

Healthcare Workers and Burnout During COVID-19 Pandemic

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Have you ever felt stuck? Or rather unmotivated and unsatisfied at your work? Maybe you do not feel like being a doctor anymore, but the fear of what will you do after; scares you more. Or maybe, you do wish to continue your medical practices but feel rather tired and let down at most times. In either scenario, you are not alone.[1] Several healthcare workers feel underappreciated and suffer from lack of enthusiasm for work, feelings of cynicism towards life and low sense of personal accomplishment, in short, they feel “Burnt out”.

Burnout is on the rise in medical fraternity. Established professionals, residents in training, to young medical school trainees beginning their careers in medicine, none can escape from the brunt of burnout.[2,3] Long working hours and increasing burden of bureaucratic tasks make the medical profession a tedious one.[4] Continued exposure to human suffering and death introduce cynicism towards life and its purpose. Constant need to be compassionate to patients and their family members require immense mental and emotional fortitude. However, with an increase in violence against the medical fraternity,[5] a typical doctor begins to question the sanctity of the profession and feels unappreciated. No wonder, compassion fatigue [6] and healthcare worker migration [7] are on a rise in

Nepal.

The pervasive spread of the corona virus disease (COVID-19) pandemic has indeed made matters worse for the existing mental health challenges faced by the healthcare practitioners in Nepal. For one, there is no documented data on the pre-existing prevalence of burn out in the Nepalese medical fraternity.[8] To add to this, a substantial rise is noticed in incidences of depression, anxiety, and substance abuse amongst the frontline healthcare workers.[3,4,8] Possible rationale for this rise in mental health conditions are attributed to one or more of the following reasons: lack of personal protective equipment (PPE), respirators, and hospital infrastructure to support the increasing hospitalizations due to COVID-19 infections, moral and ethical dilemma faced by healthcare workers during decision making process. A sense of guilt and regret for the general lack of preparedness to support the patients and fear for one’s life and safety add to existing mental health challenges faced by these professionals.[9,10] Any further delay in instituting measures to effectively address these issues will pave way for an ominous mental health pandemic in near future.

Whilst a lot is being written in the scientific community regarding burnout and mental health challenges faced by the healthcare workers during the current pandemic;[2,3,9] it is difficult to ascertain if any effort is being made to combat it. This is especially true in a resource poor setting such as Nepal. Work culture in Nepalese medical fraternity tends to stem from a common belief that healthcare workers are bound to promote selfless service towards the society. In the pursuit of serving the needs of the sick and their kin, healthcare workers often neglect their own physical, mental, social, and emotional well-being. In addition, the hierarchical structure of the medical fraternity requires the subordinates to step up to the expectations of their seniors. Cumulative

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outcome of all these practices is an increased predisposition to burnout. Furthermore, stressors such as a natural disaster (e.g. mega earthquake of 2015) or the current pandemic (COVID-19) tend to leave a long-lasting imprint on the society suffering from them. There are several studies suggesting a surge in mental health challenges including a rise in post-traumatic stress disorder in healthcare practitioners following the 2015 earthquake.[11]

Simple measures such as mandated time away from work (especially for frontline healthcare workers), practicing mindfulness, and an emphasis on one's own physical and mental health can ensure better ability to combat mental health challenges.[12] These would require a change in one's lifestyle which is often difficult to implement and include self-driven technique to avoid burnout. However, since burnout tends to be affected by organizational behavior, a change from burnout culture to a healthier work environment is extremely urgent. This is possible only if organizational interest in combating these challenges is generated.

Nepal has several private healthcare organizations working in conjunction with the public organizations to provide sustainable healthcare to the entire population. In the absence of a committed national effort from the government, at least private led institutions and organizations responsible for the healthcare provision should take an interest in implementing the culture change. Healthcare workers are highly skilled human resources. A predominance of burnout culture in a skilled resource will negatively impact the productivity of an organization. A culture change will prove beneficial for not just the healthcare workers but also the organizations and patients.

