

Staff Welfare & Wellbeing Readiness Response and Recovery

COVID-19 - Part 2

Rachel Prebble, Staff Welfare & Wellbeing

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What wellbeing concerns have emerged*?

Week 1 of lockdown (to 8 April)

- High level of adrenalin
- Anxiety for personal safety
- Stressed by family worry about them
- Overwhelmed by planning and protocols
- Hurry up and wait- underwork
- Bubble related stress
- Fear of stigma if acknowledge stress
- Disconnection from colleagues
- Frustration with work not able to be done
- Loss of sense of purpose
- Excited by work from home, flexibility and ability to focus

During lockdown (8-22 April)

- Anxiety for safety reduced then resurged with staff illness
- Impact on wider life – home, relationships
- Lack of usual wellbeing strategies
- Adjusting to different way of working, work flow
- Sense of team strengthened
- Where leadership/team not working well, issues came up
- Time to talk, connect was enabled by lighter work flow
- Discussion of moral/ethical elements of care to fore
- Stress from constraints to BAU practice
- Worry for patients 'on hold'
- Pre-existing MH conditions exacerbated
- International staff feeling a long way from home – grief, loss
- Relationship issues within bubbles

Completing lockdown (22 – 29 April)

- Anticipatory anxiety, return to work on site, travel
- Working through logistics of increased services
- Stressed by volume of catch up work
- Fatigue, now initial crisis has passed
- Concern for impact on family/friends/wider society
- Relief at completion of lockdown
- Pride at NZ community response
- Fear of resurgence of COVID-19
- Excitement at opportunities of new way of working
- Sadness at loss of positives of working from home
- Life changes for some – spouse loss of job, business impacts
- Stress homeschooling after holidays

*Themes collated from Kotahi work, plus EAP provider reporting.



Over 6000 hits on our FAQs page

Over 3000 hits on our Staff Welfare & Wellbeing resources page



Psychological First Aid
HE WHAKARAUORA HINENGARO
for COVID-19 in
Aotearoa New Zealand

139 managers and leaders booked for webinars on psychological first aid.

2DHB Staff Welfare & Wellbeing Wellbeing Tip #4

Mai i te Korowaitanga, ka tauke te ora. When one is fully supported and guided, there is hope.

Whakataka te hau ki te uru
Whakataka te hau ki te tonga
Kia mākinakina ki uta
Kia mātaratara ki tai
E hī ake ana te atahura
He tio, he huka, he au hū
Tihei mauri ora!

"To remain connected with
Te Ao Māori and with each
other as a team (even when
working from home), we
start every day with
karakia."

Cease the winds from the west
Cease the winds from the south
Let the breeze blow over the land
Let the breeze blow over the ocean
Let the red-tipped dawn come with a sharpened air
A touch of frost and a promise of a glorious day.

Carrie Maniapoto, Māori
Health Unit, Hutt Hospital



2DHB Staff Welfare & Wellbeing Kotahi Team

Mai i te Korowaitanga, ka tauke te ora.
When one is fully supported and guided, there is hope.

Kotahi. Be one.

Ki te kotahi te kākaho ka whati, ki te kāpuia,
e kore e whati.
If there is but one toetoe stem it will break, but if
they are together in a bundle they will never break.
King Tāwhiao.



The Kotahi Team supports over 30 teams, to identify welfare and wellbeing strategies across CCDHB and HVDHB.



Our wellbeing activities

EAP providers have supported with virtual sessions by phone and zoom.

Our COVID-19 staff response centre, received more than 1000 calls and emails, about Occupational Health and HR matters.

3DHB Staff Welfare & Wellbeing
Self-care resources

Mai i te Korowaitanga, ka tauke te ora.
When one is fully supported and guided, there is hope.

3DHB Staff Welfare & Wellbeing
Supporting each other resources

Mai i te Korowaitanga, ka tauke te ora.
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3DHB Staff Welfare & Wellbeing
Leading others resources

Mai i te Korowaitanga, ka tauke te ora.
When one is fully supported and guided, there is hope.

