

## GUIDANCE FOR FRONTLINE HEALTHCARE WORKERS

### EVIDENCED-BASED TOOLS TO SUPPORT YOUR HEALTH AND WELLBEING

This guidance is intended for paramedics, nurses, doctors, ICU and other healthcare professionals working with patients and their families during the COVID-19 pandemic.

#### BACKGROUND

You may face: longer working hours in response to increasing hospital admissions, lengthy decontamination procedures and protocols for patient contact, less downtime after jobs or patient assessments, your own health worries due to high exposure to patients, separation from friends, family and your partner, working in areas other than your expertise, exhaustion and the challenges of juggling home-schooling and childcare during self-isolation.

This guide aims to provide you with evidence-based tools to support your health and wellbeing in the short and long-term. It will also help you to spot when you may need a little extra help and how to access it. This guide is not about how severe stress reactions, PTSD, depression or other mental health problems can be treated. It is a description of tools that can support you to stay well during periods of exceptionally high stress.

#### THE TOOLS AND THEIR EVIDENCE

##### 1. OPERATIONAL TRAINING AND PREPAREDNESS

Numerous studies (1-3) support the role of operational training and preparedness for coping with the stresses of pandemic viruses. It is likely that training and preparedness will also help with coping with the COVID-19 pandemic.

#### WHAT DOES THIS MEAN FOR ME?

- Be sure to be up to speed and on board with your organisation's training and protocols for responding to COVID-19, particularly patient contact and decontamination protocols.
- You may be required to work in areas that extend beyond your level of expertise. This is particularly true for healthcare professionals (e.g. student paramedics) and other healthcare workers who are volunteering to support the NHS response to COVID-19. Where possible ask to be paired with an experienced colleague. You will likely find that utilising your skills will improve your confidence over time.

##### 2. PLAN AHEAD

A number of studies (7,8) demonstrate that making a plan in the evening before the working day that includes a brief enjoyable activity improves wellbeing and reduces psychological distress.

#### WHAT DOES THIS MEAN FOR ME?

- Before a shift (if possible, the day before) plan when and how you will incorporate brief breaks into your day where you do something enjoyable which does not involve caring for other people, such as visiting your hospital's wellbeing hub, getting out of the hospital or station to walk or trying a 7 min exercise routine with an app like Wahoo.

### 3. TAKE CARE OF YOURSELF: REST, NUTRITION, COMPASSION

Studies support the role of sleep in helping us to perform and make decisions under pressure (e.g., 4). Equally, research (5) supports the need for nutrition in times of stress. Self-compassion, the capacity to be kind to yourself, is also highly important and has been linked to greater immunity in times of stress (6).

#### WHAT DOES THIS MEAN FOR ME?

- Taking care of yourself is vital for your own immunity and your capacity to care for others.
- Ensure the basics: breaks, rest, nutrition (access the food trolley in your staffroom or wellbeing hub if these are available at your place of work)
- Be sure to manage your sleep and schedule time out to rest.
- Take days off. Pace yourself. The COVID-19 phase is much like running a marathon rather than a short sprint.
- When trying to wind down, avoid drinking too much alcohol.
- Extend the compassion you offer others to yourself. It is okay to not be okay and to ask for support.
- If accepted practice at your place of work, ask for help when needed in handovers, clinical supervision or through peer support.
- When you spot that others need an extra hand, you could ask what they need to feel okay and direct them to the strategies in this guide.

### 4. EXERCISE

A substantial body of research (9) supports the benefits of exercise for preventing a range of physical and mental health problems, including depression. These studies have included people from a range of professions.

#### WHAT DOES THIS MEAN FOR ME?

- A full workout is unlikely to be possible on days with exhausting shifts. But short bursts of exercise may be manageable. An app like Wahoo or Quick Fit will help you with 7 mins of exercise. You can use it many times a day depending on the number of breaks that are feasible to take.
- On days off or when you are not on shift, engage in longer bouts of physical exercise, such as going for a walk, streaming a live yoga, circuits or other exercise class.

### 5. DEAL WITH UNWANTED MEMORIES

You may find distressing memories of jobs or patients come back to mind unbidden. The more similarities between the jobs or patients you're working with now and past jobs or patients, the more frequently the memories may pop to mind. This is normal in the aftermath of distressing events.

Research has identified strategies which are helpful and other strategies that are unhelpful for dealing with unwanted memories. Studies with people from a range of professions (10, 11) demonstrate that intentionally breaking the link between the past event (THEN) and triggers in the present (NOW) by focusing on all the differences helps to reduce the frequency of unwanted memories. This tool is called stimulus discrimination or Then vs Now.

## WHAT DOES THIS MEAN FOR ME?

- Ideally, try to let memories come and go (rather than suppress them). Sometimes working hard to suppress a memory means that it comes back more often.
- Past very traumatic events can sometimes intrude onto the way we see what happens in the present. When you spot this happening, it can be helpful to intentionally spot the differences between the past (then) and what is actually happening now.
- Try to notice the **differences**, not the similarities, between the trigger NOW (which may be a similar-looking patient, smell, sound, sensation in the present) and the memory THEN. For example, you might find it helpful to focus on the details in the present that are different to the past.

