



# EUROPEAN POLICYBRIEF

NO-FEAR



**PSYCHOSOCIAL SUPPORT FOR HEALTH CARE WORKERS DURING PANDEMICS**

Recommendations for maintaining and building resilience in Health Care

31/05/2023

## INTRODUCTION

During the present COVID-19 pandemic, healthcare workers are confronted with multiple stressors. At the beginning of the pandemic, these stressors were mainly related to health and safety issues. Over the course of the pandemic, organisational and societal stressors became more salient. These included deficits in communication and lacking credibility of important stakeholders (leadership, organization and policy) as well as lacking appreciation from society and policy. Both stressors referring to safety related issues as well as stressors referring to trust or morally related issues, have negative impact on psychosocial well-being.

## EVIDENCE AND ANALYSIS

The Covid-19 situation elevated stress levels in personnel in the healthcare sector and doubtlessly constituted a risk factor for mental health issues. Numerous scientists draw this conclusion based on a highly generalizable dataset worldwide. In our study conducted by No-Fear partners we could show the crucial importance of psychosocial on scene support and the importance of good leadership in order to mitigate the multiple stressors that healthcare personnel was experiencing during the COVID-19 pandemic. Challenges evolved around PPE, moral distress and the necessity to work under high uncertainty and insecurity. It is important to notice that moral distress threatens resilience and wellbeing of frontline workers in pandemics. Moral stressors can lead to a professional's loss of trust in the healthcare system, and can disrupt beliefs about one's own role within that system. Leadership and psychosocial support measures should focus on creating and maintaining trust at individual and organisational levels. The proposed points are sorted among the Hobfoll criteria for good psychosocial support and should be adapted to the given contexts: safety (safe places and good information), connectedness (within the teams and with family and friends), self and collective efficacy (dialogue between personnel and leadership), calm (breaks, quality of recreational system) and hope (chances for positive feedback and reflection as well as positive future orientation).

## Policy recommendations on the level of hospital management and leadership

### Safety

- Ensure good, honest and up-to-date information is best given directly by trusted leaders (recommended: Information not only written, but eg. Daily, short information videos)
- Provide sufficient protective equipment or at least visible efforts to ensure the safety of the personnel and to commit to them (recommended: buddy systems and field supervisors for donning and doffing, name tags/colour coding for function)
- Management and psychosocial staff should show interest in the way the personnel copes with the situation on pandemic wards (recommended: on-site visits by management, psychosocial staff and peers)
- Safety trainings should be in place and regular trainings should be provided
- Safety structures should be provided in order to protect HCP against aggression and stigmatization
- Provide target group-oriented information on measures to all relevant groups including cleaning personnel

### Connectedness

- Efforts by staff and managers, peers and psychosocial specialists, to strengthen social cohesion (recommended: spatial adaptation e.g. regular meetings outside, not abandon familiar gatherings but look for alternatives, Joint training sessions in large rooms with sufficient distance, virtual opportunity for informal exchange)
- Cooperation and coordination of managers at all levels (recommended: Multi-professional task forces with psychosocial specialists and nursing staff working as a team, weekly meetings of managers outside, moderated by psychologists and with participation of the responsible medical doctor as well as nursing coordinators of the pandemic isolation wards, monitoring wards and subintensive units)
- Do not forget to focus also in non-pandemic wards and continuity of care especially in the areas of oncology and psychiatry as well as gerontology
- Promote organisational justice and equity among staff

### Calm

- Give sufficient space for recreation and rest
- Create normality whenever possible (recommended: replacing cancelled familiar rituals by other ones, e.g. by decorating for holidays or by adopting other small rituals in combination with dressing and undressing processes of protective equipment)
- Employees' self-care should be supported by appropriate measures adapted to the situation and the group. Online services may be suitable for this purpose, but they often only become effective, when they are combined with "on scene support" measures.
- Employees' self-care should be supported by appropriate measures adapted to the situation and the group. Online services may be suitable for this purpose, but they often only become effective, when they are combined with "on scene support" measures.
- Focus on providing childcare if childcare facilities are closing because of the pandemic
- Take into account the private situation of HCW especially women (do they have sick family members, risk persons, small children at home etc.)
- Provide enough space for planning and continuity even when rota have to be flexible and personnel has to be sent to other wards temporarily

## Self- and collective efficacy

- Provide a communication structure that allows for a dialogue between staff and management, staff and leadership as well as leadership on different levels
- Leave space for adaptation of measures on the lower levels and stay in touch with the lower levels of leadership
- Provide enough leadership training and support
- Preparation for new tasks, working in pairs when employees are given new tasks.
- Offering the opportunity to discuss ethical guidelines and make difficult decisions together (e.g. joint pre-classification of patients).
- Coaching and support by psychosocial specialists including hospital pastoral care in dealing with patients and relatives as well as finding substitute rituals for dealing with death and dying
- Give training to healthcare personnel on how to communicate difficult topics around vaccination, recommended protective measures, risk behaviour etc.

