

Healthcare workers and Metal Health

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Each year, one in five adults within the U.S. will experience some type of mental disease. Mental health is more talked about and focused on more than ever. It has become a subject that more talked about and a lot of people are bringing awareness to how important someone's mental state really is. The influence of life events like death, unemployment, health issues and therefore the pandemic are all things that impact our mental state. A person's mental state can include a psychological, emotional, and social well-being and will affect how we feel, think, and act (CDC, 2016). Even while being a nurse, physician, or therapist, and having to worry for others, a healthcare worker must still find time to balance and maintain their own mental state. Whether you are employed in acute care hospitals, medical aid clinics or rehabilitation there are several events that will happen throughout your workday that will impact your mental stability. On top of that, you need to consider the non-public matters that are happening in your life. Working in healthcare can be a demanding, stressful field. From adjusting additional hours and days to the anguish of handling dying patients. The duty is not easy. Health care professionals are highly trained and accustomed to solving problems, healing others, and managing pressure. No one is immune to the long-term effects of the stress and trauma that working in healthcare can cause someone. It can take a toll physically and mentally.

Why are healthcare workers more likely to experience mental health problems? They deal with intensely stressful and emotional situations by caring for those who are sick. Someone that works twelve-hour shifts in the emergency room may experience demanding physical work and be at risk of injuries from patient handling. Some of the difficult cases you manage can stay with you, while others do not, and this can sometimes seem irrational. You may also feel anger because of the senseless trauma that is occurring. This can make it more difficult to respond to patients with empathy. Trauma can create a variety of responses. Feelings of distress can be

expressed in trouble sleeping, nightmares, feeling irritable, wanting to be alone, sudden emotions or even physical pain or symptoms. Since the pandemic, there is the stress of working conditions with ongoing risk for hazardous exposures such as to COVID-19, or other infectious diseases, hazardous drugs, and more (CDC, 2016). Hospital workers having to deal with increasing numbers of deaths during the pandemic has put a huge mental strain on people. Not only nurses and physicians but any role of someone working in the hospital has been affected. Many healthcare workers also lost their peers to the virus. There have been many nurses and healthcare workers who have decided to change careers due to maintaining peace in their mental health after the stressors that came about during the pandemic.

The COVID-19 pandemic has introduced additional elements of fatigue, strain, stress, loss, and grief for healthcare workers. Many healthcare workers experienced increased workload within the face of short staffing and shortages in critical personal protective equipment. This led to increasing anxiety and therefore the risk of private harm. Some healthcare workers report symptoms in step with post-traumatic stress disorder associated with the pandemic (CDC, 2016). Studies have shown a rise within the incidence of feelings of anger, irritability, depressed mood, emotional instability, and fear-avoidance behaviors. These healthcare workers are at a better risk for developing PTSD in comparison with the overall population. A part of their stress came from not having adequate PPE. No one was prepared for what was coming and there was just not enough protective equipment available. This caused some healthcare workers to re-use their PPE. One Chinese study showed that the prevalence of PTSD among healthcare workers during the COVID-19 crisis was about 9.8%. Those possibly to experience PTSD during this study were nurses who worked on the frontlines and expressed an absence of confidence in protective measures (Sahebi, 2021). Many studies were conducted to assess PTSD among healthcare

workers during the COVID-19 pandemic. However, there has been no comprehensive study to compile the results and report the presence of PTSD. This study is the first umbrella review that has evaluated the prevalence of PTSD among healthcare workers globally. Umbrella studies are rare and are among the foremost comprehensive studies and have the best level at the pyramid of medical evidence (Sahebi, 2021). Individuals with PTSD have the best risk of suicidal ideation, or a successful suicide. As it is, healthcare workers were already in an elevated risk profession even before the pandemic.

In the beginning of the pandemic many healthcare professionals had to spend days away from home and their families in hopes of not taking the virus home. This in turn caused added stress which led to depression. In Turkey, between April twenty-third and May twenty-third, 2020, nine hundred and thirty-nine healthcare workers took part in a study about depression. Seven hundred and seventy-nine healthcare workers exhibited symptoms of depression. Five hundred and sixty-five were experiencing symptoms related to anxiety and four hundred and seventy-three were experiencing insomnia. Depression, anxiety, and insomnia were higher in females than in males. Insomnia and distress symptoms were significantly higher in nurses than among physicians and other participants, while no difference was observed in terms of depression or anxiety symptoms. In spite of the high rates of symptoms, only one in ten workers had received any psychiatric support (Sahin, 2020). Only about thirteen percent of physicians have sought treatment to address pandemic-related mental health concerns. Among emergency physicians, about eighty seven percent say they have been experiencing increased stress (Sahin, 2020). Half report not feeling comfortable seeking treatment. That just means they are continuing to push themselves despite what is going on inside of them. This could ultimately be dangerous to them and the patients they are treating. These physicians are suffering in silence.

