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Promoting psychosocial webeing of health care staff during crisis

Issue:

A health care organization's ability to respond to the stresses and strains of poviding adequate patient care during a crisis —such as the COVID 19 pandemic —is reliant on its workers' psychosocial well-being. The anxiety, stress, fear and associated feeling experienced by health care workers during challenging times are s related to increase dhealth care worker stress were:

- Physical isolation from loved ones and colleagues
- Anger, anxiety and fear from lack of PPE.
- Burnout, feeling overwhelmed, a sense of helplessnessand loss of normalcy.
- Moral distress from experiencing conditions incongruent with normal professiona I and ethical responsibility.
- K Fear of infection and transmission to loved ones.
- Fatigue from longer shifts and altered sleep patterns.
- Pressure to maintain up-to-date knowledge and track fluctuating policies and procedures.
- C Physical strain and injury from prolonged use of PPE.
- Physical exhaustion, dehydration, eating unhealthy foods or eating at irregular times.
- Secondary traumatic stress or symptoms resulting from exposure to another's trauma.
- Grief from witnessing death and suffering of patients and colleagues.
- Reduction in force from staff falling ill, layoffs and furloughs .
- Closure of services and financial strains on the organization.
- Risk of blame, harm or harassment from the community .
- Generation Bombardment from continuous news and social media coverage of theCOVID-19 pa19
- al that health care organizations support all staff through proactive planning and

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x Resilience in p ost-crisis recovery . Following the crisis, there will be a period of readjustment as staff are reintegrated and operations restored. Stress responses may persist among staff with



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