



2020

## Caring for our caregivers in body, mind and spirit during the COVID-19 pandemic

Rick Evans  
*NewYork-Presbyterian*, rie9003@nyp.org

Philip J. Wilner  
*NewYork-Presbyterian*, pwilner@med.cornell.edu

Kristen Spillane  
*NewYork-Presbyterian*, krs9009@nyp.org

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### Recommended Citation

Evans, Rick; Wilner, Philip J.; and Spillane, Kristen (2020) "Caring for our caregivers in body, mind and spirit during the COVID-19 pandemic," *Patient Experience Journal*: Vol. 7 : Iss. 2 , Article 26.  
DOI: [10.35680/2372-0247.1495](https://doi.org/10.35680/2372-0247.1495)

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## Caring for our caregivers in body, mind and spirit during the COVID-19 pandemic

Rick Evans, *NewYork-Presbyterian*, [rie9003@nyp.org](mailto:rie9003@nyp.org)

Philip J. Wilner, *NewYork-Presbyterian*, [pwilner@med.cornell.edu](mailto:pwilner@med.cornell.edu)

Kristen Spillane, *NewYork-Presbyterian*, [krs9009@nyp.org](mailto:krs9009@nyp.org)

### Abstract

New York City became the epicenter of the coronavirus pandemic in March 2020. The surge of critically ill patients combined with widespread social distancing measures created extraordinary challenges for healthcare workers. Many frontline workers experienced significant physical, psychological, and emotional distress. They faced demanding patient care responsibilities while managing personal obligations and health concerns.

During the COVID-19 pandemic, it was imperative that NewYork-Presbyterian care for its workforce's physical, psychological and emotional needs, not only because of our commitment to our colleagues as people, but also because of our obligation to continue to deliver high quality care and experience to the patients, families and communities we serve. Research shows there is a vital link between employee experience and patient experience. Employees who feel supported will be more engaged, which leads to higher quality care and a better patient experience.

At NewYork-Presbyterian, we supported our workforce holistically in *body, mind and spirit* so they could remain strong for the journey ahead and continue to serve our patients, families and communities throughout and at the peak of the coronavirus pandemic. We learned that proactively communicating, supporting physical health and mental health needs and acknowledging bereavement was critical to responding to this crisis.

### Keywords

Distress, wellness, wellbeing, quality of life, culture, physical health, mental health, gratitude, bereavement, recovery, spirituality, COVID-19, human experience

### Introduction

In March 2020, New York City became the global epicenter of the COVID-19 pandemic. NewYork-Presbyterian (NYP) is an academic health care system affiliated with Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine with ten campuses across New York City. NYP and its affiliates have 50,000 employees. As critically ill COVID-19 patients increasingly occupied NYP's campuses, many of our frontline staff experienced significant distress. They were providing patient care in very challenging clinical circumstances, while attempting to juggle professional and personal obligations and personal health concerns.

It was critical that NYP protect its workforce first because of our obligation and commitment to our colleagues as people, and so they could continue to deliver high quality care and experience to patients and families. Our success depended on our people and teams. Without a strong, committed workforce, it would be impossible to provide the surging care that was needed, and to fulfill our

communal, moral and business imperatives. Research shows that employees who feel supported as professionals and as people will be more engaged, and engaged employees are more committed to doing their job well, leading to higher quality care and a better patient and family experience.<sup>1</sup> During COVID-19, employees needed to not only maintain physical, mental and emotional strength, but also feel that they and their families were safe and cared for. NYP holistically supported staff in *body, mind and spirit* to ameliorate distress and maintain its workforce (Figure 1).

### Challenges

The COVID-19 emergency presented a wide array of unique but interconnected challenges. We needed an approach to address all the following factors.

