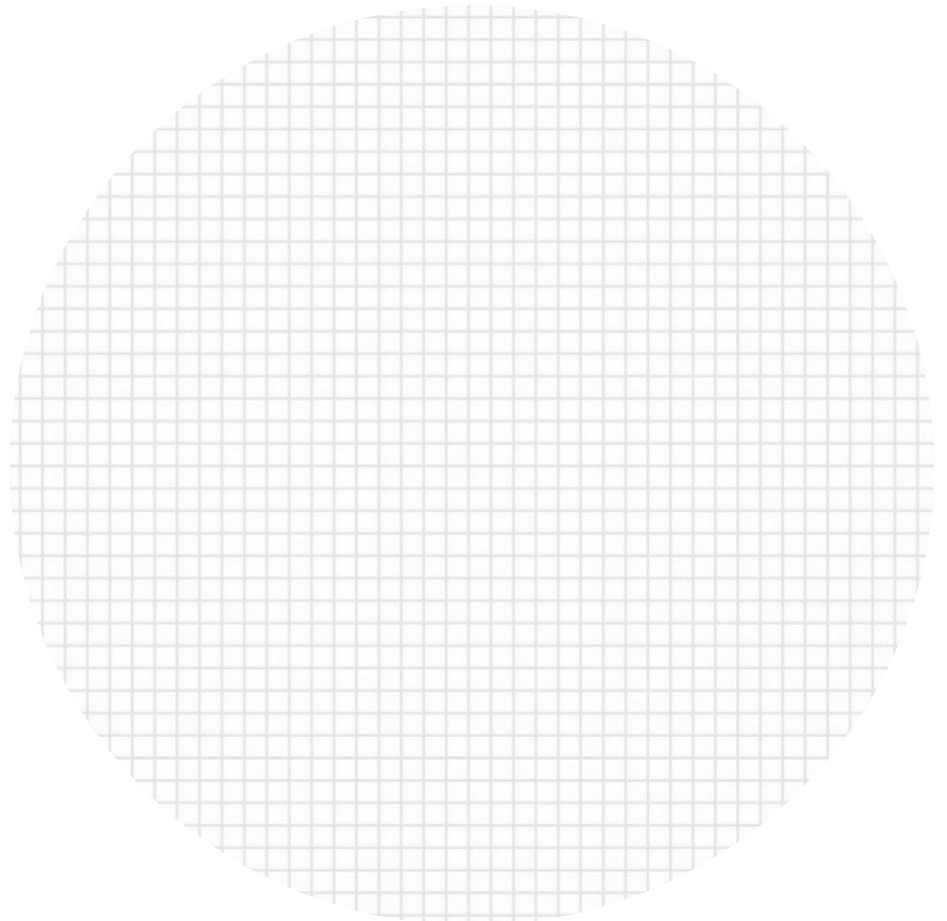




# “Psychological PPE”: Promote Health Care Workforce Mental Health and Well-Being



# “Psychological PPE” Recommendations

The COVID-19 pandemic is exacerbating existing issues with health care professional burnout and joy in work that will persist once the more immediate crisis has abated. While many staff are currently experiencing distress related to their work, others are not but are at risk of mental health sequelae in the future as the pandemic response continues.

There is significant interest in health care in the concept of “psychological PPE” (personal protective equipment) — individual and system-level actions owned by unit and team leaders that provide protection and support for staff’s mental health that can be deployed both before providing care and after a shift has ended.

In addition to [IHI’s system-level strategies for leaders](#) to provide immediate support for staff mental health and well-being during the pandemic, IHI reviewed available evidence for interventions that can help protect staff mental health in the face of extreme working conditions such as natural disasters, terrorist attacks, and previous pandemics.

We synthesized this research into evidence-based “psychological PPE” recommendations for use by staff providing care during the COVID-19 pandemic. The recommendations are organized by actions that individuals can take and actions taken at the system level by team and unit-level leaders.