In a country like ours, where only a small fraction amongst the 30 million population is skilled to provide healthcare services, the onus of their wellbeing lies upon the society. A strong political commitment with easy accessibility to financial aid is the need of the hour.[2] Persistence of burnout culture will lead to continued migration of healthcare workers to developed countries in pursuit of better work environment. This will propagate the existing imbalance of caregivers to patient ratio, and subsequently worsen the crisis. Hence, it is in the county's best interest to remedy burnout urgently.

The discussion above is not just about statistics and research into mental health issues predominant

in healthcare workers, nor is it solely about the effects of COVID-19 pandemic on the mental health of healthcare professionals. This is simply my attempt as an ex-professional to draw attention of all my colleagues towards a rather pertinent issue affecting all our lives as healthcare professionals: the need for some physical, mental, and emotional selfcare.

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REFERENCES:

1. Kwon S. In 'Drop Out Club', desperate doctors counsel each other on quitting the field [Internet]. c2020 STAT [cited 2020 June 6]. Available from: <https://www.statnews.com/2017/05/24/doctors-burnout-online-community/>
2. Dzau VJ, Kirch D, Nasca T. Preventing a Parallel Pandemic - A National Strategy to Protect Clinicians' Well-Being. *N Engl J Med.* 2020; [Epub ahead of print]. PMID: 32402153 DOI: <http://doi.org/10.1056/NEJMp2011027>
3. Panchal N, Kamal R, Orgera K, Cox C, Garfield R, Hamel L et al. The implications of COVID-19 for mental health and substance use. [Internet] c2020 KFF [cited 2020 June 6]. Available from: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
4. Galea S, Merchant RM, Lurie N. The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Intern Med.* 2020;180(6):817-8. PMID: 32275292 DOI: <http://doi.org/10.1001/jamainternmed.2020.1562>
5. McKay D, Heisler M, Mishori R, Catton H, Kloiber O. Attacks against health-care personnel must stop, especially as the world fights COVID-19. *Lancet.* 2020;395(10239):1743-45. PMID: 32445692 PMCID: PMC7239629 DOI: [http://doi.org/10.1016/S0140-6736\(20\)31191-0](http://doi.org/10.1016/S0140-6736(20)31191-0)
6. Adhikari Y. Compassion fatigue into the Nepali counselors: challenges and recommendations. *MOJ Public Health.* 2018;7(6):376-9. DOI: <http://doi.org/10.15406/mojph.2018.07.00271>
7. Nair M, Webster P. Health professionals' migration in emerging market economies: patterns, causes and possible solutions. *Journal of Public Health.* 2012;35(1):157-63. PMID: 23097260 DOI: <http://doi.org/10.1093/pubmed/fds087>
8. Lamichhane N. Professional Burnout: How caring for ourselves helps us care for others. *J Psychiatrists' Association of Nepal.* 2015;4(2):1-3. DOI: <https://doi.org/10.3126/jpan.v4i2.18315>
9. Li W, Frank E, Zhao Z, Chen L, Wang Z, Burmeister M et al. Mental Health of Young Physicians in China During the Novel Coronavirus Disease 2019 Outbreak. *JAMA Netw Open.* 2020;3(6):e2010705. PMID: 32478846 PMCID: PMC7265093 DOI: <http://doi.org/10.1001/jamanetworkopen.2020.10705>
10. Gold J. The COVID-19 crisis too few are talking about: healthcare workers' mental health. [Internet] c2020 STAT [cited 2020 June 6]. Available from: <https://www.statnews.com/2020/04/03/the-covid-19-crisis-too-few-are-talking-about-health-care-workers-mental-health/>
11. Shrestha R. Post-traumatic stress disorder among Medical Personnel after Nepal earthquake, 2015. *J Nepal Health Res Counc.* 2015;13(30):144-8. PMID: 26744200 DOI: <https://doi.org/10.33314/jnhrc.v0i0.639>
12. Linzer M, Levine R, Meltzer D, Poplau S, Warde C, West CP. 10 Bold steps to prevent burnout in general internal medicine. *J Gen Intern Med.* 2013, Sept 4;29(1):18-20. PMID: 24002633 DOI: <http://doi.org/10.1007/s11606-013-2597-8>