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PSYCHOLOGICAL SAFETY OF STAFF

1. Create a healthy work, ethos and environment during crises and also to have systems in place to deal with subsequent distress and disorder.
2. Organisations which have the foresight to prepare their staff to deal with trauma might consider using interventions such as PFA (Psychological First Aid is a humane, supportive response to a fellow human being who is suffering and who may need support).
3. Consider that factors negatively affecting the psychological well-being of staff are:
 - concerns over the contracting the illness;
 - concerns for safety of their family;
 - witnessing the death of colleagues;
 - isolation from family and colleagues;
 - sense of being underappreciated;
 - extended length of epidemic
4. Reduce mental health stigma. The best ways of reducing stigma were believed to be raising awareness of mental health issues and telling people that it's quite normal to feel that way and have those feelings.
5. Educate healthcare workers who are exposed to trauma about the effects of cumulative stress. The training should be delivered either online 'because they can do it at their own convenience' or via educational leaflets 'rather than finding the time to spend on a day course'. The education about psychological trauma may lead to better understanding, better recognition of symptoms in oneself and in others, less judgement, and therefore reduced stigma, and that positive relationships with others in the workplace can have a positive impact on psychology.
6. Maintain teamwork and effective leadership while at the same time providing individuals the opportunity to provide input into the decisions that affect their lives. Staff often experience severe emotional stress during viral outbreaks. It is often the nursing staff who feels the greatest level of stress due to their constant contact with sick patients, who may not be improving despite the nursing staff's best efforts. Physicians usually cope somewhat better with this situation because they are in a position to make treatment decisions and are less directly involved in implementing patient care.
7. Be receptive to suggestions from nursing staff and support personnel. Input is empowerment and provides a sense that these critical staff retain some control over their situation. If suggestions are not acted on, clear explanations as to why they were not should be provided and alternatives should be explored.
8. Administration needs to be supportive of staff and not be seen as pedantic and overly controlling. In cases where staff and support personnel did not feel appreciated or listened to, there was a high degree of dissatisfaction and an increased occurrence of absenteeism and staff strikes, which further reduced personnel in an already-strained system.
9. Take care of yourself and your loved ones. Healthcare providers are not invulnerable to experiencing their own emotional distress during outbreaks, and this distress can be compounded by caring for sick and distressed patients.
10. Make sure your basic needs are met, including: eating, drinking, and sleeping; take a break when you need one; check in with loved ones; practice the strategies to reduce distress listed above; and monitor yourself for stress reactions too.
11. Make efforts to ensure that your office and/or organisation has a viable plan to monitor the course of the outbreak and take rapid and appropriate action if needed.

