

Leadership Approaches to Staff Health and Wellness During COVID-19 Pandemic

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Abstract

Background: COVID-19 disease as caused by a coronavirus called SARS-CoV-2 has taken the world by storm with upwards of 8 million confirmed infections in more than 190 countries. At the writing of this article, over 2 million Americans are confirmed infected and 117,000 have died. Rapid changes to manage COVID-19 care creates significant physical and emotional stress for healthcare employees, including pharmacy staff. **Objective:** This article provides pharmacy leaders with advice in leading through COVID-19 to promote staff resiliency. **Methods:** The specific leadership strategies include: (1) identifying and addressing fundamental needs; (2) communicating updated and reliable information; and (3) providing psychological and mental health support. **Conclusion:** Using various techniques described will help to preserve workforce resilience in providing patient-centered pharmacy services. After reading this article, pharmacy directors will have strategies and resources to maintain employee resiliency during this difficult time.

Keywords

staff development, human resources, clinical services, education, management

Introduction

COVID-19 disease as caused by a coronavirus called SARS-CoV-2 has taken the world by storm with upwards of 8 million confirmed infections in more than 190 countries. At the writing of this article, over 2 million Americans are confirmed infected and 117,000 have died.¹ The virus affects all ages and is the largest world public health crisis this century. COVID-19 has affected all areas of life, and all health professions. Community pharmacists are burdened as they deal with risk of exposure and pressure to maintain the pharmaceutical supply chain. Health-system pharmacists are equally stressed by COVID-19 with performing activities outside usual scope: preparing testing media, planning alternate sites of care, remote counseling, and drive through clinics. These undertakings require incredible innovation and adaptation; for example, the long-term goals for telemedicine at The Ohio State University Wexner Medical Center (OSUWMC) were realized in a matter of weeks compared to years. However, these endeavors also create significant physical and emotional stress for healthcare employees.

The negative and positive stressors of COVID-19 places a psychological burden on the entire health-system pharmacy operation. Experts view this physical and psychological impact from COVID-19 as a trauma heightening stress-related disorders.² China's experts reported increased anxiety, depression, distress, and insomnia in healthcare workers treating COVID-19 patients. Reports in the United States also emphasize the concern and stress among healthcare workers detailing with similar issues. Healthcare workers are

becoming fatigued during this pandemic and protecting their well-being and resilience is essential considering the predicted additional infection surges.³ The Centers for Disease Control and Prevention (CDC) announced the confounding situation of another COVID-19 peak in November 2020 during the influenza season.⁴ Moreover, the Spanish influenza pandemic of 1918 lasted over 2 years and many predict that COVID-19 will follow a similar timeline.⁵

As pharmacy departments concern themselves with this pandemic, they must balance staff safety with supplying quality patient services. Pressure from this responsibility coupled with external concerns cause stress in pharmacists and technicians alike. As a result, pharmacy directors must actively protect the physical and emotional health of their staff to promote resiliency in caring for patients. If no steps are taken the impact could be damaging to the well-being of pharmacy staffs for some time.⁶ This article describes approaches that pharmacy directors can take to preserve the health and well-being of staff during this difficult time. Specifically, the following approaches are explored: (1) identifying and addressing fundamental needs; (2) communicating updated and reliable information; and (3) providing

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psychological and mental health support. Using various techniques described will help to preserve workforce resilience in providing patient-centered pharmacy services.

Identifying and Addressing Fundamental Needs

Personal and Family Safety

Pharmacy leaders must go above and beyond to ensure employees' fundamental needs are met during this especially difficult time. Central to the mindset of pharmacists and technicians working in contagion conditions is the physical health of themselves and loved ones. First and foremost, pharmacy staff must be provided education and resources to reference on prevention and control (i.e., social distancing) of COVID-19 to not only protect themselves from contracting the virus, but also to prevent the spread to individuals with which they reside. The ability to provide personal protective equipment (PPE) is difficult given the worldwide surge in consumption of such supply including N95 respirators. These special face masks are recommended to be worn when performing aerosol generating procedures such as acute airway management. For pharmacists who may be present during these procedures, the mask shortages are critical. To address this worry, leaders must work diligently to procure and preserve adequate safety equipment for pharmacy personnel while being honest about the evolving supply status. OSUWMC's pharmacy department prioritized supply of N95 masks to pharmacists at highest risk. Once identified, these pharmacists were rapidly fit tested if not already and trained regarding appropriate usage. Furthermore, pharmacists not providing direct patient care and technicians were provided surgical masks to protect them properly.

