

# Study spotlights mental toll of pandemic on health workers

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Researchers at UW Medicine and the VA Puget Sound Healthcare System worked with emergency medicine physicians at Columbia University Irving Medical Center in New York to assess the effects of the COVID-19 pandemic among U.S. healthcare workers and first-responders. The study is ongoing, but the results of 510 participants were published Dec. 16 in the *Journal of General Internal Medicine*.

Nearly half of all respondents and 59 percent of all nurses reported that their experiences working during the COVID-19 pandemic had somewhat or significantly reduced their likelihood of remaining in their current field.

Nurses and emergency medical service (EMS) workers reported the greatest burdens. More than 40 percent had post-[traumatic stress](#) symptoms, and more than 80 percent had depression symptoms.

More than 80 percent of EMS workers had [depression symptoms](#), and nearly one-quarter (24.4 percent) of those respondents reported thoughts of suicide or self-harm in the previous two weeks.

Among all respondents, more than one-third (37.8 percent) had PTSD symptoms, and nearly three-quarters had depression (73.9 percent) and anxiety (74.7 percent) symptoms. More than 15 percent of participants reported thoughts of suicide or [self-harm](#) in the preceding two weeks; this included thoughts of "life not being worth living."

More than 18 percent of respondents reported trouble completing [work-related tasks](#).

Researchers found that three factors contributed to high rates of psychological distress:

1. **Volume:** The number of patients who received direct care and who were critically ill or died of COVID-19, or who died in isolation because of COVID-19 precautions even if they did not themselves have COVID-19. Working long hours to provide needed care also had an outsize effect.
2. **Risk:** Feelings that they or their family were at increased risk of COVID-19 because of their job.
3. **Demoralization:** Experiences related to feeling unsupported at one's workplace, feeling unable to provide high-quality care to all patients, feeling the care provided was futile, or being asked to take unnecessary risks when better options appeared available.

All three factors were associated with increased psychiatric symptom burden and increased thoughts of leaving one's current profession. Demoralization stood out as having the strongest association with these negative outcomes. Of the psychiatric symptoms, post-traumatic stress was most strongly associated with reporting an increased likelihood of leaving one's profession and with trouble completing work related tasks.

"It's really important to remember that healthcare workers and first-responders may be professionals who are 'trained' to deal with trauma, but we are still human beings who are affected by what we experience," said lead author Dr. Rebecca Hendrickson, acting assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine and a clinician at the VA Puget Sound Healthcare System. "If we do not act to protect our healthcare workers and first-responders, it can result in very high levels of distress and suffering for them as individuals. It can also damage our healthcare system, as we risk losing committed and caring individuals from the field."

The 510 participants were recruited through targeted outreach (e-mails and listservs) and paid advertising on social media channels between Sept. 15, 2020, and Feb. 7, 2021. Participants were asked to self-attest that they were a healthcare [worker](#) or first-responder who provided professional services affected by the COVID-19 pandemic.

The study included 301 [healthcare workers](#) (60 physicians, 187 nurses) and 200 first responders (162 EMS personnel, 54 firefighters and 19 law enforcement officers). Some people were both a firefighter and EMS worker. Responses spanned 47 states and 445 zip codes, with distribution across rural and urban areas.

To encourage participation, participants were not required to provide their names and were able to skip questions. Email addresses were collected to allow follow-up for up to nine months. Various survey tools were used to assess responses.

Data originally did not include factors related to financial resources, family obligations, or position and influence within one's specific field or the [healthcare](#) system more broadly. But that info was added part-way through.

**More information:** Rebecca C. Hendrickson et al, The Impact of the COVID-19 Pandemic on Mental Health, Occupational Functioning, and Professional Retention Among Health Care Workers and First Responders, *Journal of General Internal Medicine* (2021). [DOI: 10.1007/s11606-021-07252-z](https://doi.org/10.1007/s11606-021-07252-z)

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