# Evidence Search Service Results of your search request

## Healthcare staff and wellbeing during COVID-19

**ID of request:** 22914  
**Date of request:** 27th April, 2020  
**Date of completion:** 27th April, 2020

If you would like to request any articles or any further help, please contact:  Rhys Whelan at [library.morriston@wales.nhs.uk](mailto:library.morriston@wales.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Healthcare staff and wellbeing during COVID-19. Rhys Whelan. (27th April, 2020). ABERTAWE/SWANSEA, UK: Bwrdd Iechyd Prifysgol Bae Abertawe Library Services.

**Date range used** (5 years, 10 years): No date range   
**Limits used** (gender, article/study type, etc.): No limits   
**Search terms and notes** (full search strategy for database searches below):

I have search Medline, Embase and Psych Info using the strategy below. I have then selected the results which appear to be the most relevant.

For more information about the resources please go to: <http://www.sblibraryservices.wales.nhs.uk/home>.

## Summary of Results

**Interventions to support staff wellbeing during COVID-19**

From results below I have highlighted the papers which appear to discuss specific wellbeing interventions or wellbeing needs of healthcare workers and COVID-19

**Attending to the Emotional Well-Being of the Health Care Workforce in a New York City Health System During the COVID-19 Pandemic**

**Caring for the Psychological Well-Being of Healthcare Professionals in the Covid-19 Pandemic Crisis**

**A Study of Basic Needs and Psychological Wellbeing of Medical Workers in the Fever Clinic of a Tertiary General Hospital in Beijing during the COVID-19 Outbreak**

I have also included papers not specific to COVID-19 discussing health personnel wellbeing and disaster/ crisis response more generally.

There is already a large amount of literature regarding the stress faced by healthcare staff during this pandemic. I ran a search last week specifically looking at 'healthcare staff and stress during COVID-19 pandemic'- I have attached the results from this search also.

## Contents

[A. Original Research](#Content5)

1. [A comparison of burnout frequency among oncology physicians and nurses working on the front lines and usual wards during the COVID-19 epidemic in Wuhan, China](#Research630609)
2. [A Study of Basic Needs and Psychological Wellbeing of Medical Workers in the Fever Clinic of a Tertiary General Hospital in Beijing during the COVID-19 Outbreak](#Research630624)
3. [Attending to the Emotional Well-Being of the Health Care Workforce in a New York City Health System During the COVID-19 Pandemic](#Research630613)
4. [Caring for the Psychological Well-Being of Healthcare Professionals in the Covid-19 Pandemic Crisis](#Research630622)
5. [Clinician Wellness During the COVID-19 Pandemic: Extraordinary Times and Unusual Challenges for the Allergist/Immunologist](#Research630625)
6. [COVID-19 and telemedicine: Immediate action required for maintaining healthcare providers well-being](#Research630615)
7. [Covid-19: Supporting nurses' psychological and mental health](#Research630617)
8. [Doctors' wellbeing: self-care during the covid-19 pandemic](#Research630611)
9. [Factors associated with compassion satisfaction, burnout, and secondary traumatic stress among Chinese nurses in tertiary hospitals: A cross-sectional study](#Research630610)
10. [Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019](#Research630618)
11. [Hopelessness, helplessness and resilience: The importance of safeguarding our trainees' mental wellbeing during the COVID-19 pandemic](#Research630612)
12. [Managing mental health challenges faced by healthcare workers during covid-19 pandemic](#Research630621)
13. [Mental health care for medical staff in China during the COVID-19 outbreak](#Research630623)
14. [Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic](#Research630620)
15. [Psychological crisis intervention during the outbreak period of new coronavirus pneumonia from experience in Shanghai](#Research630619)
16. [Psychological crisis interventions in Sichuan Province during the 2019 novel coronavirus outbreak](#Research630608)
17. [Supporting the Health Care Workforce During the COVID-19 Global Epidemic](#Research630626)
18. [When health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak](#Research630614)
19. [Work stress among Chinese nurses to support Wuhan for fighting against the COVID-19 epidemic](#Research630616)
20. [P146: Does a communications skills intervention improve emergency department staff coping skills and burnout?](#Research630627)
21. [Protecting the psychological wellbeing of staff exposed to disaster or emergency at work: a qualitative study](#Research630628)
22. [Protecting mental health of hospital workers after mass casualty events: a social work imperative](#Research630629)
23. [Lessons in planning from mass casualty events in UK](#Research630630)
24. [The emotional well-being of nurses and nurse leaders in crisis](#Research630631)
25. [Personal and professional challenges confronted by hospital staff following hurricane sandy: a qualitative assessment of management perspectives](#Research630632)
26. [Valuing staff better is vital to flu pandemic planning, study shows](#Research630633)
27. [Applying the lessons of SARS to pandemic influenza: an evidence-based approach to mitigating the stress experienced by healthcare workers](#Research630634)
28. [The mental health of hospital workers dealing with severe acute respiratory syndrome](#Research630635)

### [B. Search History](#SearchHistory)

## A. Original Research

1. **A comparison of burnout frequency among oncology physicians and nurses working on the front lines and usual wards during the COVID-19 epidemic in Wuhan, China**  
   Wu Y. Journal of Pain & Symptom Management 2020;10:10.

