

Women in health care at increased risk for stress, burnout and depression during COVID-19

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Female health-care workers—who comprise 80 percent of Canada's health workforce—are at increased risk for stress, burnout and depression during the COVID-19 pandemic, according to a study led by

researchers at the University of Toronto's Institute of Health Policy, Management and Evaluation (IHPME) at the Dalla Lana School of Public Health.

The paper's findings, which have not yet been peer-reviewed, are available in pre-print form.

"Our early findings suggest that the pandemic is resulting in a number of serious negative health outcomes for women, specifically younger and mid-career women, triggered by a variety of individual, organizational, and systems-level factors," said Abi Sriharan, lead author on the paper and an assistant professor at IHPME.

Health-care workers are vulnerable to increased stress, burnout and depression during a pandemic, which can lead to substance abuse and suicidal thoughts. Recent reports show that COVID-19 has socially, psychologically and economically affected women because of their primary caregiving roles as parents and family caregivers.

Sriharan collaborated with Doina Lupea, of the Ontario Medical Association's Physician Health Program, Savithiri Ratnapalan, of Dalla Lana and the Hospital for Sick Children, and Andrea Tricco, of Dalla Lana and St. Michael's Hospital, to study stress, burnout and depression among women in health care during coronavirus pandemic and potential interventions. The work was supported by an operating grant from the Canadian Institutes of Health Research.

The research team identified a number of common triggers. They include: individual factors such as age and family status; factors relating to work conditions such as access to [personal protective equipment](#) and training and preparedness to care for COVID-19 patients; and systems-level factors such as clear guidelines and recognition for work.

"If we don't act quickly to create [organizational culture](#) to support women working in health care, there will be significant, long-term impacts on our health-care delivery infrastructure," said Sriharan, who also noted the lack of data on women's socioeconomic, cultural and ethno-racial differences in mental health outcomes.

Sriharan and her colleagues found that static online mental health resources such as websites, psychological assistance hotlines and coordinated group activities for stress reduction are poorly utilized by women. Instead, just-in-time self-help resources such as self-help book recommendations, positive messages and [social support](#) are preferred.

A number of additional measures were identified that can positively impact female [health-care](#) worker well-being, including [financial support](#), provision of rest areas for sleep and recovery, care for basic physical needs (for example, meal plans during shifts), manageable workload, training programs to improve resiliency, information on protective measures, access to leisure activities and counselors if needed.

"It's critical that hospitals pay attention to the work environment and provide [health-care workers](#) with tools and ongoing training to care for COVID-19 patients," said Sriharan. "Further, managers must carefully assess and monitor work hours, workload and the number of COVID 19-positive patients a [health-care](#) worker can safely care for."

More information: Abi Sriharan et al. Stress, burnout and depression in women in health care during COVID-19 Pandemic: Rapid Scoping Review, (2020). [DOI: 10.1101/2020.07.13.20151183](https://doi.org/10.1101/2020.07.13.20151183)

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