Caring for caregivers:
Using workforce strategy levers to support mental well-being
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Caregivers are facing unparalleled levels of stress and responsibility in light of COVID-19. For the purpose of this document, caregiver is defined to include both clinical and non-clinical workers that regularly interface with patients and work in patient-facing areas.

Our team conducted virtual focus groups with US-based clinicians on the frontlines and secondary research to understand the key stressors that frontline caregivers are facing within the broader context of the pandemic. This point of view details how COVID-19 has amplified pre-existing challenges of burnout, distress, and maintaining well-being, and provides a list of proactive approaches that health care organizations can leverage to help better support caregiver well-being.

These interventions range from immediate operational measures such as mental distress screenings and support services, to a much longer-term systemic activation of new norms and culture. Especially now, it is critical that health care leaders provide caregivers an infrastructure of support that prioritizes caregiver well-being now and in the future.

Executive Summary:
The COVID-19 pandemic has placed an unprecedented responsibility on caregivers, from physicians, nurses, and respiratory therapists to food services and sanitation workers in health care facilities. Caregivers are often treating the influx of COVID-19 patients under extraordinary pressure and ambiguity: The timeline to recovery is unclear, as people are still trying to understand how best to treat COVID-19, and caregivers are faced with the reality that they can transmit the disease to loved ones and one another due to greater levels of exposure. Even before the pandemic, caregivers experienced high levels of distress, and these challenges have been magnified over the past few months.

A JAMA study looking at the early mental well-being tolls of the COVID-19 crisis on health care workers in China found that 71.5 percent reported distress, 50.4 percent reported symptoms of depression, and 44.6 percent reported symptoms of anxiety.¹

These early statistics paint a concerning picture of the potential effects the pandemic could have on the mental well-being of caregivers in the United States. As the pandemic evolves and caregivers’ ability to cope is depleted, they are more likely to experience acute stress disorder (ASD), post-traumatic stress disorder (PTSD), chronic burnout, and/or an exacerbation of existing mental illnesses.² As caregivers around the country continue to address immediate needs related to the pandemic, health care organizations should proactively consider how they can support caregivers’ psychological recovery, as well as the potential short-term and long-term implications of the pandemic on caregiver well-being.
Key stressors affecting caregivers

Clinical workforces on the front lines of the COVID-19 pandemic are also battling a mental well-being crisis

All caregivers are facing numerous stressors, from the immediate concerns ranging from access to personal protective equipment (PPE) to the longer-term financial disruption of health systems. These stressors can be even more pronounced for women and people of color, who comprise the majority of patient-facing health care workers. In the United States, for example, women make up 91 percent of the nursing population. In New York public hospitals alone, Black and Latinx caregivers make up 44 percent of medical staff and 79 percent of nonmedical caregivers. The callout box on page 7 details some of the stressors disproportionately experienced by women and caregivers of color, while the graphic below summarizes key stressors that impact all caregivers across the board. Here, we take into consideration different challenges based on geography and prevalence of the virus in a specific area:

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**Key stressors impacting all caregivers**

- High risk of contracting and/or transmitting the virus
- Practicing outside of area of expertise to treat surge
- Treating coworkers
- Emotional toll of continued grief and guilt
- Fear of exposing family members
- Personal and lifestyle stressors (for example, childcare, destressing or recharging activities, spiritual practice, and lack of sleep)
- Access to sufficient levels of PPE, medical supplies, equipment, and testing
- Backlog of elective and non–COVID-19 care
- Uncertainty around treating a novel disease and lack of control around potential future COVID-19 surges
- Financial ramification of the pandemic on health systems and caregivers’ lifestyles (such as furloughs or potential hospital shutdowns)

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**HOTSPOTS**

- Geographic areas with higher prevalence of COVID-19

**NON-HOTSPOTS**

- Geographic areas with lower prevalence of COVID-19

**SHARED**

- Guilt about not being in a high-volume area
- Fear of the unknown related to increases in COVID-19 cases
- Frustration or anxiety around the disruption of routine
- Fielding patient anxiety

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Source: Deloitte Consulting LLP, 2020
Shared stressors across regions:

- All caregivers are disproportionately affected by the central challenges of the pandemic, such as testing shortages, contributing to sustained stress and anxiety, as they might be hyper-aware of their propensity to contract the virus.

