



A meta-narrative review to investigate psychological distress and coping mechanisms among healthcare workers, related to the COVID-19 pandemic

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Background

- COVID-19 was declared a global pandemic on March 11th, 2020, by WHO.
- Commonly called SARS-CoV-2 from an RNA virus family.
- Transmission by respiratory droplets, aerosolization of droplets, shedding of the virus.
- Asymptomatic carriers can still shed the virus.
- When symptoms begin, they typically consist of fever, coughing, and fatigue. Symptoms can also include headaches, loss of taste or smell, and rash. Around 80% of infections are considered to be mild and self-limiting, with the other 20% developing a serious infection (Auwaerter, 2023).
- On March 18th, 2020, there were 7,952 cases per week of the virus while only a week later, on March 25th, 2020, numbers increased by 59,459 cases per week (CDC COVID Data tracker).
- Many hospitals had filled occupancy and became overwhelmed in a way in which the healthcare system did not have enough resources to support the rising number of cases. (Kokudo & Sugiyama, 2021).
- Worldwide, on December 19, 2022, cases hit a peak at 44,265,825 weekly cases reported (WHO COVID-19 Dashboard).

Research Question

What factors influenced the psychological distress of healthcare workers during the COVID-19 pandemic, and what are possible ways to cope with the distress?

Argument

The most influential factors on psychological distress are emotional exhaustion, depersonalization, lack of personal accomplishment, insomnia, trauma, job stress, depression, and anxiety. Maintaining regular working hours, adequate safety protocols, emotional and social support, and encouraging a sense of purpose are effective coping mechanisms to combat psychological distress.

Methodology

Inclusion criteria

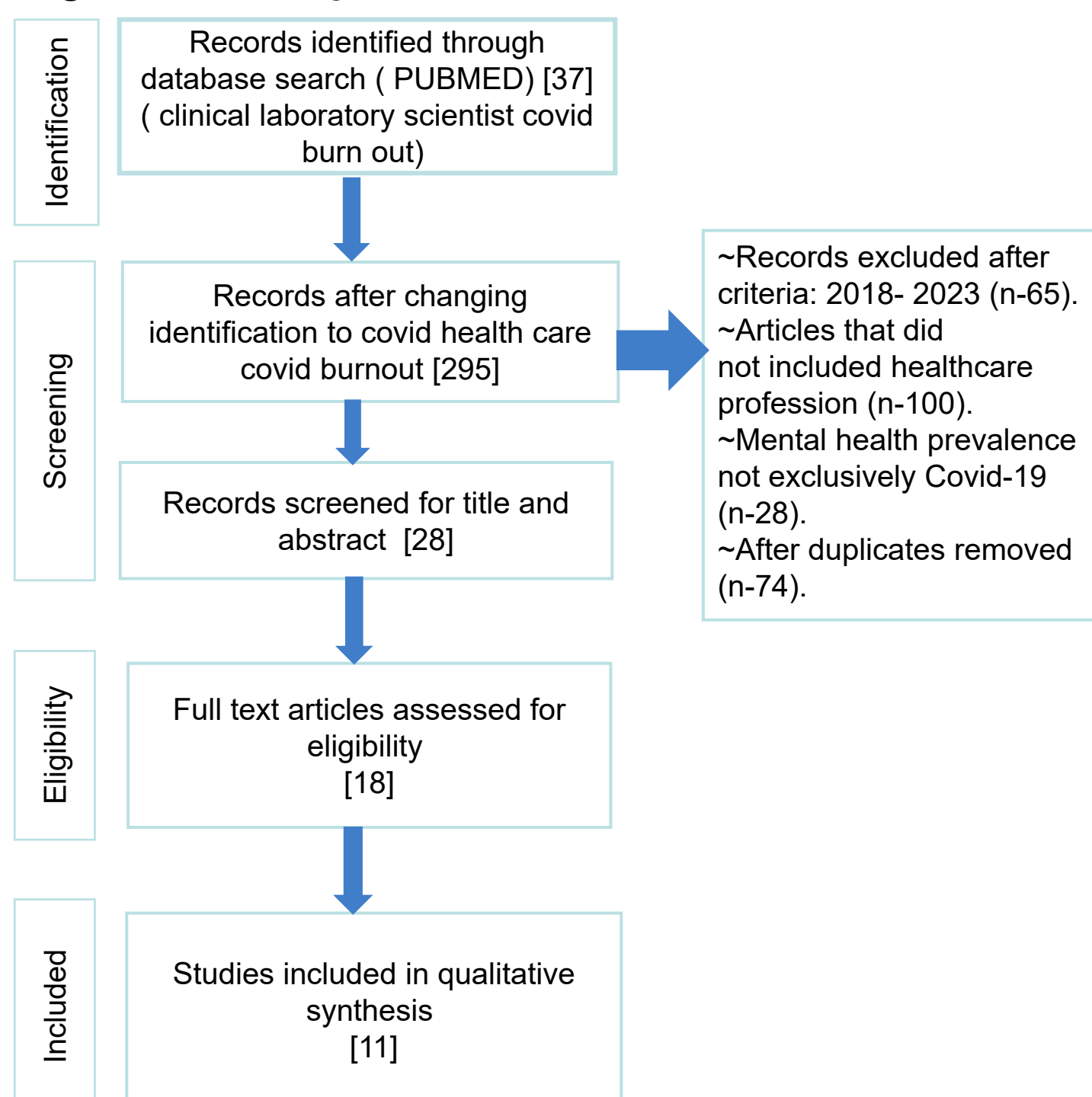
- Topics related to mental health, burnout, coping mechanisms.
- Peer reviewed articles.
- Any healthcare profession.
- Surveys, clinical trials.

