

PSYCHOLOGICAL RISK FACTORS FOR HEALTHCARE PROFESSIONALS IN THE EPIDEMIC PROCESS

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ABSTRACT

In this study, it is aimed to describe the increased psychological risk factors for healthcare professionals who perform their duties with great devotion during the epidemic process. This article, was prepared by making use of the studies in the literature, aimed to examine the factors that prepare healthcare professionals to address increased stress and burnout during the epidemic process. It describes the factors that cause burnout and depersonalization among healthcare workers in the process of providing health services, that increased in the epidemic process and perhaps, gain new dimensions. Risk factors faced by emergency personnel are always present in daily operations but can increase in the epidemic process. In this context, the importance of increasing the psychological resilience of healthcare professionals and providing them with psycho-social support is emphasised as is the importance of maintaining quality in health care. It is considered that the provision of mental health professionals who will provide continuous support for healthcare professionals in the institution should be among the mandatory occupational health and safety measures.

KEYWORDS

COVID-19, health service, health workers, psychological risk factors

Health workers are exposed to the highest physical and mental risks during the epidemic. For this reason, the process related to health professionals needs separate evaluation. [1] The nature of health services (especially emergency health services), increases mental and physical problems such as lassitude and fatigue to occur in the pre and post the epidemic process. Healthcare professionals are struggling not only with the care, treatment, and spiritual support of patients, but also because they are responsible for taking an approach that will provide ease to patients' relatives.

This article reviews the available literature in respect of psychological risk factors in the context of the current Covid-19 pandemic to give some insights of the likely impacts and potential outcomes based on that available literature.

In the process of delivering health services, employees may not be able to manage the effects of the situations they are exposed to and feel emotions such as helplessness, guilt, anger, fear, and social isolation. [2] Conditions such as lack of job descriptions, economic insufficiency, a lack of in-service training, problems in management processes and exposure to violence can be remarkably challenging. [3] Kebapçı and Akyolcu conducted a study with 132 healthcare professionals who work in the training and research hospitals that belong to the eight public institutions in Turkey, the emotional burnout and depersonalization levels of the participants were evaluated from various perspectives. [4]

¹A state of emotional exhaustion and energy depletion.

²Employee's indifference to the people served, and indifferent, insensitive and cynical responses to those served

In the study, it was observed that emotional burnout and depersonalization levels of those who did not spare time for hobby or social activities outside work, who were not satisfied with their socio-economic status and who worked overtime, were higher. In the same study, the effect of in-team conflict and mismatch on the same variables was also revealed. [5] While having a hobby, being satisfied with the profession, getting social support, and income level satisfaction decrease the level of emotional exhaustion; being attacked, increasing workload and alienation to work increase emotional exhaustion.

There is also evidence that as age, job satisfaction and social support increase, desensitization decreases. [6] There is also evidence that the increase in income situation reduces the perceived stress in healthcare professionals. [7] At this point, it is necessary to conduct studies both to reduce perceived stress and to improve ways of coping with stress and to increase psychological resilience. It is important that these methods, should not be limited to the epidemic process. Because health services, especially emergency health services, are vital services that must always be maintained to a certain standard. Rather than the approach that leads employees to short-term solutions, they need to create and implement more effective and permanent solutions that will provide individuals and organizations with more positive outcomes. For this purpose, it is thought that solutions such as increasing personal awareness about burnout, being aware of the individual's own situation and individual's beginning for conscious struggle, support of colleagues, family and friends, tolerant, fair, flexible and participatory management approach, legal regulations, and improving personal rights, will play an effective role. [5]

There are many factors that change the perception of stress of healthcare professionals. Physicians are exposed to more stress than nurses [7], Tam et al reveal in their studies that they have more contact with the patient during the epidemic, nurses experience more stress and higher rates of psychological morbidity. [8] Aşkins work with emergency staff, can be considered as an expected situation that physicians experience more stress because of taking more responsibility. [7] In the epidemic process, the fact that nurses experienced more anxiety due to contact also shows that the findings obtained in the study are consistent.

