MENTAL HEALTH & WELLBEING PROGRAMS, STRATEGIES & FRAMEWORKS

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

QUESTION

Successful employee well-being programs, strategies and frameworks in health care.

RESULTS

ONLINE RESOURCES (GREY LITERATURE)

AUSTRALIAN FRAMEWORKS & REPORTS

Victorian Auditor-General's Office, Parliament of Victoria. (2023). **Employee Health and Wellbeing in Victorian Public Hospitals**. Web link

- Independent assurance report to parliament, November 2023.
- An audit into employee mental health and wellbeing support in three Victorian hospitals.
- Recommendations addressing key findings pp. 7-8.

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Safer Care Victoria. (2022). **Wellbeing for healthcare workers initiative – Phase 1 Summary Report**. Web link

- An initiative to support frontline healthcare workers, managers and executives to create system level changes across hospitals, community health, aged and primary care.
- WMTY (What matters to you) changes to test, p. 2.

Life in Mind Australia. (2020). **Every Doctor, Every Setting: A National Framework**. Web link

- A national framework to guide coordinated action on the mental health of doctors and medical students

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INTERNATIONAL FRAMEWORKS & REPORTS

NICE – National Institute for Health and Care Excellence (UK). (2022). **Mental wellbeing at work**. Web link

- Generalised UK guidelines for worker mental health wellbeing.
- Recommendations for workers in high-risk occupations, pp. 18-19. Explanation of the recommendations appears on p. 42.

National Health Service (NHS) (UK). (2022). **NHS Health and Wellbeing Framework – Elements of Health and Wellbeing.** Web link

- Common interventions associated with health and wellbeing frameworks, p. 69.

American Hospital Association. (2022). **Suicide Prevention – Evidence-Informed Interventions for the Health Care Workforce**. Web link

- A guide to suicide prevention in hospital staff – Findings and Interventions.

Intensive Care Society (UK). (2021). **Intensive care as a positive place to work: Workforce wellbeing best practice framework**.

- Introductory page and video – Web link
- Full report – Web link
- A best practice framework to senior hospital management and the intensive care team on ways to provide the best possible employee experience within intensive care.

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University Hospitals Briston and Weston / NHS Foundation Trust (UK). Workplace Wellbeing **Strategic Framework 2020-2025 – Optimising our wellbeing at work**. Web link

- 5-year strategic framework for workplace wellbeing at a similar health service.

COMMENTARY FROM JOURNALS

Dzau, V. J., et al. (2020). **Preventing a Parallel Pandemic - A National Strategy to Protect Clinicians' Well-Being**. The New England journal of medicine 383(6): 513-515. Full text

- Commentary with high priority actions at the organisational and national level.

Hirayama, M. and S. Fernando (2016). **Burnout in surgeons and organisational interventions**. Journal of the Royal Society of Medicine 109(11): 400-403. Full text

- Commentary with recommended organisational interventions including international examples

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PEER-REVIEWED LITERATURE – MOST RECENT FIRST

Articles are grouped by theme:

- Frameworks / multi-modal programs
- Reviews of multiple interventions
- Addressing burnout
- Mindfulness
- Peer support
- Postpandemic
- Promoting mental health & wellbeing
- Stress reduction

Each article summary contains excerpts from the abstract and an online link.

FRAMEWORKS / MULTI-MODAL PROGRAMS

Pai, P., et al. (2022). **The SEED Wellness Model: A Workplace Approach to Address Wellbeing Needs of Healthcare Staff During Crisis and Beyond.** Front Health Serv. 2022 Apr 1:2:844305. Full text
The purpose of this paper is to articulate a workplace wellness model applied across hospitals in the Illawarra Shoalhaven Local Health District, a regional area in New South Wales, Australia. The description of the development, components, and lessons learned from the SEED Wellness Model illustrates one possible solution about how to provide better care for the staff thus not only preventing staff burnout and turnover, but also creating lasting organizational benefits. The detailed model description can assist in developing a larger and more rigorous evidence-base to improve staff wellness in healthcare settings, both within Australia and internationally.

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Petrie, K., et al. (2022). **Effectiveness of a multi-modal hospital-wide doctor mental health and wellness intervention**. BMC Psychiatry 22. Full text
This study was conducted over two years (2017-2019) to assess the effects of a multi-modal intervention on working conditions doctors' mental health and help-seeking for mental health problems in two Australian teaching hospitals. The multimodal intervention consisted of organisational changes, such as reducing unrostered overtime, as well as strategies for individual doctors, such as mental health training programs. Following the implementation of individual and organisational-level strategies in two Australian tertiary hospitals, doctors reported a reduction in some key workplace stressors, but no significant changes to their mental health or help-seeking for mental health problems.