#### ***Relentless and pervasive nature of the pandemic***

New York City hospitals are not new to responding to crises. We survived the terrorist attacks of September 11, 2001, and Hurricane Sandy in 2012, but what made

**Figure 1: NYP Response to Workforce Distress During COVID-19**

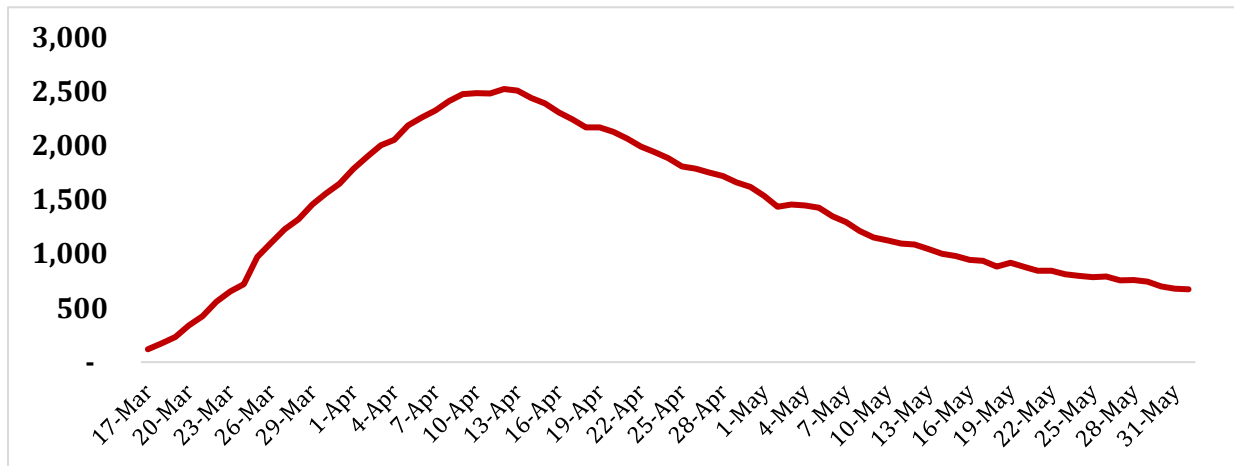
<b>NYP Response to Workforce Distress</b>		
<i>Body</i>	<i>Mind</i>	<i>Spirit</i>
<ul style="list-style-type: none"> <li>• Bi-directional communication</li> <li>• Personal masks</li> <li>• COVID-19 testing</li> <li>• Workforce Health &amp; Safety expanded hours and services</li> <li>• Additional paid time off</li> <li>• Hospital and university housing</li> <li>• Hotel rooms</li> <li>• Parking and transportation services</li> <li>• Free on-site meals</li> <li>• Daily scrubs</li> <li>• Childcare support</li> </ul>	<ul style="list-style-type: none"> <li>• Recharge rooms</li> <li>• Virtual wellbeing coaching and apps</li> <li>• Virtual getaway classes and apps</li> <li>• Virtual team-based crisis counselling</li> <li>• Virtual individual crisis counseling</li> <li>• Online psychiatric symptom tracking</li> </ul>	<ul style="list-style-type: none"> <li>• Bonuses for frontline staff</li> <li>• Financial assistance</li> <li>• Food bank services</li> <li>• Video messages</li> <li>• Artwork</li> <li>• Virtual concerts</li> <li>• Pastoral care</li> <li>• Virtual memorial services</li> <li>• Bereavement benefits</li> <li>• COVID support care fund</li> <li>• Share Your COVID-19 Story</li> <li>• Discharge and extubation celebrations</li> <li>• Commitment to build a memorial</li> </ul>

COVID-19 unique is the day-after-day, week-after-week surge of critically ill patients, unprecedented death tolls, social distancing restrictions and a wide array of regulatory and practice changes that dramatically altered the care and home environments. In most other crises experienced in New York City, there were distinct transitions into a recovery phase. With COVID-19, we still cannot see the endpoint. In addition, staff responding to the crisis and their loved ones were also vulnerable to contracting the virus, adding to everyone’s anxiety. There was not an easy way to “de-couple” from unfolding events. Responding to this crisis has and will require tremendous perseverance and resilience to serve our patients and our communities

in the weeks and months of this crisis yet to come (Figure 2).

***Care delivery system stretched to its limits***

Given the limited treatment options and unpredictable and devastating nature of COVID-19, frontline staff faced truly unique circumstances and challenges. In the early days, staff grappled with the futility of available effective medical interventions and felt helpless. In a world-class academic medical center like NYP, we were not accustomed to having such a limited toolbox to treat patients. Frontline workers struggled to meet these challenges to their satisfaction. Clinical and ethical

**Figure 2: NYP COVID-19 Inpatient Census, March 17 through May 31, 2020**

dilemmas abounded in this environment, especially when the crisis was at its height. It was important to remember that alleviating pain and comforting patients are noble and critically important medical goals in and of themselves.