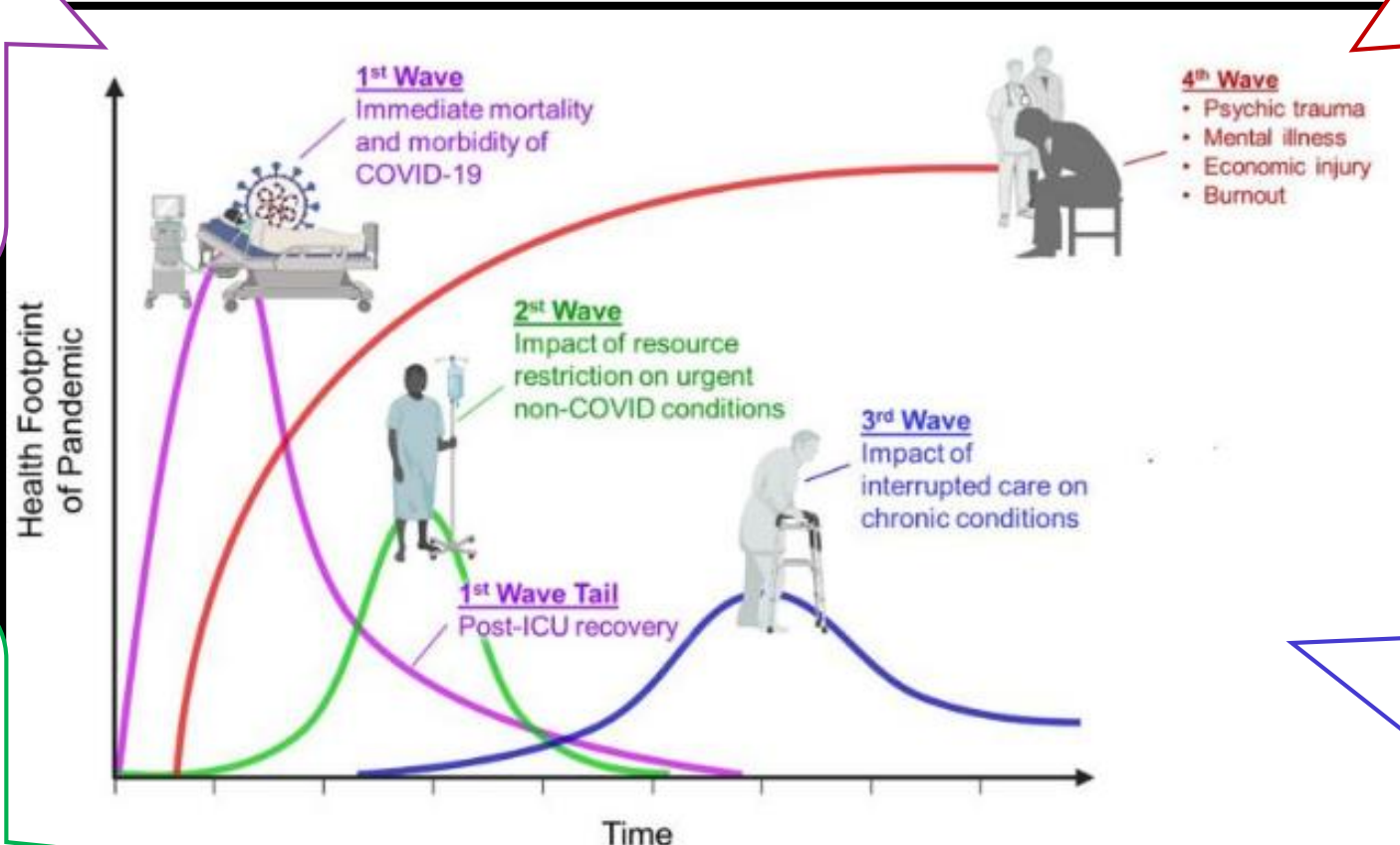
COVID-19 Staff Profile Series



Potential challenges to psychological wellbeing

Safety Fears
Anticipatory anxiety
Information overload
Uncertainty and ambiguity
Rapid change
Sense of mortality
Re-evaluate life choices
The unknown