- Feelings that caregivers (either themselves or coworkers) are not protected can lead to a loss in trust between workers and the employing organization. Caregivers in health systems across the country are voicing their concern about protection in their respective health care organizations, and this adds to the urgency with which organizations should actively address those concerns.

- Caregivers may also have to follow additional, potentially cumbersome safety precautions. This can add to their feelings of anxiety as they adopt change in a high-stakes environment and also may increase their physical discomfort (such as bruises or injuries from wearing face masks or visors).

- Pauses on elective care to support patient safety and consumers choosing to forgo elective care will likely put financial pressures on health systems. The American Hospital Association estimates a monthly average of $50.7 billion in losses for US health systems and hospitals due to the effect of COVID-19 hospitalizations on hospital costs, the effect of canceled and forgone services on hospital revenue, the additional costs associated with purchasing PPE, and the costs of additional support that some hospitals are providing to their workers. This financial situation can create job uncertainty for caregivers, and they may worry about how their organization might try to cut workforce spend moving forward.

- Health care organizations are often facing scenarios of decreasing workforce spend—in Deloitte’s survey of human resources leaders at provider clients, 59 percent were already conducting involuntary furloughs. Job or paycheck insecurity, as well as the prolonged timeline responding to the pandemic, only compounds other stressors on caregivers. More broadly, the pandemic is challenging a decades-old orthodoxy that a career in health care typically equates to financial stability for those who choose to take that path, and this may have lasting implications on how current and future caregivers approach their occupations going forward.

- The general stressors on the workforce are likely further intensified by prolonged fatigue and a sense of no end in sight. Caregivers may feel like they have to brace for future surges or an imminent increase in elective procedures when the threat of COVID-19 wanes and customers feel safer in seeking out care they may have been postponing. Above all, COVID-19 is a virus that is, at time of publication, both ambiguous and constantly evolving, and regardless of where in the country their employing organizations are located, caregivers bear the ultimate responsibility of caring for patients, regardless of their comfort level with treating the disease at hand.

- The disruption to caregivers is only exacerbated by the overall wavier consumer sentiment around health care during the pandemic. Deloitte’s April 2020 survey of health care consumers across the country found that 83 percent of consumers surveyed feel anxiety or fear, and 31 percent of consumers were opting out of receiving COVID-19 testing due to fear of being exposed to COVID-19 at a doctor’s office or hospital. While this is certainly also a stressor faced by caregivers in hotspot areas, this customer anxiety is magnified and front and center for many caregivers who do not operate in hotspot areas and are still largely focused on delivering non-COVID-19-related care.

Hotspots:

- Many caregivers in hotspot areas are being asked to practice outside of their areas of expertise or specialty to meet demand. Operating outside of their comfort zone may spur feelings of anxiety as they treat COVID-19 patients—for example, surgeons or cardiologists that have been redeployed to the ER or intensive care. In a survey conducted by InCrowd, only 9 percent of surveyed physicians said they felt confident they could identify a patient who has contracted COVID-19, and only about 25 percent said they felt very prepared to treat a COVID-19 patient.

- The emotional toll is tremendous for caregivers who must navigate people’s grief for patients who have passed away while also supporting other patients that still need care. With the added complexity of reduced visitation, caregivers bear the emotional labor of relaying communication between patients and loved ones, as well as providing end-of-life care and emotional support for patients in what is traditionally a family-oriented experience. This overwhelming experience can ratchet up the mental distress, fear, sadness, and fatigue that caregivers might already be facing.

- Many caregivers are isolating themselves from their loved ones to help protect others, disrupting critical social support systems that can otherwise help bolster physical and mental well-being. Some studies link social isolation to risk factors including activation of physical and psychological stress responses, as well as the suppression of immune system functioning. If caregivers lose their traditional support systems, they may become inherently more stressed, leaving them less likely to cope effectively with stress at work and deliver a high quality of care.

Non-hotspots:

- In scenarios where hospitals had prepared for but not seen a surge in COVID-19 cases, caregivers can feel conflicted between frustration (because their routines were significantly disrupted in preparation for high volumes that did not come) and guilt (because they might feel they should be practicing in areas with higher volume and lending help where it’s most needed).

