## Identified problem situations, generated needs and available resources for an appropriate response

With the collaboration of healthcare professionals in the first line of treatment of COVID19 patients, we have identified a set of _problem_ situations with new _needs_ that are difficult to face in all their extension because of response demand-capacity unbalance and rapid evolution of the pandemic.

This reality and the recent review of the literature on the experiences in Wuhan and Hunan (China) hospitals, has led us to develop a series of _resources_ that may help provide an answer to emotional and acute stress issues healthcare and support professionals are suffering.

Using this guide:

Bellow we list the **detected needs** and **resources** to face **each problem situation**. For browsing through the document, we recommend:

1) Explore the first column (index) in search of the problem situation that fits better with your reality.
2) Review the needs and identify those that are similar to your situation.
3) Once you identify the needs, click on the resource to access the recommendation.

| PROBLEM SITUATION | Need (NE) | Resource (RE) |
|---|---|---|
| **ORGANIZATION, HUMAN RESOURCES AND MATERIALS** | | |
| **Uncertainty** regarding the situation caused by the COVID-19 crisis | **NE1**. Updated and understandable information (evolution of the pandemic, general status of the centre beyond COVID-19) | **RE1**. Information on achievements and performed actions<br>**RE2**. Get professionals involved in audio-visual messages to transmit information on guidelines (e.g., correct doffing of personal protective equipment) |
| | **NE2**. Information on available human resources, supplies and healthcare equipment | **RE3**. Announcement on the situation of the centre on a daily basis |
| | **NE3**. Visualize coordination, unity of criteria, day-to-day normalization despite being in the epicentre of the crisis | **RE4**. Homogeneous structure of corporate messages<br>**RE5**. Coordination link for new hires<br>**RE6**. Identify and refute rumours and incorrect information |
| Be working temporarily in **healthcare setting for which no appropriate training has been received** either because of newly hired personnel or because of a transfer to more complex healthcare settings, which promotes **insecurity and acute stress**. | **NE4**. Offer safety to the newly hired professionals and to those who have been transferred to other services | **RE7**. Briefings at the beginning of every shift with guidance to newly arrived staff<br>**RE8**. Professionals in home confinement as distant trainers and tutors of new professionals |
| | **NE5**. Relief and emotional support to overflowed personnel | **RE9**. Self-assessment of acute stress responses<br>**RE10**. Awareness on the need to face emotional response and accept support<br>**RE11**. Hotline for psychological support to healthcare and support professionals by specialized personnel |

| PROBLEM SITUATION | Need (NE) | Resource (RE) |
|---|---|---|
| | | RE12. Recovery time (short breaks) during the workday |
| Change of **instructions** on organisational issues **and** procedures, added to **inconsistencies in the chain of command** caused by the rapid variations that occur in all crises | NE2. Information on available human resources, supplies and healthcare equipment | RE3. Announcement on the situation of the centre on a daily basis |
| | NE3. Visualize coordination, unity of criteria, day-to-day normalization despite being in the epicentre of the crisis | RE4. Homogeneous structure of corporate messages<br>RE5. Coordination link for new hires<br>RE6. Identify and refute rumours and incorrect information |
| | NE9. Strengthen the leadership capacity | RE17. Become aware of the actions expected to be carried out by middle managers. Responsible leadership<br>RE18. Promote informative leadership, transparency, realism and positive messages |
| **Reduction of human resources** due to leave of professionals with risk exposures. This forces to **extend workdays**, increase the frequency of shifts and reduce physical and mental **break times**<br><br>**Express substitutions** due to home isolation or medical leave of colleagues | NE2. Information on available human resources, supplies and healthcare equipment | RE3. Announcement on the situation of the centre on a daily basis |
| | NE5. Relief and emotional support to overflowed personnel | RE12. Recovery time (short breaks) during the workday |
| | NE8. Professionals confined to their homes with feelings of impotence for the situation their colleagues are going through | R16. Maintain contact and inform about the situation in the centre. Long-distance institutional accompaniment. Facilitate reincorporation |
| **Dissolution of stable work teams** due to the incorporation of new professionals, overloading most experienced professionals | NE3. Visualize coordination, unity of criteria, day-to-day normalization despite being in the epicentre of the crisis | RE4. Homogeneous structure of corporate messages |
| | NE4. Offer safety to the newly hired professionals and to those who have been transferred to other services | RE7. Briefings at the beginning of every shift with guidance to newly arrived staff<br>RE8. Professionals in home confinement as distant trainers and tutors of new professionals |
| | NE9. Strengthen the leadership capacity | RE17. Become aware of the actions expected to be carried out by middle managers. Responsible leadership<br>RE18. Promote informative leadership, transparency, realism and positive messages |
| | NE1. Updated and understandable information (evolution of the pandemic, general status of the centre beyond COVID-19). | RE1. Information on achievements and performed actions |

