GLOBAL ECHOES

Support the frontliners – good initiatives during the COVID-19 pandemic for healthcare workers across the world: is this what we really need?

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Healthcare workers have faced an unprecedented workload in overstretched health facilities during the COVID-19 pandemic, and we describe various initiatives to support them. Psychological, financial and peer support, accommodation and meal services, proper personal protective equipment, applause and gratitude in the community, spiritual and religious life, child care and volunteering were identified. The potential effects of the COVID-19 pandemic – permanent stress, burnout and other mental health problems among healthcare professionals – can be expected to grow. Continued monitoring is essential to bolster resilience among healthcare workers and prevent the possible consequences for their mental health.

International scientific literature since the early stages of the COVID-19 pandemic has documented how healthcare workers, particularly those deployed at the 'front line', are being exposed to high risk of psychological distress and psychiatric symptoms such as depression, anxiety and insomnia.[1] An unprecedented workload in overstretched health facilities and all the uncertainties of the pandemic make their working environment stressful and frightening. Factors associated with negative mental health outcomes in this population include long shifts, shortage of personal protective equipment (PPE), the risk of getting infected and transmitting the disease to their relatives, fatigue, the need for separation from their families and feelings of loneliness. Another described problem is the stigma against them as potential carriers of the infection.[2]

Burnout has been described as a psychological distress syndrome resulting from excessive and chronic workplace interpersonal stress not successfully managed. This condition shows up with a state of emotional, physical and mental exhaustion characterised by three key symptoms: overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.[3] Prior to this pandemic, studies had already shown increased rates of burnout among healthcare workers in comparison with the general population, with a prevalence varying between 25 and 60%.[4] As burnout is well-known to have an effect not only on the individual, but also on their environment, thereby increasing the risk of healthcare errors, it is crucial to prevent it or address it early. A recent Austrian analysis of resilience in a healthcare system exposed to COVID-19 revealed that, although most healthcare systems are structured for delivering continuous medical services in normal circumstances, they may not be resilient enough to handle public health crises and other disasters.[5]

In this article, we collected contributions from colleagues across world regions, who are members of a research think tank assembled through the World Psychiatric Association (WPA) Section of Early Career Psychiatrists (ECP Section).[6] Our objective is to describe an array of initiatives to support healthcare workers during the COVID-19 pandemic in different countries in the world.

Method

International data and information were collected by members of the ECP Section of the WPA, using an existing validated methodology.[7,8] The ECP Section is a formal division of the WPA which represents and supports psychiatric trainees and ECPs (up to 7 years after completion of their training in psychiatry, regardless of age).[6] Group discussions and conferences were held via online messaging and meeting platforms such as emails, WhatsApp and Zoom.

In the present study, 16 ECPs (5 females and 11 males) from 15 countries (at least 1 from each of the 5 continents of Africa, Asia, Europe, America and Australia) were approached between

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June and August 2020 by the lead (R.K.), co-lead (S.N.) and senior lead (R.d.F.) authors via WhatsApp and emails to share data and information about the good initiatives to support healthcare workers during the COVID-19 pandemic in their own country.

Results

We identified ten groups of initiatives implemented across countries (Table 1). In general terms, some countries have continued to build on the lessons learned and existing structures from the Ebola virus disease outbreak and in combating poliomyelitis,[9] whereas the current pandemic was a new challenge for the others.

Psychological support

Most contributors in our group reported that many hospitals and governmental institutions have activated psychological support guidelines and tools to counteract symptoms of burnout and adaptation (adjustment) disorders associated with the new situation in their countries. Also, services providing psychological help specifically for healthcare workers were expanded, being offered not only in major cities, but also in rural areas. Virtual group therapy and individual face-to-face as well as tele-psychiatry interventions have also been offered. Training groups for 'life skills' such as stress and anger management have been established. This is an important step, as psychoeducation via digital learning addressing mental health concerns has been found to be effective.[10]

Accommodation services

In most of the countries represented in our group numerous tour operators, hotels and homeowners has made their facilities available free of charge or affordable for healthcare workers and their families. In some cases, private healthcare centres housed their staff in hotels that had been closed during the lockdown, intending to keep workers' families safe from contagion.[11] However, only a few institutions could sustain this approach on account of the increasing costs and the indefinite nature of the pandemic. Some privately owned institutions currently run fortnight shifts where healthcare workers are lodged in nearby hotels for 2 weeks.

Meal services

Many restaurants in Italy have offered free meals delivered directly to hospitals, ensuring catering for healthcare workers. Additionally, local restaurants in countries such as Lebanon and Colombia have waived bills for healthcare workers in hospital areas or have donated their products to doctors and nurses as a token of appreciation, as it has been suggested that nutrition, rest breaks, time to decompress and time off are just important as providing PPE.[12]

Proper personal protective equipment

Most contributors reported that voluntary and non-profit associations purchased proper PPE and other basic medical equipment for emergency rooms and intensive care units in the most serious phase of the shortages. As increasing fear of contracting coronavirus among healthcare workers was reported, this initiative seems to be important not only by ensuring their safety, but also by contributing to preventing psychological distress.[13]

Gratitude in communities

On a larger scale, communities in different countries came together with group rounds of applause in support of all the front-line healthcare workers. The ongoing pandemic revealed the unmet needs of healthcare workers. Feeling valued by receiving the gratitude of communities, especially positive attitudes such as recognition and awareness in the media, could add to individuals' coping strategies, strengthening their mental resilience.[14]

Financial support

Contributors in our group also reported that economic bonuses were offered to healthcare workers for babysitting services and summer camps for children, and free taxi services for the commute to hospitals were granted. In addition, in some countries (e.g. Belgium, Italy, the USA) banks also decided to delay or defer the payment of mortgage and loan instalments. In Nigeria, an increase in hazard allowances was paid to healthcare workers.[4] In India, COVID-19 allowances were paid to healthcare workers in addition to the existing salary for their relentless service during the pandemic.

