

Well Being Of VUMC Employees In the Time of COVID-19

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Historical Reflection

“The 1918 influenza pandemic was the most severe pandemic in recent history. It was caused by an H1N1 virus with genes of avian origin. Although there is not universal consensus regarding where the virus originated, it spread worldwide during 1918-1919. In the United States, it was first identified in military personnel in spring 1918. It is estimated that about 500 million people or one-third of the world’s population became infected with this virus. The number of deaths was estimated to be at least 50 million worldwide with about 675,000 occurring in the United States.”

<https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>

“Mortality was high in people younger than 5 years old, 20-40 years old, and 65 years and older. The high mortality in healthy people, including those in the 20-40-year age group, was a unique feature of this pandemic. While the 1918 H1N1 virus has been synthesized and evaluated, the properties that made it so devastating are not well understood. With no vaccine to protect against influenza infection and no antibiotics to treat secondary bacterial infections that can be associated with influenza infections, control efforts worldwide were limited to non-pharmaceutical interventions such as isolation, quarantine, good personal hygiene, use of disinfectants, and limitations of public gatherings, which were applied unevenly.”

<https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>



Epidemic Psychology

The following material is condensed from Philip Strong's *Epidemic Psychology: A Model*. Sociology of Health & Illness Vol 12, (No3) 1990: 249-259.

"This essay is a first attempt at a general sociological statement on the striking problems that large, fatal epidemics seem to present to social order; on the waves of fear, panic, stigma, moralizing and calls to action that seem to characterize the immediate reaction. The assault on public order is molded by the other ravages made by the epidemic. Societies are caught up in an extraordinary emotional maelstrom which seems, at least for a time, to be beyond anyone's immediate control. Moreover, since this strange state presents immediate threat to public order, it can also powerfully influence the size, timing and shape of the social and political response in many other areas affected by the epidemic."

"An intense epidemic can affect almost everyone in society. Everyone has the capacity to be frightened. One major social-psych component is the **epidemic of fear** that is also an **epidemic of suspicion**. There is the fear that I might catch the disease and the suspicion that you may already have it and might pass it on to me. Another characteristic of a fatal epidemic disease seems to be a widespread fear that the disease may be transmitted through any number of different routes, through sneezing and breathing, through dirt and through doorknobs, through touching anything and anyone. The whole environment, human, animal and inanimate may be rendered potentially infectious. Fear and suspicion may be wholly separate from the reality of the disease. Such panic and irrationality can extend even to those who are nominally best informed about the disease. There is also an **epidemic of stigmatization**; the stigmatization both of those with the disease and of those who belong to what are feared to be the main carrier groups. This can begin with avoidance, segregation.

There are also **epidemics of explanation, moralization and action**. These can be a response both to plague itself and to the plague of fear. The early days seem to be an exceptionally volatile intellectual state. When a disease is new and there are no routine collective ways of handling it, a thousand different converts may spring up drawn from every part of society, each possibly with their own plan of action, their own strategy for containing and controlling the disease. Moreover, this epidemic of converts, actions and strategies is matched by an epidemic of interpretation. When an epidemic is novel, a hundred different theories may be produced about the origins of the disease and its potential effects. Questions such as how could God (or the government) have allowed it? Who is to blame? What does the impact of the epidemic reveal about our society?

The Goal

When dealing with a **climate of fear**, the organization needs to establish or reinforce a **climate of trust**.

The goal of this document is to view a pending pandemic from the social-psychological point of view and to offer options for reinforcing a climate or trust. It outlines 5 phases as well as potential communication strategies and actions for each phase. The phases are: (1) Pre-distress, (2) Early, (3) Critical, (4) Reduction, and (5) After.

Organizational Culture Actions In the Time of COVID-19

Phases	Storm Related	Implementation Phase	Communication Strategies	Actions
Pre-Distress Phase	Prediction of a serious storm	Informing the Organization and its people for the pending changes	Sharing what is now happening	Page 5
Early Phase	Storm clouds and moderate to heavy rain	Preparing for the pending changes	Communicating what is developed	Page 6
Critical Phase	Intense rain-wind to hurricane conditions	Intense support of the clinical efforts	Share, share and share more	Page 7
Reduction Phase	Lighter rain and seeing that the storm is about to pass	Begin Recovery	Recovery Strategies	Page 8
After	The storm is over	Continue Recovery	Continue recovery strategies	Page 9

Note: If any of the suggestions are unclear contact nancy.lorenzi@vumc.org

Phase	Storm Related	Implementation Phase	Communication Strategies	Actions
Pre-Distress Phase	Prediction of a serious storm	Informing the Organization and its people for the pending changes	Sharing what is now happening	

General Communication

- Send out a major message as soon as possible to let everyone know about the planning process, who is on the group and that they are welcome to send suggestions.

Establish a Communication Coordinating Team

- Select 5-7 people to be responsible to the VUMC community on a regular basis.

