OUR TAKE

Three Strategies to Build Baseline Emotional Support

Breaking down health care's 'I'm fine" culture

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Health care employees are confronted with a variety of emotionally charged scenarios that can produce lasting repercussions to their well-being. Organizations have typically taken reactive, one-size-fits-all approaches to emotional support that fail to differentiate between types of emotional suffering. And they've relied on staff to build self-resilience and bounce back on their own.

In the wake of Covid-19, this approach will no longer suffice. Health care organizations must commit to providing targeted baseline emotional support for the three types of emotionally charged scenarios that health care employees are likely to encounter in their careers: trauma and grief, moral distress, and compassion fatigue.

Advisory Board

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The conventional wisdom

There is no question that exposure to trauma and stress is part of working in health care, particularly at the front line. Health care organizations have long provided emotional support resources for staff, such as employee assistance programs (EAPs) or debriefs following major emotional events.

But staff often don't use these emotional supports. Either they aren't the right type of support needed in the moment, or staff think they don't have time for them. Frontline staff in particular often feel that they don't have time for emotional recovery because they prioritize patient needs over their own well-being.

As a result, many health care workers rely on individual coping mechanisms. This is what we call the "I'm fine" culture. If an emotional challenge arises, staff manage it in the moment and then move on with their day.

This approach can be okay and is sometimes necessary in the short term. But demanding work coupled with emotional distress takes a toll on people and negatively impacts their well-being. In the United States, 38% of physicians exhibit symptoms of high emotional exhaustion, and nurses exhibit symptoms of PTSD at a rate four times higher than the general adult population.

Covid-19 is magnifying this challenge of emotional stress. A recent *JAMA* study of 1,257 health care workers in China who treated Covid-19 patients reported that 50.4% had symptoms of depression, 44.6% had symptoms of anxiety, and 34% had symptoms of insomnia. And it's not just staff on the front lines. Other staff members face new stressors that could impact their mental health, including uncertain work environments, pay cuts, or job insecurity. And that's all on top of the general distress that the overall population is experiencing.

Sources: Hood D, "PTSD in Nurses," *Elite Healthcare*, February 4, 2011, https://www.elitecme.com/resource-center/nursing/ptsd-in-nurses/; Shah, M, "We Must Start Paying Attention to Physician PTSD in Emergency Medicine," *American College of Emergency Physicians*, Jan 14, 2019, https://www.acepnow.com/article/we-must-start-paying-attention-to-physician-ptsd-in-emergency-medicine/?singlepage=1; Ziegler, P, "Burnout and Physicians," Professionals Resource Network, http://uthscsa.edu/gme/Wellness%20Page/burnout-and-physicians-bom.pdf; Advisory Board, How COVID-19 will impact behavioral health services, May 29, 2020; Advisory Board interviews and analysis.

Our take

To move beyond this long-standing “I’m fine” culture, organizations need to provide a baseline level of emotional support resources. At a minimum, organizations need to provide at least one formal emotional support resource for *each* of the following:

- Major events that could lead to emotional distress, trauma, grief, or PTSD
- Moral distress
- Routine stress related to frontline care that can contribute to compassion fatigue

More support here is better, since people respond to different types of support. And for some subsets of the workforce, organizations may need to deploy additional resources aimed at a specific goal. For example, units caring for Covid-19 patients may need additional support to process grief and trauma. Or physicians who were impacted differently by the pandemic (such as being re-deployed to ICU coverage or shifting practice to telehealth) may prefer dedicated forums to discuss stressors specific to their experience.

In addition, emotional support resources need to be coupled with a dedicated communications strategy aimed at promoting the resources early and often. This will actively encourage employees to tap into these resources and help fight stigma attached to using emotional supports.

Three strategies required to build baseline emotional support

We've isolated three strategies to help organizations build and refine their emotional support system. If your organization already meets the minimum for one strategy, move on to the next. Once your organization hits baseline in each area, ask your staff what other support would be meaningful to them—because when it comes to emotional support, there is always room to improve.

01

STRATEGY 1

Extend support across the long term following traumatic events

02

STRATEGY 2

Provide confidential staff forums to discuss moral distress

03

STRATEGY 3

Embed routine emotional support into employee workflow

01 Extend support across the long term following traumatic events

Health care organizations have historically provided support to staff following major events that could cause trauma or grief, and potentially lead to PTSD. However, this immediate support is only part of the solution.