Spiritual and religious life

As the toll of the pandemic continues to increase and thousands of unexpected deaths add up, many healthcare workers are exposed to grief that could have a lasting impact, leading to emotional distress and possibly to mental disorders. In some countries, community leaders have been facilitating COVID-safe engagement in religious and spiritual practices. For healthcare workers who consider themselves spiritual, but not religious, non-denominational spiritual support has been reported as being helpful. For example, some doctors in Nigeria have a daily 'time out' and pray with their families and friends where they maintain contact and receive support via interactive apps. Most contributors reported that religious practices are helping healthcare workers to cope better and stay resilient, which supports previous observations of religion and spirituality as being important in mental health.[15]

Child care

School closures in affected countries created unintended child care obligations for healthcare

Table 1
Overview of initiatives to support front-line healthcare workers during the COVID-19 pandemic across the world

Initiative	Examples	Possible benefits
Psychological support	Guidelines and tools to counteract burnout and adaptation (adjustment) disorders Online groups Psychological hotlines	Early detection and prevention of mental disorders among healthcare workers
Accommodation services	Numerous tour operators, hoteliers or simple homeowners have made their facilities available free of charge or at affordable rates	Helping healthcare workers to maintain the safety of their families
Catering services	Many restaurants have offered free meals Meals delivery directly to hospitals	Facilitating healthcare workers' nutrition during long shifts
Proper personal protective equipment	Voluntary and non-profit associations have purchased PPE and medical instruments for emergency rooms and intensive care units during the most serious shortages	Relieving the fear of infection, ensuring security
Applause and gratitude in the community	In many parks and cities, murals and street art have been created to celebrate the courage of healthcare professionals and the heroism of those who died working on the front line Applause on balconies	Feeling the gratitude of others is associated with lower levels of depression
Financial help	Some banks have decided to delay the payment of mortgage and loan instalments Renegotiation of life insurance conditions	Ensuring financial security in a period of sudden economic crisis
Spiritual and religious life	Rituals and practices via interactive apps Individual opportunities for religious activities Individual time for spiritual needs	Religion and spirituality have been reported to be helpful in staying resilient
Child care	Babysitting and child day care for healthcare workers	Ensuring the care of children, solving the problem of early and unexpected closure of kindergartens and schools
Voluntary help	Volunteers at hospitals Voluntary help in rural areas	Helped to avoid overload for front-line workers
Peer support	Online communication groups Life skills training groups (stress, anger management)	Elicit resilience through emotional and scientific sharing

workers.[16] The contributors agreed that the relocation of children to relatives with lesser risk of being infected was one of the most common solutions. Some faith-based and private organisations established crèches and offered free babysitting services for healthcare workers, with the appropriate safety measures. Nevertheless, a considerable proportion of healthcare workers needed their spouses take on additional responsibilities in assisting with child care, home schooling and other family demands. Likewise, older siblings among their children have had to take on more responsibilities.

Voluntary help
The increasing numbers of COVID-19 patients rapidly overloaded the healthcare systems in many countries, especially affecting working hours and shifts for healthcare workers. As many hospitals struggled with the shortage of employees, healthcare volunteers have played a key role in supporting healthcare workers, especially in early detection of COVID-19 within their communities.[17] In many countries (e.g. India, Lebanon, Lithuania, Thailand), the number of volunteers on ambulances as well as in hospitals increased during the pandemic.

Peer support
In Thailand, access to online help groups tailored for healthcare workers was controlled (by providing medical council registration number, specialty and institution affiliation), to ensure that individuals felt secure and free to speak within the group. Publications in these groups' communication feeds were moderated by administrators to ensure mutual respect and avoid bigotry. Such groups seem to elicit resilience through emotional and scientific sharing.[18] Most of the contributors in our team reported that anxiety has been palpable among healthcare workers in online groups. Nevertheless, the concerns expressed by participants in these groups are finding reassuring responses from experts of various backgrounds, information resources and available local healthcare networks. Peer support has also helped some workers cope with distress associated with the current workload and with being away from home.[14]

Future directions
It is still unclear whether the initiatives introduced to mitigate the effects of the COVID-19 pandemic could be helpful in the longer term and for the majority of healthcare workers. Further institutional support for these initiatives and cross-disciplinary research into their effectiveness and implementation are needed to properly address the needs of the healthcare workers at this challenging time for their profession.

Countries require effective systems to support healthcare workers and their families during

unprecedented situations such as the COVID-19 pandemic, but the literature available on such support systems is scarce. There is an immediate need for research across the nations and the development of universal guidelines to help healthcare providers not only during this pandemic, but also in the future. In addition, there are instances where communities are not actively practising COVID-19 safety protocols such as maintaining social distancing, wearing masks and controlling public gathering, including anti-vaccine demonstrations. Policy makers still need to make efforts to provide adequate public education on following COVID-19 safety behaviours. This would help to reduce infections and thus reduce the burden on front-line workers.

Discussion

The COVID-19 pandemic has revealed pre-existing inadequacies in the healthcare system. In the majority of the countries studied, especially the low- and middle-income countries, healthcare workers are underpaid, face increased workloads due to long-term staff shortages and lack facilities. This has an immense impact on the physical and mental health of healthcare providers and, with the COVID-19 pandemic, there is increased prevalence of anxiety, depression, stress and burnout across the world. Our identified initiatives (psychological, financial and peer support, accommodation and meal services, proper PPE, community gratitude, spirituality and religion, child care, voluntary help) have been reported to be helpful across different countries in the face of these problems.

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