Price, J., et al. (2021). **Matched emotional supports in health care (MESH) framework: A stepped care model for health care workers**. Families, Systems, & Health 39(3): 493-498. Click to request article
We propose the Matched Emotional Supports in Health Care (MESH) Framework to guide institutions in implementing a tiered, or "stepped care" model for deploying sustainable emotional support programs for HCWs. Recognizing the variability in HCWs' response to stress, MESH outlines a continuum of services, including universal (e.g., self-help), selected (e.g., support from trained volunteers), and indicated (e.g., professional therapy, psychotropic medication management) interventions matched to individual need. We provide a targeted review of evidence-based resources available at each level of care and potential processes for determining when higher levels of care are needed. Finally, we delineate key implementation factors for institutions to consider in developing, implementing, and sustaining services for HCWs.

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Bazargan-Hejazi, S., et al. (2021). **Contribution of a positive psychology-based conceptual framework in reducing physician burnout and improving well-being: a systematic review**. BMC medical education 21(1): 593. Full text
The PERMA Model, as a positive psychology conceptual framework, has increased our understanding of the role of Positive emotion, Engagement, Relationships, Meaning, and Achievements in enhancing human potentials, performance and wellbeing. We aimed to assess the utility of PERMA as a multidimensional model of positive psychology in reducing physician burnout and improving their well-being. The majority of the studies reported some level of positive outcome regarding reducing burnout or improving well-being by using a physician or a system-directed intervention. Albeit, we found more favorable outcomes in the system-directed intervention.

Vallone, F., et al. (2020). **Work-related stress and wellbeing among nurses: Testing a multi-dimensional model**. Japan Journal of Nursing Science 17(4): e12360. Full text
Basing on the Demands-Resources and Individual-Effects (DRIVE) Model developed by Mark and Smith in 2008, the study aims to propose and test a multi-dimensional model that combines work characteristics, individual characteristics, and work-family interface dimensions as predictors of nurses' psychophysical health. Findings confirmed the proposed theoretical framework. Specific main, moderating and mediating effects were found, providing a wide set of multiple risks and protective factors. The study allowed a broader understanding of nurses' work-related stress process, providing a comprehensive tool for the assessment of occupational health and for the definition of tailored policies and interventions to promote nurses' wellbeing.

REVIEWS OF MULTIPLE INTERVENTIONS

Catapano, P., et al. (2023). **Organizational and Individual Interventions for Managing Work-Related Stress in Healthcare Professionals: A Systematic Review**. Medicina (Lithuania) 59(10). Full text
The present systematic review aims to (1) identify available interventions for managing workplace-related stress symptoms; (2) assess their efficacy; and (3) discuss the current limitations of available interventions. Approaches can be grouped as follows: (1) interventions focusing on the individual level using cognitive-behavioral therapy (CBT) approaches; (2) interventions focusing on the individual level using relaxation techniques; and (3) interventions focusing on the organizational level. As regards interventions targeting the individual level using CBT approaches, mindfulness-based interventions were effective in reducing levels of burn-out, stress, and anxiety and in improving quality of life. As regards intervention using relaxation techniques, including art therapy, Emotional Freedom Techniques (ECT) and brief resilience retreats had a positive effect on the levels of anxiety, stress, and burnout. As regards interventions at the organizational level, we found no evidence for supporting its effectiveness in reducing the levels of burnout.

Wilkie, T., et al. (2023). **Evolution of a physician wellness, engagement and excellence strategy: lessons learnt in a mental health setting**. BMJ leader 7(3): 182-188. Request article
This study aims to evaluate the impact of several organisational initiatives implemented as part of a physician engagement, wellness and excellence strategy at a large mental health hospital. Interventions that were examined include: communities of practice, peer support programme, mentorship programme and leadership and management programme for physicians. Organisational strategies to address physician burn-out and support physician wellness require repeated evaluation of the impact and relevance of initiatives with physicians, taking into account organisational culture, external variables, emerging barriers to access and participation, and physician needs and interest over time. These findings will be embedded as part of ongoing review of our organisational framework to guide changes to our physician engagement, wellness and excellence strategy.

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Buselli, R., et al. (2021). **Mental health of Health Care Workers (HCWs): a review of organizational interventions put in place by local institutions to cope with new psychosocial challenges resulting from COVID-19**. Psychiatry Research 299. Full text
The aim of the present review is to ascertain the interventions put in place worldwide in reducing stress in HCWs during the COVID-19 outbreak. We evidenced how only few countries have published specific psychological support intervention protocols for HCWs. All programs were developed in university associated hospitals and highlighted the importance of multidisciplinary collaboration. All of them had as their purpose to manage the psychosocial challenges to HCW's during the pandemic in order to prevent mental health problems.