CONTEXT: The epidemic of Coronavirus Disease 2019 (COVID-19) was first identified in Wuhan, China and has now spread worldwide. In the affected countries, physicians and nurses are under heavy workload conditions and are at high risk of infection.

1. **A Study of Basic Needs and Psychological Wellbeing of Medical Workers in the Fever Clinic of a Tertiary General Hospital in Beijing during the COVID-19 Outbreak**  
   Cao J. Psychother Psychosom 2020;:1-3.

1. **Attending to the Emotional Well-Being of the Health Care Workforce in a New York City Health System During the COVID-19 Pandemic**  
   Ripp J. Acad Med 2020;:No page numbers.

The COVID-19 pandemic has placed an enormous strain on health care workers, and its potential impact has implications for the physical and emotional well-being of the work force. As hospital systems run far over capacity, facing possible shortages of critical care medical resources and personal protective equipment as well as clinician deaths, the psychological stressors necessitate a strong well-being support model for staff. At the Mount Sinai Health System (MSHS) in New York City, health care workers have been heroically providing front-line care to COVID-19 patients while facing their own appropriate fears for their personal safety in the setting of contagion. This moral obligation cannot be burdened by unacceptable risks; the health system's full support is required to address the needs of its workforce.In this Invited Commentary, the authors describe how an MSHS Employee, Faculty, and Trainee Crisis Support Task Force-created in early March 2020 and composed of behavioral health, human resources, and well-being leaders from across the health system-used a rapid needs assessment model to capture the concerns of the workforce related to the COVID-19 pandemic. The task force identified 3 priority areas central to promoting and maintaining the well-being of the entire MSHS workforce during the pandemic: meeting basic daily needs; enhancing communications for delivery of current, reliable, and reassuring messages; and developing robust psychosocial and mental health support options. Using a work group strategy, the task force operationalized the roll-out of support initiatives for each priority area. Attending to the emotional well-being of health care workers has emerged as a central element in the MSHS COVID-19 response, which continues to be committed to the physical and emotional needs of a workforce that courageously faces this crisis.

1. **Caring for the Psychological Well-Being of Healthcare Professionals in the Covid-19 Pandemic Crisis**  
   Gavin B. Irish Medical Journal 2020;113:51.

1. **Clinician Wellness During the COVID-19 Pandemic: Extraordinary Times and Unusual Challenges for the Allergist/Immunologist**  
   Bansal P. J Allergy Clin Immunol Pract 2020;:No page numbers.

The global spread of coronavirus disease 2019 (COVID-19) has caused sudden and dramatic societal changes. The allergy/immunology community has quickly responded by mobilizing practice adjustments and embracing new paradigms of care to protect patients and staff from severe acute respiratory syndrome coronavirus 2 exposure. Social distancing is key to slowing contagion but adds to complexity of care and increases isolation and anxiety. Uncertainty exists across a new COVID-19 reality, and clinician well-being may be an underappreciated priority. Wellness incorporates mental, physical, and spiritual health to protect against burnout, which impairs both coping and caregiving abilities. Understanding the stressors that COVID-19 is placing on clinicians can assist in recognizing what is needed to return to a point of wellness. Clinicians can leverage easily accessible tools, including the Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation approach, wellness apps, mindfulness, and gratitude. Realizing early warning signs of anxiety, depression, substance abuse, and posttraumatic stress disorder is important to access safe and confidential resources. Implementing wellness strategies can improve flexibility, resilience, and outlook. Historical parallels demonstrate that perseverance is as inevitable as pandemics and that we need not navigate this unprecedented time alone.

1. **COVID-19 and telemedicine: Immediate action required for maintaining healthcare providers well-being**  
   Moazzami B. Journal of Clinical Virology 2020;126:104345.

The well-being of the health care workforce is the cornerstone of every well-functioning health system. As a result of the pandemic, medical healthcare providers are under an enormous amount of workload pressure along with increased total health expenditures. The overwhelming burden of COVID-19 illness could lead to caregiver burnout. Direct-to-consumer telemedicine can enable patients to connect with their healthcare provider at a distance. This virtual platform could be used by smartphones or webcam-enabled computers and allows physicians to effectively screen patients with early signs of COVID-19 before they reach to hospital.