Childcare

Yet another fundamental need is childcare, which has proven to be a conundrum as schools and day care programs close. While some employees may have the help of family or friends in caring for their children, others may not be as fortunate. Managers should be sensitive to this and check in with employees individually to ensure they have adequate resources to support the care of their children through alternative means.⁷ Additionally, managers should prioritize those employees lacking immediate childcare when accommodating schedules such as work from home (WFH) arrangements. This issue is compounded by the fact that children are now quarantined at home during the daytime. This is worrisome as evidence suggests that when children are removed from schooling routine, they are physically less active, have much longer screen time, irregular sleep patterns, and less favorable diets.⁸ The implications of such altered routines could be detrimental to children's mental and developmental health. Perhaps a more important but

easily neglected issue is the psychological impact on these children. Stressors such as fears of infection, frustration, boredom, inadequate information, and lack of in-person contact have the potential to be even more problematic with enduring effects. Pharmacy personnel who are parents must be a resource for their children during these times. Therefore, leadership must be perceptive to employees having to comfort their own children in prolonged isolation so as to protect their own physical and psychological wellness.

Workplace Respite

Under typical circumstances, most pharmacists and technicians are able to take time to relax and recharge with relative ease. However, in the current setting, basic essentials such as nutrition and breaks at work are threatened. To the best of their ability managers should take the initiative to provide provisions during working hours such as easy access to water, healthy snacks, as well as hygienic supplies. It is also important for leaders to designate times for employees to take breaks to decompress. Staff should be encouraged to use this time to continue using wellness efforts that have worked for them in the past and make efforts to support each other. Furthermore, leadership must be innovative when it comes to staff scheduling and places for respite outside of work. Being sensitive in this regard requires creating schedules that enable adequate sleep and providing alternative sleeping arrangements for those working lengthy or additional shifts.⁹

Employment Security

Pharmacy leadership will be required to establish new workflows for staff in face of the COVID-19 pandemic. Such emergency preparedness should include plans or protocols on the management of the virus and other supportive organizational initiatives. For example, the pharmacy department at OSUWMC created viral transport media testing kits as well as assembled bags of over-the-counter medications (i.e., acetaminophen and dextromethorphan) to distribute at swabbing stations to infected individuals so as to prevent them from spreading the virus at local pharmacies. Additionally, OSUWMC pharmacists created numerous patient care references including revised antimicrobial/anticoagulation treatment recommendations, drug conservation guidance, code blue safety protocols, stroke response directions, and end of life care proposals. With pharmacy personnel being responsible for the creation of these resources, the time dedicated to these efforts was documented. Tracking staff's working time related to COVID-19 is one way to depict pharmacy contribution and secure employment when patient volume is decreased. Another strategy for management is to redeploy employees to other areas or revise their job functions. Pharmacy's redeployment effort at OSUWMC was guided by the provision of foundational operational services for all patients.

Pharmacy personnel was trained in areas needing the most support to best provide quality patient care. Underutilized staff was also redeployed to COVID-19 initiatives such as the call center, screening stations, and swabbing drive throughs. Finally, rotating staff to remote WFH roles is another approach taken at OSUWMC to preserve the pharmacy workforce. Remote access is available to pharmacists through phones, mobile apps, and the internet allowing the provision of the clinical and counseling services.

