HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC: AN EMERGENCY SITUATION

Healthcare workers (HCWs) are a high-risk group for the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection since the seroprevalence of SARS-CoV-2 antibodies among them is higher than the general population (8.7% vs. 5.3%). Also, HCWs are 2.7 times more likely to suffer from the coronavirus disease 2019 (COVID-19) than the general population, while 15.1% of HCWs with COVID-19 has been hospitalized. The COVID-19 pandemic affects physical and mental health of HCWs in several ways causing burnout, anxiety, insomnia, depression, sleep disturbances, skin reactions, dyspnoea, etc. Moreover, HCWs have to work long hours under enormous pressure and very challenging circumstances. HCWs are overworked and have already experienced great distress. A significant percentage of HCWs or their colleagues or their family members have already contracted the COVID-19 and in some cases dying. Also, self-isolation for HCWs that have tested for COVID-19 and quarantine for those who been in contact with COVID-19 cases is a common situation especially for HCWs in hospitals. Situation is even worse for frontline HCWs working in COVID-19 units, emergency departments and intensive care units. This scenario places pressure on HCWs, their families, and their relationships. Since the third wave of the COVID-19 pandemic is hitting worldwide, HCWs are still a vulnerable group facing great difficulties. HCWs are at significant risk of long-term mental health problems such as depression, post-traumatic stress disorder, anxiety, and stress. These issues are of particular concern especially among HCWs that are unable to obtain sufficient support. Emphasis should be given on the phenomenon known as moral injury where HCWs feel a sense of guilt in case that they are unable to provide the appropriate healthcare. Unfortunately, moral injury occurred in some countries during the COVID-19 pandemic because mainly of a shortage of resources. In that case, hospital co-operation to treat COVID-19 patients has occurred between European Union member countries.

A safe and secure environment for HCWs is necessary now than ever before. There is an urgent need to protect HCWs’ physical and mental health since their role is critical to protect the public health during the COVID-19 pandemic. HCWs are essential workers to protect and promote the health and the welfare of the general population. For instance, decision of the general population to accept a novel COVID-19 vaccine is greatly affected by the HCWs’ attitudes. Thus, HCWs’ hesitancy to accept COVID-19 vaccination could result in low vaccination rate among individuals making herd immunity impossible. Another important issue that HCWs face during the COVID-19 pandemic is the great percentage of adverse events (e.g. skin reactions, headaches, dyspnoea, pressure injuries) due to personal protective equipment use. Guidelines for the appropriate use of personal protective equipment among HCWs are necessary especially in countries with severe shortages. Training sessions with simulations could help decisively in this direction. Also, healthcare facilities and organizations should change the working conditions as soon as possible providing the appropriate personal protective equipment, reducing work shifts and wearing time of personal protective equipment, etc. A safe environment for HCWs is necessary to
decrease the transmission of SARS-CoV-2 in healthcare facilities, avoid adverse events, decrease absenteeism, and increase work performance.

Healthcare organizations should provide HCWs updated education regarding COVID-19 infection control since data are changing continuously. Also, mental health issues among HCWs during the COVID-19 pandemic are common and information about resilience, anxiety responses, coping strategies, and professional psychological health resources should be provided timely. As the battle against the COVID-19 is still continuous, protecting the physical and mental health of HCWs is critical to promote public health.

References

Petros Galanis
Department of Nursing, Center for Health Services Management and Evaluation, National and Kapodistrian University of Athens, Athens, Greece
e-mail: pegalan@nurs.uoa.gr