



National Center for Healthcare Leadership
Leading 21st century healthcare

**‘Powering Our People’:
Staff & Culture Strategies for COVID-19**
Update version date: 5/18/2020

Project purpose

National Center for Healthcare Leadership (NCHL) created this working document to share practical approaches for managing the ‘people side’ of health system response and evolution in relation to C-19.

Research on new topics, and revisions to existing ones, are based on requests from our learning communities during the prior week. By sharing these resources, we hope to help health systems more rapidly learn from one another as we navigate these challenges together.

Updates, 5/18/2020:

- New sections:
 - Return to Work
- Major revisions to existing sections:
 - Noteworthy Weekly News & Trends
 - Remote Work & Leadership
- Archived sections:
 - Staffing/Restaffing Employee Roles
 - Staff Redeployments: Case Examples

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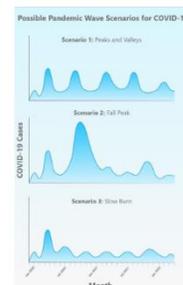
Noteworthy Weekly News & Trends

Updated: 5/18/2020

Trends & Forecasts: US COVID cases: The United States appears to have stabilized on resource use since its April 19 peak through at least May 5, and is thought to be continuing to decline, according to the most recently available analytic models from the Institute for Health Metrics & Analytics (IHME) at the University of Washington.¹ Total estimated deaths through the end of July is estimated to be within the range of 113,000 to 224,000.

Going forward, we are most likely to experience one of three possible scenarios, according to analyses from the Center for Infectious Disease Research and Policy, University of Minnesota²:

- **Scenario 1: 'Peaks and Valleys'** –a series of waves over a one to two year period, gradually diminishing some time during 2021. Will require periods of reinstating/relaxing mitigation measures for the next one to two years.
- **Scenario 2: 'Fall Peak'** - we see a larger wave in fall or winter 2020, followed by one or more smaller waves in 2021. This was the pattern seen in the pandemics of 1918-19, 1957-58, and 2009-10.
- **Scenario 3: 'Slow Burn'** – we experience ongoing transmission and case occurrences without a clear wave pattern. Reinstitution of mitigation measures will not be needed; however, cases and deaths would continue into 2022.



All three scenarios suggest we may need to prepare for at least 18-24 months of significant C-19 activity.

Hope for a vaccine? Moderna, a Massachusetts biotech company, reported promising early results from human safety tests³. While the news was received very favorably, experts noted that many candidate vaccines that showed promise in early phases did not pan out in the end. Recent NBER research on historical analyses of vaccine success rates also underscored the importance of caution⁴.

Collateral challenges:

- **More than 36 million jobless claims have been filed over the past 2 months**, according to data released by the U.S. Department on May 15⁵. The employment picture has been called a “rolling shock,” in which employees called back to work may face reduced hours and C-19 exposure risks, in addition to the loss of employment benefits.⁶
- **Longer-term cancellations of in-person events.** On May 14, the AAMC announced it will be cancelling all planned in-person events through June, 2021, but left open the possibility that the policy could be revisited pending material updates to the C-19 situation.⁷ Non-profit healthcare associations have previously been a leading indicator for event conveners in other sectors.
- **Child vaccinations are running significantly behind** last year’s levels, by approximately three million cumulative doses for non-influenza and 400,000 for measles-containing doses in mid-April, according to data released May 8 by the Centers for Disease Control⁸.

Health system finances: U.S. hospital losses are estimated to be \$50.7 billion per month for the period between March 1 to June 30, 2020, according to detailed AHA analyses⁹. A Moody’s analysis released May 13 suggested impact will affect financial performance through 2021.

