HOW TO LEAD YOUR TEAM WITH STRENGTH AND COMPASSION

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Introduction to Psychological First Aid (PFA)

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THE MENTAL HEALTH CONCERNS OF HEALTH CARE WORKERS DURING THE COVID 19 PANDEMIC

WEBINAR 2: THE IMPORTANCE OF THE LEADER DURING COVID -19

Each of you here today is a LEADER and as such a large part of this battle is dependent on you and how you take your team through the battlefield. This battle will be faced on many fronts, by the doctors, the nurses, the lab technicians, the porters, the cleaners, the administrative staff and all those necessary on the frontline to ensure our survival. All of these people are vitally important and need to be prepared.

COVID-19 PHASES

It is useful to think about this battle as occurring in phases – each phase comes with its own challenges and hurdles which need to be overcome. We can identify the following:

1. Preparation phase
2. Early phase
3. Mid phase
4. Peak phase
5. Tail off phase
6. Post Covid19 phase

PRINCIPLES OF RESPONDING FOR SUSTAINED STAFF WELLBEING

1. Visible leadership

Be visible, available and supportive

2. Honest, clear, regular communication

- Prepare your staff in advance of the realities of what they are being asked to do
- Nothing will be perfect but the team will keep trying to solve the problems to the best of their abilities
- Be honest about the acquisition and use of PPE and the challenges in accessing all the proper equipment.
- Simplify the protocols for them and keep your staff up to date on changes
- Actively listen to your staff, truly understand their challenges rather than seek to impose understanding, empathize with them and feel their fears, stressors, and their anxieties, then ask, “how can I help?”
- Adopt a balanced fact based tone, it is time to overprotect but not overreact
- It is normal to be scared and angry and sad and anxious right now. Don’t rush in to treat as it could all be normal and you will destroy their natural coping mechanisms
- Neither minimize fears nor exaggerate the crisis
- Establish yourself as a calm center of a storm

3. Promote staff wellbeing

- Encourage your staff to stay well by having food, rest, sleep and stay hydrated. Keep away from alcohol, drugs and highly caffeinated beverages or energy drinks
- Create time out spaces
- Share stress tips with your staff
- Look at pragmatics e.g. how staff will get to work, if they are exposed, how and where will they self-isolate, who will care for their families, encourage them to talk to their families about risks, encourage them to get their affairs in order

- Praise your team regularly for their hard work and sacrifices
- Check in with staff often and pay attention to see if any are struggling and if they are, facilitate care for them
- Should a staff member struggle, think about how to support them

4. Build team cohesion

- Vertical (leadership) and horizontal (camaraderie) communication is vital to ensure staff cohesion
- Encourage staff to praise and acknowledge each other's efforts, even if the outcome may not be successful.
- Regular meetings and communication channels
- Set up support systems - 'buddy system '- pair experienced with less experienced staff
- End of shift meetings not to psychologically debrief but to identify reasons for the outcome and identify ways to improve practices

Time spent in meetings with your team show a 35% improvement in productivity in studies and overall improves the wellbeing of team members and this is our aim. This is a marathon and not a sprint so take the time now to prepare your team for our future. We need to build resilience and prevent burnout.

PROTECTING THE MENTAL HEALTH OF HEALTHCARE WORKERS AFTER THE CRISIS

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https://www.thelancet.com/action/showPdf?pii=S22150366%2820%2930224-8

Underlying principle, based on substantial evidence, is that supportive managers foster better mental health. Proactive, evidence-based team leadership can minimize risk of mental illness and maximize opportunities for psychological growth in the wake of trauma.

The risk factors most strongly predictive of longer-term mental health status are:

- Post-trauma social support
- Stressors experienced during recovery. These stressors may be directly attributable to the crisis (colleague's death) or not (relationship or employment difficulties)

Four key evidence-based elements in NHS staff recovery plan:

1. Giving thanks: written and verbal, acknowledging the challenging work undertaken. Can foster individual resilience. Should include accurate up to date info re: potential psychological difficulties and supports.