Exclusion criteria

- Non-English papers.
- Data presented older than when the pandemic was established.

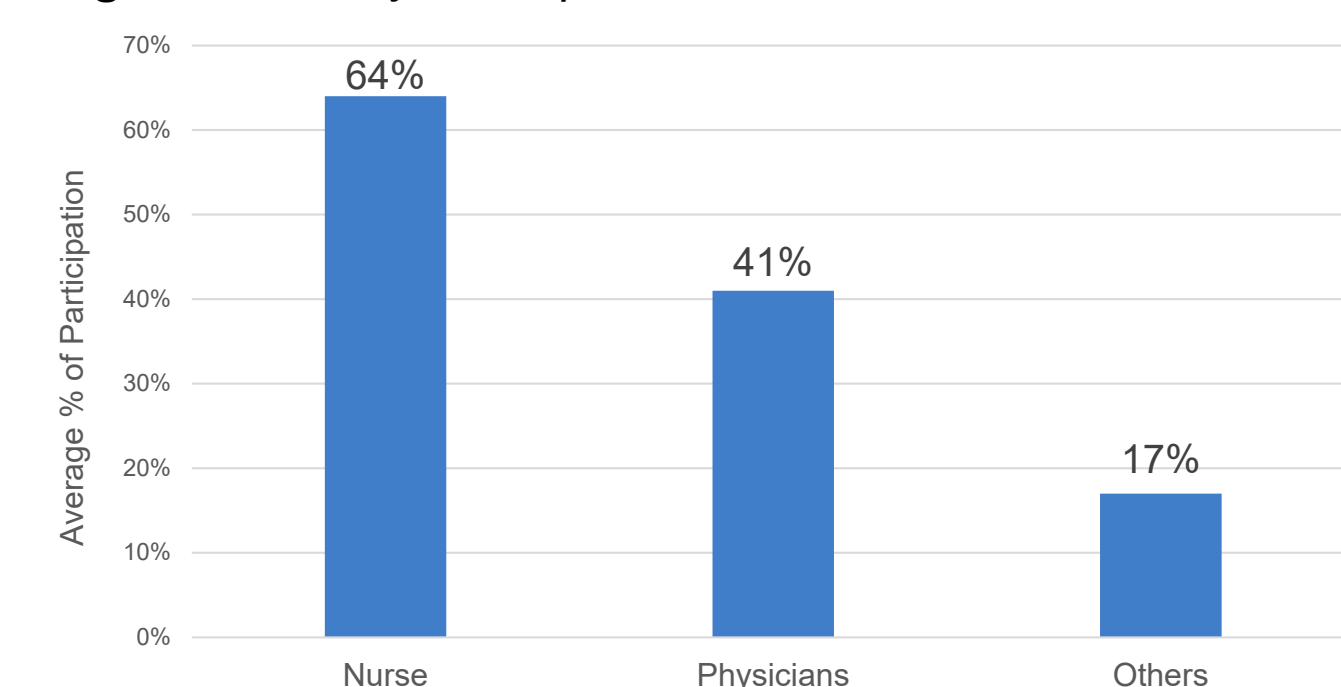
Source Selection

Figure 1: Flow diagram



Key Findings

