

Who is looking after our healthcare workers?

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March 2022 marked the second anniversary of the coronavirus disease (COVID-19) outbreak being officially recognised as a pandemic by the World Health Organization (WHO). During this period, almost 460 million cases and more than 6 million deaths have been reported.¹ More than 220 countries have been affected, resulting in nationwide lockdowns, closure of borders and bans on national and international travel.² Globally, the COVID-19 pandemic has had a massive financial, political and socio-psychological impact, the fallout of which is still being felt today.

The rapidity of spread and the large surge in patients requiring in-hospital, as well as outpatient care, put tremendous strain on healthcare systems throughout the world. Many healthcare systems were overwhelmed, leaving major gaps in the availability of health care and human resources, including protective measures for frontline workers, such as the availability of personal protective equipment (PPE). The healthcare sector, being at the forefront of this disaster, required healthcare workers to work long hours, often at great risk of infection to themselves and their families, and often under difficult and unfamiliar working conditions. Additional stress factors such as financial insecurity, physical illness, exhaustion, quarantine and isolation from support systems, stigma and grief from loss of loved ones and patients, have weighed heavily on healthcare workers.

In the general population, the psychological impact of quarantine during a pandemic includes depression, stress, low mood, irritability, insomnia, anxiety, emotional exhaustion, as well as post-traumatic stress symptoms. Those that have been exposed to the virus often reported fear, nervousness, sadness and guilt.³ Widespread job insecurity and financial instability may lead to worse mental health outcomes, with psychological distress symptoms as high as 25% in study subjects.⁴

In healthcare workers, occupational stress and burnout were already highly prevalent in the pre-pandemic workplace.⁵⁻⁸ During past viral epidemics, such as the Severe Acute Respiratory Syndrome (SARS-CoV-1) pandemic in 2003 and the Middle East Respiratory Syndrome (MERS-CoV-1) epidemic in 2012, healthcare workers suffered various adverse psychological outcomes.⁹⁻¹³ Frontline personnel were at high risk of experiencing symptoms of post-traumatic stress disorder (PTSD), with residual symptoms as high as 10–20% one to three years after the end of the disease

outbreak.^{9,14,15} In comparison to non-healthcare workers, 30% of healthcare workers still showed significantly higher exhaustion levels and psychological symptoms two years after an epidemic.¹⁶

Psychological distress symptoms during the COVID-19 pandemic have been consistent with previous pandemics,¹⁷⁻¹⁹ although some studies have shown an even higher prevalence of distress, depression and anxiety symptoms when compared to previous epidemics.^{20,21} Intensive care unit doctors, nurses and other staff were at particular risk of developing negative mental health outcomes.²² Lower-middle income countries, such as Pakistan, reported an alarmingly high prevalence of severe stress (90.1%), anxiety (85.7%), depression (72.3%) and post-traumatic stress symptoms (24.3%) among COVID-19 isolation ward healthcare workers.²³ A review of 106 studies reported a 24.3% prevalence of post-traumatic stress symptoms.²⁴ These are concerning statistics which emphasise the need for the pro-active provision and accessibility of psychological support services during a pandemic.

Anaesthetists are at high risk of viral exposure due to the nature of their work. In addition, they are also exposed to many stressors, which may lead to the development of PTSD. These stressors may include frontline exposure, increased work hours, displaced work environments, lack of access to PPE, quarantine, exposure to death and grief, as well as financial insecurity and pre-existing mental health problems. In this edition of SAJAA, the study by Lombard et al. reports that post-traumatic stress symptoms were present amongst South African anaesthetists during the COVID-19 pandemic, with 17.6% of anaesthetists satisfying the criteria for a provisional PTSD diagnosis.²⁵ Several predisposing factors were identified, such as feelings of loneliness, poor social support, fewer years of anaesthetic experience and pre-existing mental health conditions. These findings emphasise the psychological impact of the COVID-19 pandemic on anaesthesia providers. Although many may perhaps be feeling jaded towards the ongoing pandemic, vigilance is important to recognise its mental health impact. The predisposing factors identified in this study should encourage a collegial responsibility to look after one another.

Social support structures stretch much wider than one's own home and may include colleagues and the workplace environment. Because burned-out and distressed healthcare workers generally do not seek help, prevention should include making

the workplace more supportive by creating a culture of health and wellness. Management of mental health vulnerability and measures to look after the mental health of the healthcare workers on a systemic level should be a priority. Institutional support and preparedness for managing disease outbreaks cannot be over-emphasised. Those with prior mental health distress are more susceptible to further psychological damage resulting in more severe and prolonged PTSD. Focus areas should include professional training, effective disaster management plans, provision of adequate resources, but also compassionate human resource management.

We should encourage each other to seek help and decrease the stigmatisation of mental health symptoms. Several structures are in place to assist individuals who are feeling psychologically and mentally burdened. These include the South African Society of Anaesthesiologists' Wellness in Anaesthesia Group, Healthcare Workers Care Network, South African Depression and Anxiety Group (SADAG) as well as departmental wellness programmes at many workplaces.

Human resources are the most important, yet most fragile, resources in the healthcare chain. The maintenance of a functioning healthcare system depends on a healthy workforce – physically, financially, professionally and psychologically.