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While the COVID-19 pandemic has affected the lives of the caregiver community at large, it has had a disproportionate impact on women caregivers and caregivers of color. In addition, these populations disproportionately hold roles that interact directly with patients, exposing them to increased risk of contracting and transmitting the virus. A Brookings analysis found that of essential workers, health care practitioners and support workers face the greatest levels of exposure to COVID-19—on average, 85 percent of these workers are frequently near others, 79 percent are frequently exposed to disease, and 89 percent have frequent face-to-face interactions.\textsuperscript{20}

Further, other stressors of the pandemic can often be exacerbated for caregivers of color as they witness firsthand the existing disparities in health access and outcomes among communities of color, particularly during the COVID-19 pandemic.\textsuperscript{21} Initial data illustrates the severe toll that COVID-19 is taking on communities of color—for example, in Chicago and Louisiana, Black residents make up 70 percent of all COVID-19–related deaths despite representing 30 percent of the total populations.\textsuperscript{22}

The potential consequence for the differentiated impact to female caregivers and caregivers of color is significant. Without appropriate interventions by health care organizations to address the needs of these workers, health care organizations likely face a shrinking pipeline of diverse talent for caregiver and leadership positions as caregivers potentially leave the industry based on their recent experiences.\textsuperscript{23}
Potential impacts for caregivers and organizations

The stressors that patient-facing workforces are combating due to COVID-19 are expected to have short- and longer-term implications on their mental well-being, likely undermining their holistic individual well-being and imposing tremendous costs on health care organizations.

While mental well-being concerns can arise in anyone from time to time, they can become a mental illness when ongoing signs and symptoms cause frequent stress and affect one’s ability to function. The stressors detailed above can affect all caregivers across all four pillars of their well-being, to varying degrees. Costs associated with poor mental health include not just the direct cost of treating symptoms (for example, behavioral health benefits or medication) but also the indirect costs, such as absenteeism or employee turnover, that organizations will likely incur if they do not proactively mitigate concerns.

Mental distress, particularly in the form of burnout, has been a longstanding challenge in health care. According to a study published by the Annals of Medicine, burnout is defined as a prolonged response to chronic emotional and interpersonal job stressors, and is characterized across three symptomatic dimensions: exhaustion, depersonalization, and a reduced sense of accomplishment. Pre-COVID-19, physician burnout was already costing the health care industry an estimated $4.6 billion a year, and according to a 2019 report by the National Academy of Medicine, 34-54% of all nurses and physicians have “substantial symptoms of burnout,” as do 45-60% of medical students and residents. These numbers are likely to increase as many caregivers battle prolonged fatigue, feelings of anxiety, and a lack of trust in one another, as well as the organizations and patients they serve. Research has identified that cultivating feelings of autonomy, competence, and relatedness can help increase the intrinsic motivation that clinicians feel and combat burnout; however, systems generally still continue to struggle to minimize burnouts in the face of recent health care reforms.

Acute stress disorder is another likely corollary that might follow from caregivers’ experiences in the pandemic: It can occur a few days to multiple weeks after exposure to traumatic events or prolonged periods of stress, and behaviors can include poor focus and inability to concentrate, increased absenteeism, inattention to detail, and difficulty maintaining relationships—all of which are critical to delivering high-quality care and positive patient outcomes. History tends to corroborate this assertion: Following the SARS epidemic in 2003, psychologists studied the effects of quarantine on the mental well-being of health care workers, and symptoms of ASD, depression, and PTSD were more strongly associated with health care workers who self-isolated to protect themselves and their loved ones from infection.

Health care organizations should move quickly to support the holistic well-being of their caregivers, potentially expanding focus from physical health to a broader viewpoint of well-being that integrates mind and purpose. As they implement these efforts, health care organizations should also consider lasting preventive measures that promote psychological recovery in the short term and well-being in the long term, and help to increase the workforce’s resiliency to traumatic experience in the future, many of which are detailed in the subsequent section.

Definitions

Mental illness, particularly in the form of burnout, has been a long-standing challenge in health care.

Mental health is defined by the World Health Organization (WHO) as a state of mental and psychological well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to his or her community.