A medical director of New York-Presbyterian Allen Hospital committed suicide after telling her family that she felt useless to her patients and desperately feared seeking treatment. Physicians fear seeking treatment for various reasons which include invasion of their privacy, losing hospital privileges or losing their license to practice medicine. They fear someone thinking they are incompetent to worry for others thanks to depression or a kind of psychopathy. Liselotte Dyrbye, MD, a Mayo Clinic researcher of physician well-being reported, "It is heartbreaking that you just have those that are putting themselves in danger and facing enormous stress without getting the assistance they have." (Weiner, 2020) the truth is that depression is not evident all the time and it should present quite differently in numerous people. It will be completely obvious that an individual is depressed, or the case could also be that you just would never in a very million years guess that the person was depressed. Many of us find it difficult to understand the concept of performing at an elevated level while battling depression. You want to remember that depression is not a choice, neither is it a disability. Other diseases like diabetes or hypertension are not looked down upon or stigmatized, so why is depression any different? Why are people condemned for being depressed (Weiner, 2020)? Depressed people have enough on our plates already! Breaking the stigma will only encourage people to speak about what is occurring and be more receptive to seeking treatment.

Some nurses had to even face ethical dilemmas and moral injury during the pandemic. Moral injury is defined as the psychological distress that results from actions, or their absence, that violate someone's moral or ethical code (Litz, 2009). It has been characterized as an invisible epidemic among healthcare providers. Examples might include where a nurse or respiratory therapist may have to make a tough choice as to who will get certain lifesaving medical equipment such as oxygen or a ventilator. What do you do if there is only a certain amount of

equipment available to you? There also was no way to order more due to everyone needing the same equipment at the same time. Medical supply providers could not keep up with the demand. Especially in the beginning of the pandemic when no one could imagine how fast the virus was going to grow. Imagine being that doctor or nurse that had to choose and the everlasting effect that will have on them the rest of their lives. It is almost imaginable and most definitely heartbreaking. Although moral injury is not psychopathy, people who do develop moral damage are likely to determine themselves negatively, question their actions and knowledge feelings of guilt and shame (Greenberg, 2020). These negative thoughts may contribute to the event of psychopathy issues like depression, suicidal ideation, and post-traumatic stress disorder, likewise as thoughts about leaving one's profession.

We could expect increased cases of ethical injury when handling a health crisis or challenging and stressful working environments; where important decisions—concerning life and death—are required to be made fast and where the flexibility to follow optimal care protocols is reduced. Feelings of individual or unclear responsibility are likely to be another risk consider this context. The concept of vicarious traumatization, also defined as secondary traumatic stress, has also been gaining increased attention during the last decades. This condition is related to different psychological abnormalities derived from the sympathy of healthcare workers toward those who are experiencing primary trauma (Chesworth, 2021). Common symptoms related to vicarious traumatization are loss of appetite, fatigue, irritability, inattention, numbness, sleep disorders, fear, and despair.

Feelings of burnout have also been a major concern for healthcare workers. Burnout can be classified as a work-related stress syndrome because of persistent exposure to job stress. Although burnout can occur in any profession, Healthcare workers, and especially perioperative

clinicians are particularly at risk for burnout. This may have significant negative personal (substance abuse, broken relationships and even suicide), but also important professional consequences such as lower patient satisfaction, impaired quality of care, even up to medical errors, potentially ending up in malpractice suits with substantial costs for caregivers and hospitals (De Hert S, 2020). It can be extremely hard to balance your own personal issues while dealing with saving lives and taking care of others most hours of your day. It is not only important but beneficial to find coping strategies and some activity to relax and let your mind unwind.

