Attending to the Emotional Well-Being of the Health Care Workforce in a New York City Health System During the COVID-19 Pandemic

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Abstract

The COVID-19 pandemic has placed an enormous strain on health care workers, and its potential impact has implications for the physical and emotional well-being of the work force. As hospital systems run far over capacity, facing possible shortages of critical care medical resources and personal protective equipment as well as clinician deaths, the psychological stressors necessitate a strong well-being support model for staff. At the Mount Sinai Health System (MSHS) in New York City, health care workers have been heroically providing frontline care to COVID-19 patients while facing their own appropriate fears for their personal safety in the setting of contagion. This moral obligation cannot be burdened by unacceptable risks; the health system's full support is required to address the needs of its workforce.

In this Invited Commentary, the authors describe how an MSHS Employee, Faculty, and Trainee Crisis Support Task Force—created in early March 2020 and composed of behavioral health, human resources, and well-being leaders from across the health system—used a rapid needs assessment model to capture the concerns of the workforce related to the COVID-19 pandemic. The task force identified 3 priority areas central to promoting and maintaining the well-being of the entire MSHS workforce during the pandemic: meeting basic daily needs; enhancing communications for delivery of current, reliable, and reassuring messages; and developing robust psychosocial and mental health support options. Using a work group strategy, the task force operationalized the rollout of support initiatives for each priority area. Attending to the emotional well-being of health care workers has emerged as a central element in the MSHS COVID-19 response, which continues to be committed to the physical and emotional needs of a workforce that courageously faces this crisis.

The unfolding COVID-19 pandemic and the response of the U.S. health care system has placed an unprecedented strain on the health care workforce. Not only have hospitals and health systems needed to dramatically alter workflows and practice settings to protect and treat patients, but they also have had to seek measures to protect the physical health and emotional well-being of frontline workers. Physicians, nurses, and other health care workers play critical roles in the response to the pandemic as they detect, contain, and treat serious infectious disease, despite elevated personal risk. As our hospital systems become overwhelmed by the virus—running well over capacity and facing shortages of critical care medical resources, limited availability of personal protective equipment (PPE), and grief over deaths of fellow clinicians—we are observing and anticipating enormous and unabated psychological stressors that necessitate the rapid development and scaling up of a robust model of well-being support for staff.

With over 40,000 employees, the Mount Sinai Health System (MSHS) is the largest hospital system in New York City. Our city has emerged as the epicenter of COVID-19 cases, and our state has been designated as a major disaster area by the Federal Emergency Management Agency.[1] Early components of the MSHS emergency response have focused on a number of critical areas, including but not limited to addressing staffing, hospital capacity, equipment and PPE procurement, and communications. In addition, as we describe in this Invited Commentary, we have adopted a central, organized approach to addressing the well-being of the entire MSHS employee community.

Previous epidemics have given some indication as to the sources of psychological stressors we might expect to influence the psychological response of health care professionals working during the COVID-19 crisis. These include the risk and fear of infection and the availability of information. During the 2015–2016 U.S. Zika outbreak, access to information and overestimates of contamination predicted disease-related anxiety in the general public.[2] This previous experience of the general public is consistent with the current disease-related anxiety of our health care workers who are presently responding to COVID-19, heroically meeting the obligation to not abandon patients when life and death are on the line and courageously coming to work to provide frontline care.

In New York City, the COVID-19 pandemic has required an "all hands on deck" approach. Yet in meeting the social contract between health care workers and the public, the moral obligation to treat patients and save lives cannot be burdened by unacceptable risks. It is the absolute responsibility of the medical institution to minimize the risks as much as possible.[3] Material support, staff preparation and training, and trust that the leadership cares for staff well-being are all critical components for enabling resilience at the institutional and

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individual levels. Most important for the individual is sharing with the institution a sense of moral purpose and dedication to caring for the sick.[4]

During the extraordinary events associated with a pandemic, feeling highly stressed and fearful is understandable and not a form of pathology. This distress can be reduced by offering peer support, promoting social connections, and enhancing physical safety.[5] Health care systems such as ours can play a critical role in allaying fears through procuring critical resources and meeting the basic needs of staff; providing psychosocial and mental health support; and delivering steady, robust, and compassionate communications.