| PROBLEM SITUATION | Need (NE) | Resource (RE) |
|---|---|---|
| Patients with **other pathologies (non-COVID-19)** who do not receive the attention they had received before the crisis due to new healthcare priorities | **NE3**. Visualize coordination, unity of criteria, day-to-day normalization despite being in the epicentre of the crisis | **RE4**. Homogeneous structure of corporate messages |
| **Pre-crisis conflicts between team members** that may surface now because of the task distribution in this extreme situations | **NE4**. Offer safety to the newly hired professionals and to those who have been transferred to other services. Strengthening of new work teams. | **RE7**. Briefings at the beginning of every shift with guidance to newly arrived staff. Strengthen team unity. |
| **HUMAN FACTORS** | | |
| Helplessness and irritability when witnessing **reckless behaviours from patients and people who accompany them** (usually due to unawareness) and **healthcare mistakes** (from tiredness, negative emotions, etc.). **Involuntary errors** that may lead to adverse consequences. | **NE5**. Relief and emotional support to overflowed personnel | **RE9**. Self-assessment of acute stress responses<br>**RE10**. Awareness on the need to face emotional response and accept support<br>**RE11**. Hotline for psychological support to healthcare and support professionals by specialized personnel<br>**RE12**. Recovery time (short breaks) during the workday |
| Face the **anxiety of strictly isolated** hospitalized COVID-19 patients and watching how some die alone | **NE6**. Relief and emotional support to the personnel from services and units undergoing extreme stress | **RE13**. Defusing (face-to-face or at a distance). Get rid of all emotional overload before the end of the workday to avoid taking it home and recover strength for the next shift |
| **ENVIRONMENTAL STRESSORS AND OTHER STRESSORS LINKED TO CRISIS SITUATIONS** | | |
| A work situation of special **biological risk**. This risk may imply infecting **patients, colleagues and family members** you live with at home | **NE7**. Recover professionals beset by doubts and fears due to the risk of being exposed or who feel emotionally overwhelmed | **RE14**. Referral to individual counselling to help overcome acute stress reactions<br>**RE15**. Set up rest areas for the professionals to recover before the end of the shift |
| Be **overwhelmed** by events for moments that become larger **without being able to talk about it** to not look weak | **NE5**. Relief and emotional support to overflowed personnel | **RE11**. Hotline for psychological support to healthcare and support professionals by specialized personnel |
| | **NE6**. Relief and emotional support to the personnel from services and units undergoing extreme stress | **RE13**. Defusing (face-to-face or at a distance). Get rid of all emotional overload before the end of the workday to avoid taking it home and recover strength for the next shift |
| | **NE7**. Recover professionals beset by doubts and fears due to the risk of being exposed or who feel emotionally overwhelmed | **RE15**. Set up rest areas for the professionals to recover before the end of the shift |