2. Return-to-normal work interviews by supervisors who feel confident speaking about mental health. Allow better understanding of a staff member's experiences. Identifying secondary stressors. Allowing collaborative design of individualized recovery plans. Such discussions reduce sickness absence in other trauma-exposed populations

3. Active monitoring, particularly of individuals considered at higher risk of developing mental health problems. Evidence supports active case-finding. Anonymous online self-check tool might encourage honest and meaningful responses and provide automated tailored feedback.

4. Group discussions to help staff to develop a meaningful narrative that reduces risk of harm. One evidence-based model: Schwartz rounds: structured forum for clinical and non-clinical staff to discuss emotional and social aspects of work.

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AN INTRODUCTION TO PSYCHOLOGICAL FIRST AID

Psychological First Aid (PFA) has been identified as the preferred first line psychosocial intervention in disaster, mass violence, and emergency situations. By 2009 the World Health Organization concluded that psychological first aid, rather than psychological debriefing, should be offered to people in severe distress after being recently exposed to a traumatic event.[1] This conclusion came on the back of research on the psychological debriefing model. This research raised concerns that the intervention was not effective, did not prevent the development of Post-Traumatic Stress Disorder (PTSD), and some argued that it might be harmful. [2,3,4]

A range of PFA models have been developed and applied, but they share a set of underlying principles. These are based on the extrapolations of a worldwide panel of trauma experts, psychologists and psychiatrists working in the field of disasters and the treatment of those exposed. Recognizing the diversity of disaster and emergency events, and locally specific contexts, rather than specifying a particular model of intervention, these experts came to a general agreement on principles to inform interventions. Noting the various ways in which extreme events may reach traumatic proportions, they stated at the outset that people's reactions should not be perceived as pathological or necessarily as indicators of future clinical disorders.[5]

Drawing on existing research, five empirically supported principles were identified to inform intervention at early and mid-term stages. These were identified as promoting: 1) a sense of safety, 2) calming, 3) a sense of self– and community efficacy, 4) connectedness, and 5) hope. [5]

Promoting a sense of safety addresses the psychophysiological and neurobiological reactions to objective and perceived threat, including the fight, flight, freeze reactions which when sustained lead to physical and psychological dysfunction and inhibit recovery.

Actively encouraging calming is directed at avoiding sustained levels of emotionality and hyperarousal. Initially high levels of anxiety and emotional dysregulation are considered within the expected range of reactions and can provide psychological protection. Sustained they interfere with basic functions of sleep and eating, and higher order functions of decision-making, and performing tasks necessary to sustaining life and maintaining safety.

A defining feature of emergency situations both personal and collective is that they render victims helpless. Although this loss of efficacy and capacity may be initially related to the traumatic event (s), if not addressed it can generalize. Promoting self and community efficacy is designed to achieve a sense of relative control of current circumstances, and to reconnect with pre-emergency coping resources.

There is a long tradition of research that identifies social and relational support as mitigating, or, protective factors against the development of traumatic stress reactions. Promoting connection to one's immediate personal circle and more widely to communities local, and global, provides conditions for recovery from initial shock, and support in situations of continued stress. Importantly the experts referred to here, caution against negative social support whose defining features include minimizing problems, unrealistic expectations regarding recovery, and blaming. They also make the important point that in applying the principle of connectedness, there should be sensitivity to destructive hierarchies of power in personal circles, and in communities. [5]

Finally, it is well known in the field of trauma studies that traumatic events challenge our sense of meaning and purpose, and can result in existential despair with loss of trust in self, others, and world.[6] As early as the 1989 Janoff Bulman, in her work on sexual assault argued trauma shatters previous world views, and that the creation of meaning is critical to positive adjustment. [7] Instilling hope may be addressed to individual agency, but can include reference to spirituality and finding meaning in solidarity and collective responses. Nevertheless, trauma experts caution that where people find themselves stripped of resources, it is necessary to acknowledge their experience, and not

allow the promotion of hope to minimize realities or become an unrealistic expectation. [5]