Developing a Well-Being Response: Priority Areas at MSHS

Using an established infrastructure to promote clinician well-being within the Icahn School of Medicine in partnership with an existing human resources support model for all MSHS employees, we established an Employee, Faculty, and Trainee Support Task Force in early March 2020 in response to COVID-19. This task force, composed of support leaders from across MSHS, conducted a rapid needs assessment to capture the concerns of staff. Through this effort, the task force identified 3 priority areas believed to be central in promoting and maintaining the well-being of the entire MSHS workforce during the pandemic:

- meeting the basic needs of the workforce throughout the crisis,
- enhancing communications to assist in the delivery of current, reliable, and reassuring messaging that informs the workforce, and
- developing a robust array of easily accessible psychosocial and mental health support options.

Table 1 provides a summary of the work groups, categories of support, and deliverables for each of these priority areas, which we describe below.

Meeting basic needs

As the COVID-19 pandemic has taken hold in New York City, we have become aware of the growing concern that the well-being of our health care workers is significantly threatened. When considering well-being in this setting, a central component is meeting basic daily needs, such as housing, food, and personal safety. Under typical circumstances, most health care workers are able to meet these needs with relative ease. However, in the current setting, these basic essentials are threatened.

Foremost on the minds of frontline health care workers working in conditions of possible contagion is personal safety. With the real possibility of insufficient amounts of PPE, such as masks and gowns, health care workers have been expressing increasing concern in their daily work environment. To address this concern, our institution has worked diligently to track down and follow up all potential leads to procure and preserve adequate PPE for staff, while keeping staff updated about PPE supply status.

Transportation has also become a challenge as public transit and shared rides put health care workers (and the people traveling with them) at risk, but single passenger options are financially unsustainable. Our institution has started to offer staff free parking and bike rental options as well as to make arrangements for reduced-cost car rentals. As schools and daycare centers have closed across the city (and tri-state area), childcare for frontline health care workers has also proven a conundrum. The city has opened centers to care for the children of health care workers, and our institution has created a volunteer program to offer childcare to essential clinical staff by linking them with nonessential employees and other resources.

In addition, as the disease spreads, our health care workers may need to stay overnight in the hospital or may fall ill, requiring isolation from their families. This has necessitated the identification of additional in-house call rooms and nearby offsite housing. The MSHS housing and real estate team has been working internally and with local hotels and institutions to procure accommodations for these scenarios. Finally, in busy clinical units with critically ill patients, our clinicians and staff have found it difficult to leave the unit for food. As such, our institution has responded by exploring ways to bring nourishment directly to our hardest-hit units.

Enhancing communications

The sheer magnitude and deluge of information from within and outside our health system has been immense. The MSHS crisis communications team quickly developed an effective platform for disseminating information, focusing on both content and delivery. Consolidating system-wide messaging into a daily communiqué with links to a comprehensive website has helped streamline messaging and direct our workforce, situated within multiple hospitals and numerous practice sites, to a single regularly updated resource. Weekly system-wide virtual town halls have also helped with delivering essential information.

Messaging has been informed by feedback from a multitude of sources, including the task force, which has made an effort to gather the information needs of all constituents within the workforce, using both anecdotal and structured means of data collection. For frontline providers, for example, concerns around PPE have influenced messaging informing clinicians about efforts to procure such resources. Other messaging has addressed the near-universal concerns around resources to meet basic needs. The task force also developed and provided the communications team with "wellness messages," informed by mental health experts, to provide suggestions and tools for managing expected COVID-19-related anxiety. Expressing appreciation and gratitude has been a central component of communiqués, highlighting the heroism of the workforce.

In addition, departmental and clinical leaders have been delivering focused and clear messaging to their specific faculty and staff via short, daily, bulleted email updates. They have also been holding daily to weekly conference calls outlining the most critical information.

