief, triggered by specific threat e.g. risk of infection to self and loved ones

Strategies: Functional reactions – help identify threats and resources to address them, Increase control e.g. develop routines, standard protocols, Stop-Breathe-Think-Act, Use previous coping

Burnout & Resilience

Features: Disconnection, Emotional exhaustion, Feeling ineffective. Resilience depends on balance between demands on us and resources we have available to cope

Strategies: Recognise own warning signs, Meet basic needs, Maintain hope through reappraisal, Acceptance that, despite best efforts, outcomes may not always be what we wish

Trauma

Features: Exposure to distressing scenes and experiences, e.g. loss of patients esp. longstanding, and even colleagues, May experience intrusions, avoidance, hyperarousal, dissociations, low mood etc.

Strategies: Awareness of vulnerable colleagues e.g. prior trauma, Paying attention to signs of acute stress, Psychological first aid, ?Screening at 1 month

Multiple Stressors

Features: Limits to capacity affected by poor sleep, fatigue, repetition, hunger, dehydration, heightened threat, interdependence, new teams

Strategies: Ensure rest and respite – breaks, food & drink, napping, make time for enjoyable activities, discuss difficulties

Staff wellbeing

General Features: Normal reactions to the current uniquely abnormal situation – these are not having ‘psychological problems’ – and it is okay to not be okay

General Strategies: On wards pre-brief and debrief the day, Pacing of efforts, Kindness to self and colleagues, Peer support, Use existing coping strategies, Connect with others, ‘FACE COVID’ approach, Psychological first aid, Rotate staff from high-stress to low-stress functions, Limit unhelpful coping strategies such as news+, overeating, tobacco, alcohol, drugs, ?Screening, Seek formal support

Decision Making

Features: Increased pressure to make difficult decisions in a timely manner whilst capacity to evaluate and critique may be impaired.

Strategies: Focusing on the goal, rather than the decision, Guidelines to support decision making and when to escalate, Generate solutions to ‘what if’ scenarios now whilst there is less pressure or ‘heat’

Isolation and Stigma

Features: May be living away from family/community or experience avoidance from others, or avoiding others as advised

Strategies: Use digital methods to stay in touch with social support network, speak to colleagues and manager to share and support

Team working

Features: Staff may be completing unfamiliar tasks, in an unfamiliar team, with directives coming from many sources e.g. team, mgmt, DoH, govt, media. May feel frustration that these directives don’t always match own frontline experience.

Strategies: Clear role definition and goals for individuals; communication channels within and across teams and settings

Moral Distress

Features: Limited healthcare resources means some patients may not receive care they would ordinarily receive, leading to preventable loss of life

Strategies: Support and sharing of decisions and responsibility, Organisational recognition of consequences of prioritisation