The accompanying visual graphic (see figure below) is designed to be posted for staff to see and use daily, and for team leaders to reference and use to create the enabling conditions for key recommendations to be successful. [For a full-size version of the graphic, visit IHI’s website.](#)

**Your Psychological PPE**  
to Promote Mental Health and Well-Being

**Institute for Healthcare Improvement**  
These recommendations are based on a review of published literature and the experience of health systems. For more information visit [ihi.org](http://ihi.org).

| Individual  | Team Leader   |
|---|---|
|  Take a day off and create space between work and home life  |  Limit staff time on site/shift   |
|  Avoid publicity and media coverage about COVID-19           |  Design clear roles and leadership  |
|  Receive mental health support during and after the crisis   |  Train managers to be aware of key risk factors and monitor for any signs of distress |
|  Facilitate opportunities to show gratitude                  |  Make peer support services available to staff  |
|  Reframe negative experiences as positive and reclaim agency |  Pair workers together to serve as peer support in a “buddy system”                   |

## Recommendations for Individuals

### Take a day off and create space between work and home life.

#### Evidence in Literature

Working long hours and not taking a day off led to mental distress, fatigue, job dissatisfaction, and subjective health complaints.

- Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. [Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review](#). *BMC Psychology*. 2016;4:18.

#### Actionable Examples

NHS Salford Care Organisation (North of England, UK) instituted a “[Going Home Checklist](#)” to support the space between the workday and home.

Emory University (Atlanta, GA) offers [wellness days for residents](#) to provide added flexibility when seeking their own medical, mental health, or dental care appointments and other self-care activities.

### Avoid publicity and media coverage about COVID-19.

#### Evidence in Literature

In a 2017 survey, 56 percent of respondents reported that following the news regularly causes stress.

- “[APA Stress in America™ Survey: US at ‘Lowest Point We Can Remember;’ Future of Nation Most Commonly Reported Source of Stress](#).” American Psychological Association. November 1, 2017.

Publicity and media coverage were often perceived as stressful and reported to be a trigger of post-disaster recall.

- Brooks SK, Dunn R, Sage CA, Amlot R, Greenberg N, Rubin,GJ. [Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster](#). *Journal of Mental Health*. 2015;24(6):385-413.

Watching negative TV news bulletins was associated with increases in anxious and sad mood, and a significant increase in the tendency to catastrophize a personal worry.

- Johnston WM, Davey GC. [The psychological impact of negative TV news bulletins: The catastrophizing of personal worries](#). *British Journal of Psychology*. 1997 Feb;88(Pt 1):85-91.

### Actionable Examples

Staff of the British embassy in Japan who were offering relief following the Fukushima nuclear disaster identified that attention from the British press and Parliament left some participants stressed as it felt like they were working in the public view and criticism from the media was “really [taken] to heart.”

- Bakhshi S, Lynn-Nicholson R, Jones B, et al. [Responding to a radiological crisis: Experiences of British Foreign Office staff in Japan after the Fukushima nuclear meltdown](#). *Disaster Med Public Health Prep*. 2014;8:397-403.

## Receive mental health support during and after the crisis.

### Evidence in Literature

A large body of research indicates that experiencing a crisis such as a natural disaster is associated with increased experiences of mental health-related symptoms. Providing mental health services early on and, importantly, after the immediate crisis has abated, is associated with improvements in symptomatology.

- McFarlane AC, Williams R. [Mental health services required after disasters: Learning from the lasting effects of disasters](#). *Depression Research and Treatment*. 2012; Article ID 970194.
- Cohen RE. [Mental health services for victims of disasters](#). *World Psychiatry*. 2002;1(3):149-152.

Not receiving psychological counseling during the rescue mission was predictive of PTSD in military responders following an earthquake.

- Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. [Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review](#). *BMC Psychology*. 2016;4:18.

### Actionable Examples

Keck Medicine of the University of Southern California (Los Angeles, CA) launched a comprehensive program to ease the job stress that health care workers are experiencing during the COVID-19 pandemic. The [Care for the Caregiver program](#) offers free housing, comfort amenities, and mental health support to high-risk staff.