Compounding the feeling of helplessness, our frontline staff were professionally stretched. Many were redeployed from their typical service or unit to newly created COVID-19 units often working with colleagues they may have just met. Although they rose to the challenge and demonstrated extraordinary teamwork, many were outside of their comfort zone, learning or re-learning content and skills in a high-stakes, fast-paced environment.

Visitor restrictions, promulgated by the New York State Department of Health to protect the health and safety of patients, visitors, employees and our communities, were challenging to put in place. Restrictions placed additional burdens on staff to be, in many cases, both clinical caregivers and surrogate family members. Additionally, care teams also had to limit bedside interaction for their own protection and for preservation of personal protective equipment (PPE). The physical separation felt unnatural and wrong, especially at end of life. Compensation through virtual visits helped ameliorate but was by no means a replacement. This reality pulled on the hearts and souls of the frontline staff in ways previously unimaginable.

As difficult as these challenges proved to be, there was enormous creativity among the team. For example, clinicians whose practices were quiescent stepped in and assisted with mitigating the impact of severely restricted visitation. One example were radiologists, who accompanied physicians on patient rounds and called family members with updates. This allowed frontline caregivers to stay the course and bridged the gap with anxious families who were unable to be at the bedside.

### ***Personal health and wellbeing***

Healthcare workers went into the highest risk settings, hospitals and clinics, every day to treat patients with COVID-19. Concerns about PPE, especially in the early days of the emergency, exacerbated the problem, leaving many frontline workers feeling exposed.

In China, over 3,000 healthcare workers contracted the virus and more than 22 died.<sup>2</sup> Additionally, transmissions from healthcare workers to their family members were frequently reported. As our frontline staff watched and cared for co-workers stricken with the disease, the threat to their own personal health and wellbeing and that of their family became even more real. Many frontline staff lived separately from their family, slept in the garage, and even prepared a living will just in case they were to become critically ill or die. Isolating to protect one's family added to the personal stress experienced by our staff.

Healthcare workers also had to deal with obstacles in their personal life created by social distancing and mandated closures of schools and non-essential businesses. Many of our staff had to scramble to figure out childcare, home schooling, and elder care. Getting to work became a challenge as subways, buses and trains ran on limited schedules and posed potential health and safety risks. Access to food while at work was limited given restaurant closures. Additionally, many employees experienced financial strain due to family member illness, death or job loss.

### ***Overwhelming Loss of Life***

To address high patient mortality, NYP hospitals had refrigerated trailers deployed to their sites by the New York State Department of Health to safely hold deceased patients. These trailers were a constant symbol to our teams of the enormously challenging reality inside the

walls of the hospital. The daily burden of caring for sick and dying patients weighed heavy on our staff. Post-traumatic stress disorder (PTSD), anxiety and depression are commonly seen in war veterans who have witnessed horrific events. Health professionals on the frontlines of this pandemic, having witnessed tremendous suffering and an overwhelming loss of life, were at high-risk for these trauma-related illnesses.

## Response

NYP was and still is committed to doing everything possible to care for our heroes and heroines. During COVID-19, NYP leaders needed to mobilize rapidly and in ways they had never considered before to address both the basic and special needs of our colleagues. Health is a function of the complex interplay between physical and mental health.<sup>3</sup> NYP took a holistic **body, mind and spirit** approach to maintaining employee health and wellbeing so they might continue to deliver high quality care and experience to patients who were critically ill with COVID-19 as well as patients with other essential and emergent health needs.

### **Body**

Basic needs for information, health care, childcare, shelter, food and transportation needed to be addressed at a completely new level.

Given the rapidly unfolding situation, in early March NYP initiated three strategies for transparent, bi-directional communication: daily video updates (seven days a week) from senior leadership, a dedicated email address to send and receive updates and a phone hotline for questions available to all employees. Daily video updates included information on PPE and COVID-19 testing for employees, but also the latest clinical guidance, state and federal policies and employee policies and services. We also created a COVID-19 page on our internal Infonet, so employees could easily access and reference the latest information. From early March to mid-June, there were over 1,000 postings on the COVID-19 Infonet website.