ADDRESSING BURNOUT

Johnson, W. R., et al. (2022). **Take 10: A Resident Well-Being Initiative and Burnout Mitigation Strategy.** Journal of surgical education 79(2): 322-329. Full text
Individual and institutional level strategies can be employed to address resident burnout; however, time is an often-reported barrier in initiating recommended well-being activities. We hypothesize that brief bursts of well-being activities that are conducive to a resident schedule can mitigate burnout. In the present study, the "Take 10" initiative, meditating or exercising for a minimum of 10 minutes per day 3 times a week, was encouraged at Vanderbilt University Medical Center, a tertiary care center in Nashville, Tennessee. There was a significant difference in resident-reported burnout and Resident Well-Being Index score, when "Take 10" initiatives were employed. "Take 10" is a low cost and low intensity initiative for individuals and programs to use to mitigate burnout.

Binkley, P. F. and E. Levine (2019). **Organizational strategies to create a burnout-resistant environment**. Clinical Obstetrics and Gynecology 62(3): 491-504. Request article
Burnout afflicts a significant number of academic faculty and clinicians. There are many efforts the individual can undertake to prevent or lessen burnout. However, it not likely these will be successful without the institutional environment that promotes and atmosphere that assures self-efficacy, a sense of value and meaning and clear communication between leaders and members of the organization. This review discusses the factors that organizations and their leaders can leverage to create such an environment. Such measures are critically important not only for the health of the individual but to the organization as well.

Moffatt-Bruce, S. D., et al. (2019). **Interventions to Reduce Burnout and Improve Resilience: Impact on a Health System's Outcomes**. Clinical Obstetrics and Gynecology 62(3): 432-443. Request article

Our institution, the Ohio State University Wexner Medical Center (OSUWMC), has addressed the goal to decrease burnout for providers in a multistep, multiprofessional, and multiyear program starting firstly with institutional cultural change then focused provider interventions, and lastly, proactive resilience engagement. We describe herein our approach and outcomes as measured by provider wellness and health system outcomes. In addition, we address the overall feasibility and effectiveness of these programs in promoting provider compassion and mindfulness while reducing burnout and improving resilience. These initiatives at OSU originated with cultural transformation allowing the acceptance of change in the form of mindfulness training, resilience building, and the engagement of organizational science, so as to demonstrate the outcomes and impact to the health system and academic peers.

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West, C. P., et al. (2018). **Physician burnout: contributors, consequences and solutions**. Journal of Internal Medicine 283(6): 516-529. Full text
Drivers of the burnout epidemic are largely rooted within healthcare organizations and systems and include excessive workloads, inefficient work processes, clerical burdens, work-home conflicts, lack of input or control for physicians with respect to issues affecting their work lives, organizational support structures and leadership culture. Individual physician-level factors also play a role, with higher rates of burnout commonly reported in female and younger physicians. Effective solutions align with these drivers. For example, organizational efforts such as locally developed practice modifications and increased support for clinical work have demonstrated benefits in reducing burnout. Individually focused solutions such as mindfulness-based stress reduction and small-group programmes to promote community, connectedness and meaning have also been shown to be effective. For medicine to fulfil its mission for patients and for public health, all stakeholders in healthcare delivery must work together to develop and implement effective remedies for physician burnout.

Shanafelt, T. D. and J. H. Noseworthy (2017). **Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout**. Mayo Clinic Proceedings 92(1): 129-146. Full text
We summarize 9 organizational strategies to promote physician engagement and describe how we have operationalized some of these approaches at Mayo Clinic. Our experience demonstrates that deliberate, sustained, and comprehensive efforts by the organization to reduce burnout and promote engagement can make a difference. Many effective interventions are relatively inexpensive, and small investments can have a large impact. Leadership and sustained attention from the highest level of the organization are the keys to making progress.

MINDFULNESS

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Klatt, M., et al. (2022). **Sustained resiliency building and burnout reduction for healthcare professionals via organizational sponsored mindfulness programming**. Explore 18(2): 179-186. Full text
To measure healthcare professional (HCP) result sustainability following implementation of an organizationally sponsored Mindfulness Based Intervention (MBI), Mindfulness in Motion (MIM), in areas of burnout, perceived stress, resilience, and work engagement. For Healthcare Professionals, the organizationally sponsored mindfulness intervention outcomes were sustained beyond the 8-weeks of the initial MIM intervention for all but one outcome variable. Post 8–week intervention end, participants were given the option of receiving weekly “Mindful Moment” emails and attending monthly mindfulness booster sessions. Organizational support may be a pivotal factor in sustaining positive results achieved via mindfulness programming.

Kriakous, S., A., et al. (2021). **The Effectiveness of Mindfulness-Based Stress Reduction on the Psychological Functioning of Healthcare Professionals: a Systematic Review**. Mindfulness 12 (1). Full text
Mindfulness-based stress reduction (MBSR) has been found to improve the psychological health outcomes of healthcare professionals (HCPs). To date, systematic reviews and meta-analyses have primarily focused upon empirical investigations into the reduction of stress amongst HCPs using MBSR and are limited to empirical studies published before December 2019. This systematic review aimed to update the current evidence base and broaden our understanding of the effectiveness of MBSR on improving the psychological functioning of HCPs.