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Deloitte defines unified well-being as being composed of four pillars: body (physical health), mind (mental health and developing boundaries between work and life), wealth (financial wellness), and purpose (creating a fulfilling experience inside and outside of work).
Interventions to care for the caregiver

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While organizations continue to respond to and prioritize immediate operational needs, they should also begin to proactively think about how they can recover and thrive in the long term, and be more supportive of their caregivers’ needs. Consider these four types of interventions, which build on one another and need not be sequential:

Four Pillars for Intervention

Healthcare provider organizations need to act swiftly; investing resources and supporting their clinicians and healthcare as they continue to fight COVID-19 on the front lines.

- **Mental well-being screening & support services**
  Meeting immediate caregiver need for professional mental well-being services and destigmatizing using those services

- **Well-being Offerings**
  Offering programs that support employees’ and their families’ holistic well-being, including adoption of programs

- **Operations**
  Embedding a priority of holistic well-being through existing and new processes (e.g., staffing, existing quality and safety processes) and population health

- **Culture**
  Activating the norms and values within an organization that support caregiver well-being
Interventions that should be prioritized in the short term, particularly by hotspot organizations, are noted with icons.

Mental well-being screening and support services

Drive adoption of employee assistance programs (EAPs): Encourage utilization of EAPs (for example, through an education campaign) and proactively hold individual and group therapy (potentially virtual) for patient-facing workforces. Consider implementing a confidential hotline with trained responders where employees can share if they are concerned about a colleague or themselves. Proactive measures are critical, as some may not opt into existing resources. A survey of physicians on burnout and suicide reported that 64 percent of physicians did not plan to proactively seek help. When pressed for why, almost half (47 percent) believe that they could deal with their mental health concerns without help of professionals, 39 percent were too busy to receive help, and 20 percent did not want to risk disclosure.34

Screening for frontline workers: Consider implementing opt-in, confidential screening programs to identify symptoms of poor mental health and connect caregivers to the help they may need. Screening should be encrypted to protect caregiver anonymity, and those identified as higher-risk should be immediately connected with mental well-being professionals.35 Lower-risk individuals can be connected to existing resources (such as EAP or peer support groups).

Expand coverage for mental and behavioral well-being and encourage utilization: Expand mental and behavioral well-being benefits provided to the workforce (such as mental well-being apps or virtual therapy visits) to include programs to support well-being and resilience. The demand for mental and behavioral health benefits will likely vary across organizations. For example, health systems that experienced a surge may require a particular focus on managing ASD and PTSD, while health systems anticipating a surge might require programming on managing anxiety, building peer-to-peer support groups, and developing self-care habits. Advertise benefits to staff to encourage them to utilize programs available to them.

Well-being offerings

Address short-term caregiver needs: Alleviate external stressors by expanding benefits to frontline staff and their families (for example, child and elder care, food delivery, or temporary housing accommodations) to allow caregivers time to focus on caring for patients. These benefits may be tailored to particular workforce populations (such as caregivers potentially exposed to COVID-19).

Empower caregiver community through peer groups: Convene peer groups, perhaps facilitated by mental well-being professionals or coaches, to discuss the day-to-day experiences of being on the front lines and allow caregivers to feel heard by others. Other caregivers will be able to understand the experiences of other individuals in the field, and activating this support network can be a powerful way to create community for caregivers.

Rewards optimization: Revisit whether rewards offerings meet the needs of the workforce by surveying employees, particularly identifying any potential drivers of overall health (such as food insecurity), and implement benefits that address identified needs. In this process, consider offerings that support holistic well-being (which includes body, mind, wealth, and purpose). Paying particular attention to rewards that address holistic well-being can also help organizations proactively begin to deconstruct the perceived stigma around seeking treatment for mental illnesses.

Operations

Testing and vaccines: As soon as available, widely implement testing (to both workers and patients) and administer flu and COVID-19 vaccines at no cost to all patient-facing workforce.

Redeploy workforces: Continue redeploying workforces from low-demand to high-demand areas to support increased capacity and, as demand allows, adjust shifts, increase PTO allowances, and/or explore sabbatical programs to allow frontline workforce to take time off or work part-time (if desired).

