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- How a staff workshop aims to support wellbeing and build resilience during the pandemic
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# Aiding staff wellbeing and resilience during the coronavirus pandemic



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## Key points

**Staff who have been redeployed need support for their wellbeing and mental health**

**They face both personal and professional challenges during the pandemic**

**Understanding the relationship between stress and mental health can be helpful**

**Staff can find opportunities for personal and professional growth during the crisis**

**Providing a staff forum can promote wellbeing and help to normalise staff members' experiences**

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**Abstract** Wellbeing, knowledge and effective management are vital for healthcare staff, particularly at times of extreme stress, as with the coronavirus pandemic. This article reports on a wellbeing and resilience session, delivered by four mental health nurses to over 250 staff who were redeployed or recruited during the crisis. It examines the personal and professional impact of Covid-19 on staff, and considers the need for further education and ongoing support to safeguard the wellbeing of all healthcare staff.

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This article is a reflective piece from the facilitators of a wellbeing and resilience training session provided to staff being recruited or redeployed during the coronavirus pandemic. Using a What? So What? Now What? framework (Driscoll, 2007), we aim to review the sessions provided, identify the evidence base for these sessions and consider the opportunities moving forward. We hope this will support the prominence of wellbeing and good mental health among healthcare staff and place it firmly on the agendas of clinical teams at local and national levels.

## What: redeployment in crisis

A cluster of cases of pneumonia in Wuhan, China, was reported to the World Health Organization (WHO) on 31 December 2019 and identified as the novel coronavirus (SARS-CoV-2), resulting in Covid-19. Following alarming levels of spread and severity, the WHO declared Covid-19 a pandemic on 11 March 2020 (WHO, 2020).

During this period, health services across the world began preparing for an influx of

cases and a demand on services never before seen in the lifetime of their workforces. Oxford Health NHS Foundation Trust is a large, integrated mental health and community health trust with around 6,000 staff. Its learning and development department was asked to prioritise training for staff preparing to redeploy to ensure optimum capacity and care in areas expecting high demand during the pandemic.

As a result, we created and facilitated tailored sessions focusing on wellbeing and resilience as part of a mandatory redeployment induction training day, organised by the clinical leads of community hospitals and district nursing teams. Staff attending included health visitors, school nurses, student nurses and medical students. Staff and students were being redeployed to roles in district nursing teams or community hospitals. To date, these sessions have been run for more than 250 members of staff.

Our team of mental health nurses created a PowerPoint session on wellbeing and resilience to be taught in person in small groups of 4-12 staff, to adhere to

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**Table 1. Personal and professional challenges and opportunities expressed by redeployed and recruited staff**

	Challenges	Opportunities
<b>Personal</b>	<ul style="list-style-type: none"> <li>● Fears for family</li> <li>● Anxiety about personal issues</li> <li>● Isolation and loneliness</li> <li>● Anger and envy towards others</li> <li>● Coping with issues related to lockdown</li> </ul>	<ul style="list-style-type: none"> <li>● Spending time with family</li> <li>● A sense of purpose</li> <li>● Being part of the national response</li> </ul>
<b>Professional</b>	<ul style="list-style-type: none"> <li>● Concerns about confidence and competence</li> <li>● Uncertainty about redeployment and job security</li> <li>● Concerns about service users left behind in previous roles</li> <li>● Practical issues, such as shifts and uniforms</li> </ul>	<ul style="list-style-type: none"> <li>● Return to the clinical environment</li> <li>● Pride in being valued</li> <li>● Being part of the workforce at a key moment</li> <li>● Chance to reconsider career options</li> </ul>

social distancing and create a space in which those attending felt they could actively engage with emotional content.

These sessions focused on:

- Identifying challenges and opportunities – sessions served as a safe space supported by clear ground rules for staff to express their fears and frustrations on both a personal and professional level, alongside prompts to consider where there might be growth opportunities for individuals, healthcare and society at large;
- Introducing the relationship between stress and mental health – this focused on:
  - The normalisation of stress, particularly in present circumstances, using the stress vulnerability model (Zubin and Spring, 1977) and the ‘stress bucket’ (Brabban and Turkington, 2002);
  - Taking time to explore individual signs of stress and coping mechanisms – both helpful and harmful – through activity, discussion and personal reflection to accommodate learning styles;
- Discussing the concept of resilience and the opportunity to grow at times of adversity – some of the component parts of the impact of the coronavirus pandemic were normalised to demonstrate previous success under pressure and consider the importance of control in adapting to stressors;
- Identifying available resources – this included the new staff, a 24-hour helpline and links to local and national virtual activities to help staff, their families, friends, colleagues and

patients adjust, and manage, the impact of the coronavirus crisis on their lives.

