COVENANT
Health Network

Emotional Health for All Levels of the Post-Acute Care Organization

A Resource and Report for Leadership and Human Resources

6/21/2021

Introduction

Covenant Health Network (CHN) recognizes the stress and emotional burnout that so many members of the post-acute care (PAC) workforce have and are still experiencing since the onset of the COVID-19 global pandemic.

To provide PAC organizations with resources and tools to support the current and ongoing emotional well-being of employees, CHN aimed to:

a) survey member organizations to understand current practices and gaps
b) organize available emotional health resources into a digestible format.

Why prioritize employee emotional health?

An employee's personal emotional health *and how an organization supports employee wellness* is known to affect employee performance and tenure in an organization[1]. Employees who are struggling with their emotional health tend to show:

1. Higher rates of absenteeism (missing days of work)
2. Decreased productivity and performance on the job
3. Lower work engagement and job satisfaction
4. Higher rates of turnover

This costs U.S. organizations billions of dollars annually in lost productivity.

Additionally, few U.S. employees perceive a supportive emotional environment at their workplace[2]. For example, 85% of surveyed U.S. employees report that workplace stress negatively affects their mental health. At the same time, less than 5% perceive that their workplace is a safe environment for those with mental illness. Similarly, 59% of U.S. employees did not believe that their supervisor provides them with adequate support to help them manage stress or their emotional health.

This suggests that a greater focus on providing a supportive environment for employee emotional health, either through supervisory relationships or organization-wide efforts, might be needed to meet employees' emotional needs, promote greater work engagement, and retain talent.

What is emotional burnout and how does it affect my organization?

Apart from mental health conditions being increasingly common among U.S. adults (nearly 1 in 5 adults manage a mental health condition like depression or anxiety[3]), emotional burnout is also rising among healthcare workers. A 2017 survey of registered nurses found that 93% reported feeling physically and emotionally fatigued by the end of a typical day, which can impact patient care and employee retention[4]. The long hours, stress, and fear forced upon the PAC workforce has further increased the likelihood that your employees are burnt out[5].

Emotional burnout can appear due to chronic occupational stress and is defined as[6]:

1. Emotional exhaustion…feeling utterly drained by work and/or contact with other people
2. Depersonalization…feeling a negative or detached response to those in one's care or other co-workers
3. Reduced personal accomplishment…feeling less competent or successful at work.

Employee emotional burnout is associated with a variety of negative outcomes[7]. In terms of emotional health, employees who are experiencing burnout are more likely to also struggle with depression or anxiety and are at increased risk of substance use and abuse. Burnt out employees also tend to experience poorer sleep, headaches, respiratory infections, gastrointestinal infections, musculoskeletal problems, and other physical issues. Finally, employees who are experiencing burnout are less likely to be engaged on the job, more likely to turnover, and tend to provide lower quality care[8]. This includes gaps in communication and ineffective patient hand-offs, an increased risk of treatment and medication errors, and a higher rate of adverse patient events.

It is critical that organizations monitor and address the emotional health of their employees to prevent burnout, retain staff, and ensure a high quality of resident care.

Informal interviews with Human Resources staff

Three HR staff members from CHN member organizations volunteered to speak with Dr. Tana Luger Motyka (Director of Research and Analytics) about the emotional supports that their organization provides.

The following is a summary of the best practices and challenges that were discussed:

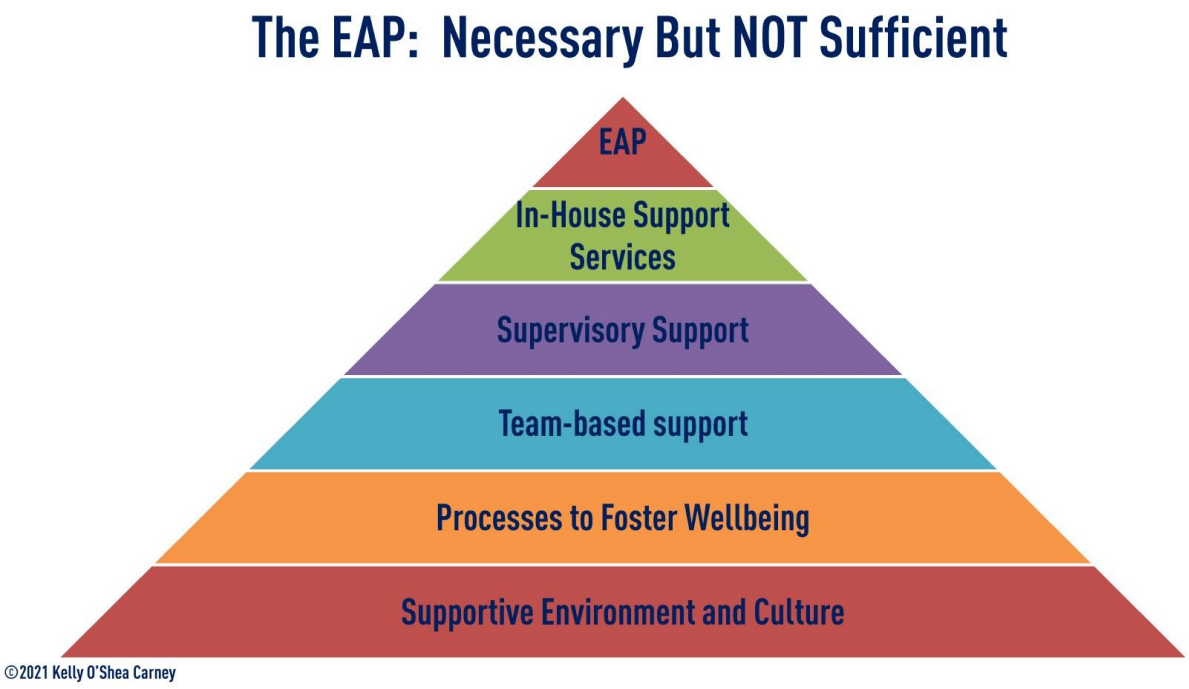
1) Organizations were quick to establish ongoing messaging to employees about changing COVID guidelines, physical safety, the employee assistance program, and any other psychosocial supports available.
2) Staff still experience a lot of fear about COVID-19, being safe on the job, and adapting to new roles.

3) Organizations established funds to cover paid time-off and sick leave for employees in relation to COVID exposure and recovery.
4) Organizations tapped partnerships with local medical, hospice, and psychological providers to deliver informational sessions on COVID-19 and emotional health-related topics for staff.
5) All three organizations offered free counseling through the Employee Assistance Program, but didn't perceive great utilization/uptake among employees for this service.
6) Organizations offered Employee Resource Guides and in-house support to address social needs like childcare, food assistance, and utility assistance.

HR staff suggested the following would be useful and needed for the organization:

a. Learning strategies from other organizations/case studies, especially those tailored to PAC
b. Establishing a peer support group for staff
c. Informational/communication campaigns targeting daily supports to protect mental health
d. Strategies for reducing mental health stigma and encourage more utilization of emotional supports among employees.

Resource Guide—Framework



https://learninghub.leadingage.org/courses/covid-19-fostering-emotional-wellbeing-among-team-members

The case studies, best practices, training, and tools included in the PAC Employee Emotional Health Resource Guide were organized according to the framework developed by Dr. Kelly O'Shea Carney, Leading Age National Consultant and practicing psychologist (see Figure on previous page).

Dr. O'Shea Carney recommends a systems-based approach to employee wellness that builds services and training into every level of the organization. Offering employees individualized support through the Employee Assistance Program or expanded mental health benefits is an important first step toward employee wellness. However, the EAP is only one area that can support emotional health for employees.

For example, the organization can offer training on stress management, mental health, financial health, or general wellness as **in-house support services.**

Leadership and manager training in emotional support strategies and emotional intelligence can assist with **supervisory support.**

Geriatric team training, team exercises that normalize emotional support, and ways to build a peer support program can facilitate **team-based support.**

Policies and processes to foster well-being can ensure that employees are given the time, space, and encouragement to prioritize their well-being.