¹ <https://covid19.healthdata.org/united-states-of-america>

² https://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-covid19-viewpoint-part1_0.pdf

³ <https://www.washingtonpost.com/health/2020/05/18/coronavirus-vaccine-first-results/>

⁴ https://www.nber.org/papers/w27176?utm_campaign=ntwh&utm_medium=email&utm_source=ntwg1

⁵ <https://www.bls.gov/news.release/jolts.nr0.htm>

⁶ <https://www.nytimes.com/2020/05/14/business/economy/coronavirus-unemployment-claims.html>

⁷ <https://www.aamc.org/professional-development/coronavirus>

⁸ <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919e2-H.pdf>

⁹ <https://www.aha.org/system/files/media/file/2020/05/aha-covid19-financial-impact-0520-FINAL.pdf>

Child & Family Care

Last update: 5/11/2020

Summary of current challenges: School closures are continuing, some through the end of the school year. Concerns about the safety of nursing homes have continued to rise as the proportion of total C-19 cases tied to nursing homes continues to grow, now accounting for an estimated 1/3 of all new US cases¹⁰.

1. *What strategies are health systems using to safely meet staff's child and family care needs?*

Mini-grocery stores

Medical City Health System in Dallas opened onsite “mini grocery stores,” providing hospital workers with select essential groceries at cost¹¹.

Hospitality for Hope Initiative

The American Hotel & Lodging Administration’s ‘[Hospitality for Hope](#)’ initiative is working to connecting more than 15,000 hotels to provide temporary housing for emergency and healthcare workers or as alternative care sites. The press release provides region-specific links for more information about services being provided through this initiative; sample agreements and other resources are available in [this guide](#).

Volunteer pools addressing child care (and pet care) needs

The American Medical Association reported on several medical and health professions student groups offering childcare, pet care and other services for healthcare workers. Logistics are supported through online registration systems matching needs to volunteer shifts. Case examples can be found below:

- [Healthcare Workers Childcare Co-op](#)
- [Minnesota COVIDsitters](#)
- [Northwestern Health Professions Graduate Students](#)

YMCA branches reopening as childcare sites for first responders

YMCA branches across the country have begun providing emergency child care for healthcare workers and first responders; food for children without access to school meals; and outreach to seniors who face social isolation. Local branches can be searched by ZIP code [here](#).

Federal and State support

Presently there are not federal sources of support, and resources vary considerably by state. For information on COVID-related support, it is generally most efficient to [bypass](#) the federal ChildCare.gov website completely and go directly to your state’s department of human services website.

Flexible work arrangements

Many health systems have recognized the need to loosen restrictions on parents working remotely who now have children at home. Moving away from strict schedules, for example, can allow parents to complete more work while their children are completing school work or after they've gone to sleep.

¹⁰ <https://www.nytimes.com/interactive/2020/05/09/us/coronavirus-cases-nursing-homes-us.html>

¹¹ <https://www.beckershospitalreview.com/workforce/7-medical-city-healthcare-hospitals-open-mini-grocery-stores-for-workers.html>

Compassionate Communication

Last update: 4/13/2020

Summary of current challenges: Health systems are experiencing a growing need for managers to support and assist in compassionately delivering difficult news. Specific questions raised over the past week include:

1. *How best to communicate with family members and patients, particularly end-of-life, about no-visitor policies*
2. *How to best address support requests from staff that may be reasonable but not feasible given current and projected financial challenges*

Compassionate communications with patients and families

Several organizations specialize in offering scripts for difficult conversations of this type. One particularly well-respected organization is [VitalTalk](#), a non-profit that provides research-based learning programs for clinicians and faculty effective, empathic, and honest communications. They have developed a free [COVID-ready Communication Playbook](#) that is available on their website.

Another well-regarded organization offering relevant resources is the non-profit [Center to Advance Palliative Care](#). Their [COVID-19 Resource Page](#) provides free communication resources (telephone scripts, video case examples) on relevant topics such as ventilator withdrawal, and helping families say goodbye.

A third major source of resources health systems are finding helpful is the [Center for the Study of Traumatic Stress](#), operating under the Uniformed Services University. Their resource page contains fact sheets for providers, families, and leaders for addressing specific COVID-related issues such as notifying family members and talking with children and teens.

Staff requests that may not be feasible

In the early days of the COVID-19 response, the instincts of healthcare leaders were to provide ample support for care providers who were either being displaced or needed to take on additional responsibilities. As the financial impact of the COVID-19 response is becoming better understood, leaders are recognizing an increasing need to temper support with fiscal constraint.

Recommendations coming from these first-engaged health systems is to be mindful of the potential long-term costs of additional benefits and supports provided to staff. Once they are agreed to, they will become very difficult to remove before the response period is over – which may be a much longer period than originally anticipated.