Burnout and depersonalization during and after the epidemic process can be an important barrier in maintaining quality in health care. Therefore, steps should

be taken to avoid depersonalization and burnout. Research on this subject provides important clues about what the variables that can reduce these factors can be. For example, it is stated that the positive social atmosphere reduces burnout and desensitization, and making arrangements about working hours within the framework of a certain flexibility and taking the opinions of the employees and making psycho-social arrangements in the working environment will have positive effects. [4, 8] At the point of reducing these negativities experienced by healthcare professionals, increasing their psychological resilience is also remarkably important. There is evidence that occupational burnout in emergency department employees is moderately and negatively connected with psychological resilience. In addition, it is seen that the increase in income status reduces perceived stress. [7] It is also stated that the existence of the regulations related to the personal rights of employees, reduces the level of stress they experience in the epidemic process. [7, 8]

While healthcare professionals continue to provide psychological support to patients, they delay the need of psychological support for themselves and / or tend to produce solutions themselves. [9] At this point, psychological resilience also becomes important. There is evidence that psychological resilience relates to using free time effectively. It is remarkably important that especially the employees, who work in the service sectors where employees are facing a lot of stressors even outside of the epidemic process are guided to use the free time effectively. [7] In the process of combating COVID-19 in Wuhan, healthcare professionals used various methods to deal with the psychological situation. The findings obtained from the study show that 36.3% of them obtained resources related to books on topics such as psychology, 50.4% of them tried to reach related resources through the media, and the 17.5% received psychological counselling or therapy services. These results suggest that having publications on the subject in the rest rooms or in the areas where employees spend time outside of work will make a positive contribution. The social climate of the employees also enables the process to be managed more easily for the employees. For example; It is stated that the positive social atmosphere, which was stated to be pre-existing among psychiatrists, managers, nurses and social workers during an epidemic in an education and research hospital in Canada, was very helpful in producing flexible and sensitive solutions to changing demands and stresses on staff, patients and families. [10]

Some studies conducted during the epidemic process show that the level of stress experienced by healthcare workers does not differ from the control group but increases in both groups. This situation is explained by the fact that health professionals are more educated about infection prevention. [11] It is difficult to say that this result is compatible with other results in the literature. Variables such as finding different assessment criteria related to stress and timing of the study can be counted among the reasons for the differentiation of this result. At the same time, when it is considered the evidence that stress perception may decrease at the time of performance [12] and the long-term effects of stress [13, 14, 15], it is possible to say that health professionals have been damaged in terms of mental health in this process.

There is a lot of evidence in the literature that the stress experienced by healthcare workers is much more than other individuals in the society. In the results of the study that was carried out with 506 participants in total at the time when COVID-19 started to spread in Wuhan, and in which health workers and citizens were compared, healthcare professionals who are in contact with patients experience higher psychological problems despite the positive contribution of friends and family support. This result can be considered as an important evidence for providing professional mental health support that should be created for the healthcare worker during the epidemic process. [16] Another study conducted in the UK during the SARS epidemic reveals that 68% of healthcare professionals experience high levels of stress. In addition, it is seen that health workers with worse general health status experience higher levels of anxiety. [8] In the study conducted during the SARS epidemic in Singapore in 2003 with the participation of 1049 healthcare professionals, the answers given to the question about what is the most frightening factor for healthcare workers are as follows; the fear of the transmission of the disease to self, family and other loved ones (37.5%), uncontrolled spread in society (27.5%), and economic concerns (16%). [17] The results of the study conducted by Tam et al., show that 70% of healthcare professionals experience stress related to being infected. [8] When it is considered that being infected also involves the anxiety about infecting the family, it becomes clear how challenging the process is. In this process, it will be beneficial to distribute visual materials and brochures that will guide the healthcare professionals psychologically about the situation they face. [9]

Healthcare professionals also need to be supported to reduce the mental harm they experienced during the process. Probable future epidemics or other public health crises will multiply this negative impact. When it comes to such possibilities, it is thought that it is important to strengthen health workers to maintain their altruism attitudes. [18] In the results obtained from the studies, it is seen that healthcare professionals are anxious primarily about their families and their environment and postponed their concerns about themselves. [8, 13, 17, 19, 20] There is evidence that heavy stress, which healthcare professionals experience about becoming infected themselves or their relatives, negatively also affects their physical health. [9] It should not be forgotten that healthcare workers roles always give sacrifice and compassion, but not always being supported in this process, may increase burnout and insensitivity.

