# Center for the Study of Traumatic Stress

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# RECOVERY AND REINTEGRATION FOR HEALTHCARE WORKERS FOLLOWING COVID-19 SURGES

COVID-19 surges have required crisis healthcare delivery to address the needs of seriously ill individuals. In some hospital systems, responding to COVID-19 surges has required reassignment of individuals and teams. Healthcare workers must adapt to periods of high-demand, high-intensity work followed by adjustment and reintegration as they return to routine operations.

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## Reintegration Stressors

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### Work-Related Stressors

- **Processing stressful, traumatic, and morally injurious events**. Healthcare workers are likely to have witnessed severe suffering and death of patients, which may be complicated by a sense of helplessness related to insufficient resources or knowledge of how to most effectively care for patients during a pandemic.

- **Change in sense of safety and uncertainty about health status and risks**. Workers may experience discomfort transitioning from a high-risk environment with specified protective measures to workplaces that do not require the same vigilance and precautions.

- **Meaning and identity.** Workers may need to adjust to regular duties after being regarded as a hero during their COVID-19 related work. This may be particularly difficult for workers who do not typically perform crisis healthcare, and they may feel less support and connection both at work and in their community.

- **Adjustment to less demanding, less urgent, and less intense work.** Transition to a less intense, more routine pace of work can take weeks and even months.

- **Working alongside those who did not participate in the COVID-19 response.** Co-workers who did not participate in surge care may also experience stress. Differences in experiences may cause strain on work relationships following the surge.

- **Returning to the community after isolation.** During COVID-19 service, many workers choose to isolate themselves. Upon return, some may continue to feel social isolation due to prolonged absence, missed activities, and feeling like an outsider within their community.

- **Job uncertainty.** In organizations experiencing financial instability, workers may have worries about job security.

### Home-Related Stressors

- **Quarantine and isolation.** Being in quarantine and separated from others following the COVID-19 response may be particularly challenging, both for those living with their family and for those who live alone.

- **Reintegrating with family.** Returning to previous family roles following separation during COVID-19 service may be complicated by shifts in responsibility and authority among family members, and may require establishment of new routines. There may be resentment for perceived lack of support during separations and placing work or others over family priorities.

- **Childcare concerns.** Childcare centers may be reluctant to accept children of healthcare workers, or workers may be reluctant to place their children in communal settings due to exposure risk.

## Strategies for Reintegration

Individuals, peer groups, leaders, and organizations have distinct and interdependent roles in supporting healthcare workers during reintegration.

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## Self-care

■ Maintain a daily routine, especially in the initial days of reintegration.

■ Focus on positive aspects of your life and things you can control.

■ Recognize the value of your contribution to caring for COVID-19 patients.

■ Be patient with yourself, family members, and friends during the transition, recognizing that many stress responses associated with change are transient.

■ Use personal space when needed as a safe retreat.

■ Seek social support from family members or friends and maintain social connections.

■ If you feel overwhelmed or experience difficulty in your job, seek support from your healthcare provider, supervisor, or religious leader.

## Peer Support

■ Look for opportunities to connect with other COVID-19 workers and share experiences.

■ Maintain peer supports that were established during the COVID-19 surge.

■ In seeking support, it is often helpful to share thoughts and feelings rather than distressing details of the experience.

■ Re-establish relationships with peers at home that focus on more than just COVID-19 related activities.

## Leadership Interventions

■ Talk openly about reintegration stressors, expectable reactions, and how you manage as a leader.

■ Reintegrating workers should have an opportunity to share their experiences with colleagues to reduce feelings of isolation and dispel misconceptions about their experience.

■ Facilitate connection back to workers' COVID-19 teams or a new local group with similar experiences for support.

■ Send the message that adapting to change is a process.

■ Publicly acknowledge the value of every team member's contributions and discourage singling out individuals perceived as not contributing.

■ Communicate lessons learned and improvements that resulted from COVID-19 service to demonstrate that the challenges workers experienced led to positive change.

■ For individuals who seem overwhelmed by their experiences or are struggling to adapt, encourage screening and referral for treatment.

## Organizational Interventions

■ Recognize reintegrating workers to promote a sense of belonging and prevent isolation.

■ Publicly acknowledge the unique stressors related to COVID-19 crisis care.

■ Encourage use of the mental health resources available to healthcare workers.

■ Plan now for future deployments of healthcare workers and communicate clear and fair rules to promote sense of shared mission.

■ Ask for input from employees that may promote improvements in care and policy.

■ Establish voluntary and confidential screening and referral systems through which individuals can access evidence-based screening instruments, and receive real-time feedback regarding their level of symptoms and need for intervention.

■ Develop procedures for prompt access to crisis resources if needed.