In the early stages of the COVID-19 pandemic, while many of us remained in the safety of our own homes, frontline healthcare workers faced a sudden influx of patients with the new, highly contagious, life-threatening disease. This undoubtedly caused a great deal of stress among hospital staff. But what exactly were the most difficult aspects from the point of view of the healthcare workers themselves? Researchers from Osaka University have investigated this by conducting a survey of intensive care workers’ experiences in Japan. The results, published this month in Asian Bioethics Review, have revealed a number of ethical and social issues that were particularly challenging, including limited communication and life-sustaining treatment.

"We sent a questionnaire to members of the Japanese Society of Intensive Care Medicine in July 2020," says lead author of the study, Yusuke Seino. "We received responses from 189 healthcare workers who had been involved in treating patients with COVID-19. We found that more than half of the respondents had experienced moral distress during the pandemic. This typically occurs when workers find that they are unable to provide patients with the care that they need."

Although moral distress is not uncommon among intensive care workers even in normal times, the research team was particularly concerned about it during the pandemic.

"Moral distress can lead to burnout," explains Seino. "This has a negative impact on the healthcare system and is particularly problematic during a pandemic. To compound the issue, many workers reported less mental support for healthcare staff following the COVID-19 outbreak."

The research team focused on analyzing the causes of the distress and on identifying other social and ethical issues that were encountered.
patients, their families, and other healthcare professionals, which made it difficult to make patient-centered decisions and provide appropriate support. There were also difficulties involved in treating patients, because there were unusual restrictions in place and a lack of protective equipment. We also identified other important issues, such as social discrimination against healthcare workers due to the widespread fear of COVID-19."

So what can be done to improve the situation? This study identifies some key areas that need improvement and offers potential solutions for them. "There are several measures that could be adopted," says Kato. "For instance, virtual communication could be used in hospitals and more psychological support could be provided. These measures could help to prevent burnout and ensure appropriate medical care. We think that it's important to address these issues in a timely manner, because the pandemic is still far from over."


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