## Facilitate opportunities to show gratitude.

| Evidence in Literature   |
|--|
| <p>Individuals who engaged in a "gratitude visit" exercise saw positive changes (increased happiness and decreased depression measures) that lasted for a month.</p> <ul style="list-style-type: none"> <li>Seligman MEP, Steen TA, Park N, Petersen C. <a href="#">Positive psychology progress: Empirical validation of interventions</a>. <i>American Psychologist</i>. 2005 Jul-Aug;60(5):410-421.</li> </ul> <p>Studies found that gratitude decreased (or prevented an increase) in reports of depressive symptoms.</p> <ul style="list-style-type: none"> <li>Lambert NM, Fincham FD, Stillman TF. <a href="#">Gratitude and depressive symptoms: The role of positive reframing and positive emotion</a>. <i>Cognition and Emotion</i>. 2012;26(4):615-633.</li> </ul> |
| Actionable Examples  |
| <p>MidMichigan Health (Midland, MI) uses "<a href="#">Three Good Things</a>" as a stress management technique that is promoted among employees. At the end of the day, individuals are asked to reflect on: "What are three things that went well today and what was my role in making them happen?" The health system saw positive changes (increased happiness and decreased depression measures) as a result.</p> <ul style="list-style-type: none"> <li>Lambert NM, Fincham FD, Stillman TF. <a href="#">Gratitude and depressive symptoms: The role of positive reframing and positive emotion</a>. <i>Cognition and Emotion</i>. 2012;26(4):615-633.</li> </ul>  |

## Reframe negative experiences as positive and reclaim agency.

| Evidence in Literature   |
|--|
| <p>When coupled with gratitude, positive reframing of an otherwise negative experience as a potentially positive experience is related to fewer depressive symptoms.</p> <ul style="list-style-type: none"> <li>Lambert NM, Fincham FD, Stillman TF. <a href="#">Gratitude and depressive symptoms: The role of positive reframing and positive emotion</a>. <i>Cognition and Emotion</i>. 2012;26(4):615-633.</li> </ul> <p>Positive thinking may alter the outcomes of morally distressing situations.</p> <ul style="list-style-type: none"> <li>Young PD, Rushton CH. <a href="#">A concept analysis of moral resilience</a>. <i>Nursing Outlook</i>. 2017;65(5):579-587.</li> <li>Johnston WM, Davey GC. <a href="#">The psychological impact of negative TV news bulletins: The catastrophizing of personal worries</a>. <i>British Journal of Psychology</i>. 1997 Feb;88(Pt 1):85-91.</li> </ul> |
| Actionable Examples  |
| <p>One useful resource is from The Workshop (Aotearoa, New Zealand): "<a href="#">How to Talk about COVID-19: Narratives to Support Good Decision-Making and Collective Action</a>."</p>   |

## Recommendations for Team Leaders

### Limit staff time on site/shift.

| Evidence in Literature  |
|---|
| <p>Duration on site and number of hours spent in one shift were risk factors for poor mental health among disaster responders.</p> <ul style="list-style-type: none"> <li>Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. <a href="#">Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review</a>. <i>BMC Psychology</i>. 2016;4:18.</li> </ul>   |
| Actionable Examples   |
| <p><a href="#">Cardinal of Minnesota</a> (Rochester, MN) uses float teams, strongly encourages cross-training in different departments (so staff are able to cover shifts for employees who need time off or are sick), and uses staggered start times and overlapping shifts to compress work weeks, alternating days off and expanding paid time off for exempt workers. Exempt staff set and manage their own schedules.</p> |