Personal health concerns were supported by multiple initiatives. We expanded our Workforce Health & Safety (WHS) staffing and hours of operation (from 7am to 4pm, five days a week to 6am to 11pm, seven days a week), created a dedicated WHS employee hotline and waived copays for urgent care accessed through NYP. Employees received Support Care Time, an additional four weeks paid time off to cover quarantine periods and to allow employees time to recover from or care for a loved one with confirmed or suspected COVID-19. To support employees with concerns of spreading the virus to their family, we provided all employees with a surgical mask and frontline workers with an N95 mask for use in the event they experienced symptoms. Additionally, we offered

housing (hospital housing, university housing and hotels) and daily scrubs (requiring NYP to increase its supply of scrubs from 15,000 to 191,000) to avoid bringing contaminated clothing into the home.

As schools and businesses closed, we provided employees with access to childcare, food and transportation. Multiple childcare resources were available to all employees including backup childcare days, waived co-pays, reimbursement for crisis care provided by a relative or friend and links to childcare resources. Through the generous donations of local businesses, hospital trustees, community members and organizations and patients, NYP established the Healthcare Heroes fund and provided all frontline staff with four meals a day free of charge. NYP leadership partnered with Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine to provide safe and efficient transportation services including expanded parking (with waved fees if possible) and intercampus shuttle services, new bus routes, discounts with car rental companies, and shuttles from hotels housing employees. Donated Citi-bike memberships and funded Lyft rides further helped with metropolitan commuting needs.

Given the unprecedented economic impact of COVID-19, a COVID Support Care Fund was established to provide financial assistance for employees with lost income related to family member illness, death or job loss. This fund also may be used to cover bereavement expenses related to the death of a family member. Additionally, NYP recently began offering food bank services, one week of groceries for at least one month, for employees experiencing food insecurity.

### **Mind**

In recognition of the pandemic's emotional toll on our employees, NYP launched efforts to help employees strengthen their coping abilities and resilience. Ordinarily stoic healthcare staff experienced high levels of stress and fatigue and a range of emotions from anxiety to guilt to anger. The fear of the unknown was pervasive, as there was still much to learn about this virus. Our staff had and will continue to have needs for not only physical but also emotional and psychological wellness support.

Our first step was to reinforce to our staff that our well-established counseling program, Healthy Minds, was available. We quickly moved our on-site wellness-coaching program, NYP BeHealthy, to virtual sessions. Recharge Rooms, with snacks, soothing music and televisions displaying notes of gratitude from the community, were established at each campus and brought a moment of respite to frontline staff during busy shifts. As the pandemic changed from a sprint to a marathon, we encouraged staff to take time-off to rest and recharge. To

support this, we developed a Virtual Getaway Guide that includes online and app-based resources and live classes for yoga, meditation, fitness and nutrition.

With the help of the world-renowned Departments of Psychiatry at Columbia University Vagelos College of Physicians & Surgeons and Weill Cornell Medicine, we launched a three-pronged approach to support all staff psychologically across the enterprise.

1. **Team-Based Counseling:** Very early in the crisis, our faculty experienced in addressing crises and traumas created team-based counseling services, CopeColumbia and CopeWeillCornell, to virtually meet with frontline staff teams to help them process their experiences. Evidence suggests that when teams facing crises are provided opportunities to review the experiences in the presence of their colleagues and detail their fears and frustrations and share coping strategies, the teams face the challenges with greater confidence and less likelihood of developing post-traumatic symptoms and psychiatric illness. Over one thousand team-based meetings were scheduled, with certain teams requesting weekly meetings that have continued for several months. Most of these sessions were virtual, although, when requested by staff, meetings were held in large rooms allowing for proper social distancing.
2. **Individual Counseling:** Many frontline workers required individual crisis counseling to address personal challenges that they experienced. A virtual crisis counseling service, CopeNYP, was launched to provide immediate access to a behavioral health professional through the NYP onDemand virtual platform. This service was available 12-hours a day, seven days a week. Health care workers met with their crisis counselor from one to four times. When the need for more extensive, long-term psychiatric care was identified, employees were referred to behavioral health clinicians within the NYP benefit plan.
3. **Psychiatric Symptom Tracking:** In April, we rolled out a survey-based self-assessment tool to help employees monitor their mental health. The tool, called the Symptom Tracker and Resources for Treatment (START), was an early warning system to alert employees when they might need to seek help. It assessed an employee's risk for developing clinical depression by screening for symptoms of anxiety, depression, trauma, and sleep disruption. Using an algorithm, it made recommendations and, if it would be beneficial, pointed the employee to resources, including CopeNYP.

