

## **Meta-liaison Work: A Cardinal Link in Preventing Provider Burnout and Psychological Trauma During a Pandemic Outbreak**

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In my post on utilizing [virtual or hybrid groups to provide support for our non-psychiatric colleagues](#), I mentioned that support work such as groups is one of two avenues to preventing serious psychological trauma during a pandemic outbreak. I would now like to outline the other approach, the one I call ‘meta-liaison work’.

**Meta-liaison** work is directed at service chiefs, various administrators, and decision-makers who are responsible for running a hospital or a healthcare system. Why is expending our limited resources on this activity during a crisis of pandemic proportions important?

Look at this this way – taking your car to a mediocre mechanic to fix your brakes before an accident happens is, hands down, far superior for your mental health than having the world’s finest therapists at your disposal once the said accident takes place.

In that regard, most measures that can be taken and implemented to prevent psychological trauma of an outbreak have nothing to with either psychiatry or psychology. Those are the measures that health systems can implement that serve to provide logistical support, clear expectations, guideline sets, appropriate bidirectional communication channels, or spiritual comfort. For you, mental health experts at your facilities, it important to emphasize this when approached by administrators to “do something to support our frontline providers.”

How do we know that the above is true? We have limited research and know very little, but we do know that in studies that addressed posttraumatic sequelae among healthcare providers after outbreaks in the early 21<sup>st</sup> century, factors that were identified to help reduce the incidence of posttraumatic stress among providers were:

- (a) Clear communication of directives and precautionary measures
- (b) Ability to give feedback to and obtain support from management
- (c) Support from supervisors and colleagues
- (d) Support from the family
- (e) Ability to talk to someone about their experiences
- (f) Religious convictions

There are other factors that include age, gender, marital status, and even ethnic/immigrant status (cultural elements), but those tend to be constants in a given provider populations during the time of the outbreak.

Although “ability to talk to someone about their experiences” ranks among factors that affect posttraumatic stress, “administrative factors” rank even higher. These factors strengthen the cohesion of the system-wide response and reduce uncertainty.

Here are some of the factors that can be emphasized as crucial to prevention of psychological trauma when talking to administrators or service chiefs:

**Clear guidelines and expectations:** Factual preparedness is high among factors in most surveys, indicating that the existence of clear plans, policies, and procedures, and occasional drills, may have a significant psychological impact as well. Knowing what is happening, knowing what the response is, knowing how they fit into the whole operation, and knowing one’s own roles and expectations clearly help healthcare workers focus on critically important work and avoid anxiety-provoking uncertainty. Frequent policy changes, unclear criteria of case management, and other ambiguities during crisis (e.g., what PPE to use and how) create frustration, stress, and anxiety.

**Communication:** Fostering communication between the frontline providers and their supervisors is another important factor. It is essential that this communication be two-way. Healthcare providers appreciate being able to give feedback. It automatically heightens the sense of appreciation and support which they expect from supervisors. Open communication also reflects the concern that the supervisors demonstrate for the well-being of the providers.

**Logistical support:** This important segment includes both elements of logistics – clinical on-site and non-clinical off-site. On-site, it is important to provide healthcare workers with PPE, medications, equipment, electricity, HVAC, and other necessities for intensive clinical work. Off-site, it is critical to provide for healthcare workers’ families, to confirm their safety, and to make sure that their basic needs are met. Providing adequate PPE and failsafe, easy-to-use communication equipment are basic elements of logistical support and cardinal factors in preventing posttraumatic stress.

**Peer and spiritual support:** Understand that providers appreciate an opportunity to talk to someone, both formally and informally. They may be encouraged to talk to each other or to a designated support staff member from the outside (in person or via telecom equipment). Should they prefer to talk to each other rather than talk to an outsider, such preference should be given serious consideration. Providers’ spiritual needs should also be assessed and met as their spirituality can significantly foster resilience.

## References:

1. Chan AO, Huak CY. Psychological impact of the 2003 severe acute respiratory syndrome outbreak on health care workers in a medium size regional general hospital in Singapore. *Occup Med (Lond)*. 2004;54(3):190–6.
2. Phua DH, Tang HK, Tham KY. Coping responses of emergency physicians and nurses to the 2003 severe acute respiratory syndrome outbreak. *Acad Emerg Med*. 2005;12(4):322–8.
3. Wong EL, Wong SY, Lee N, Cheung A, Griffiths S. Healthcare workers' duty concerns of working in the isolation ward during the novel H1N1 pandemic. *J Clin Nurs*. 2012;21(9–10):1466–75. <https://doi.org/10.1111/j.1365-2702.2011.03783.x>. Epub 2011 Jul 21
4. Huremović D. (2019) Quarantine and Isolation: Effects on Healthcare Workers. In: Huremović D. (eds) *Psychiatry of Pandemics*. Springer, Cham. DOI [https://doi.org/10.1007/978-3-030-15346-5\\_10](https://doi.org/10.1007/978-3-030-15346-5_10)