Most symptoms of PTSD surface within three months of a traumatic event, but some may not be evident until months or years later. That's why organizations need to provide long-term resources in addition to in-the-moment support.

In particular, the Covid-19 pandemic has highlighted the critical need for long-term support related to trauma and grief. And leaders—from executives to the front lines—need to play an active role in identifying staff who are struggling.

Baseline support following major events should include the following three components:

1 **In-the-moment resources to help staff emotionally recover following potentially traumatic events:**

This type of emotional support must be timely and focus on staff well-being. Thus, clinical debriefing does not count here. If your organization does not have this type of support readily available to staff, we recommend training an internal team in psychological first aid.

2 Tactics to help leaders identify staff in need of extra emotional support:

Remember, PTSD symptoms can occur years after a traumatic event, so leaders need to be able to recognize symptoms of emotional distress and feel equipped to talk to their staff about it. This isn't easy for leaders to do, so we recommend creating structures to help them.

3 Promote long-term emotional support:

Many organizations already have resources that can provide longer-term support to staff. However, these resources are often decentralized and staff do not know about them or how to access them. The single best thing to do is compile a list of all emotional resources available to staff and publicize it in multiple ways, including: providing it to all frontline leaders, posting it on a single intranet page, and sending the list via email following major emotional events.

See our emotional support resource library for resources dedicated to addressing trauma, grief, or PTSD

1. Advisory Board is a subsidiary of UnitedHealth Group, the parent company of Optum. All Advisory Board research, expert perspectives, and recommendations remain independent.

02 Provide confidential staff forums to discuss moral distress

Moral distress is a long-standing challenge in health care due to the ethical nature of the profession. Covid-19 has brought the issue of moral distress to the forefront. It's been particularly important as some clinicians have had to face ethical decisions on how to allocate resources when there aren't enough for everyone.

Individuals experience moral distress for a variety of reasons and respond in different ways. This variability—along with the ever-present ethical challenges of health care—make it challenging to prevent moral distress. When left unaddressed, moral distress can cause long-term damage, including moral injury, with symptoms that mirror burnout or PTSD.

While moral distress is a difficult challenge, the solution is relatively straightforward: give staff a safe space to discuss their experiences of moral distress. There are many ways to do this, so don't let perfect be the enemy of good. It's less important how you do it, and more important to just do it.

For examples of effective moral distress forums, see our emotional support resource library

Source: "What is Moral Injury," *The Moral Injury Project*, Syracuse University, https://moralinjuryproject.syr.edu/about-moral-injury/

03 Embed routine emotional support into employee workflow

Many organizations are making progress on supporting staff with routine stress that's commonly part of the health care profession. Despite more organization-wide support, one key challenge persists: staff and leaders know the importance of sustaining their own emotional wellness, but they often feel they don't have time to take a moment for themselves. Frontline clinicians and staff, in particular, almost always prioritize patient care over self-care. Paradoxically, this constant prioritization of patient care over self-care, if left unaddressed, can lead to compassion fatigue.

If we want to encourage staff to prioritize their own wellness, they need self-care tools that are quick, accessible, and fit into their workflow. And they need to be reminded that there is no weakness in accessing these tools. By providing such tools, organizations combat the stigma around using these resources.

There are many types of emotional support resources that organizations can offer to address routine stress. Some will work well for all staff, while others are more targeted to specific groups, such as physicians and nurses. Routine emotional stressors ultimately affect all employees, not just those in patient-facing roles. So, it's important to provide resources that reflect the diversity of roles within your organization. And given that one size does not fit all when it comes to emotional support, more is better here.

See our emotional support resource library for examples of everyday emotional supports

Parting thoughts

The power of reconnecting to purpose

Regardless of role or care site, staff will continue to face tough days. There will be days (or weeks or months) when the job chips away at their own resilience. And even with adequate emotional support, staff may find it challenging to come back to work revitalized from time to time.

This is why reconnecting to purpose is so important. Staff need to be reminded of the good in their work and why they chose health care as a profession—both during good times and tough times. To do that, we recommend augmenting your emotional support strategy with at least one reconnection practice.

There are a number of ways to help staff reconnect to purpose, many of which are centered around storytelling. Access our resource page for ideas to get started.

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