| PROBLEM SITUATION | Need (NE) | Resource (RE) |
|---|---|---|
| **No clear horizon** of "how long this is going to last" | NE1. Updated and understandable information (evolution of the pandemic, general status of the centre beyond COVID-19). | RE1. Information on achievements and performed actions |
| | NE2. Information on available human resources, supplies and healthcare equipment | RE3. Announcement on the situation of the centre on a daily basis |
| | NE5. Relief and emotional support to overflowed personnel | RE9. Self-assessment of acute stress responses<br>RE10. Awareness on the need to face emotional response and accept support |
| **FEAR OR PANIC REACTIONS** | | |
| **Fear** when finding out that a colleague is in **passive surveillance** or **home isolation**<br><br>**Fear** of infecting family members and/or close friends | NE7. Recover professionals beset by doubts and fears due to the risk of being exposed or who feel emotionally overwhelmed | RE14. Referral to individual counselling to help overcome acute stress reactions |
| **CRITICAL DECISION-MAKING REGARDING HEALTHCARE ISSUES** | | |
| Be obliged to make **patient triage** and other decisions reserved for major catastrophes that imply relevant **ethical matters**. | NE5. Relief and emotional support to overflowed personnel | RE9. Self-assessment of acute stress responses<br>RE10. Awareness on the need to face emotional response and accept support<br>RE11. Hotline for psychological support to healthcare and support professionals by specialized personnel |
| | NE6. Relief and emotional support to the personnel from services and units undergoing extreme stress | RE13. Defusing (face-to-face or at a distance). Get rid of all emotional overload before the end of the workday to avoid taking it home and recover strength for the next shift<br>RE15. Set up rest areas for the professionals to recover before the end of the shift |
| | NE9. Strengthen the leadership capacity | RE18. Promote informative leadership, transparency, realism and positive messages |
| **POST-CRISIS** | | |
| Post-crisis | N10. Manage the post-crisis by taking the initiative and be one step ahead SARS-CoV-2 | RE19. Make a plan to deal with the volume of delayed healthcare activities. Alleviate the foreseen impact on health and support professionals of this physical and mental overload |

# Leadership in actions for the prevention and approach of acute stress reactions in professionals and healthcare support staff in the COVID-19 crisis

Based on the list of resources to help provide solutions to the affective needs and management of acute stress healthcare and support professionals are going through, we provide recommendations on which people[1], with responsible positions in a health area, department, or managing structure, may exercise greater leadership for putting into practice the resources suggested in this document.

We also **suggest two possible leadership scenarios**. On the one hand, **healthcare areas or departments with greater resources** (e.g., with their own communication office) and on the other, **healthcare areas or departments without these resources**.

| Resources | Health area/department with a consolidated support structure (e.g., communication office) | Health area / department without a consolidated support structure |
|---|---|---|
| **RE1.** Information on achievements and performed actions | Area Manager through the communication office | Area Manager through Management Areas (as established) |
| **RE2.** Professionals as protagonists or the achievements | Communication office through internal communications channels (Head of Medical Services, Head of Hospital Nursing Unit, Coordinators of Health Centres - medical and nursing - and Coordinators of Mental Health Centres). | Area Management and Head of Mental Health Area through internal communication channels (Head of Medical Services, Head of Hospital Nursing Unit, Coordinators of Health Centres - medical and nursing- and Coordinators of Mental Health Centres) |
| **RE3.** Announcement on the situation of the centre on a daily basis | Communication office through the website of the centre. Hospital middle-chain of command (Heads of Departments/Medical Section and Supervisors of Nursing Units), Primary Care - Medical and Nursing Coordinators - and Coordinators of Mental Health Centres). | Management through the website of the centre. (Head of Information and Communication technologies). Hospital middle-chain of command (Heads of Departments/ Medical Section and Supervisors of Nursing Units, Primary Care - Medical and Nursing Coordinators - and Coordinators of Mental Health Centres). |

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[1] In accordance to the Constitutional Act 3/2007 of march 22, for the effective equality between women and men, all reference to people, groups or positions associated to male gender, will be referring to a neutral grammatical gender, thus, including the possibility of citing women as well as men