Helplessness
Worry for patients
Safety Fears
Frustration
Lack of purpose
Feels unfair
Guilt
Grief and loss
Anticipatory anxiety
Challenged to problem solve



[Tseng, V. \(April 2020\) Health Footprint of Pandemic](#)

Therapeutic relationships disrupted
Navigating the new work normal
Up to 20% of staff need support
Increased need
Resource scarcity
Fatigue over time
Personal adjustment to 'new normal'
Ongoing effects, not initially apparent
The second front line; picking up pieces
Loss of confidence in system security

Worry for impact on patients
Overwhelmed by catch up required
Fatigue/exhaustion
Grief and loss
Relief to be able to focus on this
Lingering fear of COVID
Challenged to navigate 'new normal'
Resource scarcity
Extra pressure on ARC, community supports, specialist services

Looking ahead – what can we expect?

- The 1st wave has not hit us hard in terms of morbidity and mortality, but did involve significant disruption to work experience, life and service delivery.
- The pandemic footprint stretches into the future.
- Transition through level 3 to level 2 will bring with it a new range of challenges for our staff both as workers and in their wider lives.
- The future is uncertain, with COVID-19 likely to impact the way we live and work significantly, through 2021.
- Our services and our people will need to be able to flex rapidly, in response to changing circumstances.
- The societal impacts of COVID-19 will impact our patients, our staff and the nature of health and social care into the future.
- There are exciting opportunities for working and living differently; change demands significant levels of energy and resilience.

Sustaining wellbeing over the coming period – steady as we go...

- Keep eyes on what is/might be coming
- Empower and support teams for wellbeing
- Continually add to and evolve the plan
- Support self-sustaining/sustainable initiatives
- Support increased capability to lead/enact activities
- Ensure messaging occurs in a fit for purpose way at each stage