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Klein, A. et al. (2020). **The benefits of mindfulness-based interventions on burnout among health professionals: A systematic review**. Explore 2020;16(1):35-43. Full text
Mindfulness-based Interventions (MIs), developed over the last 30 years, are increasingly used by healthcare professionals to reduce the risk of burnout. Yet the impact of MIs on burnout remains to be clarified. This review aimed to summarize and evaluate the existing literature on the potential benefits of MIs to minimize burnout risk. This review shows the overall insufficient level of evidence offered by the literature assessing the effects of MIs on burnout in health professional populations. However, some studies have reported promising results.

Gilmartin, H., et al. (2017). **Brief Mindfulness Practices for Healthcare Providers – A Systematic Literature Review**. American Journal of Medicine 2017;130(10):1219.e1-1219.e17. Full text
Mindfulness practice is relevant for health care providers; however, the time commitment is a barrier to practice. For this reason, brief mindfulness interventions (eg, ≤ 4 hours) are being introduced. We systematically reviewed the literature from inception to January 2017 about the effects of brief mindfulness interventions on provider well-being and behavior. No studies found an effect on provider behavior. Brief mindfulness interventions may be effective in improving provider well-being; however, larger studies are needed to assess an impact on clinical care.

PEER SUPPORT

Simpson, S. L., et al. (2023). **Implementation of a Peer-to-Peer Support Program in a Quaternary Pediatric Medical Center**. Academic pediatrics 23(8): 1481-1488. Full text
Here, we describe the implementation of a peer-to-peer support program at our quaternary pediatric medical center. This proactive program is unique in its referral process and scope and has demonstrated efficacy in mitigating the emotional impact of adverse effects. In total, our institution has trained 125 peer supporters. Our experience supports that the implementation of a proactive, peer-to-peer support program is both feasible and valuable.

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Cipriano, R. J., Jr., et al. (2022). **Cultivating a Resiliency Model for Emergency Department and Intensive Care Unit Staff Through Peer Support: A Program Description**. Advanced emergency nursing journal 44(3): 242-247. Full text
We describe development and implementation of the Adapted Peer Support Resiliency Program (APSRP), a psychoeducational and cognitive reframing behavioral-based program equipped with peer support professionals who are trained in cognitive-behavioral strategies specifically tailored toward the needs of this population. The APSRP is an adaption of concepts and coping skills utilized by the Penn Resilience Program, which has previously demonstrated efficacy in combating a range of psychological problems (e.g., anxiety, depression, substance abuse, eating disorders, and severe mental illness). The APSRP incorporates a range of cognitive-behavioral strategies inclusive of cognitive reframing skills, role-playing, and behavior rehearsal.

Morris, D., et al. (2022). **Collaborative approach to supporting staff in a mental healthcare setting: "Always There" peer support program**. Issues in Mental Health Nursing 43(1): 42-50. Request article
This paper describes the development and implementation of a peer-support program Always There in a large public mental health service in Queensland, Australia. The program is modelled on Scott's three tier model of peer support, with trained responders providing emotional support to staff following a traumatic adverse event, or when experiencing acute or cumulative stress. Support is provided in complete confidentiality. Main lessons learned in the 2 years since the launch of the program are shared in this paper, outlining successes such as improvements in staff's perception of organisational culture, and challenges related to embedding the program to "business as usual".

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Schroder, K., et al. (2022). **Evaluation of 'the Buddy Study', a peer support program for second victims in healthcare: a survey in two Danish hospital departments**. BMC health services research 22(1): 566. Full text
This study evaluates a formalised peer support program, 'the Buddy Study', in two Danish university hospital departments. The program consists of a 2-h seminar about second victims and self-selected buddies to provide peer support after adverse events. Three benefits of the program were identified: the program i) has encouraged an open and compassionate culture; ii) has caused attentiveness to the wellbeing of colleagues; and iii) the self-selected buddy relationship has created a safe space for sharing. Additionally, three challenges or shortcomings were identified: i) although peer support is valuable, it should not stand alone; ii) informal peer support is already in place, hence making a formalised system redundant; and iii) the buddy system requires continuous maintenance and visibility. The overall evaluation of the Buddy Study program was positive, suggesting that this type of formalised peer support may contribute to a rapid and accessible second-victim support program in healthcare institutions. A key principle for the Buddy Study program is that relationships are crucial, and all buddy relationships are based on self-selection. This seems to offer a safe space for health care professionals to share emotional vulnerability and professional insecurity after an adverse event.

