



# Coronavirus (COVID-19): implementation facilitators to supporting programmes for improving the resilience and mental health of frontline workers during and after an epidemic

Vanessa Jordan PhD

New Zealand Cochrane Fellow, University of Auckland, Auckland, New Zealand. Email: v.jordan@auckland.ac.nz

**COCHRANE REVIEW:** Pollock A, Campbell P, Cheyne J, Cowie J, Davis B, McCallum J, McGill K, Elders A, Hagen S, McClurg D, Torrens C, Maxwell M. Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review. *Cochrane Database of Systematic Reviews* 2020, Issue 11. Art. No.: CD013779. doi: 10.1002/14651858.CD013779.<sup>1</sup>

**J PRIM HEALTH CARE**  
2020;12(4):395–396.  
doi:10.1071/HC15957  
Published 22 December 2020

**BACKGROUND:** On 11 March 2020 the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic.<sup>2</sup> Since then healthcare worldwide has had to rise to the challenge of how to deliver healthcare safely to people with health needs while also protecting frontline staff. From previous severe acute respiratory syndrome (SARS) outbreaks, we know that frontline workers report higher levels of burnout, psychological distress, and posttraumatic stress than their peers who have not been on the frontline of an epidemic.<sup>3,4</sup> To prevent or ameliorate the consequences of frontline epidemic work the authors of this Cochrane review set out to assess the effectiveness of interventions supporting the resilience and mental health of these workers and to identify facilitators and barriers for these interventions.<sup>1</sup>

**CLINICAL BOTTOM LINE:** This review only found one study of the effectiveness of interventions for supporting resilience and mental health in frontline staff working during an epidemic. This study showed that psychological first aid did not have any effect on the quality of life of the participants.<sup>1</sup> This review then went on to qualitatively consider factors that would help to successfully implement programmes to support frontline workers (see below).<sup>1</sup>

## References

1. Pollock A, Campbell P, Cheyne J, et al. Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review. *Cochrane Database of Systematic Reviews* 2020;11.
2. World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19, 11 March 2020.
3. Maunder RG, Lancee WJ, Balderson KE, et al. Long-term psychological and occupational effects of providing hospital healthcare during SARS outbreak. *Emerg Infect Dis* 2006;12(12):1924–32. doi:10.3201/eid1212.060584
4. Maunder RG, Lancee WJ, Rourke S, et al. Factors associated with the psychological impact of Severe Acute Respiratory Syndrome on nurses and other hospital workers in Toronto. *Psychosom Med* 2004;66(6):938–42. doi:10.1097/01.psy.0000145673.84698.18

Table 1. Summary of factors that would enable or hinder successful implementation of interventions to support frontline staff

Implementation factors	Findings	Evidence
Intervention characteristics	Flexible interventions – needed to be culturally appropriate and tailorable to local needs	Moderate quality evidence based on seven studies
	Low level of complexity allowing for easier implementation	Low quality evidence based on four studies
	Cost can hinder implementation	Low quality evidence based on two studies
Environmental factors	Lack of awareness about the needs and resources of frontline workers was seen as a barrier	Moderate quality evidence based on twelve studies
	Awareness of mental health needs by governments and political leaders was identified as a facilitator.	Very low quality evidence based on two studies
	Networking between organisations involved in providing frontline services	Low quality evidence based on two studies
Organisational factors	Effective communication and cohesion through horizontal and vertical networks	Moderate quality evidence based on eight studies
	Organisational incentives and rewards for frontline workers were seen as important in facilitating engagement with the intervention	Low quality evidence based on four studies
	A positive learning climate for everyone involved in implementation of an intervention	Moderate quality evidence based on eight studies
	Resource constraints, including lack of equipment, staff time and skills, were described as hindering implementation	Moderate quality evidence based on eight studies
	Education, training, and access to information for frontline workers was considered an important step underpinning the readiness for implementation	Low quality evidence based on six studies
Individual characteristics of frontline health and social care professionals	Frontline knowledge and beliefs about the intervention could help or hinder	Moderate quality evidence based on seven studies
	Frontline workers confidence in their ability to implement intervention was seen as an important factor	Low quality evidence based on five studies
	Individuals personality such as motivation and attitude could either help or hinder	Low quality evidence based on seven studies
Implementation process characteristics	Time spent preparing individuals to be receptive to changes often overlooked. This led to workers feeling rushed and unprepared	Low quality evidence based on eight studies
	Successful implementation was helped by meaningfully engaging with workers, specifically with champions and opinion leaders	Low quality evidence based on eight studies
	Debriefing was identified to promote a sense of safety and shared learning	Low quality evidence based on six studies