



## Short Reports:

# Supporting Healthcare Workers Wellbeing During COVID-19: Cleveland Clinic Abu Dhabi's "COVID-19 Well" Program

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**Abstract:** Globally, healthcare employees are facing extraordinary stress, emotional depletion and physical exhaustion due to the ongoing COVID-19 pandemic. This exposes employees to risk for burnout, psychological distress and disengagement at work. There is limited data examining employee wellbeing during a pandemic and equally, an absence of best practices for intervention in this time. Participation in corporate wellness programs often is sub-optimal; without incentives or penalties participation is reported to be as low as 20% of the total workforce (Mattke et al., 2020). In March 2020, cases of COVID-19 began to increase in the United Arab Emirates. In response, Cleveland Clinic Abu Dhabi launched "COVID-19 Well", a corporate wellness program including 17 initiatives to support wellbeing and normalize emotional and mental health conversations. Between 36% to 49% of employees participated in wellbeing events; participants attending virtual events reported a significant increase ( $p < .05$ ) in their emotional wellbeing post event. Moreover, the emotional wellbeing of caregivers during the pandemic documented by Mentimeter™ was similar to the emotional phases experienced during disaster reported in the literature. Healthcare worker participation in corporate health programs focused on emotional wellbeing may be well received and effective during the ongoing pandemic.

**ملخص:** على الصعيد العالمي، يواجه موظفو الرعاية الصحية ضغوطاً غير عادية واستنزافاً عاطفياً وإرهاقاً جسدياً بسبب جائحة COVID-19 المستمر. هذا يعرض الموظفين لخطر الإرهاق والضييق النفسي وعدم الارتباط في العمل. هناك بيانات محدودة تفحص رفاهية الموظف أثناء الوباء، وبالمثل، غياب أفضل الممارسات للتدخل في هذا الوقت. غالباً ما تكون المشاركة في برامج العافية للشركات دون المستوى الأمثل؛ بدون حوافز أو غرامات تم الإبلاغ عن أن المشاركة منخفضة تصل إلى 20% من إجمالي القوى العاملة. في مارس 2020، بدأت حالات COVID-19 في الازدياد في الإمارات العربية المتحدة. واستجابةً لذلك، أطلق كليفلاند كلينك أبوظبي برنامج "COVID-19 Well"، وهو برنامج عافية مؤسسي يتضمن 17 مبادرة لدعم الرفاهية وتطبيع محادثات الصحة العقلية. شارك ما بين 36% إلى 49% من الموظفين في فعاليات الرفاهية؛ أفاد المشاركون الذين حضروا الأحداث الافتراضية عن زيادة كبيرة في رفاههم العاطفي بعد الحدث. علاوة على ذلك، كانت الرفاهية العاطفية لمقدمي الرعاية أثناء الجائحة التي وثقها Mentimeter™ مماثلة للمراحل العاطفية التي مر بها أثناء الكارثة المذكورة في الأدبيات. قد تكون مشاركة العاملين في مجال الرعاية الصحية في برامج صحة الشركات التي تركز على الرفاهية العاطفية موضع ترحيب جيد وفعالة خلال الجائحة المستمرة.

**Keywords:** wellbeing; healthcare; emotion; COVID-19; optimism; United Arab Emirates



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**The COVID-19 pandemic is overwhelming healthcare** systems worldwide. Healthcare workers are at a high risk of physical and mental health consequences as shown by recently published data (Shaukat et al., 2020). Recent studies examining the mental health consequences of the COVID-19 pandemic in Chinese health workers show significant rates of anxiety (23%; Huang et al., 2020), post-traumatic stress disorder (24%; Huang et al., 2020), depression (50%; Lai et al., 2020), and insomnia (34%; Huang et al., 2020; Lai et al., 2020). Experience from China described the implementation of an organizational response with a three-tiered approach focused on the individuals and groups (Chen et al., 2020) to support the workforce. Yet, there is currently limited data on the benefits of corporate wellbeing interventions on participation rates and/or its uptake during an ongoing pandemic, and focused on healthcare workers.

Generally speaking, participation in corporate wellness programs often is sub-optimal, without incentives or penalties attached, and reported as low as 20% of the total workforce in the published literature (Mattke et al., 2020).

Cleveland Clinic Abu Dhabi's 'COVID-19 Well' three-tiered wellbeing program was launched during the COVID-19 pandemic with the aim of providing increased psychosocial and emotional support to health care workers. These initiatives were designed with a novel approach to address wellbeing challenges during a pandemic and based on published literature at the time (Cates et al., 2018).