Albott, C. S., et al. (2020). **Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the COVID-19 Pandemic**. Anesthesia and Analgesia 131(1): 43-54. Full text
This intervention—the product of a multidisciplinary collaboration between the Departments of Anesthesiology and Psychiatry & Behavioral Sciences at the University of Minnesota Medical Center—also incorporates evidence-informed “stress inoculation” methods developed for managing psychological stress exposure in providers deployed to disasters. Our multilevel, resource-efficient, and scalable approach places 2 key tools directly in the hands of providers: (1) a peer support Battle Buddy; and (2) a designated mental health consultant who can facilitate training in stress inoculation methods, provide additional support, or coordinate referral for external professional consultation.

Merandi, J., et al. (2017). **Deployment of a second victim peer support program: a replication study**. Pediatr Qual Saf 2(4). Full text
At Nationwide Children's Hospital (NCH), a peer-based support program called "YOU Matter" was executed and spread hospital-wide. The program emulated the framework and execution strategy designed by University of Missouri Health Care's (MUHC) "forYOU" Team. Strategic elements of the program's structure were reviewed and adapted for NCH with system-wide deployment and enhancement to include electronic peer support reporting. Supported staff reported improved emotional state and improved return-to-work metrics. Programs like "YOU Matter" and the "forYOU" Team are essential building blocks to improve the overall safety culture and quality of care. Implementation of "YOU Matter" at NCH validates the MUHC program and demonstrates its generalizability to other health-care institutions.

Edrees, H., et al. (2016). **Implementing the RISE second victim support programme at the Johns Hopkins Hospital: A case study**. BMJ Open 6(9). Full text
Second victims are healthcare workers who experience emotional distress following patient adverse events. Studies indicate the need to develop organisational support programmes for these workers. The RISE (Resilience In Stressful Events) programme was developed at the Johns Hopkins Hospital to provide this support. This article describes the development of RISE and evaluate its initial feasibility and subsequent implementation. Hospital staff identified the need for a multidisciplinary peer support programme for second victims. Peer responders reported success in responding to calls, the majority of which were for adverse events rather than for medical errors.

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Shapiro, J. and P. Galowitz (2016). **Peer support for clinicians: A programmatic approach**. Academic Medicine 91(9): 1200-1204. Click to access full text
The Center for Professionalism and Peer Support at Brigham and Women's Hospital redesigned the peer support program in 2009 to provide one-on-one peer support. The peer support program was one of the first of its kind; over 25 national and international programs have been modeled off of it. This Perspective describes the origin, structure, and basic workings of the peer support program, including important components for the peer support conversation (outreach call, invitation/opening, listening, reflecting, reframing, sense-making, coping, closing, and resources/referrals). The authors argue that creating a peer support program is one way forward, away from a culture of invulnerability, isolation, and shame and toward a culture that truly values a sense of shared organizational responsibility for clinician well-being and patient safety.

POSTPANDEMIC

Mangurian, C., et al. (2023). **Envisioning the Future of Well-Being Efforts for Health Care Workers - Successes and Lessons Learned From the COVID-19 Pandemic**. JAMA Psychiatry 80(9): 962-967. Full text
This article offers recommendations for the development of well-being programs. These include structural changes and resources to promote group and individual well-being emphasizing equity and justice, intentional involvement of psychiatry on well-being leadership teams, and bold efforts to destigmatize mental health care alongside clear paths to mental health treatment. The impact of the COVID-19 pandemic revealed a need for institutions to support the mental health and emotional well-being of health care workers. By outlining the development and implementation of 2 well-being programs in large academic health care settings and making recommendations to promote workforce well-being, it is the authors' hope that leaders will be empowered to carry forward critical changes.

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Schwartz, R., et al. (2020). **Addressing Postpandemic Clinician Mental Health : A Narrative Review and Conceptual Framework.** Annals of internal medicine 173(12): 981-988. Full text
In a narrative review of 96 articles addressing clinician mental health in COVID-19 and prior pandemics, 7 themes emerged: 1) the need for resilience and stress reduction training; 2) providing for clinicians' basic needs (food, drink, adequate rest, quarantine-appropriate housing, transportation, child care, personal protective equipment); 3) the importance of specialized training for pandemic-induced changes in job roles; 4) recognition and clear communication from leadership; 5) acknowledgment of and strategies for addressing moral injury; 6) the need for peer and social support interventions; and 7) normalization and provision of mental health support programs. The authors gathered practice guidelines and resources from health care organizations and professional societies worldwide to synthesize a list of resources deemed high-yield by well-being leaders.

PROMOTING MENTAL HEALTH & WELLBEING

Costello, Z., et al. (2023). **A Resilience Program for Hospital Security Officers During the COVID-19 Pandemic Using a Community Engagement Model**. J Community Health. 2023 Dec;48(6):963-969. Full text
A resilience center at a major urban tertiary care hospital utilized community engagement principles to adapt and implement resilience and mental health awareness workshops, which were informed by initial piloting. The program consisted of twelve short briefings in which officers were provided psychoeducation on psychological first aid and adaptive coping Further efforts to support security officers are warranted given their high exposure to patient crises and under-acknowledgement as frontline workers in healthcare.