### *Spirit*

As we began to experience losses of colleagues and loved ones to COVID-19, these losses required acknowledgement. Additionally, we needed to provide encouragement and inspiration to our teams given the devastating loss of life and heroic efforts of our employees.

There was an outpouring of gratitude from both within NYP and the local community. Early in the crisis, NYP initiated an 8pm moment of silence to recognize the sacrifices made by the frontline and to acknowledge the loss of both patients and colleagues. Countless letters, artwork, and video messages were sent from our local community as well as celebrities and national figures. These messages were shared in the Recharge Rooms and broadcast during the daily update from senior leadership. Local first responder teams visited every NYP campus, often repeatedly. Virtual concerts by staff with musical talent and renowned musicians were available, including a virtual concert series by the Tesla Quartet. Early in the pandemic, chalk art appeared on sidewalks in front of NYP campuses. The art included messages of appreciation and encouragement. In addition, all frontline staff received two pay bonuses, one in mid-April and one in early May. These expressions of gratitude lifted the spirits of the frontline and reinforced a sense of community.

Our Pastoral Care department provided spiritual support to individuals, teams and even campuses who experienced losses. Virtual memorial services and prayer services were and continue to be held to pay tribute to colleagues we lost due to COVID-19. Additionally, NYP committed to creating a permanent memorial to recognize and remember those we lost in this crisis at the appropriate time. This included Human Resources carefully tracking the employees of NYP that have perished in this emergency. To support the families of those we lost, we provided financial and medical coverage support wherever possible and offered mental health and counseling services.

Faced with a clinically challenging situation and significant loss of life, it was important to acknowledge the wins and the vital role our frontline played in saving lives and keeping people safe. Across all our NYP campuses, we gathered, played music, and cheered for patients when they were extubated and when they were discharged from the hospital. These moments were emotional for patients, families, and the frontline staff, and provided glimmers of hope.

While there is still no clear end point to this pandemic, NYP leadership recognized opportunity to support recovery from the initial peak of the outbreak. NYP initiated the "Share your COVID-19 Story" initiative. This initiative offered employees the opportunity to reflect on

their experience and begin the recovery process through therapeutic storytelling. Employees submitted essays, poems, images, audio recordings, and video diaries on how the pandemic affected them and how they responded.

### Outcomes

While there was some variation, the services provided by NYP were well utilized by employees, as described in Figure 3 below. NYP delivered care, support and resources to over 10,000 employees and countless family members.

Employee feedback was overwhelmingly positive. They reported feeling well-supported during a difficult time. Some employees wrote letters expressing their gratitude and sense of pride to be a part of the NYP team. Employees also expressed their gratitude for support in both in-person and virtual rounds that were conducted by senior leaders throughout the crisis.

Employees also felt our mental health service offerings were beneficial. The services and tools helped them recognize and address personal stress and provided access to great resources. Suggested opportunities for improvement include routine emails to remind employees to take the symptom tracker survey regularly and survey questions tailored to an employees' role, patient-facing versus non-patient facing.

As a result of these efforts, NYP's workforce provided high quality care and emotional and spiritual support to patients and families throughout and at the peak of the crisis. This has been validated by numerous letters from patients and families received over the last few months.

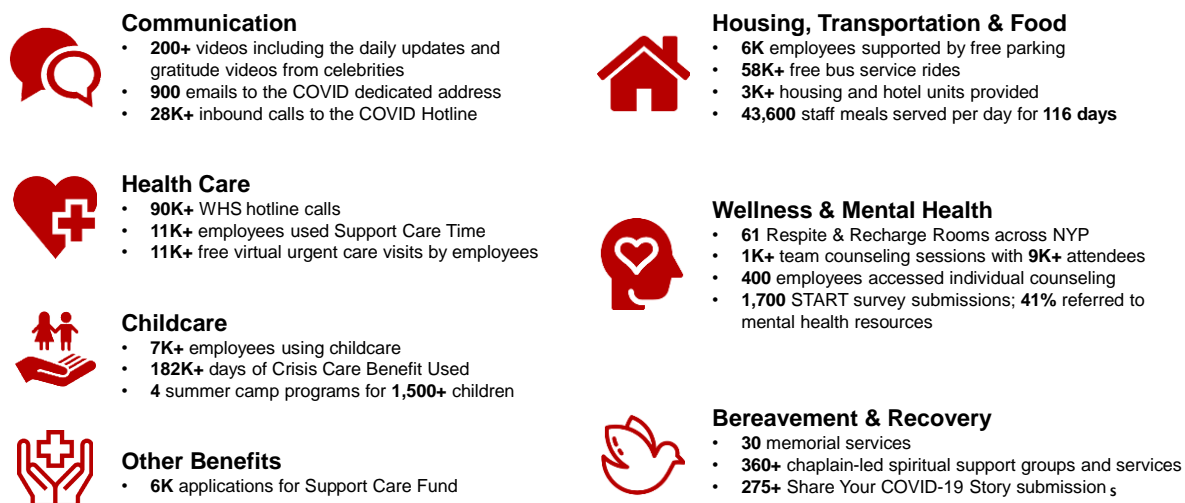
We will continue to offer these services as long as employees need them and further develop our offering as needs evolve.

