

Review on the Effects of COVID-19 Pandemic on the Mental Health of Healthcare Professionals in Zimbabwe.

¹Marisa Clever, ²Matemadanda Victor and ³Marisa Johannes

¹Part-time Lecturer @ Zimbabwe Open University

²PhD Student @ Chartered Institute of Management and Leadership

³PhD Student @ Zimbabwe Open University

Abstract

During this COVID-19 crisis, evidence has shown that the healthcare professionals in Zimbabwe have carried a heavy burden to control the virus and have directly encountered its consequences. This review was conducted to establish whether there were any identifiable risk factors for adverse mental health outcomes amongst the healthcare professionals during this COVID-19 crisis. This was done by undertaking a review of the literature on the published articles, which reported the psychological effects of healthcare professionals during the COVID-19 pandemic. Evidence from different research studies, have shown that COVID-19 has a considerable effect on the psychological wellbeing of healthcare professionals. Further results suggest that nurses may be at higher risk of adverse mental health outcomes during this COVID-19 pandemic with other risk factors identified such as underlying organic illness, gender (female), concern about family, fear of infection, lack of personal protective equipment (PPE) and close contact with COVID-19 patients. It was further established that systemic support, adequate knowledge, continuous training and resilience were identified as factors protecting against adverse mental health outcomes. The evidence to date suggests that female nurses with close contact with COVID-19 patients may have the most to gain from efforts aimed at supporting psychological well-being. Whilst psychological interventions aimed at enhancing resilience in the individual may be of benefit, it is evident that to build a resilient workforce, occupational and environmental factors must be addressed. This paper further recommends that the government and any other concerned stakeholders should invest more resources into the healthcare service delivery in order to significantly promote the mental health of these healthcare professionals, both in terms of research, prevention and treatment and to continue supporting the psychological wellbeing of these healthcare professionals and should be considered as a top priority.

Keywords: COVID-19, Pandemic, Mental Health, Health Professional, Effects, Psychology

Date of Submission: 25-08-2021

Date of acceptance: 09-09-2021

I. Introduction

COVID-19 pandemic is an international public health emergency unprecedented in modern history and has caused a lot of confusion and havoc around the world. 1. Outside the biological context, but as a result of the wide and long lasting changes in daily life that it may cause, coping with Covid-19 represents a challenge to psychological resilience. Some research studies conducted previously have shown that epidemics and contamination outbreaks of diseases have been followed by drastic individual and social psychosocial effects, which eventually become more pervasive than the epidemic itself. Presently, as a result of this COVID-19 pandemic, high levels of anxiety, stress and depression have already been observed in the general population. In light of this, it is fundamental that healthcare authorities should identify groups with high risk of developing emotional issues in addition to the biological peril in order to monitor their mental health and conduct early psychological interventions.

II. Background and Literature Review

As a result of the COVID-19 crisis globally, the healthcare professionals worldwide continue to play an important in responding to this pandemic. It is evident that healthcare professionals display high rates of pre-existing mental health disorders, which negatively affect the quality of patient healthcare (Cai, et al., 2020). Studies from previous infectious outbreaks (Cas, et al, 2020) suggest that this group may be at risk of experiencing worsening mental health during an outbreak. On the other studies conducted by Filipe et al (2020), evidence examining the psychological impact on similar groups, suggest that this group may be at risk of experiencing poor mental health as a direct result of the COVID-19 pandemic. There are some specific features of the COVID-19 pandemic that may specifically heighten its potential to impact on the mental health of

healthcare professionals (Tai, et al, 2020). Firstly, the scale of the pandemic in terms of cases and the number of countries affected has left all with an impression that 'no-one is safe'. According to Maushe and Rimai (2020), media reporting of the pandemic particularly in Zimbabwe has not clearly disclosed the number of deaths in healthcare professionals and the spread of the disease within health and social care facilities, which is likely to have amplified the negative effects on the mental health of healthcare professionals. Secondly, usual practice has been significantly disrupted and many staff have been asked to work outside of their usual workplace and have been redeployed to higher risk front line jobs (WHO, 2020). Finally, the intense focus on personal protective equipment (PPE) is likely to have specifically heightened the effect of COVID-19 on the mental health of healthcare professionals as a result of the uncertainty close to the quantity and quality of equipment (Melnik et al, 2020), the frequently changing guidance on what personal protective equipment is appropriate in specific clinical situations and the uncertainty regarding the absolute risk of transmission posed (Zhu et al, 2020). Primary care workers, such as nurses, nursing technicians and medical doctors who are in direct contact with patients and their body fluids, are those most vulnerable to infection (De Kock, et al, 2021). During the pandemics, as the world faces a shutdown or slowdown in daily activities, individuals are encouraged to implement social distancing so as to reduce interactions between people, consequently reducing the possibility of new infections (Filipe et al, 2020), health professionals usually go in the opposite direction.