A study investigating burnout and work-life integration in physicians between 2011 and 2017 in the US, found that about 44% of physicians reported at least one symptom of burnout in 2017 compared with about 54% in 2014 and about 45% in 2011 (Shanafelt, 2019). This indicates some fluctuation in physician burnout within the years before the COVID-19 pandemic, yet the degree of burnout among physicians remained significant. Even taking into consideration age, sex, relationship status, and hours worked per week, physicians were found to still be at increased risk for burnout. They are also less likely to be satisfied with their work-life balance compared with other working adults. Studies have shown that physicians in clinical practice are in danger of burnout thanks to both work and structural issues (Shanafelt, 2019). Risk factors include large patient caseloads, insufficient resources, or supplies, or feeling unsupported by management. Also, prominent levels of work-home interference. Other factors predisposing physicians to burnout include being female, working during a solo practice, and being early in one's career. Also, in many low- and middle-income countries the ratio between healthcare workers and the overall population may be a major issue which adds to healthcare workers' work burden, stress, and burnout (Shanafelt, 2019). Additionally, many frontline doctors in lower

income countries are predominantly women and are therefore typically at the underside of health system hierarchies, leaving them with limited freedom and at elevated risk of burnout. Burnout can take place in diverse ways like depression, neglecting one's own needs and being withdrawn. Burnout is common among healthcare professionals because taking care of the sick is not a simple task.

It is important to recognize when you are not feeling yourself or if there is a shift in your mental state. It is also just as important to recognize if someone close to you seems different. Just something as simple as checking in on someone frequently can have a significant impact. If we lack the knowledge and sensitivity that psychological discomfort brings to our relationships with people and our lives, we may put our lives in danger or even underperform. Out of the many Americans that experience mental illness, only about one in three who need help, will seek it. As a result, many people will either miss important engagements, miss work, or will get less done while at work. When people go to work while struggling with physical or mental health issues it will affect your concentration and productivity. Therefore, focusing on workplace mental health is so important. Especially working in healthcare where there is a huge expectation and grave consequences if your attention is somewhere else. Taking your breaks is extremely important. Although it is against labor laws for someone to not get a break, I have seen so many times where salary employees or hourly employees do not take their breaks because they are “too busy.” This is where good managers come into play. They must recognize the employees that are doing this and let them know it is not only against the law, but in their best interest to take their breaks to rest their mind and to prevent burnout. Most employees do not think of it in that sense. It is essential to practice self-care and check in with yourself regularly. Be aware of how you are feeling, especially after difficult shifts. Do not let symptoms of trauma or stress reach a

dangerous level. Employers who support an employee's mental health will have better retention, increased productivity and a decrease in healthcare costs and disability costs. According to the National Alliance on Mental Illness, rates of cardiovascular and metabolic diseases are twice as high in adults with serious mental illness. Employees that do not take their breaks or work through part of their lunch time are so focused on the work or getting in "trouble" for being behind. You must always remember to take time for you. You are no good to someone else if you are falling apart yourself. There are ways to effectively cope with the experience's healthcare workers face. We already know that it's important to take care of yourself physically, and in order to serve safely and effectively, it is just as important to take care of your own mental health.

References

Centers for Disease Control and Prevention, 2016 Healthcare Workers: Work Stress & Mental Health <https://www.cdc.gov/niosh/topics/healthcare/workstress.html>

De Hert S. (2020). Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies. *Local and regional anesthesia*, 13, 171–183. <https://doi.org/10.2147/LRA.S240564>

Shanafelt TD, West CP, Sinsky C, Trockel M, Tutty M, Satele DV, et al. Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2017. *Mayo Clin Proce.* (2019) 94:1681–94. doi: 10.1016/j.mayocp.2018.10.023

Sahebi, A., Yousefi, A., Abdi, K., Jamshidbeigi, Y., Moayedi, S., Torres, M., Wesemann, U., Sheikhbardsiri, H., & Golitaleb, M. (2021). The Prevalence of Post-traumatic Stress Disorder Among Health Care Workers During the COVID-19 Pandemic: An Umbrella Review and Meta-Analysis. *Frontiers in psychiatry*, 12, 764738. <https://doi.org/10.3389/fpsy.2021.764738>

Sahin, M.K., Aker, S., Şahin, G. *et al.* Prevalence of Depression, Anxiety, Distress and Insomnia and Related Factors in Healthcare Workers During COVID-19 Pandemic in Turkey. *J Community Health* 45, 1168–1177 (2020). <https://doi.org/10.1007/s10900-020-00921-w>

Stacy Weiner, Senior Staff Writer, December 2020, Doctors forgo mental health care during pandemic over concerns about licensing, stigma. <https://www.aamc.org/news-insights/doctors-forgo-mental-health-care>

Litz BT, Stein N, Delaney E, Lebowitz L, Nash WP, Silva C, et al. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clin Psychol Rev.* (2009) 29:695–706. doi: 10.1016/j.cpr.2009.07.003

Kim J, Chesworth B, Franchino-Olsen H, Macy RJ. A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events. *Trauma Violence Abuse.* (2021). doi: 10.1177/1524838021991310