Diversity, Equity, & Inclusion

Last update: 5/4/2020

Summary of current challenges: Media attention has been growing about the impact of COVID on health disparities as well as diversity, equity and inclusion for both patients and staff. “Covid-19 exacerbates preexisting conditions of inequality wherever it arrives,” according to one such article by Andreas Kluth, writing for Bloomberg¹². Emerging questions include:

1. *What challenges are COVID posing to health systems’ diversity, equity, and inclusion values?*
2. *How are healthcare workers being affected, and what can be done to help them?*

Challenges to diversity, equity, & inclusion values

Equity. Enormous disparities in C-19 impact have begun shining a spotlight on the broader pattern of disparities in the US, and may offer a greater opportunity to build awareness. Below are recent surveys, statistics, and op-eds that are particularly powerful:

- An Associated Press survey documented the disproportionate risks **women and minorities face** in their **disproportionate responsibility for front-line work**¹³.
- A US News article interviewing Dr. LaTasha Perkins of Medstar Georgetown University Hospital puts the current C-19 challenges within the context of long-standing racial disparities¹⁴.
- This op-ed appearing in *JAMA* summarizes statistics on C-19 in African Americans¹⁵.

Access. As health systems begin planning to resume certain elective procedures, questions are being raised about how to prioritize sequencing (e.g. by service type, risk stratification, location, potential for addressing revenue gaps), and how to communicate availability. The complexity and urgency of these processes¹⁶ is leading to concerns that equity and inclusion are not receiving adequate consideration in these plans.

Stigmatization. People with COVID-19 can face significant stigma from others who may fear contracting the virus or blame them for spreading it. Prejudices against people of Asian background have also emerged. Recommendations for addressing these concerns include:

- Using “people first” language (e.g. “person with COVID-19” vs. “victim” or “cases”)
- Emphasizing condition over risk to others – for example, “acquiring” or “contracting” COVID-19, rather than being “infectious,” a “transmission risk,” or “spread risk”
- Insisting that the terms ‘COVID-19’ or ‘Novel Coronavirus’ be used in place of regional or ethnic slang (e.g., “Chinese virus” or “Wuhan virus”).

Impact on healthcare workers

Fears of C-19 transmission have led to a pattern of prejudice against healthcare workers, including:

- Healthcare workers taking public transit being harassed by other riders
- A landlord refusing to offer a lease to a healthcare worker

Health system leaders can help mitigate these risks by proactively asking staff about their personal safety in transit to/from work, exploring options for addressing any concerns raised (e.g., facilitation/provision of alternative means of transportation), and educating/reminding staff about their legal rights.

¹² <https://www.bloomberg.com/opinion/articles/2020-04-11/coronavirus-this-pandemic-will-lead-to-social-revolutions>

¹³ <https://apnews.com/029ea874dc964697358016d3628429fa>

¹⁴ <https://www.usnews.com/news/healthiest-communities/articles/2020-05-01/physician-how-the-coronavirus-spotlights-racial-disparities>

¹⁵ <https://jamanetwork.com/journals/jama/fullarticle/2764789>

¹⁶ <https://www.aha.org/standardsguidelines/2020-04-17-roadmap-aha-others-safely-resuming-elective-surgery-covid-19-curve>

Engagement & Morale

Last update: 4/20/2020

Summary of current challenges: Challenges to employee morale are continuing to grow. Responding to COVID is requiring many care providers and staff are to work under very different and often more difficult conditions. Many other providers, particularly those most directly involved in elective procedures, have either faced furloughs, or redeployment into work that is outside of their professional comfort zones. In a number of cases, safety precautions have been perceived to be inadequate. An increasing number of staff are also affected by COVID-19 outside of work, through illnesses, job losses and/or living arrangement disruptions of family members /loved ones.