As a result of the exponential increase in the demand for healthcare service delivery in health institutions (Lee et al, 2018), they face long work shifts, often with few resources and precarious infrastructure (Melnik et al 2020), and with the need of wearing personal protective equipment that may cause physical discomfort and difficulty breathing. Many healthcare professionals may feel unprepared to carry out the clinical intervention of patients infected with a new virus, about which little is known, and for which there are no well-established clinical protocols or treatments (Cai, et al, 2020). In addition, there is the fear of autoinoculation, as well as the concern about the possibility of spreading the virus to their families, friends or colleagues (Filipe et al, 2020). This can lead them to isolate themselves from their family nuclear or extended, change their routine and narrow down their social support network (Cao et al, 2020). This COVID-19 pandemic has rapidly changed the functioning of society at many levels, which suggests that these data are not only needed swiftly, but also with caution and scientific rigour (De Kock et al, 2021).

III. Research Methods

This paper reviewed the related literature presented by different scholars on the psychological effects of the COVID-19 pandemic on the healthcare professions and therefore, contribute to informing where mental health interventions, together with organisational and systemic efforts to support this population's mental health, could be focussed on an effort to support their psychological wellbeing.

IV. Findings

As a communicable disease, and now a global public health emergency, COVID-19 places a unique challenge on the healthcare professionals in Zimbabwe, which will disrupt not just their usual workplace duties but also their social context (Maushe and Rimai, 2020). As people try to adjust to new ways of living and working, healthcare professionals are likely to continue to face challenges ahead (Cai et al, 2020). This review confirms that the psychological effect of COVID-19 on healthcare professionals is considerable, with significant levels of anxiety, depression, insomnia and distress. Several studies conducted revealed that the prevalence of depressive symptoms of between 8.9–50.4% and anxiety rates of between 14.5–44.6% (Cao et al, 2020). Evidence has further shown that most of the studies published so far come from China, which is considered to be the epicentre of COVID-19 (De Kock et al, 2021). However, there is minimal evidence published to date on the psychological effect on healthcare professionals in the European countries, United States of America and Africa that have been highly impacted by the COVID-19 pandemic (Zhu et al, 2020).

This paper also found that nurses may be at a higher risk than doctors (Cai et al, 2020; Filipe et al, 2020; De Kock et al, 2021). This is similar to the findings that take into account previous viral outbreaks (Tai et al, 2020). Confounding factors were not robustly addressed however, and there were no studies that compared nurses with the primary care workforce or social care workers (Lee et al, 2020). There was some evidence that clinical healthcare professionals in Zimbabwe may be at higher risk of psychological distress than non-clinical healthcare professionals (Maushe and Rimai, 2020), but this was not absolute. Zhu et al. (2020) found a higher prevalence of anxiety among non-medical healthcare professionals in Singapore. The prevalence of poor mental health outcomes varied between countries and Lee et al. (2020) divulge that in data from India and Singapore, there was an overall lower prevalence of anxiety and depression than similar cross-sectional data from China (Tai et al, 2020 and Melnyk et al. 2020). This suggests that different contexts and cultures may reveal different findings and it is possible that being at different points in their respective countries' outbreak curve may have played a part, as there was evidence that this may be influential (Cai et al, 2020). Mandizha and Darlington (2020) postulate that the medical healthcare in Zimbabwe is currently experiencing COVID-19 outbreak and

thus, are well prepared for COVID-19 both psychologically and in their infection control measures. What can be deduced is that context and cultural factors are likely to play a role, not just cadre or role of healthcare professional but also highlights the significance of reviewing the evidence as more data continue to emerge from other countries (Maushe and Rimai, 2020). While healthcare professionals have been identified as vulnerable to the negative psychological effect from the current COVID-19 pandemic, they do not form a homogeneous population (Mandizha and Darlington, 2020). It may therefore, be appropriate to identify particularly vulnerable groups within the larger population of healthcare professionals target psychological support to them (Zhu et al, 2020).

This review concluded that, whilst individually directed interventions are associated with some reduction in symptoms of common mental health disorders, there is need to increase focus on organisational-level interventions, which improve the work environment (Cai et al, 2020). Further, as the study findings showed evidence that occupational and environmental factors at the workplace level played a key role for mental health outcomes, there was no mention of wider societal structural issues that have been emerging during this COVID-19 pandemic (Filipe et al, 2020). Of particular importance is the evidence that black and ethnic minority people of all ages globally, are at greater risk of contracting and dying from COVID-19 (Lee et al, 2020).