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Girard, D. E. and D. A. Nardone (2022). **The Oregon Wellness Program: Serving Healthcare Professionals in Distress from Burnout and COVID-19.** Journal of Medical Regulation 108(3): 27-34.
Request article
The Oregon Wellness Program (OWP) is a state-wide consolidated mental health initiative formally established in 2018 as a physician, physician assistant, acupuncturist, and podiatrist program. OWP is self-referral, not-mandated, strictly confidential, and free. Reporting to oversight bodies is forbidden. Between April 2019 and the end of August 2020, 41 of 433 (9.5%) individuals who were provided mental health services returned 77 program evaluation surveys, indicating satisfaction with the program (96%), its helpfulness to them personally (99%), and changes made in their personal lives (80%). The burnout response rate fell with increased visits and reallocation of activities within their practices increased (39%). A survey of mental health professionals corroborated positive results of their clients. The OWP can serve as a model for healthcare professional support programs.

Gray, M., et al. (2021). **A "Mental Health PPE" model of proactive mental health support for frontline health care workers during the COVID-19 pandemic**. Psychiatry Research 47(1), 8. Full text
We believe that both the MHL and MHCRT programs (Five-tier model of employee wellness support) can be replicated on a smaller scale in other hospitals/health systems. We summarize in this article the development, roll out, and preliminary outcomes of a large-scale proactive mental health support model for frontline healthcare workers during the early stages of the COVID-19 pandemic, specifically during New York City's initial case surge in March through June of 2020. This paper summarizes the program design and output for two types of dedicated teams of behavioral health clinicians: 1) Mental Health Liaisons, who provided preventative support to COVID-19 hospital units and Emergency Departments, and 2) Mental Health Crisis Response Teams, who staffed 24/7 crisis response lines to support and mitigate staff crises as needed.

Victorson, D., et al. (2021). **Development and Implementation of a Brief Healthcare Professional Support Program Based in Gratitude, Mindfulness, Self-compassion, and Empathy**. The Journal of nursing administration 51(4): 212-219. Full text
To highlight the development, implementation, and initial findings of a brief healthcare professional support program called "GRACE." Over a 2-year period, the GRACE program was delivered to 8 clinical units at a midsized southwestern hospital. Questionnaires were administered at baseline and 1 month. Attendees reported increased knowledge, understanding, and confidence and found the program to be acceptable. One month after training, participants demonstrated significant improvements in self-compassion. Medical units that received GRACE training saw significantly greater increases in patient satisfaction scores compared with units that did not receive training.

Bernburg, M., et al. (2019). **Mental Health Promotion Intervention for Nurses Working in German Psychiatric Hospital Departments: A Pilot Study**. Issues in Mental Health Nursing 40(8): 706-711.
Request article
This pilot study aimed to implement a mental health promotion program to support nurses working in Psychiatric hospital departments. Training content included, i.e. work-related stress management training, problem solving techniques, and solution-focused counseling. Psychiatric nurses in the IG reported significant changes in perceived job stress, emotion regulation skills, resilience, and self-efficacy after the intervention. In addition, scores on quality of patient-relationship were significantly higher after the intervention. A mental health promotion intervention for psychiatric nurses was successfully implemented.

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Markwell, P., et al. (2016). **Snack and Relax R: A Strategy to Address Nurses' Professional Quality of Life.** Journal of holistic nursing. 34(1): 80-90. Full text
Snack and Relax R (S&R), a program providing healthy snacks and holistic relaxation modalities to hospital employees, was evaluated for immediate impact. Significant decreases in self-reported stress, respirations, and heart rate were found immediately after S&R. Low CS was noted in 28.5% of participants, 25.3% had high burnout, and 23.4% had high STS. S&R participants and nonparticipants did not differ on any of the ProQOL scales. Situations in which participants experienced compassion fatigue/burnout were categorized as patient-related, work-related, and personal/family-related. Providing holistic interventions such as S&R for nurses in the workplace may alleviate immediate feelings of stress and provide a moment of relaxation in the workday.

STRESS REDUCTION

DePierro, J., et al. (2021). **Developments in the first year of a resilience-focused program for health care workers**. Psychiatry Research 306. Full text
The present article comprises a one-year retrospective review of the efforts of the Mount Sinai Center for Stress, Resilience and Personal Growth, an initiative to support the resilience and well-being of health care workers that was founded amid the first peak of the pandemic in New York in 2020. Specific offerings to date have included evidence-backed resilience workshops, a digital health platform, and a specialty screening and treatment service. All services have been modified or expanded in response to changing needs and are subject to ongoing research.

