ABSTRACT

Introduction: The aim of this paper is to provide a case report and review potential emotional wellness benefit of multidisciplinary/multiagency membership within a statewide coronavirus disease 2019 (COVID-19) advisory group.

Methods: Members of a statewide COVID-19 advisory group were surveyed as to their level of participation and perceived emotional wellness benefit resulting from group membership.

Results: A majority of members across all disciplines/agencies reported a benefit of emotional wellness from group membership.

Discussion: We believe that it is important in disaster settings, regardless of the labeled group function, to be mindful of the potential benefits to group members from not only a task standpoint, but a process standpoint as well. In addition, it is important to recognize the multiple benefits of interdisciplinary interaction and inclusion.

Key words: peer support, disaster, well-being

INTRODUCTION

When a large-scale crisis occurs, organizations rely on evidence-based command structures (which are primarily focused on planning and operations functions) to efficiently and successfully complete the mission. Frequently, the individuals working within such high stress situations are neither seeking nor mindful of the need for emotional support. The following case report analyzes the functioning of a pandemic advisory group that also became a place of encouragement and support.

In the first week of March 2020, the State Health Officer and Field Medical Director for the North Dakota Department of Health (NDDOH) invited a small number of physicians and healthcare administrators to participate in a “Physician Advisory Group” (PAG) through the Department. The purpose was to assist the nonphysician State Health Officer and the Planning component of the Department’s coronavirus disease 2019 (COVID-19) Emergency Operations Team. Invitees to the initial meeting included infectious disease specialists, a medical education leader, a psychiatrist, a pulmonologist, and an emergency medicine specialist. They were chosen from across the state of North Dakota to provide perspective from their given specialties and communities. In addition, representatives from medical and hospital associations and long-term care and correctional facilities and NDDOH staff took part.

The sessions proceeded on a weekly basis in addition to ad hoc meetings and soon included other
physicians from state-wide healthcare organizations as well as regional public health directors, many of them with nursing backgrounds.

Initially, the focus was on policy/procedure/recommendations, data sharing, communication re: best practices, “state of the state,” etc. The agenda was assembled based on the requests for input made by NDDOH leaders. Requested input included recommendations about testing policy for the public, long-term care, those returning to work after illness, quarantine recommendations for those visiting from out of state, and determining an allocation strategy for antiviral treatments and personal protective equipment (PPE). Other granular, specific topics were discussed, with some guidance adapted for use by the Department, some not. A benefit of group membership included being updated on the most current and rapidly changing literature as well as the consensus of identification of best practices.

It was recognized by all that these were high-stakes conversations. A number of individuals in the group also were challenged by dual agency—being not only healthcare providers/experts, but administrators as well. Navigating a pandemic would have been difficult enough; however, in addition, there was social and economic unrest and political divisiveness, both nationally and locally (including departmentally), the sum of which seemed to strain equanimity exponentially.

Such tensions coincided with the abrupt resignation of the nonphysician State Health Officer, who was replaced by a physician with COVID-19 response team experience. The presence of a physician in this role afforded the NDDOH the opportunity to disband the COVID-19 PAG. This announcement was countered by a call to continue the group secondary to the many benefits perceived by the physicians and local public health providers who attended.

The group’s sponsorship shifted from NDDOH to the North Dakota Medical Association and membership remained robust, including continued participation by NDDOH infectious disease and emergency operations leadership.

While some members belonged to organizations that had programs designed to address staff stress, many did not. After a period, what was becoming apparent in the group was the shift from a task-oriented culture to one with significant relationship orientation. Members were finding the benefit of commiseration and peer support. In addition to discussions about COVID-19 testing, PPE, practice guidelines, etc, there were comments regarding burnout, frustration, and moral injury. There was also shared appreciation for courage, resilience, and perseverance.

**LITERATURE**

Even before the pandemic, alarmingly high numbers of health professionals were suffering from burnout—as many as 45 to 55 percent.¹

Numerous studies and reports have shown the benefit of social connectedness in individual resilience. This includes studies pertaining to healthcare workers during prior pandemics. Bender et al.² recently cited findings drawn from the COVID-19 Pandemic and Emotional Well-Being Study. In this study, emotional connectedness among healthcare providers is identified by the following characteristics: Empathy and Value (feeling understood), Help and Support (in an enduring and reliable way), Presence, and Vulnerability (being able to be open about struggles).