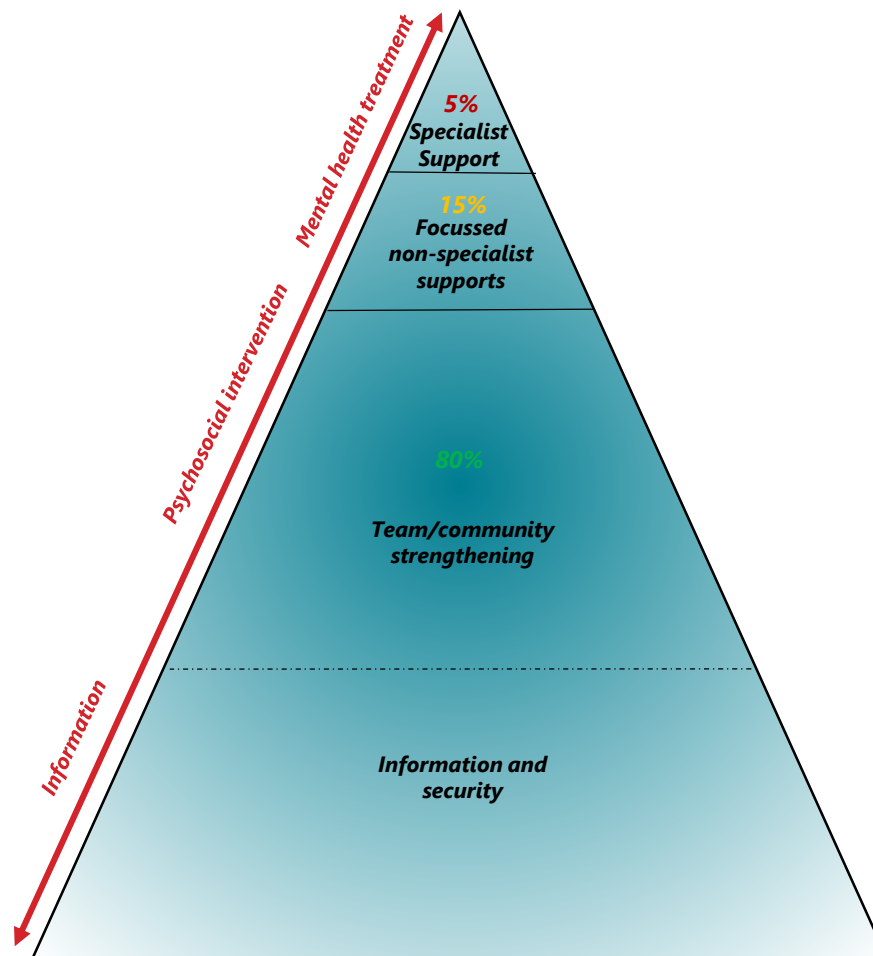
Phase 2 Plan

COVID-19 3DHB Staff Welfare & Wellbeing Framework

Purpose:

Support during an emergency and throughout recovery is about easing the physical, psychological and social difficulties for individuals, families/whānau and communities as well as enhancing wellbeing.

Framework



Sources:
Triangle image: Intervention pyramid for mental health and psychosocial support in emergencies - adapted from UN, IASC (2007).
Tiered model of support: Adapted for use for 3DHB staff welfare and wellbeing from the Ministry of Health (MoH) Framework for Psychosocial Support in Emergencies (2016).

Deliverables Phase 2: Readiness > Response > Recovery

Psychological or psychiatric care	MHAIDS Core BAU	<ul style="list-style-type: none"> Monitoring and highlighting information / pathways to ensure people are aware of where they can go for information and support. Support MHAIDS telehealth practice with e-Therapy guidance and tips.
Primary & community-mental health care	One to one brief intervention Group defusing & debriefing	<ul style="list-style-type: none"> Continue liaising with EAP works and EAP services regarding capacity. Monitor and report on COVID-19 related EAP usage. Kotahi Team: Mobilised across CCDHB / HVDHB and providing as needed brief 1 to 1 psychological first aid with leaders and teams.
Community, team and family/whānau care	Leadership & Management capability & support Team Connectedness Briefing, defusing and debriefing	<ul style="list-style-type: none"> Wellbeing remains critical part of every aspect of COVID-19 plan & communication channels across both DHBs. Resources for leaders – focussed on sustaining wellbeing, plus transitions between levels 4-3-2 : how we work and continued support of teams and individuals. Psychological first aid training to leaders via Red Cross. Checking in with leaders and managers and peers – wellbeing support, coaching. Kotahi Team working with leaders/managers/teams. Mobilise People, Culture & Capability (PCC) teams to support managers around wellbeing of selves and staff. Psychosocial wellbeing liaison for occupational health, staff COVID-19 response line.
Basic needs met	Physical safety and wellbeing Te taha tinana	<ul style="list-style-type: none"> PPE and H&S information and guidance – context of move to level 3, increase in on-site working. Physical safety info/training/guidance on: Family violence, Phone engagement and de-escalation, Personal safety. Logistics and planning for donated goods distribution. Including scale and distribution of recipients.
	Psychological safety and wellbeing Te taha hinengaro	<ul style="list-style-type: none"> Suite of self-help resources with focus on sustaining wellbeing over time, working together in new context, maintaining connections remotely. Psychological First Aid training provided to leaders via Red Cross.
	Sociocultural safety and wellbeing Te taha whānau	<ul style="list-style-type: none"> Suite of team and manager resources to support connectedness and different ways of working. Staff communications, intranet and photo gallery to highlight 'team unity' and showcase different ways of working and adapting.
	Spiritual safety and wellbeing Te taha wairua	<ul style="list-style-type: none"> Key messages: calm, confidence, hope. Pathways for pastoral care and cultural support highlighted for staff.
Contribution & collaboration	Information	<ul style="list-style-type: none"> One source of truth site for information – COVID-19 intranet site, FAQs. Mechanisms to encourage staff and managers to say what they need. Suite of resources to ensure equity access to information language, accessibility.
	Regional, cross sector and national	<ul style="list-style-type: none"> Regional: Psychosocial coordination regional response, ECC, WREMO. Cross-sector: Support to partner agencies - MoH (internal), HQSC, ACC, MHF. National: Kahui Oranga – National Health Sector Wellbeing and Healthy Workplaces Group; 20DHB network of GMsHR.