Problem Statement

Adverse mental health outcomes are a severe public health issue that significantly affects our healthcare providers’ health and performance.1 Worldwide, female healthcare providers have been physically and emotionally exhausted from caring for COVID-19 patients. Their mental health may be affected by the increased demand for care and the maintenance of personal responsibilities. Additional resources must be made available to care for healthcare providers’ mental health during the COVID-19 pandemic.

Status of Literature

Burnout is a familiar syndrome among healthcare providers manifested by symptoms of spiritual and emotional exhaustion, depersonalization, and a decreased sense of personal achievement.2 Burnout contributes to insomnia, headaches, reduced job satisfaction, and increased mental health problems such as depression and anxiety.3 Evidence of burnout was reported in 42% of 15,000 US physicians from a 2018 survey, which is associated with an increased risk of significant medical errors.4

Women typically have the burden of child and family care, however, family resources were shut down by the pandemic. Mothers and wives in our community who are also our healthcare providers are unfairly affected emotionally and physically by the global pandemic. The global pandemic has demanded much more of our physicians, nurses, and other healthcare providers, contributing to burnout. These challenges include the pressure of reducing the spread of infection, developing suitable short-term and long-term strategies and plans, continuing to treat non-COVID patients successfully, and maintaining personal and family responsibilities.5 Healthcare providers report more distress about family contracting COVID-19 or unknowingly infecting others than acquiring themselves.6 These conditions for our female health care workers are exasperated by the lack of or ineffectiveness of available resources.

Research indicates that female health care workers are at increased risk for mental health problems during the current COVID-19 pandemic.7 The recent literature has demonstrated a higher risk for anxiety, depression, and greater fear in medical staff with direct contact with COVID-19 patients.8,9 Older healthcare providers on the frontlines of COVID-19 (i.e., emergency department, intensive care, and infectious disease units) are at greater risk for psychological disorders.8,9 Older healthcare providers have demonstrated increased stress related to a lack of personal protective equipment and longer work hours.10 Additionally, women and individuals in high-risk areas may have more negative psychological health outcomes.11 A study concluded that more attention needs to be given to female nursing staff’s mental health between the ages of 30-39.12

Call to Action

Female healthcare providers working on the front lines during the COVID-19 pandemic have been over-whelmed with providing care for the public. During our current COVID-19 pandemic or any future national crisis, our female healthcare providers should be aware of the available resources and aid offered by their
employer and others within the community. As an interdisciplinary team of social work and public health, we offer the following information in hopes of informing healthcare providers of available relief and ameliorate stress.

Intermountain Healthcare (IHC) provided mental health counseling for physicians and an employee assistance hotline with other resources and help for all employees. IHC also offered clean scrubs for their physicians to wear home after a shift to avoid the risk of infecting family members; however, this service was not offered to nurses and MAs. As the provision of clean scrubs and PPE may have relieved stress and anxiety, we believe in the inclusion of all employees to receive clean scrubs. In addition, IHC offered “COVID” pay up to 2 weeks for employees who became infected with COVID-19 or had to self-quarantine.

The following resources were offered on the IHC website (2020), under the headings “Caregiver Resources for COVID-19,” “COVID Related Caregiver Discounts,” and “Employee Assistance Program” and were available for all healthcare providers who are giving care during the global pandemic. Nevertheless, it is unknown how well these resources are publicized to and utilized by employees. We propose increased emphasis and advertisement on mental health resources available to aid those that are risking their physical and mental health to care for others. Additionally, increased monetary compensation or PTO may be beneficial in improving job satisfaction and mental health among healthcare providers. Aside from health measures, our best defense against COVID-19 is providing optimal conditions and comprehensive resources for our healthcare providers.

References