Studies assessing physicians’ willingness to reach out for support indicate that a primary issue is lack of time. Regarding whom they would be willing to reach out to, Hu and colleagues³ note that by far the number one person is a colleague.

**PHYSICIAN ADVISORY GROUP**

Appropriate risk communication strategies are of prime importance during a disaster.⁴ A benefit of the PAG is that it included members from other major healthcare systems in addition to varying governmental body health departments. A number of individual group members were involved in messaging to the public and suffered significant personal attacks through social media, in part because of the politically charged atmosphere, but in part due to lack of clear messaging support from the leadership entities above them. It has been a criticism of some that focusing on individual actions (as well as resilience) may...
give the appearance of relieving organizations of the responsibility to make systematic changes. One act of the PAG was making sure that the governmental and healthcare leadership were aware of disjointed messaging, which appeared to place providers in conflict with the public.

Often, PAG members were reaching out to others beyond their own organizations outside of the formal meeting times for both task and process/relationship concerns, without formally labeling them as such. In weekly meetings, the leader of the group, and co-author of this paper, (JC) reiterated the importance of safety of opinion and confidence by the group, particularly when some comments of members made their way to the media, unbeknown to the authors of the content. Different from a formal “medical staff committee, there was less of a feel of “institutional protection” and more that of club membership, with emphasis on respect and collegial sanctuary.

After more than a year, with the pandemic continuing, yet infection numbers going down and vaccination rates going up, the group elected to move to an every other week meeting.

METHODS

To better understand the participants’ sense of benefit of being a group member, an anonymous, voluntary survey was sent to 132 individuals on the PAG list serve, although many had not attended a meeting. The survey consisted of five questions relating to the following points:

Role–discipline/level of meeting participation/attendance/impact of PAG on emotional well-being/narrative response.

Of 36 responses (reflective of the core membership), the majority, not surprisingly, were from physicians, followed by public health officials, nurses, and administrators. Twenty-four of the 36 felt that the PAG meetings enhanced their emotional well-being and one quarter were neutral.

The narrative comments could be grouped into the following areas:

- Informational/solution-finding, which helped one’s sense of competence (with related reported reduction in anxiety).

- Feeling of support/like-minded thinking; this was notable from a multidisciplinary standpoint. Even though the group was labeled “PAG,” individuals from the public health field in particular, most of whom were nonphysicians, felt appreciation for inclusion.

While one member commented that, “I have not been relying on these meetings for my emotional well-being one way or the other. I think the information that has been shared has been helpful and I can see that it has helped share across the state how things are going from one area to the other. Emotional well-being not really. Seems like an odd place to look for that,” some noted that the benefit surprised them, and most felt significant appreciation:

“I have not really gone here for emotional support, but to network with other physicians to identify and trouble-shoot issues around the pandemic management. That said, finding a few colleagues from this group to regularly correspond with, has helped me tamp down some of the many frustrations and anxieties I have had around my role in the pandemic.”

“…sharing experience and challenges through discussions, it gives emotional well-being and the message that we are not alone.”

“The knowledge that others are experiencing the same things I am and the comfort in knowing people with a good deal of education don't have all of the answers either. I feel less like I'm missing something. Also, the comradery, candid conversation and honest feelings help me feel connected, which most of time I do not. Thank you!”

“Attending these meetings reminds me we are all on the same team. Sharing struggles, laughter and
stories that touch the heart help me get through the tough days.”

“Support, deep respect for each other and their roles, provided solid facts and discussion, energy, action steps, friends, laughter and tears, recognized the fear we were all experiencing. The PAG has provided me with solid science-based information, but also the following supports: trusted colleagues who share similar challenges, honest dialogue on how it feels to not be supported by policymakers and decision makers in our respective organizations, strategy discussion on policy initiatives, and support for emotional well-being as a caregiver. I can’t say enough good things about how supportive and welcoming the PAG has been to the participating public health leaders. We have endured significant stress similar to that experienced by physician health officers and the support of this group to be able to process that has been invaluable. I have been able to share my experiences without any feelings of judgment.”

RESULTS
A majority of respondents felt significant benefit from an emotional wellness standpoint from being a member of the group.

DISCUSSION
We believe that it is important in disaster settings, regardless of the labeled group function, to be mindful of the potential benefits to group members from not only a task standpoint, but a process standpoint as well. The opportunities for indirect and direct supports are legion. In addition, it is important to recognize the multiple benefits of interdisciplinary interaction and inclusion.

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REFERENCES