

# The importance of healthcare worker support tactics for improving patient care and well-being during pandemics

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## Abstract

The pandemics posed unprecedented challenges to healthcare workers (HCWs), who faced heightened physical and psychological demands. This report examines the implementation and impact of a staff wellbeing strategy at a multidisciplinary respiratory care team in a major hospital during the early stages of the pandemic. Key interventions included the establishment of a dedicated wellbeing team, peer support networks, weekly wellbeing bulletins, and team-based initiatives to foster resilience and morale.

Feedback revealed that while informal peer support and communication strategies were highly valued, structured support programs and digital platforms received mixed responses. Challenges such as stigma, underutilization of peer support, and limited feedback participation were noted, highlighting areas for refinement. The findings underscore the importance of flexibility, inclusivity, and strong team dynamics in supporting HCW wellbeing during crises. Lessons from this experience offer valuable insights for healthcare organizations aiming to safeguard staff mental health and optimize patient care during future emergencies.

## Introduction

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), commonly referred to as COVID-19, first emerged in late 2019, triggering a global pandemic that has had profound health and societal impacts. By January 2021, the virus had resulted in over 86 million infections worldwide and claimed more than 1.8 million lives (1). One study conducted in Singapore highlighted the pandemic's initial psychological toll, reporting that 25% of individuals experienced moderate or higher levels of anxiety (2). Factors such as heightened global connectivity and extensive media coverage have likely amplified the mental health challenges posed by SARS-CoV-2 compared to prior pandemics. Healthcare workers (HCWs), in particular, face a disproportionate burden, as their physical and psychological well-being is closely linked to the effective delivery of healthcare services (3). Consequently, safeguarding the mental health of this critical group has been identified as a priority on a global scale (4).

As of early 2021, the United Kingdom had reported over 2.8 million confirmed cases of COVID-19 and approximately 78,000 deaths (5). Among these fatalities, 272 HCWs aged between 20 and 64 lost their lives during the first wave, with higher mortality rates observed among males and specific roles such as nursing (6). It is well-established that poor health and morale among staff negatively affect the performance of healthcare organizations (7). The intense demands faced by frontline workers during the pandemic have compelled many

healthcare trusts to prioritize staff well-being. However, HCWs have faced numerous challenges, including managing limited resources and balancing patient care responsibilities with protecting their health and that of their loved ones (8). In addition, redeployment to unfamiliar roles or specialties has led to feelings of uncertainty and diminished confidence for many.

A large multidisciplinary respiratory care team at a major hospital adapted specific strategies in early 2020 to address the pandemic's demands. This institution serves a diverse population, with a significant proportion of its workforce belonging to Black, Asian, and minority ethnic (BAME) groups. It was recognized early on that supporting staff well-being would be essential, particularly given the anxiety many HCWs experienced while following the global progression of the pandemic and fearing healthcare system collapse.

A dedicated team focused on staff well-being implemented various initiatives, such as distributing regular email updates and providing emotional support during the crisis. Aligning with the World Health Organization's recommendations, these interventions included fostering social support networks, ensuring the availability of mental health services, and delivering clear and accurate communication to mitigate stress and enhance resilience (4).

This report outlines additional local strategies implemented to support HCWs' mental health and provides recommendations for colleagues in similar contexts.

## Methods

The strategy acknowledged the dynamic and varying psychological needs of staff members, which could change over time. To address this, interventions were implemented in a tiered manner to support individuals with differing levels of psychological need. These were guided by frameworks from the British Psychological Society and the Inter-Agency Standing Committee (9, 10). The strategy's main components included:

1. Offering flexible support tailored to diverse staff needs.
2. Providing advice to alleviate stress and anxiety for individuals and teams.
3. Creating resources to enhance peer and self-support.
4. Boosting morale and recognizing the contributions of staff.
5. Referring severe cases to appropriate healthcare professionals when necessary.

## Results and findings

The wellbeing initiative was led by a senior clinician with expertise in mentoring and clinical education. A core team was assembled, comprising members from clinical and academic backgrounds, including those with training in psychology. The team was supported by input from other staff members with relevant perspectives.

### 1- Initial Communication

The wellbeing plan was introduced during an initial briefing to staff, where parallels were drawn between potential moral challenges faced during the pandemic and those experienced by military personnel (8). A former military clinician contributed insights on resilience-building. The wellbeing lead emphasized the importance of mutual support, encouraging staff to regularly check in with each other using simple questions like, "Am I okay?" and "Are you okay?" Basic psychological first aid principles were introduced (11), along with morale-boosting measures and peer-support strategies. A recorded version of the briefing, titled "Health and Wellbeing," was made available online to ensure accessibility.

### 2- Establishing Peer Support

Peer support was recognized as an effective method to foster staff wellbeing through shared experiences and mutual assistance. A team of 22 volunteer peer supporters was formed, representing various roles and seniority levels across clinical and non-clinical disciplines.

Training was provided to equip peer supporters with listening skills and guidance on offering objective advice while encouraging personal responsibility for wellbeing. Clear pathways were established for referrals to professional services, ensuring that peer support complemented existing mechanisms rather than replacing them. Peer supporters were also provided with an e-resource pack containing tools and materials to address concerns like anxiety, sleep, physical activity, and diet.