1. **Covid-19: Supporting nurses' psychological and mental health**  
   Maben J. Journal of Clinical Nursing 2020;22:22.

At the time of writing (11th April 2020) there are 1.72 million Covid-19 infections and 104,889 deaths worldwide. In the UK the first recorded death was on the 5th of March 2020 and in just 37 days 9,875 deaths in hospital have been recorded. The 10th of April saw the highest number of UK daily deaths (980) to date. These UK figures do not include those who died in care homes or in the community. Similar death rates have been experienced in China earlier this year (3,339) and are rising globally with particularly high death rates in the US (18,761 with over half of deaths in New York State), Italy (18,939), Spain (16,353) and France (13,197).

1. **Doctors' wellbeing: self-care during the covid-19 pandemic**  
   Unadkat S. BMJ 2020;368:m1150.

1. **Factors associated with compassion satisfaction, burnout, and secondary traumatic stress among Chinese nurses in tertiary hospitals: A cross-sectional study**  
   Wang J. International Journal of Nursing Studies 2020;102:103472.

BACKGROUND: Compassion fatigue is a work-related professional hazard acquired when providing healthcare for patients. This hazard can lead to physical and mental health problems for nurses and may also affect the nursing care quality for patients. However, studies on Chinese nurses' compassion fatigue are scarce, especially large sampled, multi-center empirical research.

1. **Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019**  
   Lai J. JAMA Network Open 2020;3:e203976.

Importance: Health care workers exposed to coronavirus disease 2019 (COVID-19) could be psychologically stressed.

1. **Hopelessness, helplessness and resilience: The importance of safeguarding our trainees' mental wellbeing during the COVID-19 pandemic**  
   Shaw S. C. K. Nurse Educ Pract 2020;44:102780.

• The COVID-19 pandemic may put the mental wellbeing of trainees at risk. • Hopelessness, helplessness and burnout are important to be aware of. • We need to foster an open culture of trust and support. • We need to promote resilience in colleagues/trainees where possible.

1. **Managing mental health challenges faced by healthcare workers during covid-19 pandemic**  
   Greenberg N. BMJ 2020;368:m1211.

1. **Mental health care for medical staff in China during the COVID-19 outbreak**  
   Chen Q. The Lancet. Psychiatry 2020;7:e15-e16.

1. **Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic**  
   Ho C. S. Annals of the Academy of Medicine, Singapore 2020;49:1-3.

1. **Psychological crisis intervention during the outbreak period of new coronavirus pneumonia from experience in Shanghai**  
   Jiang X. Psychiatry Research 2020;286:112903.

1. **Psychological crisis interventions in Sichuan Province during the 2019 novel coronavirus outbreak**  
   Zhou X. Psychiatry Research 2020;286:112895.

1. **Supporting the Health Care Workforce During the COVID-19 Global Epidemic**  
   Adams J. G. Jama 2020;12:12.

1. **When health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak**  
   Neto M. L. R. Psychiatry Research 2020;288:112972.

BACKGROUND: The fact that COVID-19 is transmissible from human to human and associated with high morbidity and potentially fatality can intensify the perception of personal danger. In addition, the foreseeable shortage of supplies and an increasing flow of suspected and real cases of COVID-19 contribute to the pressures and concerns of health professionals.

1. **Work stress among Chinese nurses to support Wuhan for fighting against the COVID-19 epidemic**  
   Mo Y. Journal of Nursing Management 2020;07:07.

AIMS: In this study, we aimed to investigate work stress among Chinese nurses that are supporting Wuhan in fighting against Coronavirus Disease 2019 (COVID-19) infection and explore relevant influencing factors.

1. **P146: Does a communications skills intervention improve emergency department staff coping skills and burnout?**  
   Zhou F. Canadian Journal of Emergency Medicine 2019;21:S117-S117.

1. **Protecting the psychological wellbeing of staff exposed to disaster or emergency at work: a qualitative study**  
   Brooks Samantha K. BMC psychology 2019;7:78.

1. **Protecting mental health of hospital workers after mass casualty events: a social work imperative**  
   Sabbath Erika L. Social work 2018;63:272-275.

1. **Lessons in planning from mass casualty events in UK**  
   Moran Christopher G. 2017;:No page numbers.

1. **The emotional well-being of nurses and nurse leaders in crisis**  
   Livornese Karen Nursing administration quarterly 2017;41:144-150.

1. **Personal and professional challenges confronted by hospital staff following hurricane sandy: a qualitative assessment of management perspectives**  
   Morris Andrea M. BMC emergency medicine 2016;16:18.