Blast Communication

- Set up a system (print, digital, etc.) for when daily or semi-daily information needs to be communicated.
- Recommendation:
 - create unique letterhead
 - distribute under the Committee or a person connected to the Committee
 - Do not use our current leaders, so that they can stay connected to the ongoing work of VUMC

Town Halls

- It might be needed to schedule Town Halls to present information and to respond to questions from the VUMC community.

Organize an Organizational Culture Task Force

- 5-7 people
- The Task Force in turn will recruit others to be of assistance.
- Review and update this planning document and the New Jersey Hospital Association document
- Begin the actual implementation planning to be ready when needed

The Human Resources Department

- Ask HR to check into the possibility or reassigning employees to different roles under emergency conditions.
- HR might prepare a “Blast Communication” that could be sent out when needed

Phases	Storm Related	Implementation Phase	Communication Strategies	Actions
Early Phase	Storm cloud and moderate to heavy rain	Preparing for the pending changes	Communicating what is developed	

Focus on Health Care Workers

- Role and obligations of health care workers
- Ensure the right of the health care workers for safe working conditions
- Sufficient support
- Drills

Education

- Computer assisted resilience training
- Plan education and training about health hygiene in the time of crisis
- Education about trauma, stress, grief, mental illness in a time of crisis
- Educate staff to support grieving through email or phone
- Provide psychological first aid training
- Develop a staff mental health program (education about risks, etc.)

Organize People

- Select people to take responsibility for targeted areas.
- Create a mental health reserve core—outpatient specialists and faith based people
- Organize mental health services
- Realize the critical role that clergy can plan
- Organize faith based people to support patients and staff—create plans early

Materials (printed or digital)

- Create quarantine explanation material
- Create material to education the public
- Distribute resources to easily identify stress and stress management techniques
- Develop information about mental health risk (employee assessment)

Phases	Storm Related	Implementation Phase	Communication Strategies	Actions
Critical Phase	From intense rain-wind to hurricane conditions	Intense support of the clinical efforts	Share, share and share more	

Focus on Health Care Workers

- Outline the roles and obligations of health care workers
- Protection for the health care worker
- Work shifts and recovery periods
- Maintain safe work practices

Organize People

- HR to develop strategies for diverse occupational roles, e.g. an administrative role might be assigned to help deliver food to staff and patients.
- Support unfamiliar roles
- Pastoral care

Psychosocial Issues

- Psychosocial issues related to staff being overwhelmed by patient surge
- Health care workers and tolerating risk
- Mass fear
- Suicide hotline
- Organize medical and psychological staff
- Assess staff mental health issues
- Prepare staff for the surge
- Provide support services for workers and their families

Factors Associates with Willingness to report for duty

- Workplace safety climate and organizational trust
- Respirator protection
- Addressing risk and concerns
- Leave work if necessary

Phases	Storm Related	Implementation Phase	Communication Strategies	Actions
Reduction Phase	Lighter rain and seeing that the storm is about to pass	Begin Recovery	Recovery Strategies	

This is the come-down and release phase. It is critical to deal with stress release across the organization

Stress

- Grief and Mourning
- Administer post-traumatic stress disorder (PTSD)
- Test all staff as necessary

Phases	Storm Related	Implementation Phase	Communication Strategies	Actions
After	The storm is over	Continue Recovery	Continue recovery strategies	

Emotional Recovery

- Employees' emotional wellness
- Identify at risk employees
- Review current employees to determine if they will be effective following the pandemic
- Ensure staff that there are services to help with recovery
- Educate staff for long term effects of stress.
- Create groups for staff to talk about their experience

Thank and Honor

- Develop efforts to thank and honor VUMC employees

Readings of Interest Regarding Psychology and Sociology
For the
VUMC Planning Team Epidemic Psychology

This is Outstanding:

New Jersey Hospital Association: Psychological and Sociological Planning & Assessment Tool: A healthcare guide for pandemic flu) planning. Planning today for a pandemic tomorrow. Publication Series (182 pages) July 2008.

Aiello, Andria, et.al. Resilience training for hospital workers in anticipation of an influenza pandemic. *Journal of Continuing Educations in the Health Professions* 31(1):15-20, 2011.

Aoyagi, Yumiko, et. al.: Healthcare workers' willingness to work during an influenza pandemic: a systemic review and meta-analysis. (Review article) *Influenza and Other Respiratory Viruses* 9(3) 2015, 120-130.

CDC Stacks (Public Health Publications: Psychological and social support for essential service workers during an influenza pandemic. April 30, 2009 (30 pages)

Gershon. Robyn, et. al.: Factors associated with the ability and willingness of essential workers to report to duty during a pandemic. *JOEM (Journal of Occupational and Environmental Medicine)* Vol 52(10) October 2010 995-1003.

Ives, Jonathan. Research Article" Healthcare workers' attitudes to working during pandemic influenza: a qualitative study. *BMC Public Health* 2009.9:56

Maurer, Robert D, et. al.: Computer-assisted resilience training to prepare healthcare workers for pandemic influenza: a randomized trial of the optimal dose of training. *BMC Health Services Research* 2010 10:72 pages 1-10.

Strong, Philip. Epidemic Psychology: A Model. *Sociology of Health & Illness* Vol 12, (No3) 1990: 249-259.