As some have pointed out a body of research on the outcomes of PFA is not established.[8] However, a review of the PFA training, and the field guides reveals coherence in incorporation of the five principles outlined above which are empirically supported.[5.8,9] A more recent review suggests positive outcomes found by World Health Organization when PFA was used to reduce panic and anxiety during the Ebola crisis in Liberia and Sierra Leone.[10]

Organizations globally using PFA and providing training in this framework, include the World Health Organization, The National Child Traumatic Stress Network, Red Cross Society, Institute of Disaster Mental Health, World Vision, War Trauma Foundation, KIT Royal Tropical Institute, Johns Hopkins University, and Save The Children. [1, 11,12,13,14,15).

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FAQS FOR MANAGERS OR SUPERVISORS IN HEALTH CARE SETTINGS LEADING DURING THE COVID 10 PANDEMIC

Don't I already have enough to do? Yes. But the coronavirus is the elephant in the room. No one can do their work as effectively under the psychological and physical stresses of the pandemic. It's legitimate and vital that you invest time and energy in wellbeing. It's ethical and practical – staff will work more effectively if their stress is taken seriously.

How do I look after myself?

Employees learn most from what you do, not what you say. If you role-model self-care strategies, this sends a message that this behaviour is valued by your organization. Don't be a sacrificial hero for the team as this creates dependency or self-destruction. Make sure you are sleeping enough, eating well, getting support for yourself and are spending a bit of time each day on self-care tasks such as exercise, listening to music, meditation and mindfulness practices

How can I prepare my staff ?

Tell staff in advance that the challenges might lead to failures and compromises. In a crisis like this things will get messy and decision-making will evolve with each new challenge. Nothing will be perfect but the team will keep trying to solve each problem to the best of their human abilities. In this regard, normalize feelings. In word and deed accept feelings of fear, failure, anxiety, shame, denial and anger.

What about the moral challenges?

International experience suggests that what caregivers must do in a pandemic crisis requires a fundamental shift in moral perspective: to go from dedicating oneself to the good of the individual patient to striving for the best outcomes among many patients. No clinician finds this reorientation welcome or intuitive. What we most fear in a pandemic is death, and survival is what we hope for. It is a good that can be wished for every person without any need to decide that some lives are more worthy of being saved than others. And by choosing this as our common goal, many other decisions fall into place. Help staff, especially junior staff, face the inevitable moral injuries that will come when the limits of our power to help are evident.

How can I help staff with their fears?

Adopt a balanced, fact-based tone. Focus on tolerating uncertainty rather than making it go away. Neither minimize fears nor exaggerate the crisis. If you minimize fears your team will not cope with unexpected crises and if you exaggerate the situation you will drain people of their capacity to cope. By casting aside false promises or gloomy predictions you also establish yourself as a calm center of the storm. This battle will be won in the long run, not in a sprint, led by a manager who tries to do the next right thing, moving forward, trusting in the future.

What about communication?

Clear, regular communication keeps everyone on track and prevents misunderstandings and rumour-mongering. For example, a morning flash meeting provides necessary information. Explain clearly and often what is required, such as what protective measures are expected. You can even draw attention to small victories or good actions you have noticed. Set aside other times, separately, such as an end-of-day team huddle, for staff to raise concerns and express fears.

Now what ?

Once instructions are issued the real work begins. Observe and assess what is going on in your team. Set aside some of your time to go out into the spaces where your staff are working, observing and noting if someone is not coping. If you become aware that someone is struggling, either because of the work or personal issues, step in to help by providing support or assigning rest. Sometimes a listening ear is enough.

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Practical tips for preparing and leading teams
https://covidcaregauteng.co.za/wp-content/uploads/2020/04/Essential-Resources-for-leaders-MH-COVID19.pdf

GETTING REAL: STRATEGIES FOR LEADERS AND HEALTH CARE WORKERS FOR OPTIMAL COPING DURING THE PANDEMIC

Practical tips for leading teams during the pandemic

"I wish it need not have happened in my time," said Frodo.