1. **Valuing staff better is vital to flu pandemic planning, study shows**  
   Kendall-Raynor Petra Nursing Standard 2009;23:5-6.

1. **Applying the lessons of SARS to pandemic influenza: an evidence-based approach to mitigating the stress experienced by healthcare workers**  
   Maunder R. G. Canadian Journal of Public Health. Revue Canadienne de Sante Publique 2008;99:486-8.

We describe an evidence-based approach to enhancing the resilience of healthcare workers in preparation for an influenza pandemic, based on evidence about the stress associated with working in healthcare during the SARS outbreak. SARS was associated with significant long-term stress in healthcare workers, but not with increased mental illness. Reducing pandemic-related stress may best be accomplished through interventions designed to enhance resilience in psychologically healthy people. Applicable models to improve adaptation in individuals include Folkman and Greer's framework for stress appraisal and coping along with psychological first aid. Resilience is supported at an organizational level by effective training and support, development of material and relational reserves, effective leadership, the effects of the characteristics of "magnet hospitals," and a culture of organizational justice. Evidence supports the goal of developing and maintaining an organizational culture of resilience in order to reduce the expected stress of an influenza pandemic on healthcare workers. This recommendation goes well beyond the provision of adequate training and counseling. Although the severity of a pandemic is unpredictable, this effort is not likely to be wasted because it will also support the health of both patients and staff in normal times. [References: 30]

1. **The mental health of hospital workers dealing with severe acute respiratory syndrome**  
   Lu Y. C. Psychotherapy & Psychosomatics 2006;75:370-5.

BACKGROUND: The aim of this study was to explore the impact of the severe acute respiratory syndrome (SARS) on health care workers in Taiwan. The possible predisposing and perpetuating factors in developing mental symptoms were investigated.

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## B. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. |  | exp \*betacoronavirus/ or exp \*Coronavirus infection/ | 12397 |
| 2. |  | ((corona\* or corono\*) adj1 (virus\* or viral\* or virinae\*)).ti,ab. | 519 |
| 3. |  | ((novel or new or nouveau or "2019") adj2 (coronavirus\* or "corona virus\*" or coronovirus\* or coronavirinae\*)).ti,ab. | 3059 |
| 4. |  | (Wuhan\* or Hubei\* or Huanan or "2019-nCoV" or 2019nCoV or nCoV2019 or "nCoV-2019" or "COVID-19" or COVID19 or "CORVID-19" or CORVID19 or "WN-CoV" or WNCoV or "HCoV-19" or HCoV19 or CoV or "2019 novel\*" or Ncov or "n-cov" or "SARS-CoV-2" or "SARSCoV-2" or "SARSCoV2" or "SARS-CoV2" or SARSCov19 or "SARS-Cov19" or "SARSCov-19" or "SARS-Cov-19" or Ncovor or Ncorona\* or Ncorono\* or NcovWuhan\* or NcovHubei\* or NcovChina\* or NcovChinese\*).ti,ab. | 15592 |
| 5. |  | (("seafood market\*" or "food market\*") adj10 (Wuhan\* or Hubei\* or China\* or Chinese\* or Huanan\*)).ti,ab. | 58 |
| 6. |  | ((outbreak\* or wildlife\* or pandemic\* or epidemic\*) adj1 (China\* or Chinese\* or Huanan\*)).ti,ab. | 82 |
| 7. |  | 1 or 2 or 3 or 4 or 5 or 6 | 24502 |
| 8. |  | exp Health Personnel/ | 507696 |
| 9. |  | ("healthcare personnel" or "health care personnel" or "health personnel").ti,ab. | 8062 |
| 10. |  | ("healthcare staff" or "health care staff" or "health staff").ti,ab. | 5001 |
| 11. |  | nurses.ti,ab. | 181620 |
| 12. |  | doctors.ti,ab. | 78808 |
| 13. |  | physicians.ti,ab. | 256956 |
| 14. |  | physiotherapists.ti,ab. | 5291 |
| 15. |  | (occupational adj therapists).ti,ab. | 4464 |
| 16. |  | (physical adj therapists).ti,ab. | 4184 |
| 17. |  | 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 | 881044 |
| 18. |  | wellbeing.ti. | 2816 |
| 19. |  | well-being.ti. | 12957 |
| 20. |  | resilience.ti. | 7793 |
| 21. |  | burnout.ti. | 6111 |
| 22. |  | burn out.ti. | 203 |
| 23. |  | stress.ti. | 227457 |
| 24. |  | (psychological adj3 support).ti. | 565 |
| 25. |  | (psychological adj intervention\*).ti. | 1082 |
| 26. |  | mental health.ti. | 52137 |
| 27. |  | 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 | 306928 |
| 28. |  | 7 and 17 and 27 | 35 |

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