Given all of the above, organizations have been seeking strategies for:

1. *Building and maintaining trust in managers and senior leadership*
2. *Preserving/strengthening staff morale*

Building and maintaining trust in leadership

Maintaining trust in leadership is itself an important cornerstone of staff morale and engagement. Regular communication has become an important ongoing activity, emphasizing information transparency in areas such as:

- Numbers of tests administered / Persons Under Investigation
- Numbers of positive / negative results
- Current numbers of inpatient cases
- Current numbers of healthcare workers testing positive
- PPE supplies on hand (reserve quantities, time to replenish, plans)
- Other updates (city/state/national policy updates, clinical guidelines)

Regular two-way communications, e.g. weekly virtual town hall meetings, are becoming standard operations to ensure staff feel their concerns are being 'heard.' Anonymous online question surveys / chatboxes can also help surface concerns staff may be hesitant to ask in person.

Preserving/strengthening staff morale

Many health systems have begun providing platforms for support from within and outside the provider community. Examples:

- **“How you can help”** websites, offering a variety of ways volunteers can help caregivers (e.g. donations of food/supplies, tasks such as grocery shopping and child care, online thank-you notes for hospital workers)

Health systems are also expanding access to mental health and stress reduction resources, including:

- Offering free or reduced-charge access to mindfulness self-help apps (e.g. Headspace, Calm)
- Virtual conferences on resilience / stress management topics

Managers are also working to ensure short-term wins also receive ongoing attention. Examples:

- Regular sharing of stories of progress, such as the [“Hope Huddles”](#) program started at Northwell Health’s Lenox Hill Hospital.
- Peer-nominated recognition programs such as Rush’s [Healthcare Heroes](#), to increase awareness and acknowledgment of providers’ efforts and accomplishments.

Providers have also been inventing new ways to overcome the relationship barriers with patients that are posed by PPE. For example, at Scripp’s Mercy hospital, providers post large, laminated, [smiling photos](#) of their faces on their protective gear so patients can still ‘see’ them underneath their PPE.

Leadership Development

Maximizing the learning value of COVID-19 adaptations

Last update: 3/27/2020

Summary of current challenges: In many ways, COVID-19 represents a giant 'stretch assignment' we are all participating in at the same time.

1. *How can health systems help leaders maximize the learning value of this period?*

Maximizing the learning value of experience

Learning professionals can make these experiences even more valuable by encouraging ongoing reflective practices. Many of these practices can have added benefits of increasing mindfulness, mitigating stress and even team-building.

Below are several evidence-based approaches that are particularly powerful learning boosters that do not require too much additional time¹⁷:

Daily reflections. Motivated learners can benefit from developing a daily ritual of reflection at the beginning and end of each work day. Reflective questions for the morning can include: "Given the objectives of my role as I understand them, what are my highest priorities for today?" And "Given my professional development goals, what is one thing that I can practice today?" Reflective questions for the end of the day can include: "What went well? What didn't work, and why?" "What were my unexpected successes? What were my unexpected failures? Are there any patterns I should monitor?" "How can I apply what I learned from today to the work I will do tomorrow?"

After action reviews (AARs). AARs get their name from their military origins, where survivors of battles ('action') had a keen interest in capturing the lessons that kept them alive. The approach is also useful for processing other types of difficult and/or emotionally stressful team experiences. AARs can be completed in as little as 30 minutes, or as long as 2-3 days for larger projects, such as the system-wide adaptations we are working on now.

The basic format involves a facilitated team-based discussion of four topics:

1. The events - What did we expect to happen? What actually happened?
2. Successes - What worked well, and why? What should we continue in the future?
3. Failures - What went wrong, what didn't work, and why?
4. Lessons - What are the most important things we should remember as we face future challenges?

¹⁷ Reflection questions were adapted from the book *Real-time Leadership Development* by Paul Yost and Mary Mannion Plunkett

Remote Work & Leadership

Last update: 5/18/2020

Summary of current challenges: During March and April, managers in many health systems were directed to create work-from-home arrangements for any staff whose physical presence was not essential to operations. Prior issues of the Guide provided resources for navigating the initial transition. With greater experience and familiarity with remote work, new questions are being raised.