Attendance was supported by senior management. Staff attending gave positive feedback, which resulted in the session’s immediate inclusion in the trust induction offered to new recruits across the trust, both in mental health and adult nursing settings. Many of these staff were returning to direct nursing care from roles in, for example, speech and language therapy or podiatry, or had been training in healthcare before starting at the trust; however, some had become unemployed as a result of the pandemic (from their roles as cabin crew or retail staff, for example) or were volunteers.

### Challenges and opportunities

During the sessions, common themes and issues were identified in the initial group discussion about challenges and opportunities (Table 1). The bulk of discussion formed largely around challenges, both personal and professional.

#### Personal challenges

*Fear.* Many spoke about the fear of bringing the virus home to their children, the pain of being separated from older loved ones and fearing not seeing them again.

*Anxiety.* There were worries about children being confused or frustrated at attending school while their friends remained at home. For those with children of nursery age, there was concern that the nursery would close, thereby resulting in a difficult decision needing to be made between finding a new nursery or staying home with them – a dichotomy between personal and professional values.

*Isolation.* Some mentioned feeling ostracised from family or housemates due to potential exposure to the virus, and their increasing feelings of loneliness.

*Anger/envy.* Others spoke of growing resentment that friends or family who were furloughed from work, were able to spend time with their children, spring clean their houses and gardens, take up new hobbies and even able to express feeling bored.

*Coping with issues related to lockdown.* There were new challenges to be navigated with partners, spouses and adult children working from home, exercise classes or social gatherings being virtual, future plans cancelled and little, if any, time and space to gather one’s thoughts inside a busy house.

#### Personal opportunities

*Gratitude.* Personal opportunities largely followed a theme of gratefulness, with many session attendees expressing their gratitude for the financial stability, routine and time away from home offered by work that was not available, currently, to those outside of key working professions. Those with adult children at home felt grateful to see more of them than usual and eat as a family each night. Many expressed feeling thankful for a sense of purpose and the opportunity to be part of the national response to Covid-19.

#### Professional challenges

*Confidence/competence concerns.* Professional challenges focused around fears of being more unhelpful than helpful to the substantive staff due to time away from clinical environments. Some expressed fear there would be an expectation to work above their level of confidence due to expected staffing shortages.

*Uncertainty.* There have been feelings of not being valued among those first redeployed, fears that finances may mean a limited number of jobs to return to and uncertainty about the length of redeployment. Many also expressed fears about the support available to their most vulnerable service users – for example, young single mothers with little positive support aside of their health visitor – during their redeployment.

*Practical issues.* For some groups, there were concerns about redeployment location, access to uniform and information about shift patterns. These fears tended to be raised when these issues had not been discussed in the introduction to the day and

dominated the discussion around challenges. It was notable that, in groups in which these practical issues needed to be addressed, people in those groups were less able to focus on opportunities at both personal and professional levels.

### Professional opportunities

*Learning.* Many spoke of being excited to return to clinical environments and of a desire to be part of the workforce fighting the virus. Many of the student nurses spoke about feeling grateful to have more time to complete clinical skills.

*Career reflection.* Some thought this was an opportunity to re-evaluate their satisfaction in their current role and reconsider their career options.

*Pride and hope.* There was a sense of pride to be working in healthcare at a time when the profession is highly valued by the public and there is hope that careers in healthcare will gain appeal with younger generations.

### So what: effect on wellbeing

Stress, whatever the trigger, has a well-established impact on our wellbeing (Brabban and Turkington, 2002). Covid-19 – as with previous pandemics – poses a threat to both life and health, leading to a significant impact on our emotional responses and coping strategies (Gao et al, 2020). Feelings of fear and panic are an established response to outbreaks, particularly when restrictions on public liberty are imposed (Mohammed et al, 2015). Individual responses will greatly vary – while some people adapt to stress and accommodate it more quickly, others need

more guidance to feel less overwhelmed by the negative (Hone, 2019).

Research into the outbreaks of severe acute respiratory syndrome (SARS) in 2003 and Ebola virus disease in 2015 warn us of an increase in psychological disorders among the public following a virus outbreak; conditions include post-traumatic stress disorder, stress, depression and suicide (Huang et al, 2020; Mohammed et al, 2015). Already, research in China has shown a rise in depression and anxiety among the general population in relation to Covid-19 (Gao et al, 2020).

Healthcare staff are uniquely placed during pandemics in terms of emotional impact. There is a conflict between their professional and personal responsibility, a dichotomy in supporting their patients and keeping their families safe (Mauder et al, 2003). These staff are not only at greater risk of exposure to infection, but also of exposure to trauma in caring for patients who are infected. Nurses, due to the increased time spent with patients to support them emotionally through their illness, are particularly at high risk of psychological distress (Wong et al, 2005).