### Design clear roles and leadership.

| Evidence in Literature  |
|---|
| <p>Lack of clarity around tasks is associated with significant stress, and poor leadership is linked to staff stress (includes ad hoc planning).</p> <ul style="list-style-type: none"> <li>Brooks SK, Dunn R, Sage CA, Amlot R, Greenberg N, Rubin,GJ. <a href="#">Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster</a>. <i>Journal of Mental Health</i>. 2015;24(6):385-413.</li> </ul> <p>Cohesion between personnel, both horizontally (between colleagues) and vertically (between leaders and their teams), is highly correlated with mental health.</p> <ul style="list-style-type: none"> <li>Greenberg N, Wessely S, Wykes T. <a href="#">Potential mental health consequences for workers in the Ebola regions of West Africa — a lesson for all challenging environments</a>. <i>Journal of Mental Health</i>. 2015;24(1):1-3.</li> </ul>   |
| Actionable Examples   |
| <p>The American Medical Association (Chicago, IL) encourages and provides <a href="#">resources for workload redistribution</a>, allowing medical assistants (MAs) and nurses to make contributions according to their ability, with physician or advanced practice provider (APP) oversight and discretion. This may include nurses or MAs taking verbal orders, performing computerized order entry, doing medication reconciliation, or assisting further with visit note documentation. This alleviates some of the workload on physicians and APPs.</p> <p>The <a href="#">Arbinger Institute</a> (Salt Lake City, UT) suggests four simple questions for leaders to ensure they are truly staying in touch with others’ concerns and challenges during a crisis: 1) How are you doing (with this crisis) right now? 2) What are the biggest challenges you are facing right now as a result of it? 3) From your perspective, how can (I, our organization) be most helpful to you? 4) How and at what frequency should we stay in touch and check in to make sure we are helping you accomplish your objectives and meet your challenges?</p> |

## Train managers to be aware of key risk factors and monitor for any signs of distress.

| Evidence in Literature  |
|---|
| <p>This recommendation stems from examining the risk factors of psychological distress among disaster workers.</p> <ul style="list-style-type: none"> <li>Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. <a href="#">Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review</a>. <i>BMC Psychology</i>. 2016;4:18.</li> </ul>   |
| Actionable Examples   |
| <p>A study based on a survey of health care workers in China presents one of the first published analyses to quantify the toll of the COVID-19 pandemic on these individuals’ mental health, underscoring the need to provide health care workers with psychological support both during the crisis and in its aftermath.</p> <ul style="list-style-type: none"> <li>Lai J, Ma S, Wang Y, et al. <a href="#">Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019</a>. <i>JAMA Netw Open</i>. 2020 Mar 2;3(3):e203976.</li> </ul> |

## Make peer counselors available to staff.

| Evidence in Literature  |
|---|
| <p>Peer support training enables active monitoring for traumatic stress symptoms without the need for routine interaction with health or welfare providers after a traumatic experience.</p> <ul style="list-style-type: none"> <li>Shapiro J, Galowitz P. <a href="#">Peer support for clinicians: A programmatic approach</a>. <i>Academic Medicine</i>. 2016 Sep;91(9):1200-1204.</li> </ul> <p>There is some evidence that the Trauma Risk Management (TRiM) program may be associated with fewer absences related to mental health-related sickness following traumatic events.</p> <ul style="list-style-type: none"> <li>Whybrow D, Jones N, Greenberg N. <a href="#">Promoting organizational well-being: A comprehensive review of Trauma Risk Management</a>. <i>Occup Med (Lond)</i>. 2015 Jun;65(4):331-336.</li> </ul> |
| Actionable Examples   |
| <p>A number of military forces, media companies, and diplomatic organizations in the UK have used the <a href="#">Trauma Risk Management (TRiM) program</a>, developed by Strongmind Resiliency Training Ltd. (Devizes, UK). The program is “a peer delivered risk assessment and ongoing support system, designed specifically to help in the management of traumatic events.”</p>   |

## Pair workers together to serve as peer support in a “buddy system.”

### Evidence in Literature

Social support was found to be significantly associated with lower levels of depression, psychological distress, and burnout.

- Brooks SK, Dunn R, Sage CA, Amlot R, Greenberg N, Rubin,GJ. [Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster](#). *Journal of Mental Health*. 2015;24(6):385-413.

A sense of community promotes self-efficacy and is positively correlated with higher quality of life in disaster responders.

- Quevillon RP, Gray BL, Erickson S, Gonzalez ED, Jacobs GA. [Helping the helpers: Assisting staff and volunteer workers before, during, and after disaster relief operations](#). *Journal of Clinical Psychology*. 2016;72(12):1348-1363.

### Actionable Examples

At Stanford University Medical Center (Palo Alto, CA), a small group of medical students were paired by the training program with a faculty member who serves as mentor and colleague. A [resident peer program](#) supports house staff after they experience an adverse patient outcome and when they need general support.