

## DIOP Evidence-based Guideline for Crisis Response & Management in Organisational Settings

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### Introduction

Recently, we have experienced crises and unexpected circumstances that have caused not only physical, but also mental ill-health among employees. To properly help employees in need, Division of Industrial-Organizational Psychology (DIOP) The Hong Kong Psychological Society consulted academics and reviewed research in industrial-organisational psychology (IO) and developed an evidence-based guideline for crisis response and management recommendations for (a) organisation policymakers, (b) leaders, (c) teams, and (d) individual employees. This is because, in addition to primary, immediate psychological interventions, organisational practitioners are deemed important in developing a system of psychosocial support for affected employees.

We thank all contributors for their generous support and inputs for this good cause.

### What can organisations do?

Immediate actions:

- **Proactively offer flexible work arrangements**, including allowing employees in need to take special leave from work and mobilise family-friendly employment policies and practices. A study in the UK has shown that employees experiencing bereavement may need 22 days of leave in the first 6 months of loss (JCBcARE, 2024; Sue Ryder, 2020).
- **Create open communication channels:**
  - Establish open lines of communication for discussing mental health and well-being;
  - Encourage regular check-ins by leaders and managers;
  - Provide training on effective communication and active listening skills; and
  - Create a safe space where employees can express their concerns, share their feelings, and seek help without fear of stigma.

Long-term, preventative practices:

- **Invest in external and internal mental health support resources:**
  - Establish external employee assistance programme (EAP) options that provide trauma counselling services;

- Work with professional bodies to devise sustainable mutual-gains people management systems and policies (Guest, 2017); and
  - Develop a team of internal mental health first-aid employees (certificate training available in local non-government organisations and consulting firms).
- **Set up emergency funds for quick instrumental support for employees in need.**
  - **Provide training, workshops, and coaching to develop employee psychological qualities**, including but not limited to:
    - **Resilience:** the ability to ‘bounce back’ from adversity (Luthans & Youssef-Morgan, 2017);
    - **Self-compassion:** the practice of being warm, understanding, and supportive toward oneself during times of suffering, rather than being self-critical (Neff, 2011); and
    - **Mindfulness:** the quality to non-judgmentally focus on here and now, which can help reduce stress, enhance emotional regulation, and improve self-acceptance, personal growth, and a sense of control over the external environment (van Dierendonck & Lam, 2023).
  - **Identify and maintain valued organisational identity.** Work identity could be of vital importance to some employees at times of crisis: a healthy organisational identity could provide a positive way to define who an employee is (e.g., a devoted worker, a reliable family-provider), but also offer opportunities to gain new, meaningful relationships and identities (Haslam et al., 2021; Williams et al., 2016). Some strategies include:
    - Respect that for some, work is a welcome distraction from the distress of a crisis;
    - Communicate the organisational identity as an understanding and resilient group in challenging situations; and
    - Encourage employees to participate in and suggest in collective decisions to support employees in need,
  - **Cultivate a psychologically safe organisational culture.** Psychological safety is a core element for healthy, sustainable organisations (Edmondson & Bransby, 2023). It encourages genuine caring in teams and improves employee trust and receptivity of organisational support at times of crisis. Moreover, it promotes organisational learning from changes.
  - **Limit repeated mentions of low-magnitude traumatic events.** Repeated reminders of unpleasant experiences, even in lower intensity, can have accumulative impacts comparable to exposure to a single high magnitude traumatic event (Lee et al., 2020). Potential sources of low-magnitude mentions include:

- Distressing (social) media; and
- Public discussion in organisational channels

## What can leaders do?

Immediate actions:

- **Provide social support to employees**, including:
  - Check in with employees while respecting their preferences and boundaries of disclosure (JCBeCARE, 2024);
  - Provide information about available organisational/HR and mental health support and resources; and
  - Work with affected employees to develop flexible work arrangements, such as time-offs, personalised work adjustment plans with employees and additional communication channels, reduction of non-essential high-pressure tasks (Billings et al., 2023)

Long-term, preventative practices:

- **Attend to signs of post-traumatic stress disorder (PTSD) symptoms.** Examples of PTSD reactions that last for more than a month include (Lee et al., 2020):
  - excessive use of substances, e.g., alcohol, caffeine, nicotine, drugs;
  - social withdrawal;
  - depression;
  - somatic distress;
  - performance deterioration; and
  - interpersonal conflicts at work.