This is according to a recent research study conducted by De Kock et al (2021) in the United States of America, which found that non-white healthcare professionals were at increased risk of contracting COVID-19 and were disproportionately affected by inadequate personal protective equipment and close exposure to COVID19 patients. This suggests that wider structural factors are at play and need to be thoroughly investigated. However, this review does highlight the considerable psychological effect that COVID-19 has played so far on healthcare professionals but adds to the recent calls to take notice of this important issue (Tai et al, 2020). Yet the evidence also suggests that, although predictors for psychological distress exist, these are not absolute and context may play an important role on the manifestation of adverse mental health outcomes (De Kock et al, 2021).

V. Conclusion and Recommendations

This review confirms that healthcare professions are at high risk of significant psychological distress as a direct result of the COVID-19 pandemic. According to the various published studies, symptoms of anxiety, depression, insomnia, distress and OCD are found within the healthcare professionals (De Kock et al, 2021). However, most studies draw only from work in secondary care and none draw from the primary care or social care setting. It was further established in this review that the study of different contexts and cultures may reveal different findings. Although risk factors did emerge that were in keeping with evidence from other infectious disease outbreaks, the findings were not absolute. This review further suggests that nurses may be at higher risk of adverse mental health outcomes during this COVID-19 pandemic, but there were no studies comparing them with social care workers or the primary care workforce (Filipe et al, 2020). Based on this review, this paper recommends that:

- Strengthening psychological resilience in a personalised approach may be effective in protecting our healthcare professionals from adverse mental health outcomes but this must not defer responsibility from wider organisations and systems.
- Holistic approach to healthcare professionals wellbeing should be considered, which includes personalised interventions alongside necessary structural changes to create a healthy, safe and supportive work environment.
- Strategic interventions for combating COVID-19 require primary attention to the general healthcare of the population, including economic measures that support the necessary guidelines during this devastating period of contingency.
- Regional interventions are necessary, considering that the local healthcare determinants may differ between regions. As complementary strategies, it is possible to establish partnerships with civil society institutions and implement remote assistance systems.
- The government should invest more resources to the healthcare service delivery in order to significantly promote the mental health of these healthcare professionals, both in terms of research, prevention and treatment.
- More research studies should be undertaken to identify interventions that can be delivered under pandemic conditions to mitigate deteriorations in psychological well-being and support mental health.
- Further research studies including social care workers and analysis of wider societal structural factors are also recommended.

References

- [1]. Cai, H, et al. (2020). Psychological Impact and Coping Strategies of Frontline Medical Staff in Hunan between January and March 2020 during the Outbreak of Coronavirus Disease 2019 (COVID-19) in Hubei, China. *Med Sci Monit*
- [2]. Cao, J, et al. (2020). A Study of Basic Needs and Psychological Wellbeing of Medical Workers in the Fever Clinic of a Tertiary General Hospital in Beijing during the COVID-19 Outbreak. *Psychother Psychosom*
- [3]. De Kock, J.H, et al (2021). A Rapid Review of the Impact of COVID-19 on Mental Health of Healthcare Workers. Implication for Supporting Psychological Wellbeing. *BMC Public Health*
- [4]. Filipe, O, et al. (2020). The Impact of the COVID-19 Pandemic on the Mental Health of Healthcare Professionals. Report in Public Health
- [5]. Lee, S.M, et al. (2018). Psychological Impact of the 2015 MERS Outbreak on Hospital Workers and Quarantined Haemodialysis Patients. *Compr Psychiatry; 87:123-127*
- [6]. Maushe, T., and Rimai, C. (2020). Effects of COVID-19 on Healthcare Frontline Workers in Healthcare Institutions in Zimbabwe. Unpublished Article
- [7]. Mandizha, J.K, and Darlington, D.C. (2020). Psychological Effects of COVID-19 on Healthcare Frontline Workers. A Case of Public Health Institutions, Zimbabwe
- [8]. Melnyk, B.M, et al (2020). Interventions to improve mental health, well-being, physical health, and lifestyle behaviours in physicians and nurses: a systematic review. *Am Journal Health Promotion*
- [9]. Tai, D.B, et al. (2020). The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. *Clin Infect Dis*.
- [10]. WHO (2020). Novel Coronavirus (2019-nCoV) Situation Reports. Geneva: World Health Organization.
- [11]. Zhu, Y, et al (2020). The risk and prevention of novel coronavirus pneumonia infections among inpatients in psychiatric hospitals. *Neurosci Bull; Vol. 36(13) pg: 299-302.*

Marisa Clever, et. al. "Review on the Effects of COVID-19 Pandemic on the Mental Health of Healthcare Professionals in Zimbabwe." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(5), 2021, pp. 34-37.