### Implications

As we enter what we believe is the "end of the beginning" of this national emergency, we have learned from our responses. The pandemic has been a challenge to our health system, our clinical care models and our organization's culture. Our responses were part of a collective effort to support both our patients and our team members and to maintain trust. Our learning so far includes:

- **Transparent and frequent communication is crucial; no amount is too much.** Early in the crisis, we deployed multiple communication methods to ensure employees were informed of the latest developments, clinical guidelines and available resources to support their physical, mental and emotional health. Open and frequent communication was critical to address concerns, alleviate anxiety and reinforce trust
- **A crisis highlights the imperative of caring for caregivers and supporting self-care.** Any institution that experiences profound and prolonged stress should not underestimate the importance of resources to support employee physical, mental and emotional wellbeing. During COVID-19, NYP ensured that employees had their basic physical needs met by providing food, health care, housing, childcare and transportation. Self-care is important for maintaining wellbeing in stressful situations and differs from person

Figure 3: Employee Support During COVID-19 Pandemic, Statistics as of Mid-June 2020





to person. NYP offered a wide variety of resources and services to promote self-care and help each employee feel cared for individually, which included Recharge Rooms at each campus and virtual resources and classes for yoga, meditation, fitness and nutrition.

- **We have a duty to proactively address mental health needs.** NYP leadership and our Departments of Psychiatry at Columbia University Vagelos College of Physicians & Surgeons and Weill Cornell Medicine provided a robust set of mental health services. Team-based counseling, individual counseling and a psychiatric symptom-screening tool were available to all staff across the enterprise. The jarring loss of one of our physicians to suicide during the height of the crisis reminded us that we had to go beyond an awareness campaign mentality. We proactively visited units and brought mental health services to the frontline.
- **We must support our staff through bereavement and recovery.** Memorial services, team and individual spiritual support and financial provisions aided employees at a time when they needed it most. Through memorial services, we openly acknowledged the loss of patients, colleagues and loved ones and shared feelings of grief, hopelessness, fear and anxiety. The support NYP provided employees to cope with these losses will have an enduring impact on the lives of employees and our organization's culture.

As the coronavirus flares in other parts of the country, healthcare organizations should consider addressing all the above lessons as early as possible. We learned these lessons through ongoing improvisation and hope our experience can benefit others who may be facing intensification of COVID-19 cases.

### Future Evaluation & Opportunities

The coronavirus pandemic is still underway, and the full outcomes of our efforts to support employees remains to be seen. We will be evaluating employee experience through a survey of our employees in the third quarter of 2020 and are continuously monitoring employee turnover. We hope to better understand if our workforce felt secure and cared for during the pandemic.

Additionally, we are encouraging all frontline staff to register for the Healthcare Worker Exposure Response & Outcomes (HERO) registry. Through ongoing surveys and studies, the registry will seek to understand the challenges healthcare heroes and heroines faced on the frontline of the pandemic and use these insights to help identify solutions to better protect and support healthcare workers. For example, the registry will be conducting a large study on hydroxychloroquine's effectiveness in preventing coronavirus infections in healthcare workers.<sup>4</sup>

Lastly, there is opportunity to personalize our interventions. Going forward, in future phases of this pandemic or other crisis, we would like to take a more targeted approach to supporting our employees. Rather than providing an array of broadly available resources, we should try to match interventions to personal needs. The START survey was a first step at providing more targeted mental health offerings. Additional survey tools could be used to tailor our physical and spiritual interventions.

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