1. *What challenges are experienced managers and staff having in the remote working environments over time?*
2. *What strategies are emerging for developing staff in the remote work environment?*

New challenges in remote working environments

The most frequently cited challenges in remote working environments are psychological, including role conflicts, fatigue, difficulties with concentration, and isolation:

- **Role conflicts** - While role conflicts have long known to be a significant source of psychological stress, for many employees the blurring of boundaries between work and non-work roles during C-19 has taken these conflicts to a new level.
- **Fatigue & concentration difficulties** - Although the term “Zoom fatigue” is by now particularly well-traveled, in reality the use of teleconferencing platforms is just one of sources of fatigue for remote workers. Stressors from outside of work as well as home offices within shared spaces can also add to feelings of fatigue¹⁸.
- **Isolation** - The loss of human contact.

A recent HBR article recommended two relevant strategies for team leaders¹⁹:

1. **Offer opportunities for remote social interaction.** This will help minimize the feelings of isolation. Easiest approach: leave some time before a call is started to talk about each other’s weekend, or have a virtual pizza party, in which pizza is delivered to everyone’s home.
2. **Provide emotional support.** In times of uncertainty especially, managers can be a critical resource for employees to express feelings of frustrations, loneliness, and anxiety. Doing so can help employees cope, boosting their bond to the organization and also their productivity.

For some employees, additional physical risk factors may grow over time, including reduced physical activity. Makeshift workstations may also pose a greater risk for musculoskeletal pain. As the need for remote work continues, organizations may need to revisit policies regarding guidance to employees about ergonomics.

Strategies for developing staff

Developing staff for effectiveness in a remote environment poses unique challenges but also unique opportunities, particularly in the application of technology. Examples include²⁰:

- **Riff Analytics’** platform conducts real-time analysis on videoconferences, to provide subtle reminders to people about interruptions / talking over others.
- **Cogito** listens to tone of voice during call-center interactions, reminding staff when they are supposed to say something, or are talking too much, or raising their voice. The platform can also be used to analyze verbal communications in other contexts.

¹⁸ H. Bouziri et al. (2020). Working from home in the time of covid-19: How to best preserve occupational health? *BMJ Occupational & Environmental Medicine*. Retrieved from: <https://oem.bmj.com/content/early/2020/04/30/oemed-2020-106599>

¹⁹ Larson, BZ, et al. (2020, March). A guide to managing your (newly) remote workers. Harvard Business Review. Available [here](#).

²⁰ Pentland, A. (2020, March). Managing the flow of ideas in a pandemic. *MITSloan Management Review*. Available [here](#).

Return to Work

Added: 5/18/2020

Summary of current challenges: Many health systems have begun preparing for larger numbers of remote and/or furloughed staff to return to the workplace (RTW) in the months to come. While authoritative guides are available for logistics and hygiene protocols for RTW^{21,22}, the planning process has begun raising numerous people-focused questions, including:

1. *What kinds of people/culture issues are important to consider in RTW planning? How are leaders approaching these issues?*
2. *How aggressively are health systems pursuing RTW vs. allowing for staff flexibility?*

People/Culture issues in RTW planning

Preparing staff. Recognizing that RTW will predate a 'return to normal,' several private-sector service industry companies (e.g. Starbuck's²³) have begun developing comprehensive learning programs to educate staff on the many new workplace behaviors that will be critical to success. Beyond orientation to new protocols, training programs also focus on areas such as empathy for customers' experiences with the changed environment, as well as scripts / setting expectations for respectfully 'speaking up' if safety standards are not being followed.

Attention to equity in policymaking. There is a growing understanding that establishing RTW policies can involve complex equity trade-offs. Decisions about which staff can return when, and under what circumstances, can lead to many unintended consequences. In addition to the return itself, workspace policies can pose additional equity risks. Examples include: food policies (e.g., the need to bring prepared foods if cafeteria spaces are closed; the need for personal coolers if refrigerators can no longer be shared); and additional time required for sign-in / sign-out procedures. Transparency in the policy-setting process and employee involvement in decision-making can be very helpful approaches in mitigating some of these challenges.

Flexibility in RTW

'Must' return vs. 'can' return. Especially in light of the uncertain future trajectory of C-19, some organizations are recognizing the potential value of giving staff, where possible, greater flexibility to work remotely on an ongoing basis.