### **3- Weekly Wellbeing Bulletin**

To enhance morale and provide consistent support, a weekly e-bulletin was introduced. The bulletin highlighted significant staff contributions, shared morale-boosting messages, and provided resources for psychological and physical health. It featured tips on managing anxiety, maintaining physical activity, and improving sleep, as well as links to apps, podcasts, and online videos. The bulletin also encouraged gratitude exercises and positive reflections to foster a supportive environment. Staff achievements were celebrated, including leadership, communication innovations, and creative initiatives that improved the working atmosphere.

### **4- Empowering Teams**

Teams were encouraged to take ownership of their wellbeing by creating supportive environments tailored to their needs. Techniques like group debriefing, adapted from military practices (8, 17), were introduced to reduce psychological stress and enhance morale. Although participation in debriefing sessions varied, they were valued for their ability to facilitate updates and emotional check-ins. Team forums were also established, allowing staff to process challenging decisions and mitigate moral injury. Communication within teams was enhanced using digital platforms, which were used for seeking urgent support, sharing clinical updates, and fostering connectedness.

## **Outcome**

A survey was distributed to staff to assess the effectiveness of the interventions. While 86% of respondents appreciated the availability of peer supporters, many preferred informal, ad hoc interactions. Similarly, while debriefing sessions received positive informal feedback, their uptake varied, reflecting differing preferences among staff. The weekly e-bulletin was widely appreciated for its concise and practical content, with suggestions to continue it at reduced frequency in the future. Group communication platforms received mixed reviews, highlighting the diverse preferences for communication methods during the pandemic.

This strategy, grounded in flexibility and inclusivity, demonstrated the importance of addressing both individual and collective needs in maintaining staff wellbeing during challenging times.

## **Discussion**

In general, additional measures to support healthcare workers (HCWs) during the COVID-19 pandemic were found to positively influence their mental health and overall wellbeing. Staff valued communication strategies that were both specific and pertinent, while informal peer support within teams was often deemed more effective than structured support programs.

Studies on recent coronavirus outbreaks, including SARS-CoV-2, underscore the occupational risk of HCWs developing post-traumatic stress disorder (PTSD) (21). Moral injury, which can lead to mental health challenges such as PTSD, depression, and anxiety, has also been highlighted (22). Assessing the psychological effects of such crises is essential, as treatment strategies vary and untreated mental health conditions in healthcare staff may impair post-crisis patient care. Social media platforms, increasingly recognized for their potential to disseminate education widely (23), were utilized by many HCWs during the pandemic to share knowledge and experiences both locally and nationally. However, the World Health Organization (WHO) described the overwhelming availability of COVID-19 information as an “infodemic,” warning

of its potential negative impacts (24). Research from Europe and China further supports this, indicating a positive correlation between media exposure and adverse mental health outcomes (25, 26).

Although individual needs among HCWs vary, most psychological support measures during disasters have relied on generalized approaches due to time constraints in developing personalized programs. In this study, designated peer supporters were underutilized, possibly indicating limited usefulness. However, HCWs expressed reassurance knowing such systems existed. Feedback suggested that the peer support program might not have been sufficiently proactive. While most staff may benefit from non-specific interventions, identifying those requiring additional support remains a challenge. Highlighting individual concerns could stigmatize some HCWs, while adopting a blanket approach risks overburdening others with unwanted interventions. One potential solution has been integrating peer support training into routine communications, enabling staff to provide assistance within their teams. Autonomy over the content of communication tools, such as e-bulletins, allowed for real-time responsiveness to feedback.

Digital communication platforms, which were crucial for disseminating rapidly changing clinical protocols, elicited both positive and negative responses. Introducing clear guidelines at the outset may help staff leverage the benefits of such platforms while mitigating potential drawbacks.

Gathering representative feedback on these interventions posed challenges. Approximately 10% of staff participated in a survey, supplemented by informal input from HCWs and peer supporters. Pre-pandemic, face-to-face meetings facilitated engagement, but infection control measures shifted interactions to virtual formats. Frequent email reminders to solicit feedback were avoided to reduce added stress on staff; however, this approach may have excluded critical viewpoints. Additionally, this study did not collect data on other wellbeing indicators, such as substance use or access to counseling services. However, the increased anonymity provided by remote feedback methods may encourage more candid disclosures.

As the pandemic's intensity diminishes, the future of these wellbeing initiatives must be considered. Staff indicated a preference for continuing some forms of support, such as a less frequent e-bulletin. While wellbeing resources may become less pertinent with declining caseloads, fostering strong team relationships remains vital. Frequent rotations among clinical staff, which can lead to weaker team bonds and elevated stress levels (27, 28), should be addressed. Empowering smaller teams to support one another was found to enhance engagement and promote wellbeing more effectively than applying a uniform model. Plans are underway to use e-bulletins to highlight achievements, promote team-building activities, and extend similar resources to students on clinical placements.

## Conclusion

Wellbeing measures positively impacted HCWs during the pandemic, potentially enhancing patient care quality and fostering innovation and research recognized on broader levels. Reflecting on these strategies and sharing experiences can guide other healthcare settings in developing effective wellbeing interventions for future crises.

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