## The Present Study

### Method

*Wellbeing Programs.* The program included pre-COVID initiatives such as our employee assistance program, but also introduced new emotional, psychosocial and physical wellness tools at individual and organizational levels. Specific interventions including daily wellness phone calls to workers who were quarantined or COVID-19+, promotion of wellness resources such as (counsellors, mindfulness, myEAP, seminars), in house psychological support services (licensed psychologist in occupational health) and a series of ten Wellbeing Academy webinars focused on topics promoting resilience optimistic mindset and holistic wellbeing. Specifically, we examined participation rates across 17 different interventions, emotional response to these interventions, as well as qualitative data on employee mood throughout the intervention period.

Participation rates were recorded via employee IDs, the provision of which was required for entrance/online registration or participation in each event.

*Emotional Wellbeing.* After each wellbeing webinar, participants were given a survey asking them to rate their emotional wellbeing before and after the event, (e.g., How would you rate your



emotional wellbeing before the seminar/event?” and “How would you rate your emotional wellbeing after the seminar/event?”). Participants were asked to use a Likert Scale of 1 to 5, with anchors of 1 “as bad as it can be” and 5 “as good as it can be.”

*Mood.* Qualitative data on mood was captured using Mentimeter™ (<http://www.mentimeter.com>). Mentimeter™ is a free open sourced cloud-based audience response system used in educational settings to enhance engagement and learning (Hill, 2020). There is no software to download; participants simply access the site using a pin code generated by presenters. The platform can be used to generate both quantitative and qualitative responses. This interactive word cloud platform is used during our Wellbeing Academy Seminars to poll attendees. In this case, participants were asked “What words describe how you feel about this pandemic?” Participants responded by free texting to develop a word cloud, which created a visual of emotional responses displayed during the presentation, with the top response appearing prominently in the center. A recent qualitative study of 204 students using Mentimeter™ in an educational setting showed students were “highly satisfied” with the use of Mentimeter™ during lecture and found it to enhance attention by being “fun,” “interesting,” and “engaging” (Mayhew, Davies, Millmore, Thompson, & Bizama, 2020).

## Results

*Participation.* A total of 17 programs and/or events were sponsored between the period of March to September, 2020. There were  $n = 2147$  participants across all programs;  $n = 1045$  of these were known to be unique participants. In addition,  $n = 477$  employees participated in confidential programming, including the employee assistance program ( $n = 153$ ), psychology services embedded within occupational health ( $n = 124$ ), physician wellness week ( $n = 71$ ), and online support platform ( $n = 129$ ). Because of the confidential nature of these services, it was not possible to determine whether these were unique participants.

*Participation rates.* The Cleveland Clinic Abu Dhabi workforce includes  $n = 3,653$  employees. There were  $n = 1045$  unique participants across all interventions indicating that 28.60% of the workforce participated in Wellbeing Programs. If participants from confidential services are assumed to be unique participants, it is estimated that 41.66% of the workforce participated in Caregiver Wellbeing Services.

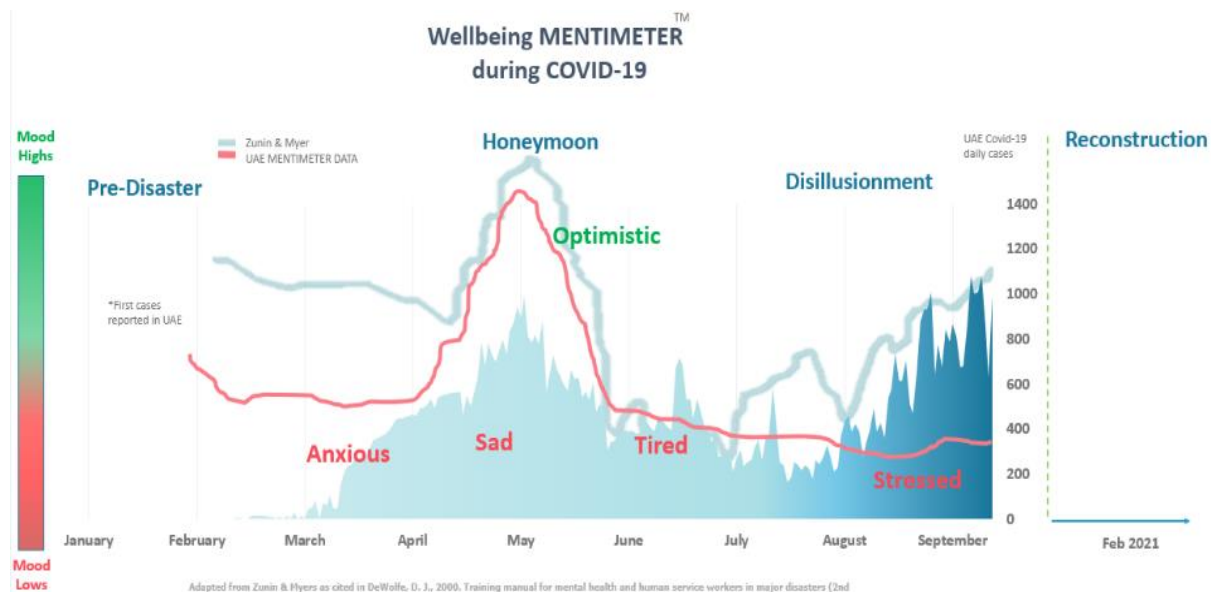
*Wellbeing Webinars.* There were  $n = 1243$  participants in the ten series Wellbeing Webinars. Of these,  $n = 599$  were unique caregivers, meaning that 16.39% of employees participated in these interventions.

