



## Mental Health of Healthcare Workers during the COVID-19 Pandemic

Authors

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### Introduction

As soon as the pandemic struck, the healthcare workers were put under extreme pressure, the burden they are carrying has been the heaviest. They have tried their best to protect all of us from the deadly virus, shield us from it through awareness and heal us through care, and in consequence, they bore the brunt of the negative effects of the virus. Not only were their bodies put at risk but their minds as well.

### Background

The Severe Acute Respiratory Syndrome Coronavirus (SARS-Cov-2) which caused the Corona Virus Disease 2019 was declared as a pandemic by the World Health Organization (WHO) on March 11, 2020. The world is going through a period of rapid change. As the pandemic is sweeping through the world, every nation, country, state, county, town, and individual has set up different ways to cope and react to the virus.

### Sacrifices Made by Healthcare Workers

#### Physical

Not only do healthcare workers directly interact with the patients of COVID-19 which directly exposes them to the virus, in many areas they even do so without adequate protective

equipment. The PPE or personal protective equipment has been in shortage over the course of the pandemic and many healthcare workers have had to treat patients without it, sometimes even without N-95 protective face masks. This puts them directly at risk of infection.

#### Mental

The constant threat that you can get infected with a deadly virus puts a lot of pressure on the minds of the healthcare workers. And they are also presented with a quandary, should they stay with their families during the course of the pandemic or should they stay apart from them. None of the choices are particularly good so they have to choose the lesser of two evils in this scenario. If they choose to prioritize family time in these ambiguous times then they would be putting their whole families, including elders and children, at risk of contracting the virus and facing the consequences. This would not only put them at physical risk but would also mount pressure on them and the healthcare workers and if something unfortunate were to happen they would start blaming themselves for it. And yet, if they choose to stay apart from their families, isolation starts to eat away at their brains deteriorating their mental health and comprising their psychological stability.

### Scientific Research

When healthcare workers serving in covid units were compared to those operating in other sections, the first showed greater levels of both symptoms of depression and PTSS. Furthermore, regression analyses revealed that sex and relationship status, as well as age and sex, substantially influenced depressed symptoms and PTSS in healthcare personnel dealing with COVID patients.

#### Spain GHQ-28

A series of GHQ-28 analyses were conducted in Spain where it was discovered that the mean GHQ-28 score was greater than the cut-off of four-fifths in both men and women which was observed as being much higher in women. Female doctors of all kinds showed much higher mean GHQ scores which indicates higher levels of distress.<sup>1</sup>

#### Turkey Survey

After a series of experiments and surveys done in Turkey, it was discovered that people going through anxiety of a severe level was 13 percent, the number of people with moderate anxiety was 20 percent, 38 percent experienced anxiety of a mild form, and 29 percent of people experienced no adverse effects. It discovered that over two thirds of the participants were suffering from some form of anxiety disorder. Over 50% of participants showed signs of depression, 34% were suffering from insomnia, and a staggering 72% reported distress.<sup>2</sup>

#### Italy Multiple Regression

In terms of the symptoms of depression, the multiple regression analysis was statistically significant and accurately forecasted the total BDI scores showing females and particularly those who were not in a relationship were found to be more prone to depression and showed higher levels of distress. The PCL-5 score also came out significant and accurately showed that females were more likely to suffer from PTSS and similar mental disorders.<sup>3</sup>

### India: Logistic Regression Analysis

After performing a logistic regression analysis with multiple variables which was fixed for sex, relationship factors, age, and frequency of care for patients with the virus, it was discovered that these values were directly related with higher levels of depression, an increased risk of 46% to be precise. When asked about what factors could help relieve stress 33% of the participants quoted personal reasons such as yoga and meditation whereas 33% also expressed that reduction of workload and proper training would contribute to their health.<sup>4</sup>