Wu, A. W., et al. (2021). **Adapting RISE: meeting the needs of healthcare workers during the COVID-19 pandemic.** International review of psychiatry (Abingdon, England) 33(8): 711-717. Request article
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Top leaders at Johns Hopkins Medicine appreciated the mission-critical importance of maintaining the well-being and resilience of its essential workers. In March 2020 they asked the Johns Hopkins RISE (Resilience in Stressful Events) peer support program to help organize support for all staff. RISE made several adjustments, including adding virtual encounters to the usual in-person support, training additional peer responders, and rounding proactively on active units. The adoption of RISE programs was accelerated at affiliated hospitals, as well as at other hospitals across the country in partnership with the Maryland Patient Safety Center. Experience with large scale disasters predicted correctly that worker distress would increase and persist beyond the initial wave of the pandemic.

Elder, E. G., et al. (2020). **Work-based strategies/interventions to ameliorate stressors and foster coping for clinical staff working in emergency departments: a scoping review of the literature**. Australasian emergency care 23(3): 181-192. Full text
Exposure to occupational stressors is an issue for staff working in emergency departments, managers and health services. The aim of this review was to identify, map, and synthesise the range and scope of current evidence for work-based strategies or interventions used in emergency departments to reduce occupational stressors and/or improve staff coping. Strategies ranging from mindfulness to organisational redesign have been trialed to diminish stress and enhance coping of emergency department staff. Understanding the effectiveness of strategies is an important early step in improving the working environment for emergency department clinicians in an evidence-informed manner.

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Dudutiene, D., et al. (2020). **Developing Stress Management Programs in a Public Primary Healthcare Institution: Should We Consider Health Workers' Sociodemographic Groups?** Medicina (Kaunas, Lithuania) 56(4). Full text
An essential part of occupational stress management is identifying target groups and developing a wellbeing program that tailors interventions to the specific needs of the target groups. This study aims to explore whether psychosocial risk determinants and organizational intervention objects differ across employees' groups based on sociodemographic factors in a Lithuanian public primary healthcare institution. The findings showed that different psychosocial risk determinants and organizational interventional objects were emphasized by different sociodemographic groups in the institution, but they did not impact groups in the same measure. Therefore, it is crucial to start by determining the risk group's specific needs before developing and implementing stress management programs.

Freshwater, D. and J. Cahill (2010). **Care and compromise: Developing a conceptual framework for work-related stress.** Journal of Research in Nursing 15(2): 173-183. Request article
In this paper we argue that healthcare practitioners are especially vulnerable to stress because the very nature of caring as a profession demands high levels of emotional engagement and compromise. It is clear that at a time when healthcare systems are under-resourced and over-stretched, practitioners may experience additional stress, ironically at a time when services need to increase retention, recruitment and job satisfaction. We propose a conceptual framework of stress and compromise in relation to caring and a methodology for developing an intervention that would consider how compromise itself may be utilised and adapted to both alleviate stress and inform individual and professional development.

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APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature.

SEARCH LIMITS

- Published since 2015

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- PsycINFO – index of mental health, psychology and psychiatric peer reviewed journals.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

ADDITIONAL SEARCHING

- Reference checking should be undertaken for the most relevant articles.

SEARCH TERMS

Concept	MeSH headings	Keywords
Mental health	Mental health, Professional burnout.	Mental health, mental illness or wellbeing
Programs, strategies & frameworks	Models organizational, Models theoretical, Program development	Frameworks, models, programs, interventions, initiatives, strategy *within 5 words* of organisation, institution or health service
Health professionals	Health care sector, Health personnel, Physicians, Nurses, Allied health professionals	Health, healthcare, hospital, medical *within 3 words of* work, employment, professional, staff or personnel.
High volume hospital setting	Academic Medical Centers, Hospitals teaching, Hospitals high-volume, Tertiary care centres, Hospitals University, Tertiary healthcare	Hospitals, medical centre, healthcare, organisation, instution, complex, high volume, teaching, tertiary, quaternary, major, academic, large.

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MEDLINE SEARCH STRATEGY

1 Mental Health/ or Burnout, Professional/ (80785)
2 (mental health or mental illness* or well?being).tw,kf. (286202)
3 1 or 2 (316956)
4 Models, Organizational/ or Models, Theoretical/ or Program Development/ (210881)
5 ((framework* or model* or program* or intervention* or initiatives or strategies or strategy) adj5 (organisation* or institution* or health service)).tw,kf. (22873)
6 4 or 5 (232397)
7 Health Care Sector/ or Health Personnel/ or exp Physicians/ or exp Nurses/ or exp Allied Health Personnel/ (303088)
8 ((health or healthcare or hospital or medical) adj3 (work* or employ* or professional* or staff* or personnel)).tw,kf. (357784)
9 7 or 8 (604306)
10 Academic Medical Centers/ or Hospitals, Teaching/ or Hospitals, High-Volume/ or Tertiary Care Centers/ or Hospitals, University/ or Tertiary Healthcare/ (100672)
11 (hospital or hospitals or medical centre* or medical center* or healthcare organi?ation or healthcare institution or health care organi?ation or health care institution).mp. (1848642)
12 ((complex or high-volume or teaching or tertiary or quaternary or major or academic or large) adj3 (hospital or hospital or health service)).mp. (124180)
13 ((complex or high-volume or teaching or tertiary or quaternary or major or academic or large) adj3 (medical center* or medical centre* or care center* or care centre*)).mp. (84833)
14 ((complex or high-volume or teaching or tertiary or quaternary or major or academic or large) adj3 (healthcare organi?ation or healthcare institution or health care organi?ation or health care institution)).mp. (554)
15 10 or 11 or 12 or 13 or 14 (1868593)
16 3 and 6 and 9 and 15 (232)
17 limit 16 to (yr="2015 -Current" and english) (114)
18 (framework* and (mental health or wellbeing or burnout or stress)).ti. (730)
19 8 and 18 (67)
20 17 or 19 (180)