References

- Worldometer [Internet]. Covid-19 Coronavirus pandemic. Worldometer; [updated 2022]. Available from <https://www.worldometers.info/coronavirus/>. Accessed Mar 2022.
- World Health Organization [Internet]. Coronavirus disease 2019 (COVID-19) situation report - 67. WHO; [updated 2022]. Available from: www.who.int/docs/default-source/coronaviruse/situation-reports/20200327-sitrep-67-covid-19.pdf. Accessed Mar 2022.
- Brooks S, Webster R, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020;395(10277):912-20. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).
- Wilson JM, Lee J, Fitzgerald HN, et al. Job insecurity and financial concern during the COVID-19 pandemic are associated with worse mental health. *J Occup Environ Med*. 2020;62(9):686-91. <https://doi.org/10.1097/JOM.0000000000001962>.
- Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *J Psychiatr Res*. 2020;123:9-20. <https://doi.org/10.1016/j.jpsychires.2019.12.015>.
- Rotenstein LS, Torre M, Ramos MA, et al. Prevalence of burnout among physicians: A systematic review. *JAMA*. 2018;320(11):1131-50. <https://doi.org/10.1001/jama.2018.12777>.
- Van der Walt N, Scribante J, Perrie H. Burnout among anaesthetists in South Africa. *South Afr J Anaesth Analg*. 2015;21(6):169-72. <https://doi.org/10.1080/22201181.2015.1102798>.
- Zeijlemaker C, Moosa S. The prevalence of burnout among registrars in the School of Clinical Medicine at the University of the Witwatersrand, Johannesburg, South Africa. *S Afr Med J*. 2019;109(9):668-72. <https://doi.org/10.7196/SAMJ.2019.v109i9.13667>.
- Wu P, Fang Y, Guan Z, et al. The psychological impact of the SARS epidemic on hospital employees in China: exposure, risk perception, and altruistic acceptance of risk. *Can J Psychiatry*. 2009;54(5):302-11. <https://doi.org/10.1177/070674370905400504>.
- Khalid I, Khalid TJ, Qabajah MR, Barnard AG, Qushmaq IA. Healthcare workers emotions, perceived stressors and coping strategies during a MERS-CoV outbreak. *Clin Med Res*. 2016;14(1):7-14. <https://doi.org/10.3121/cmr.2016.1303>.
- Tam CW, Pang EP, Lam LC, Chiu HF. Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: stress and psychological impact among frontline healthcare workers. *Psychol Med*. 2004;34(7):1197-204. <https://doi.org/10.1017/S0033291704002247>.
- 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. <https://doi.org/10.1097/01.psy.0000145673.84698.18>.
- Reynolds DL, Garay JR, Deamond SL, et al. Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiol Infect*. 2008;136(7):997-1007. <https://doi.org/10.1017/S0950268807009156>.
- 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. <https://doi.org/10.3201/eid1212.060584>.
- Preti E, Mattei VD, Perego G, et al. The psychological impact of epidemic and pandemic outbreaks on healthcare workers: rapid review of the evidence. *Curr Psychiatry Rep*. 2020;22(8):43. <https://doi.org/10.1007/s11920-020-01166-z>.
- Lancee WJ, Maunder RG, Goldbloom DS. Prevalence of psychiatric disorders among Toronto hospital workers one to two years after the SARS outbreak. *Psychiatr Serv*. 2008;59(1):91-95. <https://doi.org/10.1176/ps.2008.59.1.91>.
- Conti C, Fontanesi L, Lanzara R, Rosa I, Porcelli P. Fragile heroes. The psychological impact of the COVID-19 pandemic on health-care workers in Italy. *PLoS One*. 2020;15(11):e0242538. <https://doi.org/10.1371/journal.pone.0242538>.
- Moitra M, Rahman M, Collins PY, et al. Mental health consequences for healthcare workers during the COVID-19 pandemic: A scoping review to draw lessons for LMICs. *Front Psych*. 2021;12:602614. <https://doi.org/10.3389/fpsyg.2021.602614>.
- Jo SH, Koo BH, Seo WS, Yun SH, Kim HG. The psychological impact of the coronavirus disease pandemic on hospital workers in Daegu, South Korea. *Compr Psychiatry*. 2020;103:152213. <https://doi.org/10.1016/j.comppsy.2020.152213>.
- Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open*. 2020;3(3):e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>.
- Sampaio F, Sequeira C, Teixeira L. Nurses' mental health during the Covid-19 outbreak: A cross-sectional study. *J Occup Environ Med*. 2020;62(10):783-7. <https://doi.org/10.1097/JOM.0000000000001987>.
- Greenberg N, Weston D, Hall C, et al. Mental health of staff working in intensive care during Covid-19. *Occup Med*. 2021;71(2):62-67. <https://doi.org/10.1093/occmed/kqaa220>.
- Sandesh R, Shahid W, Dev K, et al. Impact of COVID-19 on the mental health of healthcare professionals in Pakistan. *Cureus*. 2020;12(7):e8974. <https://doi.org/10.7759/cureus.8974>.
- Qiu D, Li Y, Li L, et al. Infectious disease outbreak and post-traumatic stress symptoms: a systematic review and meta-analysis. *Front Psychol*. 2021;12:668784. <https://doi.org/10.3389/fpsyg.2021.668784>.
- Lombard T, Spijkerman S, Van Rooyen C. Prevalence and predisposing factors of post-traumatic stress symptoms in anaesthetists during the COVID-19 outbreak in South Africa. *South Afr J Anaesth Analg*. 2022;28(2):62-67. <https://doi.org/10.36303/SAJAA.2022.28.2.2764>.