Developing psychosocial and mental health support options

The need for broad expansion of psychosocial and mental health support resources has become evident. At the time of writing, health care workers are working under conditions in which disease case counts are increasing exponentially, concerns are growing that supplies of critical care equipment and PPE are

Table 1

Priority Areas and Deliverables to Promote and Maintain the Well-Being of the Entire Mount Sinai Health System (MSHS) Workforce During the COVID-19 Pandemic

Priority area	Work group representation	Categories	Deliverables
Basic needs	Office of Well-being and Resilience (OBWR), human resources, recreation office, housing office, security office, infection prevention, nursing	Food	• System-wide provision of food for staff and physicians • Free or reduced-cost options for staff to order
		Housing	• Onsite call room options • On-campus option • Local hotel options (reduced rates)
		Transportation	• Free parking • Reduced-cost/free car rentals • Free bike rental options
		Personal safety	• Clear guidelines for use of and updates on status of PPE • Provision of scrubs • Clear guidelines for reducing exposure for self and loved ones
		Childcare	• Online tool to link employees, faculty, trainees in need of childcare with available services
Communications	OWBR, institutional leadership, communications team, department and divisional leadership, infection prevention	System wide	• System-wide email (with inspiring and honest messaging) • Website with pandemic resources and well-being resources • Town halls with leadership and infection prevention personnel (weekly to a few times per week)
		Local	• Department/division emails (daily updates, with information distilled to fit group) • Department/division conference meetings (daily to weekly) to allow for information sharing, and questions and concerns to be raised
Psychosocial and mental health support	OWBR, psychiatry, psychology, social work, employee assistance, nursing	Resilience and self-care	• Virtual mindfulness, yoga, music therapy • Social networking groups • Free apps for the above
		Group debrief support	• Virtual social worker-/psychologist-facilitated support groups • Spiritual care support groups
		Individual brief support	• System-wide peer support hotline • Employee Assistance Program counseling • Spiritual care one-on-one counseling • Government/nonprofit help lines
		Individual long-term mental health support	• Institutional psychiatry and mental health services • Voluntary and offsite mental health services
		Crisis management	• System-wide peer support hotline • 24/7 Mental health crisis support • Deployment of mental health providers to units in need (virtually or in person) • Government/nonprofit crisis lines

inadequate, and the surrounding city is increasingly under lockdown conditions. While our health system made available and provided numerous psychosocial and mental health support resources before the pandemic (e.g., Employee Assistance Program, psychiatry services, spiritual care), the enormous stress and emotional strain on both clinicians and nonclinical employees has prompted the task force to scale up existing resources and provide additional resources. These include an array of offerings that range from simple self-care resources (e.g., mindfulness activities) to virtual support groups facilitated by social workers and psychologists and to one-on-one counseling sessions and 24/7 immediate crisis management. To increase the capacity of existing support and develop new initiatives, trained mental health staff have shifted their responsibilities or volunteered their time to meet these needs.

Collaboration and coordination

Operationalizing these 3 priority areas in a large health system such as ours requires coordination and collaboration of various groups. Our task force includes representation from the Office of Well-being and Resilience (OWBR), Human Resources, and the Employee Assistance Program, as well as the Departments of Psychiatry, Nursing, Social Work and others. The task force has used a work group strategy to review and operationalize plans for each of the priority areas (Table 1). In addition, task force members have maintained close connections with system, hospital, and departmental leaders, as well as with health care workers in the field caring for patients. The OWBR's

existing infrastructure of well-being champions embedded within clinical departments and residency training programs has allowed for real-time access to understanding the challenges and concerns of physicians, while nursing and advanced practice provider leaders have captured the needs of their constituents—all in an effort to funnel concerns through the task force to leadership to inform resource allocation and communications.

The Journey Forward

The full impact of the COVID-19 pandemic in New York City remains to be determined. The health care infrastructure and workforce are being put to the test, and working in these conditions is likely to take its toll. We hope that our COVID-19 well-being approach will help us care for our own health care workers and that sharing it will provide insights for other institutions. The moral obligation of health care workers and their contract with society have led to the demonstration of empathic selflessness and a courageous commitment to serve. Though the journey forward is uncertain, the bravery exhibited daily by MSHS employees, as well as by health care workers across the globe, serves as a beacon lighting the path.

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