In Wuhan, where COVID-19 first appeared, findings from 994 participants reveal evidence that can be regarded as substantial. It is stated that 36.9% of healthcare professionals who made evaluations about themselves have more sub-threshold mental health disorders than before the epidemic, 34.4% of them have mild mental illnesses, 22.4% of them have moderate disorders, and 6.2% of them have a mental health disorder that can be considered serious immediately after viral epidemic. [9] In the results of a study conducted with 2299 participants in Fujian city of China, it is seen that health workers struggling with intense epidemics have two times higher levels of anxiety and depression than administrative staff working in the same hospital. [16] In this context, it becomes important that healthcare managers empathize more to understand the level of anxiety and depression felt by employees who provide healthcare services to patients in the same period.

It is stated that 17.5% of healthcare workers received psychological support during the epidemic process [9] and 25% of them who have had an infection during their return to work demand psychological support in the process of adaptation to work. [18] In this process, the stress factor experienced by healthcare professionals is not limited to the fear of getting sick. Staying away from the family because of the social isolation and the desire to be present for the family in a possible disease process should also be considered among the stress factors for health workers. [19] During the epidemic process, health professionals are not only facing stressors related to the treatment processes of patients. The study conducted in Canada states that the emotional burden of implementing the treatment protocol

for the colleagues who were infected during the SARS epidemic and who were treated in the hospitals where they work is quite high. [8,10]

Stress experienced in the healthcare process can trigger new behaviours that employees are not aware of and that may be considered harmful. In the results obtained in the study conducted with 259 participants consisting of physicians and nurses working in public hospitals in Turkey, it is seen that hedonic consumption tendency emerges among the employees who experience burnout and depersonalization in order to socialize. [5] These results provide important evidence of the extent of the negative attitudes that people may unwittingly show when the process is not intervened and show that healthcare professionals should be supported psychologically.

Activities that can support the mental state of healthcare workers during and after the epidemic and reduce the sense of burnout that may arise are as follows; rest, exercise, staying away from technology, regular sleep, healthy eating, engaging in enjoyable hobbies and activities, socializing, dealing with volunteer help. These activities can reduce the sense of burnout by relieving the individual. [5] Emphasis is also placed on the importance of enabling and expanding hobby courses within the framework of the study results which demonstrate the positive effects of attending hobby courses on many psychological diseases are revealed. [21] Drama and art activities should also need to be evaluated in terms of supporting mental health for health professionals. [22] It is remarkably important to continue the psychological and social support, which must be provided during the epidemic process for healthcare professionals, after the epidemic process. [14]

DISCUSSION

The factors that cause burnout and depersonalization among healthcare workers in the process of providing health services, increase in the epidemic process and gain new dimensions. Together with the anxiety of being infected due to the epidemic and of infecting relatives, the challenging factors such as losing people and applying the treatment to colleagues make this process much more difficult for healthcare professionals. There is a great deal of evidence in the literature about the level and extent of anxiety experienced. In this context, the importance of increasing the psychological resilience of healthcare professionals and supporting them psycho-socially is

increasing. Providing these supports during and after the epidemic is also important in terms of maintaining quality in health care. There is evidence that realizing projects to ensure healthcare professionals acquire hobbies and ensuring the continuity of these projects will make it easier to deal with these processes. These emergent gains will not only heal the wounds caused by the epidemic but will also provide significant benefits to improve the quality of life of healthcare professionals. It is considered that the provision of mental health professionals who will provide continuous support for healthcare professionals in the institution should be among the mandatory occupational health and safety measures.

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