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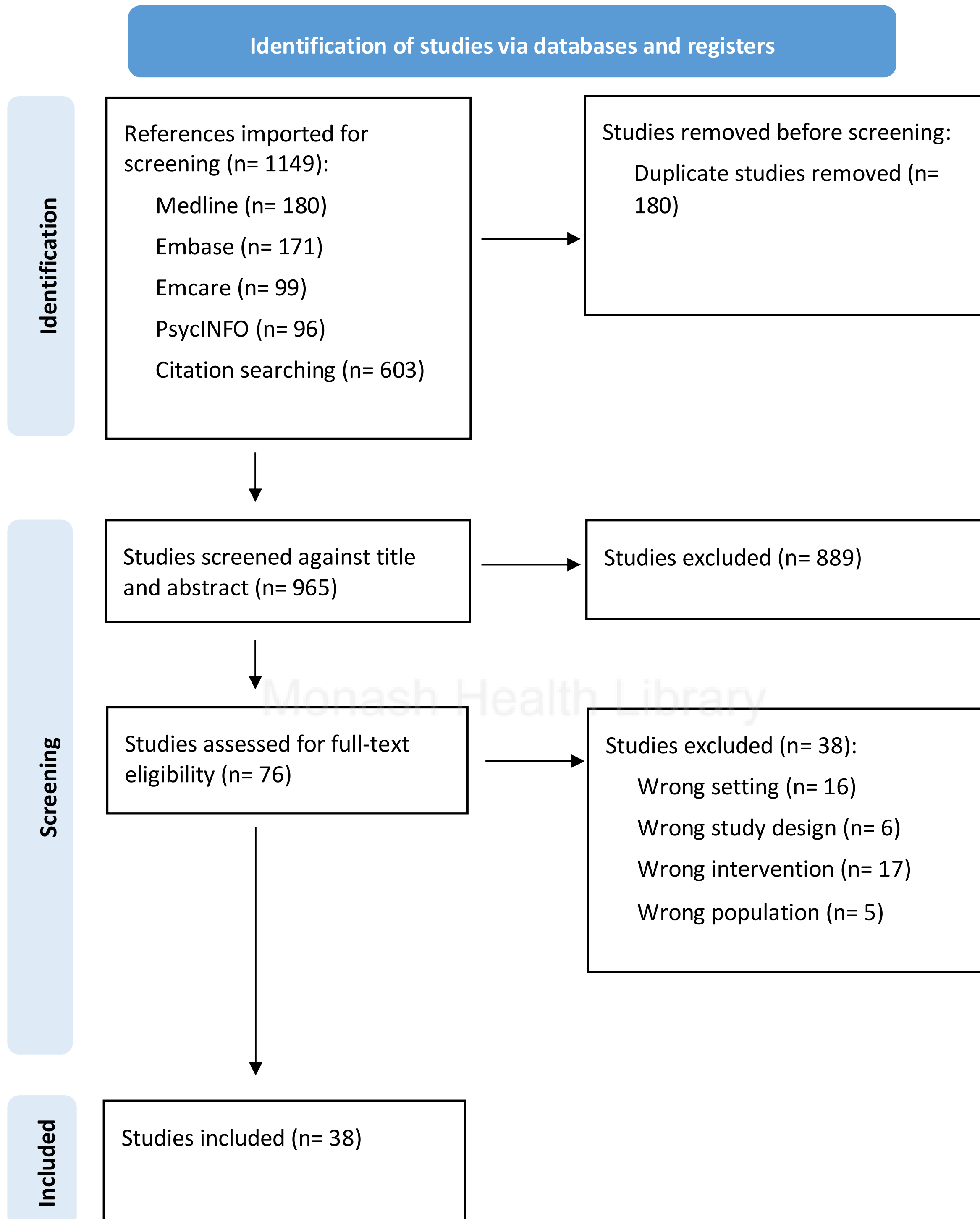
PRISMA CHART



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