| Resources | Health area/department with a consolidated support structure (e.g., communication office) | Health area / department without a consolidated support structure |
|---|---|---|
| **RE4.** Clear messages when giving instructions to the personnel | Medical and Nursing Management of the Area through Medical and Nursing Managers of Emergency services - hospital and primary care - and Hospital intensive care unit, as well as the representative of the Bioethics Commission | Medical and Nursing Management of the Area through Medical and Nursing Managers of Emergency services - hospital and primary care - and Intensive Care unit, as well as the representative of the Bioethics Commission |
| **RE5.** Ensure coordination with companies providing external services to the centre | Head of Management through the responsible of Supplies and Contracts | Head of Management through the responsible of Supplies and Contracts |
| **RE6.** Identify and refute rumours and incorrect information | Area manager a through the communication office | Area manager through the Head of Information and Communication technologies |
| **RE7.** Briefings at the beginning of every shift | Commission Members of the Management of Area through internal communication channels (Head of Medical Services, Head of Hospital Nursing Unit, Coordinators of Health Centres - medical and nursing - and Coordinators of Mental Health Centres). | Commission Members of the Management of Area through internal communication channels (Head of Medical Services, Head of Hospital Nursing Unit, Coordinators of Health Centres - medical and nursing - and Coordinators of Mental Health Centres). |
| **RE8.** Training of newly arrived professional and personnel transferred from other services or units | Head of continuous training depending on the group | Head of continuous training depending on the group |
| **RE9.** Self-applied test to learn about individual reactions and determine if emotional care is required | Responsible of occupational health | Responsible of occupational health |
| **RE10.** Sensitization, awareness on the emotional impact the care of the current volume of COVID-19 patients has | Head of Mental Health of the Area (otherwise, Head of Hospital Unit and Coordinators of Mental Health Centres). | Head of Mental Health of the Area (otherwise, Head of Hospital Unit and Coordinators of Mental Health Centres). |
| **RE11.** Hotline for psychological support to healthcare and support professionals by specialized personnel | Head of Mental Health of the Area (otherwise, Head of Hospital Unit and Coordinators of Mental Health Centres). | Head of Mental Health of the Area (otherwise, Head of Hospital Unit and Coordinators of Mental Health Centres). |
| **RE12.** Recovery time (short breaks) during the workday | Responsible of occupational health | Responsible of occupational health |
| **RE13.** Defusing. To get rid of all emotional overload before the end of the workday to avoid | Heads of services or Hospital sections, Supervisors of Nursing Units, Coordinators of Healthcare and Mental Health Centres, | Heads of services or Hospital sections, Supervisors of Nursing Units, Coordinators of Healthcare and Mental Health Centres, |

| Resources | Health area/department with a consolidated support structure (e.g., communication office) | Health area / department without a consolidated support structure |
|---|---|---|
| taking it home and recover strength for the next shift | who will promote self-management of the technique in professionals of the different Services and Units | who will promote self-management of the technique in professionals of the different Services and Units |
| RE14. Protocol for referral of professionals to individual counselling | Coordinators of Mental Health Centres and/or Responsible of occupational health | Coordinators of Mental Health Centres and/or Responsible of occupational health |
| RE15. Availability of rest areas in the centre or nearby | Management through la Head of Management. | Management through la Head of Management. |
| RE16.Maintain contact and inform the personnel in home confinement about the situation in the centre | Heads of Services or Hospital sections, Supervisors of Nursing Units, Coordinators of Healthcare and Mental Health Centres, creating groups through instant messaging networks | Heads of Services or Hospital sections, Supervisors of Nursing Units, Coordinators of Healthcare and Mental Health Centres, creating groups through instant messaging networks |
| RE17. Become aware of the actions expected to be carried out by middle managers during times of crisis | Area Medical and Nursing Assistant Manager, Coordinator of Primary Care Teams | Area Medical and Nursing Assistant Manager, Coordinator of Primary Care Teams |
| R18. Informative leadership by middle-chain actors | Heads of services or hospital section, Supervisors of Nursing Units, Coordinators of Healthcare and Mental Health Centres | Heads of services or hospital section, Supervisors of Nursing Units, Coordinators of Healthcare and Mental Health Centres |
| RE19. Make a plan to deal with the volume of delayed healthcare activities. Alleviate the foreseen impact on health and support professionals of this physical and mental overload | Management, Coordinators of Mental Health Centres and Directorate of Occupational Health | Referral Management, Coordinators of Mental Health Centres and Directorate of Occupational Health |