Yet, sometimes PTSD can have a delayed onset, with symptoms occurring at least 6 months after the traumatic event (DSM-5). Support employees to seek professional help if needed.

## What can teams do?

- **Provide an appropriate level of emotional support** (Egan, 2014).

- Show understanding and validate others' feelings (e.g., 'It must have been difficult/tough for you'; 'It hurts for me to hear this. '; 「這件事不容易面對。」; 「辛苦你了。」; 「聽到呢個消息我都好難過。」);
- Avoid rejecting others' feelings or imposing pseudo-optimism or cliché talks (e.g., 'Don't be sad'; 'Think positive'; 'At least you're still fine'; 「一切都有安排。」; 「別想了, 人死不能復生。」); and
- Respect others' space and boundaries of disclosure.
- **Provide an appropriate level of work support.**
  - Offer help and show understanding towards deteriorated performance (JCBcCARE, 2024).
  - Avoid drawing one's attention to how stressful the work environment is (e.g., 'This task is urgent'; 'Our workload is heavy') because it will make supportive work interactions, even if intended to be helpful, hurt physical and psychological well-being (Beehr et al., 2010).

## What can employees do?

- **Recognise one's emotional responses.** Emotions are a combination of subjective feelings and physiological responses. Besides identifying feelings such as anxiety and sadness, employees may pay attention to:
  - Any abnormal bodily symptoms, such as bowel irregularities or discomfort, headaches, and sleep disturbance;
  - Reduced energy levels and a lack of interest in pleasurable activities could be symptoms of clinical depression; and/or
  - Flashbacks or nightmares of unpleasant crisis scenes could be signs of PTSD.

It is a brave, responsible action to reach out to a psychiatrist or clinical psychologist for professional help upon noticing these symptoms.

- **Draw and manage boundaries.** If the (social) media or daily conversations about the crisis have triggered intense feelings and bodily symptoms, one may be experiencing emotional burnout. Keep a distance from further exposure to the stimuli.
- **Restore a sense of control during uncertainty,** including:
  - Try to keep daily habits;
  - Reach out to your trusted others and maintain social interactions; and

- Find ways to channel and organise your feelings, such as writing journals and engaging in expressive arts (van Dierendonck & Lam, 2023)
- **Instead of searching for meaning, make a meaning** (Frankl, 2014). When feeling helpless and lonely, try to offer help to others (Lanser & Eisenberger, 2022).

### Concluding Remarks: Why do we help?

Most of us want to help and support those in need. A critical yet often overlooked question is: ***why do we help?***

Psychologists have identified two types of helping behaviour: altruistic (focusing on the recipient's needs; e.g., 'You are suffering and I want to help') vs. egoistic (focusing on self-interest; e.g., 'I feel bad to see you suffering, so I am doing something to help') (Schroeder et al., 1988). They may both hold good intentions, but sometimes egoistic helping may create additional, unexpected damages, such as signalling superiority, to those who suffer.

Whereas this guideline is not an exhaustive list of evidence-based recommendations for organisations and employees, we would be delighted if it would help those in need, but also invite more reflections and self-awareness of our helping actions.

For more resources & hotlines for employees, here is a list compiled by DIOP:

[https://docs.google.com/document/d/19igiSJMZykADEmO37PTgVRlcM\\_6MQ61S57LpP\\_XMMM/edit?usp=drive\\_link](https://docs.google.com/document/d/19igiSJMZykADEmO37PTgVRlcM_6MQ61S57LpP_XMMM/edit?usp=drive_link)

Further enquiries about this guideline can be directed to [diopsec@gmail.com](mailto:diopsec@gmail.com).

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