²¹ <https://www.whitehouse.gov/openingamerica/>

²² <https://www.i4cp.com/file/coronavirus-research/return-to-the-workplace-checklist/download>

²³ <https://www.i4cp.com/productivity-blog/learning-and-development-coronavirus-resources>

Virtual Talent Acquisition & Onboarding

Last update: 5/3/2020

Social distancing and shelter-in-place directives have meant that many health systems need to experiment with 'virtual' interviews and onboarding (e.g. new employee orientations and staff trainings).

1. *What are organizations learning about virtual talent acquisition and onboarding?*
2. *How can health systems best build culture and a sense of engagement among remote employees who start their jobs virtually?*
3. *What might the longer-term implications be of our 'temporarily' remote workforce?*

Virtual Onboarding: What we are learning

Several of the health systems that have been operating virtual onboarding the longest have made the following suggestions:

- Shorten the overall length. A day-long orientation is definitely too long.
- Create breaks in synchronous sessions with independent work/learning.
- Before returning to live onboarding events, consider whether the advantages of a live session outweigh the additional costs.

Some also noted that even if they return to live onboarding, they may maintain the virtual method as a back-up – for example, in the case of space unavailability or weather-related hardships.

Building culture/engagement with employees onboarded remotely

The Remote Work and Supervision section identifies several learning resources relevant here. For example, the free LinkedIn Learning path contains a course on [Leading at a Distance](#) (36 min.)

Longer-term implications of the remote workforce

Some remote workers will want to remain remote

As employers begin planning for returns to work, several major non-healthcare employers, including technology companies such as Hewlett Packard, are planning to offer employees the option of continuing to work remotely²⁴. Almost three-fourths of CFOs in a recent Gartner survey said at least 5% of their on-site workforce will remain permanently remote post-COVID.

While these surveys and reports did not focus on healthcare, the health systems may need to consider whether some employees are finding work-from-home setups preferable – and, if so, whether they may become retention risks if required to return to the workplace. Engaging managers in staff discussions and/or surveying staff may help health systems prepare to weigh legacy policies against the potential value of greater flexibility in working arrangements post-COVID.

²⁴ <https://www.channelnomics.com/2020/04/23/solarwinds-software-available-via-subscriptions/>

Resilience: Maintaining Well-being in the Near-term

Last update: 4/27/2020

Summary of current challenges: Steps that need to be taken in the COVID-19 response have created levels of pressure and need for adaptation that many staff have not experienced before.

1. *What near-term risks to well-being might our employees be facing, and how can leaders best mitigate these risks?*

Near-term risks / strategies

Major life changes often cause significant stress, particularly when those affected have little or no control over them. For many, work routines provide a comforting degree of structure, and for some, non-work roles may be comparably chaotic. Furloughs, work-from-home (WFH) and shelter-in-place (SiP) orders significantly disrupt this balance, and can exacerbate existing behavioral health concerns such as eating and substance-use disorders, as well as familial conflicts.

Methods health systems are using to address these concerns include:

- Providing on-demand spiritual care and staff support sessions²⁵.
- Requiring or encouraging managers to conduct regular check-ins with staff whose routines have been disrupted by furlough, work-from-home or shelter in place.
- Mandated daily rounding with all on-service staff. Rounding may be documented through an online survey that includes a comment box to communicate questions and concerns staff raised. Patterns can then be identified and addressed during weekly town hall meetings.
- Regular well-being communications can help legitimize self-care, offer practical strategies, and communicate care and concern from leadership. UW Medicine provides makes their [weekly well-being messages](#) available on their public website.

As noted in the *Evolution* section, health systems should anticipate a need for ongoing attention to recovery and renewal even after the immediate challenges settle down. Crisis and related psychological support services being offered during the surge may provide an important bridge to this recovery.

²⁵ <https://www.ascension.org/News/News-Articles/2020/04/20/18/01/Caring-for-our-associates-in-body-mind-and-spirit>

Evolution: Longer-Term Adaptation Post-COVID

Updated: 4/27/2027

Summary of current challenges: Parts of the country have entered what feels like a second phase of the COVID-19 response, in which glimpses of the potential longer-term impact are visible. Increasingly, the impact on staff seems likely to be felt at multiple levels. For clinicians and other first-responders in particular, exposure to significantly more frequent deaths, delays and disruptions in the grieving process, the need for clinical decision-making under more difficult and less safe conditions, and experiences associated with ‘moral injury.’ For an even larger number of staff, the many changes to daily habits such as alternative assignments, remote working, furloughs, and/or other disruptions to non-work life may more fundamentally reshape relationships to the workplace. What might this longer-term look like? How can HR and learning leaders best prepare our organizations and the staff comprising them?