Engage your workforce along the way: Proactively communicate the steps you are taking to help protect your workforce (such as safety protocols or cycling shifts to minimize spread), including how workers might respond to any questions from consumers in the course of care delivery. Proactive, effective, and transparent communication is critical to maintaining and potentially rebuilding trust. Organizations should communicate early and often, providing as much information as possible (even admitting unknowns) and creating open avenues for employees to ask questions (such as town halls). Not only will this help foster a culture of trust and transparency, but it will also enable organizations to maintain an open channel of feedback for employees.

Embed well-being into the process: Incorporate caregiver well-being checks into existing and new processes where appropriate (for example, part of mortality or morbidity meetings or grand rounds). For these changes to be effective, they need to be aligned with the overall organizational culture and perceived as genuine, and there needs to be an appropriate response if people need professional support for mental illness.

Expand virtual health: Ramp up virtual care, prioritizing high-risk caregivers for virtual shifts to help reduce spread among caregivers and patients, and provide training to equip caregivers with “web-side manner.”
Culture

Leadership activation: Provide training to leaders in topics such as resilient leadership, communications, empathy, and trauma-informed care. As Deloitte’s 2019 Global Human Capital Trends Report highlights, the pace of change in current organizations requires new competencies from leaders, particularly leading transparently and fostering internal collaboration, and organizations can foster these skills within their own workforce by intentionally developing new leaders through stretch opportunities and dedicated coaching.36 Leaders can even be engaged in implementing some of the well-being interventions detailed here by establishing a caregiver well-being and engagement council.

Create trust and psychological safety: Conduct an organizational culture assessment of psychological safety and utilize insights to recognize how certain administrative or business decisions in responding to the pandemic may have affected culture, as well as identify new norms and values to further cultivate trust and a sense of belonging within teams. Leverage short-term project sprints to realize new norms and values, and break the stigma around seeking support for mental distress (for example, integrate well-being practices into the regular culture of units, or conduct an educational campaign on the importance of emotional and mental well-being).

Activate a culture of recognition: If you do not already have one, embed recognition into existing meetings, where staff can acknowledge the contribution of coworkers to help build a sense of community amongst the caregiving workforce. Consider engaging the community around recognition, as many communities are rallying around health care workers and may be willing to donate time or resources to acknowledge the work of frontline workers.

Celebrate caregivers’ commitment to the mission: Continue to celebrate your workforces’ commitment to their overall purpose of working in health care by widely sharing and celebrating successes (such as making an announcement on the intercom when a COVID-19 patient is released).

These interventions will support patient-facing workforces during their time of utmost need while also help to accelerate the health care organization’s trajectory toward more dynamic, future-forward care models. In the long term, organizations may need to reconsider how they can cultivate organizational resiliency. Organizations should analyze how they can continue to cultivate workforce planning to maintain a dynamic workforce that can flex to consumer demand and better prevent against burnout (for example, a float pool of resources that are broadly trained or establishing a contingent workforce). Health care organizations should also be considering long-term impacts of ramping up virtual care, such as whether caregivers are equipped with training to deliver care with strong “web-side manners.” In responding to the caregiver mental health concerns today, health care organizations can also reimagine the way in which work is done, such that holistic well-being of both consumer and caregiver can be integrated into how care is delivered.
Conclusion

As the parameters of the pandemic evolve in the coming months and the symptoms of exhaustion and/or acute stress disorder set in for many health care workers, organizations should also address the longer-term, severe implications of workers who might experience depression, anxiety, post-traumatic stress disorder, or other psychological distress. There will likely be a long tail of hardship for a large cohort of patient-facing workers, and it will be important for organizations and individuals to prioritize the mental well-being needs of those on the front lines of the COVID-19 pandemic. Health care organizations should move quickly to implement high-yield and easily integrated interventions that can boost caregiver well-being while also prioritizing meaningful transformation that builds a culture that cultivates caregiver resiliency over time. These considerations will help encode the agility to enable health care workforces to navigate future disruptions and help organizations prioritize the lasting well-being of their most important assets: their people.

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Endnotes

3. In a recent Doximity survey, 77.5 percent of physicians believe that their hospital or clinic does not have the adequate medical supplies and equipment to protect them if the pandemic worsens. Source: “Physician views on the coronavirus pandemic response,” Doximity, April 2020.
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