*Emotional wellbeing.* A total of  $n = 248$  (19.95%) of participants provided post-webinar survey response data. Emotional wellbeing before the event was rated at 3.04 ( $sd = 1.16$ ). Emotional wellbeing after the event was rated at 3.78 ( $sd = 0.88$ ). A matched pairs t-test comparing emotional wellbeing before and after the program indicated that those responding experienced a significant increase in their emotional wellbeing ( $t = 10.38, p < .01$ ). Mentimeter™ poll moods completed by some participants ranged from anxious pre-pandemic, sad when cases started to occur, optimistic during heroic efforts as an organization, followed by tired and a stressed state with surge in September (see Figure 1).



Figure 1

*COVID-19 Well Mentimeter™ plotted against Phases of Disaster*



## Discussion

These changes in emotional state are consistent with previous literature indicating expected reactions during phases of disasters (DeWolfe, 2000). The emotional states may be based on ongoing triggers such as national lockdown and or community response e.g. school closings. Healthcare workers when faced with uncertainty during this pandemic manifested a range of emotions including anxiety, stress, and fatigue. Positive emotions were also observed as heroic efforts to defeat the virus and care for patients led to community unity and collaboration. In our Mentimeter™ graph, the tired and stressed mood may be associated with prolonged pandemic duration, persistent community stressors such as closing schools, lockdowns, and curfews with ongoing social and physical distancing. Though further studies are needed, our findings of a high participation rate during the pandemic possibly indicated a heightened need for organizations to address the emotional wellbeing of healthcare workforce.

Qualitative data showed that healthcare workers, in an international multi-specialty medical practice in the United Arab Emirates, appeared to face changes in emotional states during various phases of the pandemic similar to the stages of normal human emotional response to disaster previously described in the literature (DeWolfe, 2000; Figure 2).



**Figure 2**

*Phases of Disaster*



*Note.* Reprinted from DeWolfe, D. J. (2000). *Training manual for mental health and human service workers in major disasters* (2nd ed., HHS Publication No. ADM 90-538). Rockville, MD: US Department of Health & Human Services/ Substance Abuse & Mental Health Services Administration / Center for Mental Health Services. <https://files.eric.ed.gov/fulltext/ED459383.pdf>

### Limitations

There was a limited post participation survey response rate and Mentimeter™ mood responses. A greater participation may aid in better understanding of healthcare workers mood changes during the pandemic phases. There are limited best practices for interventions for an ongoing pandemic at this time, further literature is needed (Jiang et al., 2020; Yagur, 2020). Psychosocial stigma and barriers to mental health support still exists within organizations. Participation challenges in corporate wellbeing events may be influenced by ongoing organizational and occupation related patient care priorities as well as affected healthcare workers by COVID-19 illness, exposures, community or personal stressors.

### Future Research

There is a need to better understand the emotional responses and phases of reaction of healthcare employees during an ongoing pandemic for targeted wellbeing interventions. Further data needs to be collected addressing the effects and long-term consequences on the healthcare workforce of emotional and mental health stressors and how organizational interventions influenced recovery to move forward with success. In sum, corporate health and wellbeing program research and metrics of success benchmarks during pandemics need to be established to establish best practices.



A holistic lens to launch meaningful interventions focused on flourishing, optimistic mindsets and emotional wellbeing may be used to further support healthcare caregivers during an ongoing pandemic. Further monitoring of emotional states and mental health may guide healthcare organizations to proactively launch timely interventions for the benefit of the healthcare workforce to drive meaningful organizational strategy and support.

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