## 6. DISENGAGE FROM OVERTHINKING

Healthcare professionals may question past clinical decisions or the outcome of efforts to treat patients. You may understandably find yourself dwelling about what has happened on shifts. Research (12) shows that this thinking style predicts post-traumatic stress. It can also cause mood to plummet and can keep depression going.

## WHAT DOES THIS MEAN FOR ME?

- Spot when your thoughts have turned to 'why' 'what if' and 'if only.' This could be a sign that you are dwelling. Ask yourself:
  - o Do my thoughts lead to a plan or action?
  - o Is this question answerable?
  - o Have I been ruminating on this for more than 30 minutes?
  - o Do I feel guilty? Feeling guilty is often a sign that we are over-thinking our actions in the past.
- When you spot episodes of dwelling, use the awareness as a cue to shift your attention away from dwelling. Experiment with what works for you. Changing your physical position (e.g., standing if sitting), exercise, absorbing your full attention in a new task (such as making a cup of tea) can help to get you out of your head.
- Feeling guilty is a sign to take care of yourself and your wellbeing. It will be important to focus on:
  - o What you did that was helpful at the time
  - o What you would say to someone else if they were in your shoes
  - o All that you have done that has been helpful during the COVID-19 response
  - o That you are doing the best you can with limited resources
  - o How grateful the wider population feels about the NHS response (recall episodes of people leaning out of their windows clapping to support staff).

## 7. USE FEELING OVERWHELMED AS A CUE TO ASK FOR HELP

It is natural to have periods of running on adrenalin interspersed with periods of feeling overwhelmed and exhausted whilst carrying out your job during this crisis. Feeling low, exhausted and difficulty feeling compassion for yourself or others may be a sign you're on the road to burnout. Use these feelings as a sign to ask for and accept help.

## WHAT DOES THIS MEAN FOR ME?

- It is okay to not be okay. We are all human. It is normal to feel overwhelmed at times when demands outstrip our resources.
- Spot signs of burnout (feeling exhausted, overwhelmed, tearful, or flat) as a cue to ask for and accept a helping hand.
- Experiment with reaching out for help to colleagues, friends or organisations.
- The Ambulance Staff Charity ([www.theask.org.uk](http://www.theask.org.uk)) and The Intensive Care Society ([www.ics.ac.uk](http://www.ics.ac.uk)) are a few of the many organisation available to help.

## References

- (1) Aiello A, Young-Eun Khayeri M, Shreyshree R, et al. (2011). Resilience training for hospital workers in anticipation of an influenza pandemic. *J Contin Educ Health Prof*, 31, 15–20.
- (2) Maunder RG, Lancee WJ, Mae R, et al. (2010). Computer-assisted resilience training to prepare healthcare workers for pandemic influenza: A randomized trial of the optimal dose of training. *BMC Health Serv Res*, 10, 72.
- (3) Wild, J., Greenberg, N., Moulds, M., Sharpe, ML, Fear, N., Harvey, S., Wessely, S., & Bryant, R. (In press). Pre-incident training to build resilience in first responders: Recommendations on what to and what not to do. *Psychiatry: Interpersonal and Biological Processes*.
- (4) Hart, R. P., Buchsbaum, D. G., Wade, J. B., Hamer, R. M., & Kwentus, J. A. (1987). Effect of sleep deprivation on first-year residents' response times, memory, and mood. *Journal of Medical Education*, 62(11), 940–942.
- (5) Gómez-Pinilla, F. (2008). Brain foods: The effects of nutrients on brain function. *Nat Rev Neurosci*. 9(7) 568-578.
- (6) Breines, J. G., Thoma, M. V., Gianferante, D., Hanlin, L., Chen, X., & Rohleder, N. (2014). Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Brain, behavior, and immunity*, 37, 109–114. <https://doi.org/10.1016/j.bbi.2013.11.006>
- (7) Meier, C. (2014). *Enhancement of subjective well-being in undergraduate students - a randomized controlled trial*. Unpublished manuscript, Department of Experimental Psychology, University of Oxford, Oxford, United Kingdom.
- (8) Lorenz, H., Holland, S., Clark, D.M., Ehlers, A., & Wild, J. Planning ahead as a tool to improve wellbeing in paramedics. Manuscript in preparation.
- (9) Warburton DE, Nicol CW, Bredin SS (2006). Health benefits of physical activity: the evidence. *Canadian Medical Association Journal* 174, 801–809.
- (10) Byrne, M., Wild, J., & Ehlers, A. (2020) Stimulus discrimination reduces unwanted memories after analogue trauma. Manuscript in preparation.
- (11) Kennedy-Smith, P., Ehlers, A., & Wild, J. (2020). Stimulus discrimination training vs thought suppression to reduce trauma-related intrusive memories: A randomised experiment. Manuscript under review.
- (12) Wild, J., Smith, K. V., Thompson, E., Bear, F., Lommen, M. J., & Ehlers, A. (2016). A prospective study of pre-trauma risk factors for post-traumatic stress disorder and depression. *Psychol Med*, 46(12), 2571-2582. doi:10.1017/S0033291716000532