### Saudi Arabia

The first research performed in Saudi Arabia proved that even in the Middle Eastern country, the healthcare workers were not free from depression and anxiety. In contrast they experienced quite a high level of mental ailments, over 56% depression rate and over 47% anxiety rates to be precise. As has been the theme in all countries, it was the same in Saudi Arabia that the female staff experienced much higher levels of mental difficulties compared to their male counterparts.<sup>5</sup>

### World

Almost 50% of the workers in the healthcare sector who were dealing with COVID 19 in the emergency were depressed, anxious, or stressed. The scores that indicated these ailments differed widely depending upon healthcare workers' place of origin, sexual identity, place of work, job description, children, having a previously existing mental ailment, being secluded because of the virus, an acquaintance exposed to the virus with COVID, and being concerned about the COVID score.<sup>6</sup>

### Conclusion

The virus affects every group of individuals differently as different groups of people have different activities, health, and coping strategies. But we all can agree that the group affected the

most by the virus is the group of the healthcare workers. If we consider this pandemic a war or a battle against the novel virus then the healthcare workers would be considered our frontline warriors, the ones battling where the fight is the thickest. But unfortunately, yet unsurprisingly this bravery, kindness, and willingness to put others before them comes at a cost, the cost of their health, both mental and physical.

## References

1. Suryavanshi, N., Kadam, A., Dhumal, G., Nimkar, S., Mave, V., Gupta, A., Cox, S. R., & Gupte, N. (2020). Mental health and quality of life among healthcare professionals during the COVID-19 pandemic in India. *Mental Health and Quality of Life among Healthcare Professionals during the COVID-19 Pandemic in India*, 10(11). <https://doi.org/10.1002/brb3.1837>
2. di Tella, M., Romeo, A., Benfante, A., & Castelli, L. (2020). Mental health of healthcare workers during the COVID-19 pandemic in Italy. *Journal of Evaluation in Clinical Practice*, 26(6), 1583–1587. <https://doi.org/10.1111/jep.13444>
3. Korkmaz, S., Kazgan, A., Çekiç, S., Tartar, A. S., Balcı, H. N., & Atmaca, M. (2020). The anxiety levels, quality of sleep and life and problem-solving skills in healthcare workers employed in COVID-19 services. *Journal of Clinical Neuroscience*, 80, 131–136. <https://doi.org/10.1016/j.jocn.2020.07.073>
4. López-Atanes, M., Pijoan-Zubizarreta, J., Pablo, G. J., Elena, L., Maria, R., & Margarita, S. (2021). P.0873 Gender-based analysis of the psychological impact of the COVID-19 pandemic on healthcare workers in Spain. *European Neuropsychopharmacology*, 53, S638–S639. <https://doi.org/10.1016/j.euroneuro.2021.10.729>
5. de Kock, J. H., Latham, H. A., Leslie, S. J., Grindle, M., Munoz, S. A., Ellis, L., Polson, R., & O'Malley, C. M. (2021). A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-020-10070-3>
6. Ghaleb, Y., Lami, F., al Nsour, M., Rashak, H. A., Samy, S., Khader, Y. S., al Serouri, A., Bahaa Eldin, H., Afifi, S., Elfadul, M., Ikram, A., Akhtar, H., Hussein, A. M., Barkia, A., Hakim, H., Taha, H. A., Hijjo, Y., Kamal, E., Ahmed, A. Y., . Ramzi, S. R. (2021). Mental health impacts of COVID-19 on healthcare workers in the Eastern Mediterranean Region: a multi-country study. *Journal of Public Health*, 43(Supplement\_3), iii34–iii42. <https://doi.org/10.1093/pubmed/fdab321>
7. Al Ateeq, D. A., Aljhani, S., Althiyabi, I., & Majzoub, S. (2020). Mental health among healthcare providers during coronavirus disease (COVID-19) outbreak in Saudi Arabia. *Journal of Infection and Public Health*, 13(10), 1432–1437. <https://doi.org/10.1016/j.jiph.2020.08.013>