"So do I," said Gandalf, "and so do all who live to see such times. But that is not for them to decide. All we have to decide is what to do with the time that is given us." J.R.R. Tolkien, The Fellowship of the Ring.

What happens to teams during Pandemics/ crises?

Internationally hospital leaders report that in Covid-19 treatment facilities and ICU's as admissions start increasing, team hierarchies get flattened, shifts change, increased staff absences become a reality and it's "all hands on deck", so traditional roles can get diffused. We see increased levels of stress and burnout and old conflicts between staff may flare-up and new ones emerge. This is why it's imperative that teams are able to work together in collaborative and supportive ways and your leadership is essential.

Some principles of leadership during the pandemic:

The leader as container for anxiety, striving for compassionate, capable calm and modelling appropriate self-care.

From studies in the military (Harrison et.al. 2008) came the mnemonic PIES for treating acute crisis and trauma in personnel on the front-lines. This stands for Proximity, Immediacy, Expectancy and Simplicity. This means: treat close to the front lines, quickly and simply, with an **expectation** of return to duty. This, rather than trauma debriefing or temporary incapacity is considered the appropriate primary approach to treating frontline healthcare workers during the pandemic (Greenberg & Tracy, 2020).

Importance of communication and connection

1. Set up regular meetings and direct communication channels (such as dedicated team or unit WhatsApp groups).

2. Clarify what your team knows and that they are accessing accurate information and not fake news and rumours

3. Communicate clear, concise information in ways that staff can assimilate. Focus on the facts, beware of information overload. Express your opinion in simple ways and check if the other person understood correctly. Share your frustrations and reflect together on solutions. Searching for solutions together is more helpful than focusing on problems only.

4. Clarify treatment protocols and institutional plans with staff as they are communicated to you

5. Look at the pragmatics: Staff members have families and homes. Find out how they're getting to work, how their children are being cared for and so on. Look at work hours, shifts and so on to see if there any changes that can be made to ensure happier, more effective workers. Have non-essential tasks been removed or reduced and do individuals have access to protective equipment (PPE)? International reports indicate that frontline staff are very anxious regarding access to, and use of PPE, so these issues should be addressed directly and often.

6. Create and use time out spaces: establish where in your hospital/ clinic there are physical spaces for your teams to be able to have some time out and encourage staff to use them.

7. Set up support systems. Early on, set up a "buddy system" - invite staff to identify someone on the team to take care of and support. Another set of eyes is important.

8. Share stress reduction techniques with staff (these include limiting social media exposure to Covid19 information, breathing, grounding and centering exercises, mindfulness practice, timeouts, self-distancing/ self-talk, and other self-care strategies)

9. Acknowledge and normalize staff feelings: it is appropriate, and not in any way unprofessional, to have fears of getting infected or transmitting the virus to

families. Common symptoms, as a simple fever or a cough, can be mistaken for COVID-19 symptoms. Talking about these worries in contained ways, either in a short morning meeting or debrief or with a councillor, can reduce levels of panic or despair and create an invaluable sense of shared humanity.

10. Encourage staff to talk with their families about risk and have the difficult conversations about possible illness or death. This is a time for all to get their own affairs in order such as wills, living wills and proxies etc.

11. Check in with staff regularly: pay particular attention to any staff that may be experiencing difficulties in their personal life, has a history of poor mental health or who lacks social support. Ask them how they are doing and what they need to feel better. Facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services.

12. Be real with staff: Staff need to face that this is a time of loss. There will be deaths and the systems and protocols are imperfect and will inevitably have flaws and problems. This will inevitably lead to failures and frustrations and what researchers are calling a sense of moral injury. Anticipating and naming this can reduce the negative impact.

13. Help staff remember the WHY of the job and honour your work. Make an effort to notice and highlight staff efforts and be generous with compliments. As the pandemic progresses also share stories of help and hope

14. Be brave and work towards Post Traumatic Growth (Tedeschi & Calhoun, 2004).

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