Communicating Updated and Reliable Information

Local and System Wide Messaging

Pharmacy leaders should disseminate clear, consistent, and simple messaging with the ultimate goal being that of managing this crisis together as a team. For example, the pharmacy leadership team at OSUWMC distributes a department-wide email with updates every day for employees to reference as needed. This is important as data from the H1N1 pandemic revealed that sufficiency and frequency of information was associated with reduced angst among healthcare professionals.¹⁰ Pharmacists and technicians must also individually and collectively identify concerns that arise while dealing with the pandemic and report them to leadership. Managers must then communicate current best practices and expectations plainly and compassionately. It is crucial not to give staff false reassurance, but rather an honest assessment of encounters to anticipate. Doing so without euphemism is key to preventing reactionary feelings of anger and resentment in the future. Ensuring this conversation is also continuous will help in making sense of any uncertainty and prevent it from becoming a larger issue. Anxiety can further be reduced by creating a primary source for updated information, well-defined protocols, and guidance for concerns external to work.⁷

Promotion of Resilience and Self-Care

It is also vital that communication from pharmacy leadership include information on managing stress, reducing burnout, and identifying available professional mental health assistance. For example, the OSUWMC's daily pharmacy department email includes such resources including positive words of affirmation in recognition employees. Promoted resources should be effective, convenient, accessible, affordable, and confidential. They should also incorporate treatment approaches used to address burnout among health care professionals including meditation, breath work, relaxation techniques, mindfulness training, and cognitive-behavioral therapy.¹⁰ Leadership can foster spiritual resilience through distribution of positive messaging that emphasizes appreciation for personnel's dedication and altruism. Disseminating strategies for connecting with colleagues to share stories of

success, as opposed to focusing on failures and anxieties, will help employees find happiness amidst uncertainty. Guiding staff in recognizing what they can and cannot control allows for balance between expectation and reality.⁷

Providing Psychosocial and Mental Health Support

Identifying Signs of Distress

Psychological injury is defined as a cognitive or emotional experience that impacts how a person thinks, feels, and behaves. Those who develop such injury are likely to experience negative thoughts about themselves or others as well as intense feelings of guilt, hatred, or shame. These thoughts can contribute to the development of mental health issues including depression, post-traumatic stress disorder, and even suicidal ideation. Studies show that whether an individual develops psychological injury is influenced by the support he or she is provided before, during, and after a distressing situation.⁹ Not all will be adversely affected by the challenges associated with COVID-19, but no one is invincible. Therefore, pharmacy leaders must employ supportive measures to mitigate cerebral damage now and for the foreseeable future.

Identifying presenting symptoms of PTSD outlined in Table 1 is the first step to supporting individuals at greatest risk. If an employee begins to display any of these, management should refer him or her to professional mental healthcare as soon as possible. It is also important to be aware that these symptoms of PTSD can come and go. Symptoms may return when individuals are under particular stress or are visually or audibly triggered by something that reminds them of their trauma.

Individual and Group Debriefs

Pharmacy leaders must reach out to personnel on a regular and recurrent basis. During this time, pharmacists and technicians should be encouraged to openly discuss vulnerability and the importance of protecting one's psychological resilience. Healthcare workers are notorious for not seeking assistance when they are experiencing burnout due to concerns of confidentiality and associated stigma.⁷ Staff who are repeatedly "too busy" or "unavailable" to partake in these discussions should be given special attention as avoidance behavior is a key indicator of significant distress. Even the most resilient employees are at risk of becoming overwhelmed by contexts related to COVID-19. It is important to note that most find support from their colleagues and direct supervisor. Therefore, leaders must be cognizant of staff who are easily and overly distressed so as to provide them personalized support. If an individual's suffering is severe and/or unwavering, he or she should be referred for professional mental health support.⁹

Table 1. Clinical Presentation of PTSD.¹¹

Symptom	Examples
Intrusion	<ul style="list-style-type: none"> • Recurrent, intrusive distressing memories of the trauma • Recurrent, disturbing dreams of the event • Feeling that the traumatic event is recurring (i.e., dissociative flashbacks) • Physiologic reaction to or psychological distress from reminders of the trauma
Avoidance	<ul style="list-style-type: none"> • Avoidance of conversations, thoughts, or feelings about the trauma • Avoidance of people, places, or activities that are reminders of the event
Persistent negative alteration in thinking and mood	<ul style="list-style-type: none"> • Inability to recall an important aspect of the trauma • Anhedonia • Estrangement from others • Restricted affect • Negative beliefs about oneself • Distorted beliefs causing one to blame others or themselves for the trauma • Negative mood state
Hyper-arousal	<ul style="list-style-type: none"> • Decreased concentration • Easily startled • Self-destructive behavior • Hypervigilance • Insomnia • Irritability or anger outbursts