*Nursing Times' Covid-19 Are You Okay?* survey indicated that almost all nursing staff are feeling more stressed and anxious than usual, and up to one in three are describing their mental health as 'bad' during the pandemic (Mitchell and Ford, 2020). Recognising this, Health Education England have supported guidance by Cole-King (2020) to promote psychological support for all with a focus on healthcare staff. Compassionate management and self-compassion are priorities in optimising preparedness, wellbeing and functioning of our healthcare staff at this time (Cole-King, 2020).

Evidence shows that pre-deployment training, in which staff are supported to prepare for redeployment by anticipating stress and creating viable contingency plans, can protect staff from negative psychological consequences of their exposure during crisis (Schreiber et al, 2019); this is promoted by Cole-King (2020).

### Now what: supporting staff's good mental health

Evidence and guidelines suggest preparation and planning are best supported by ongoing monitoring (Cole-King, 2020; Schreiber et al, 2019). Our session included a psychosocial resource package allowing for individual plans on coping strategies, which we encouraged attendees to monitor and review. Staff were directed to the trust's 24-hour staff wellbeing helpline

and national resources to support wellbeing. Cole-King (2020) stresses the value of informal monitoring and support, identifying the need for staff to be able to offload, to offer peer support and be self-compassionate. We included this message in the session, with the intention that it would set a precedent for staff to offer this to themselves and their colleagues.

Formally, for those redeployed to district nursing teams, the clinical leads have organised 'check-ins' available in different forms – including virtual and face-to-face options – to best support the needs of the individual. The authors were able to create spaces for formal and informal reflection among themselves, peers and senior management, promoting this message throughout and offering the opportunity to share and reflect on emotionally pleasing and difficult items from the wellbeing and resilience sessions.

To date, our sessions have not been offered to substantive staff already in frontline roles in the trust; capacity has limited them to redeployed staff. However, the next step on our agenda is to assess the desire for this among staff already in post, especially those working directly with cases of Covid-19.

Looking into the future, there could be a place for similar sessions around the time staff return to their original roles or for non-clinical staff returning to office posts. We noted a reduction in challenges and stress levels as attending staff learned to accommodate the impact of Covid-19 and the UK lockdown into their lives. With current uncertainty around the future, it is difficult to establish what a return to role would look like, but it is probable that it will come with many of its own challenges. The feedback from these sessions largely focused on being thankful for the chance to:

- Speak about challenges;
- Be heard without any solutions being offered, thereby validating emotions (Bray et al, 2014).

This approach may be valuable at any future time of challenge.

These sessions have placed staff wellbeing more firmly on the agenda in clinical teams. It has given attending staff and clinical managers a narrative to discuss issues around wellbeing, thereby supporting an 'open-door' approach, as endorsed by Cole-King (2020). It is our hope that this continues long beyond the impact of Covid-19. As we have been invited to feed back to staff wellbeing and equality teams in the trust, following the success of these sessions, the trust has already made positive steps.



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## Clinical Practice Innovation

### Interdisciplinary team relationships

We have observed, and hope for an ongoing collaboration between mental health and adult nursing teams across the trust. There has been little formal post-qualification education for our adult nursing colleagues that focuses on mental health, and so little opportunity to build working relationships that may encourage and support more informal learning (Hampson et al, 2017). These sessions were well received by attending staff and senior management. We hope the foundations for a working relationship have been established that will encourage our colleagues to seek further education or clarity in any area of interest in mental health.

We have been proactive in offering additional education on mental health topics of key interest to substantive staff, and hope to build on relationships with clinical managers and continue to offer support.

### Future education

These sessions were delivered in person, in small group sizes, with a maximum of 12 people to adhere to social-distancing advice. There has been much discussion among facilitators as to the viability of running such sessions remotely. Virtual interaction brings its own fatigue, however – particularly when there is emotional content due to the nuances and empathy necessary to participate (Sklar, 2020). As such, it seems counterintuitive to run a session on wellbeing in this format.

In addition, the connection from having discussions about challenges in person allowed for the normalisation of stress and anxiety (Bray et al, 2014; Aked et al, 2008). There were instances when those who struggled to engage with sessions were offered one-to-one support; concerns were escalated, where necessary, to support staff to find an achievable way to move forward with redeployment. It is unlikely virtual interaction would have supported such an opportunity.

The consequence of delivering the courses in person is a slowed delivery rate, with limited availability of sufficiently sized rooms and facilitators to run sessions. These issues are likely to persist for the foreseeable future, given existing guidance on social distancing.