Actions to reduce mental health stigma and communicate the value of emotional health support can contribute to a **supportive environment and culture.**

It is worth noting that the areas depicted at the bottom of the figure (e.g., supportive environment and culture, processes to foster wellbeing) are theorized to impact the greatest number of employees, according to Dr. O'Shea Carney.

PAC Employee Emotional Health Resource Guide

In the accompanying resource guide (Excel spreadsheet), CHN has collected and organized a variety of strategies, tools, and coursework.

Links to the resources are contained in the guide, and the full written resource document is embedded in the guide whenever possible. A brief description is also included to connect members with the resources most suited to their needs.

The resources can be sorted by impacted level of the organization (e.g., team-based, supervisory, etc.) and type of resource (e.g., training, case study, etc.) for further ease of use. Organizations will also find copies of the resources housed here: https://www.dropbox.com/sh/b9ifk7rivsnkhv5/AADw7ukiI_HuiYMivZlehiJPa?dl=0

COVENANT
Health Network

Contact Information

Questions about this report and the accompanying resource guide can be directed to
Dr. Tana Luger Motyka, Director of Research and Analytics:
tmotyka@covenanthealthnetwork.org
602-649-2537

Acknowledgements

Information and tools included in the Resource Guide were gathered from the following sources:

- Dr. Kelly O'Shea Carney, "Fostering Emotional Wellbeing Among Team Members", LeadingAge Learning Hub: https://learninghub.leadingage.org/learn/video/covid-19-fostering-emotional-wellbeing-among-team-members
- Crisis Preparation & Recovery, Arizona
- Midwestern University Therapy Institute, Glendale, Arizona
- Advisory Board, Washington D.C.
- Mental Health First Aid, National Council for Mental Wellbeing, Washington D.C.
- Relias, North Carolina
- Institute for Healthcare Improvement, Boston, MA
- Harvard University Division of Continuing Education, Cambridge, MA
- Coursera, Indian School of Business
- Maureen Chiana, The Mindsight Academy, United Kingdom
- Udemy, Personal Development coursework
- Hartford Institute for Geriatric Nursing, NYU, New York, New York
- The Compliance Store, Montgomery, AL
- International Association of Fire Fighters, Washington D.C.
- Canada Life, Workplace Strategies for Mental Health website: https://www.workplacestrategiesformentalhealth.com/
- LeadingAge National, Washington D.C.
- Harvard Business Review, Brighton, MA
- Business Group on Health, Washington D.C.
- Wellness Council of America, Omaha, Nebraska

References

1. Wright, T.A. & Huang, C.C (2012). The many benefits of employee well-being in organizational research. *Journal of Organizational Behavior, 33,* 1188-1192.
2. Mental Health America, Inc. (2021). Mind the workplace. Report accessed from: https://www.mhanational.org/research-reports/2021-mind-workplace-report.
3. National Institute of Mental Health. (2021). Mental illness. Accessed from: https://www.nimh.nih.gov/health/statistics/mental-illness.
4. Kronos. (2019). Healthcare: Wake up to the facts about fatigue. Accessed from: https://www.kronos.com/blogs/industry-insights/healthcare-wake-facts-about-fatigue.
5. O'Flynn, C. (2020). The challenge of burnout in nursing home care workers during COVID-19. Accessed from: https://www.mcknights.com/marketplace/the-challenge-of-burnout-in-nursing-home-care-workers-during-covid-19/.
6. Maslach, C. & Leister, M.P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry, 15,* 103-111.
7. Bakker, A.B., Demerouti, E., & Sanz-Vergel, A.I. (2014). Burnout and work engagement: The JD-R approach. *Annual Review of Organizational Psychology and Organizational Behavior, 1,* 389-411.
8. Tawfik, D.S., Scheid, A., Profit, J., Shanafelt, T., Trockel, M., Adair, K.C., Sexton, J.B., & Ioannis, J.P.A. (2019). Evidence related healthcare provider burnout and quality of care: A systematic review and meta-analysis. *Annals of Internal Medicine, 171*(8), 555-567.