## Positive future orientation/hope

- Provide positive feedback for personnel and focus on organisational justice, include all subgroups e.g. also cleaning personnel
- Returning to normality (recommended: joint reflection and mutual social support, the provision of low-threshold contact points)
- Provide next steps/outlook throughout the pandemic (recommended: regular briefings by supervisors around questions e.g. What is in store for us? What do we need? )
- Give recognition of past achievements and the opportunity to reflect on experiences objectively and formulate questions and suggestions
- Make lessons observed visible and support in adapting own identity and role

## Policy recommendations on the level of political decision makers

- Ensure enough personnel resources as well as financial resources for the healthcare sector
- Ensure target-oriented information to the public including healthcare personnel into the communication strategy
- Ensure positive information about the work of healthcare providers and take measures against polarization and stigmatization
- Ensure long-term planning for the acquisition and training of healthcare personnel
- Ensure long-term planning for adequate payment and perceived status and importance of healthcare personnel within the society
- Involve healthcare personnel from different subgroups especially nurses in all decisions and planning regarding training, payment and financial support for the healthcare sector

## SUSTAINABILITY AND LEGACY

Barbara Juen et al. Recommendations for psychosocial support for hospital personnel regarding Covid-19 , [https://www.clemens-hausmann.at/images/2020\\_12\\_Juen\\_et\\_al\\_Empfehlungen\\_fuer\\_die\\_psychosoziale\\_Unterstuetzung\\_des\\_Krankenhauspersonals\\_Dezember%202020.pdf](https://www.clemens-hausmann.at/images/2020_12_Juen_et_al_Empfehlungen_fuer_die_psychosoziale_Unterstuetzung_des_Krankenhauspersonals_Dezember%202020.pdf)

Kreh, Alexander; Juen, Barbara. 2021. Briefing A: Psychological support to healthcare workers during COVID-19: Considerations for healthcare providers. <https://www.alliancembs.manchester.ac.uk/news/the-manchester-briefing-on-covid-19-issue-28-providing-support-to-healthcare-workers/>

## RESEARCH PARAMETERS

The results presented in this paper were obtained from research using mixed methods, needs identified via the no-fear online portal and No-Fear webinars.

## PROJECT IDENTITY

**PROJECT NAME** Network Of practitioners For Emergency medical systems and cRitical care (NO-FEAR)

**COORDINATOR** Francesco Della Corte, Università del Piemonte Orientale, Novara, Italy,  
info@no-fearproject.eu

**CONSORTIUM**

- Albert Ludwig Universitaet Freiburg - Freiburg im Breisgau, Germany
- Assistance Publique-Hôpitaux de Paris – Paris, France
- Ayuntamiento de Madrid – Madrid, Spain
- Health Service Executive HSE – Dublin, Ireland
- Magen David Adom in Israel – Or Yehuda, Israel
- Ministère de l'Intérieur – Paris, France
- Ministerul Afacerilor Interne – Bucharest, Romania
- Nederlands Normalisatie Instituut – Delft, Netherlands
- Norges Rode Kors – Oslo, Norway
- Rinicom Limited – Lancaster, UK
- TFC Research and Innovation Limited – Dublin, Ireland
- Trilateral Research Ltd – London, UK
- Universita Cattolica del Sacro Cuore – Milan, Italy
- Università del Piemonte Orientale – CRIMEDIM – Novara, Italy
- Universitaet Innsbruck – Innsbruck, Austria
- Université Côte d'Azur – Nice, France
- Vrije Universiteit Brussel – Brussels, Belgium
- Waismed Ltd - Rosh Haayin, Israel

**FUNDING SCHEME** European Commission Horizon 2020 Secure Societies Research Programme, 4<sup>th</sup> call, topic: SEC-21-GM-2016-2017(CSA) Pan European Networks of practitioners and other actors in the field of security

**DURATION** June 2018 – May 2023 (60 months).

**BUDGET** EU contribution: 3 495 957.50 €.

**WEBSITE** <https://no-fearproject.eu>

**FOR MORE INFORMATION** Alexander Kreh [alexander.kreh@uibk.ac.at](mailto:alexander.kreh@uibk.ac.at)  
Barbara Juen [barbara.juen@uibk.ac.at](mailto:barbara.juen@uibk.ac.at)

**FURTHER READING** Kreh, A., Brancaleoni, R., Magalini, S. C., Chieffo, D. P. R., Flad, B., Ellebrecht, N., & Juen, B. (2021). Ethical and psychosocial considerations for hospital personnel in the Covid-19 crisis: Moral injury and resilience. *PloS one*, 16(4), e0249609.  
<https://doi.org/10.1371/journal.pone.0249609>

Riedel, P.-L., Kreh, A., Juen, B. (2022). Psychosocial wellbeing of healthcare workers during COVID-19. *Médecine de Catastrophe - Urgences Collectives* 6 (2022).  
<https://doi.org/doi:10.1016/j.pxur.2022.09.001>

Kreh, Alexander; Juen, Barbara. 2021. Briefing A: Psychological support to healthcare workers during COVID-19: Considerations for healthcare providers.  
<https://www.alliancembs.manchester.ac.uk/news/the-manchester-briefing-on-covid-19-issue-28-providing-support-to-healthcare-workers/>

Hobfoll S. E. et al., Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence, *Psychiatry* (2007); 4: 283-315, discussion 316-69.



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 786670.

*This policy brief reflects only the author's view and the European Commission/REA is not responsible for any use that may be made of the information it contains.*