Reflection among facilitators has highlighted some useful pointers for optimising the emotional availability of participating staff. When practical questions – regarding, for example, redeployment location, uniform access and shift patterns – were explored at the start of the day,

### Box 1. Tips for running your own sessions

- Deliver sessions in person wherever possible
- Limit attendees to a maximum of 12, with two facilitators
- Identify practical issues or concerns before starting sessions
- Adapt session plans and content based on clinical experience of the group
- Explore, listen to, and validate concerns and worries, both individual and shared
- Normalise stress responses
- Highlight the coping mechanisms already known to attendees

attending staff were able to identify and discuss more emotional challenges than when practical issues had remained unresolved. This is in keeping with Maslow's (1943) hierarchy of needs, which demonstrates that emotional availability is secondary to our more-fundamental needs. This suggests that in all future teaching, such needs should be considered before the session to optimise the value of the session for attendees. Other tips for running such sessions are outlined in Box 1.

Clinical managers should address the practical aspects of redeployment so the sessions can focus exclusively on wellbeing. This requires a collaborative approach between facilitators and clinical managers requesting the session, drawing on positive relationships established by the facilitators (Hampson et al, 2017).

### Conclusion

These sessions have been a valuable experience for us, attendees and for the trust as a whole. They have been an opportunity to validate the variety of emotions experienced at an unprecedented time in healthcare. As we are passionate about mental health, it provided a forum to promote the wellbeing of staff, normalising their experiences and providing them with a narrative to do likewise in their clinical work, not only with colleagues and services users, but also on a personal level with friends and families.

We are considering the need for further sessions – namely, for those returning to their original posts and for non-clinical staff returning to office environments. The 'new normal' in the wake of Covid-19 will present its own challenges at a time when many will feel in need of rest. To support the wellbeing and growth of health professionals, there is a current and ongoing need nationwide for robust, accessible mental health and wellbeing support. Oxford Health NHS Foundation Trust has made positive steps towards this – a dedicated team is looking to support staff wellbeing moving forward and offer ongoing mental health first aid training to

staff, thereby setting a precedent for others to do the same and calling for the support of national guidance. **NT**

### References

- Aked J et al (2008) *Five Ways to Wellbeing*. London: New Economics Foundation.
- Brabban A, Turkington D (2002) The search for meaning: detecting congruence between life events, underlying schema and psychotic symptoms. In: Morrison AP (ed) *A Casebook of Cognitive Therapy for Psychosis*. Brunner-Routledge.
- Bray J et al (2014) *Brief Encounters*. Star Wards/ Cambridge University Hospitals NHS Foundation Trust.
- Cole-King A et al (2020) *Optimising Staff Preparedness, Wellbeing, and Functioning During the COVID-19 Pandemic Response*. Roya College of Psychiatrists.
- Driscoll J (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. Baillière Tindall.
- Gao J et al (2020) Mental Health Problems and Social Media Exposure During COVID-19 Outbreak. *Preprints with The Lancet*. 17 February.
- Hampson J et al (2017) Role of clinical practice educators in an integrated community and mental health NHS foundation trust. *Nursing Standard*; 32: 7, 49-55.
- Hone L (2019) *The Three Secrets of Resilient People*. [TED talk]. TEDxChristchurch: Tūrangawaewae – A Place of Belonging. Christchurch, NZ: 25 August.
- Huang L et al (2020) Emotional responses and coping strategies of nurses and nursing college students during the Covid-19 outbreak. *medRxiv* 2020.03.05.20031898.
- Maslow AH (1943) A theory of human motivation. *Psychological Review*; 50: 4, 370-396.
- Maunder R et al (2003) The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Canadian Medical Association Journal*; 168: 10, 1245-1251.
- Mitchell G, Ford M (2020) *Nursing Times Probes Hancock on Nurse Mental Health during Coronavirus Briefing*. nursingtimes.net, 1 May.
- Mohammed A et al (2015) Psychiatric treatment of a health care worker after infection with Ebola virus in Lagos, Nigeria. *The American Journal of Psychiatry*; 172: 3, 222-224.
- Schreiber M et al (2019) Maximizing the resilience of healthcare workers in multi-hazard events: lessons from the 2014-2015 Ebola response in Africa. *Military Medicine*; 184: Suppl 1, 114-120.
- Sklar J (2020) 'Zoom Fatigue' is Taxing the Brain. *Here's why that Happens*. nationalgeographic.co.uk, 27 April.
- Wong TW et al (2005) The psychological impact of severe acute respiratory syndrome outbreak on healthcare workers in emergency departments and how they cope. *European Journal of Emergency Medicine*; 12: 1, 13-18.
- World Health Organization (2020) *Coronavirus disease 2019 (COVID-19) Situation Report – 51*. who.int, 11 March.
- Zubin J, Spring B (1977) Vulnerability: a new view of schizophrenia. *Journal of Abnormal Psychology*; 86: 2, 103-126.