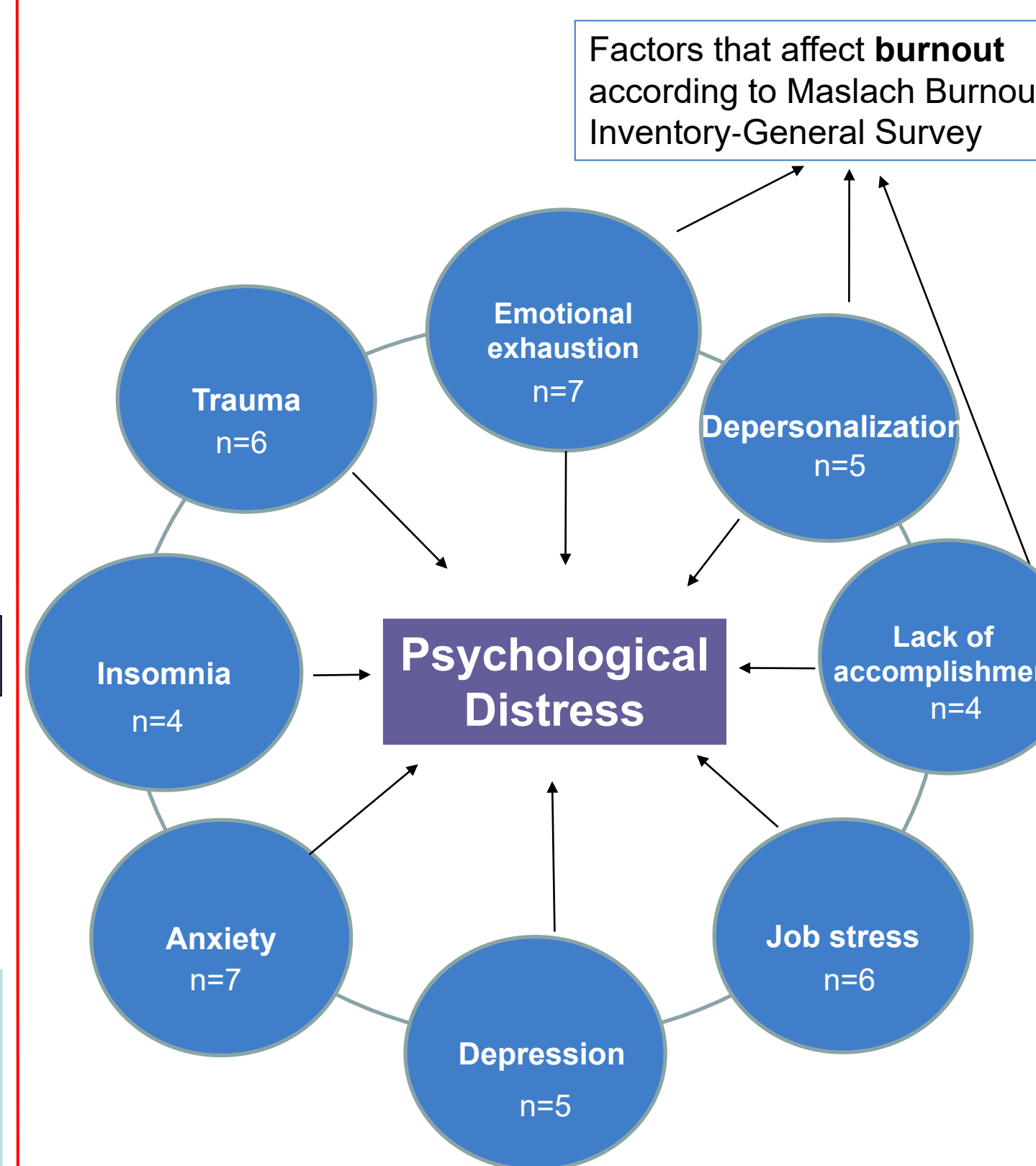
Figure 2: Survey Participants Per Profession



Note: "Other" professions include medical laboratory technicians, allied health professionals, administrative, residents, and physical therapists.