While evidence shows that having a supportive manager protects your mental health, administrators are human as well. Therefore, managers with seniority should keep a pulse on how those with less experience are coping by checking in with them more often.⁶ Surveys to assess concerns, fears, and stress points may be useful to inform leadership and provide insight on specific areas requiring attention among management. Development and implementation of plans for cross-training and rotating roles among administration will assist in preventing leader burnout. Again, early identification and support are key as presenteeism among leadership will directly affect operational capability. As the pandemic evolves, supervisors should prioritize reflection on and learning from the extraordinary experiences so as to create a meaningful rather than traumatic narrative.⁹ Such post-traumatic growth has the potential to provide greater appreciation, stronger relationships, increased compassion, new opportunities, and enhanced development.

Resources for Crisis Management

With early intervention being crucial to trauma recovery, several tools have been designed to mitigate acute and long-term effects among affected individuals. Resources should aim to calm and orient those emotionally overwhelmed as well as address present concerns and needs. The American Society of Health-System Pharmacists (ASHP) has a dedicated resource center to workforce well-being and resilience including webinars, journal articles, and conversation starters. The following lists some of these available resources for pharmacy leadership to reference in supporting their employees during this crisis:¹²

- ASHP State Affiliate Toolkit on Well-Being and Resilience
- ASHP Connect Community on Well-Being
- Building Resilience in Residency Training: It Takes a Village
- Creating a Culture of Resident Well-Being
- Fueling Your Fire Identifying and Managing Preceptor Burnout
- Protect Your Psychological Paycheck
- Headspace: A Meditation and Mindfulness App

Conclusion

For hundreds of years, the military have recognized the essential role of leadership in maintaining the capability and resolve of troops to endure even in the most arduous conditions. Similarly, more than ever pharmacy leaders must acknowledge the challenges their staff are facing in this crisis and provide the necessary support to minimize the inherent psychological risk.⁹ The COVID-19 pandemic is forcing pharmacy to reckon with historically persistent gaps in the mental health field. If we are to be resilient as a profession, we must adapt, coordinate, and mobilize our efforts to close these holes. The difficulties we are facing globally are unprecedented, and this threat will either lead to reactions of “fight” or “flight.” We will have to battle together, leveraging the urgency of this issue, to innovate protective strategies for the care of our well-being.²

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References

1. Centers for Disease Control and Prevention. CDC COVID data tracker. www.cdc.gov/covid-data-tracker. Accessed May, 2020.
2. Horesh D, Brown AD. Traumatic stress in the age of COVID-19: a call to close critical gaps and adapt to new realities. *Psychol Trauma*. 2020;12(4):331-335.
3. Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open*. 2020;3(3):e203976.
4. Grady D. The fear of coronavirus and flu colliding in the fall. *The New York Times*. April 22, 2020. www.nytimes.com/2020/04/22/health/coronavirus-flu-season-deaths.html?searchResultPosition=1. Accessed May, 2020.
5. Centers for Disease Control and Prevention. 1918 pandemic influenza historic timeline. www.cdc.gov/flu/pandemic-resources/1918-commemoration/pandemic-timeline-1918.htm. Accessed May, 2020.
6. Dewey C, Hingle S, Goelz E, Linzer M. Supporting clinicians during the COVID-19 pandemic. *Ann Intern Med*. 2020;172(11):752-753.
7. Ripp J, Peccoraro L, Charney D. Attending to the emotional well-being of the health care workforce in a New York City health system during the COVID-19 pandemic [published online ahead of print April 10, 2020]. *Acad Med*. doi:10.1097/acm.0000000000003414.
8. Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet*. 2020;395(10228):945-947.
9. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during COVID-19 pandemic. *BMJ*. 2020;368:m1211.
10. Bansal P, Bingemann TA, Greenhawt M, et al. Clinician wellness during the COVID-19 pandemic: extraordinary times and unusual challenges for the allergist/immunologist. *J Allergy Clin Immunol Pract*. 2020;8(6):1781-1790.e3.
11. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013.
12. American Society of Health-System Pharmacists. Well-being resources. <https://wellbeing.ashp.org/Resources>. Accessed May, 2020.