Longer-term well-being

Before the COVID-19 response even began, health systems were facing an epidemic of clinician burnout. Providers who began this crisis already feeling depleted may be at even greater risk for deterioration to their well-being, and these effects could last far longer than the surge itself. Beyond the surge period, clinicians in particular may face longer-term risks of mental health difficulties. Research on clinicians in China from January and February of this year reported significant numbers experiencing symptoms of anxiety, depression, and insomnia – symptoms consistent with a post-traumatic stress response.²⁶

Strategies for Recovery

Staff and manager roles: Recognizing and addressing post-traumatic stress

Managers may benefit from additional training on (1) identifying the signs and symptoms of post-traumatic stress, (2) raising concerns about staff in a supportive ways, and (3) helping them identify resources that can be helpful to them. Although ideal timing for training interventions may vary depending on where health systems are with their COVID surge, health systems can begin planning now for these needs.

Organizational roles: Well-being as a ‘team sport’

Most health systems have multiple strategies and resources supporting staff well-being, falling under headings such as employee assistance programs, employee health, wellness, and spiritual care. In many health systems these resources may be structurally independent: some may fall within HR, others within nursing, others within a medical staff office. The impact of specific strategies can also differ, as can the quality of evidence supporting them^{27,28}.

In preparing for longer-term organizational needs, health systems may benefit from pursuing greater coordination across finite well-being resources, to better ensure impact and equitable access.

²⁶ J. Lai et al. (March 23, 2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Network Open*. Available [here](#).

²⁷ C. L. Lancaster et al. (2011). Posttraumatic stress disorder: Overview of evidence-based assessment and treatment. *Journal of Clinical Medicine*. Available [here](#).

²⁸ S. Joyce et al. (2016). Workplace interventions for common mental disorders: A systematic meta-review. *Psychological Medicine*. Available [here](#).

Appendix: Content creation & updating - design principles

Late update: 4/13/2020

Design principles

Content in this guide is created and updated using the following design principles:

1. Focus on gaps. Work with members to identify their challenges in greatest need of solutions.
2. Focus on practical strategies. Look for approaches organizations are taking that seem to be working (vs. opinions about what we ought to be doing).
3. Be selective. In areas where there are many approaches / resources, curate down aggressively to the most promising among them. As a rule-of-thumb, every topic should fit on a single page.
4. Keep it quick. Links should prioritize freely available resources (open articles/resources/videos - not behind paywalls) – or resources that can be quickly shared by NCHL staff on request.

Process flow

Our current operating model involves updating this guide on a weekly cycle, and distributing the updated guide to the field each Monday.

During the work week, NCHL collects questions as well as resources from collaborating health systems, culminating in an open community discussion every Friday. Over the weekend, notes from these discussions are used to guide a review of updates from a curated list of relevant news feeds and list servers, to identify and prioritize potential solutions for both present and anticipated future-state concerns affecting staff and organizational culture.

We welcome suggestions as well as success stories that may help other readers of the guide. Please e-mail them to agarman@nchl.org, using the subject line “Powering our People.”

Acknowledgments

Last update: 4/27/2020

This resource guide was made possible through the generous time, expertise, and resource contributions made by the healthcare leaders supporting and/or participating in NCHL's practice communities, including:

- Diane Adams, Mount Sinai Health System
- Patti Adelman, Northwell Health
- Alexis Artman, Rush University
- Carolyn Auty, Boston Children's Hospital
- Eric Bacigal, Henry Ford Health System
- Jonathan Balthazar, Rush University
- Doug Crowder, Carilion Clinic
- Will Dardani, Vizient
- Luis Garcia, Rush University
- Jennifer Havens, Carilion Clinic
- Dörte Heimbeck, Moffitt Cancer Center
- Brock Jarnagin, Rush University
- Chelsea Johnson, NCHL
- Amy Lally, Memorial Health System
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