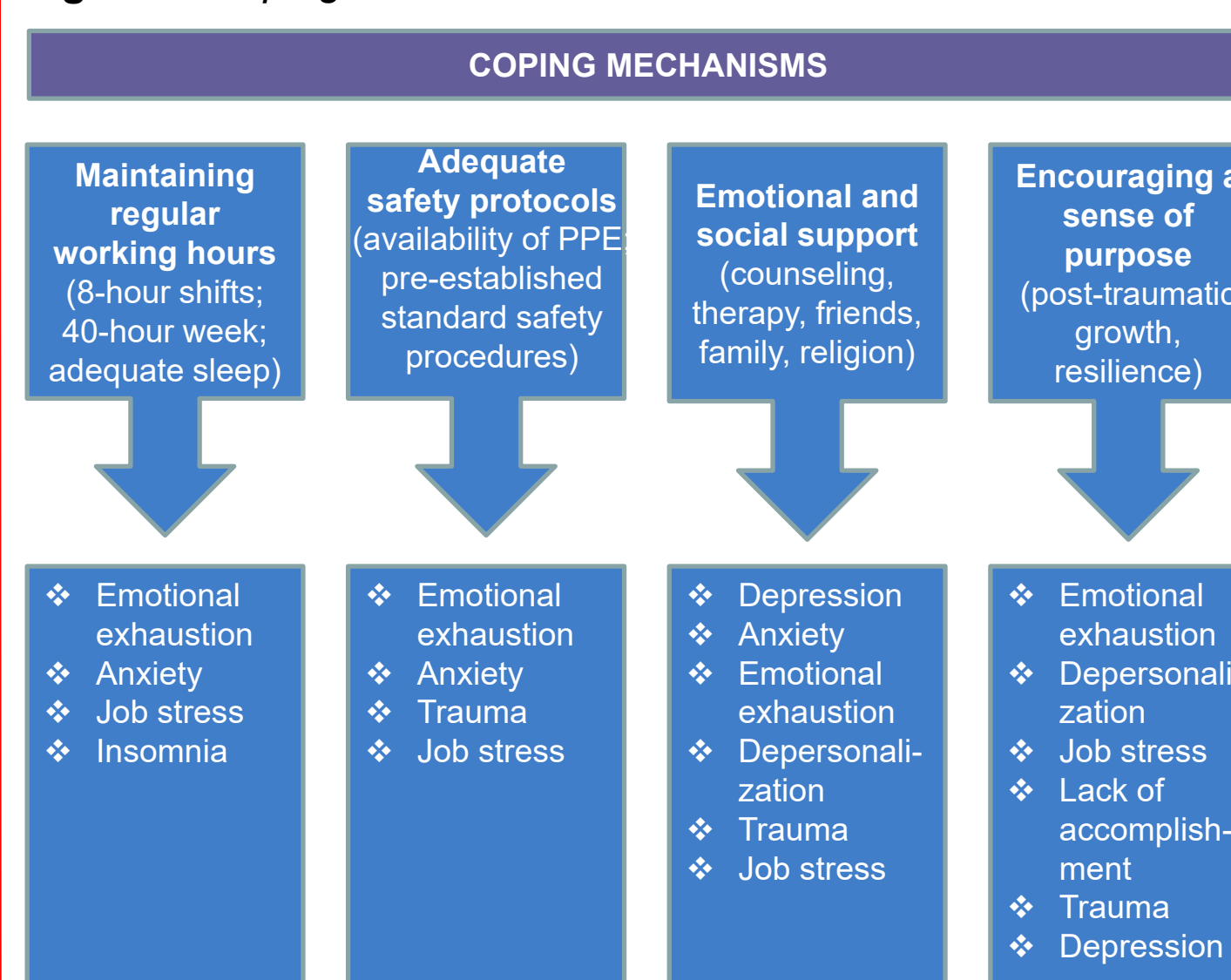
Key Findings

Figure 3: Psychological Distress among Healthcare Workers



Note: "n" corresponds with the number of articles that discussed the referred factor that affects psychological distress.

Figure 4: Coping Mechanisms to Address Distress



Limitations

- Unavailability of pre-pandemic data for comparison.
- Sampling bias.
- Convenient sampling.
- Different scales to measure variables.

Future Research

- Longitudinal survey can be applied to observe the implications of a coping mechanism, beneficial effects on healthcare workers and decrease psychological distress.
- Correlation between psychological distress and gender.
- Actively seek higher male response rates for a more representative result.
- More extensive exploration of psychological distress for technologist and technicians.

Conclusions and Implications

Because of the sudden spike of a new and unknown disease, many healthcare workers suffered from psychological distress due to being under an overwhelmed work environment with the potential to decrease the quality of patient care. Therefore, it is crucial to investigate coping mechanisms that have the potential to manage psychological distress suffered by healthcare workers during the COVID-19 pandemic. These coping mechanisms span from maintaining regular working hours, a regular sleep schedule, adequate safety protocols, emotional and social support, and encouraging a feeling of purpose to combat the psychological distress caused by emotional exhaustion, depression, anxiety, trauma, and depersonalization.

Hospitals and medical institutions should incorporate measures to offer coping services such as regular working hours, support, sense of purpose, adequate safety protocols for psychological distress of healthcare workers. This itself could provide potential benefits and improve quality of care and positive work attitude.

References

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