



Preliminary Retrospective Investigation on Mental Health Challenges and Occupational Disorders among Healthcare Professionals

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Abstract

The global spread of the novel coronavirus (COVID-19) has presented numerous challenges to countries worldwide, including its impact on morbidity and mortality. One area that has been overlooked and inadequately addressed is the mental health issues arising among healthcare workers during this pandemic. With millions of employees transitioning to remote work due to the pandemic, there is a need to understand the effects of working from home (WFH) on both mental and physical well-being. This rapid review aims to examine the influence of WFH on individual workers' health and provide recommendations for employers and employees to enhance their well-being. Additionally, it seeks to explore gender differences in this context. In the midst of the ongoing COVID-19 pandemic, healthcare professionals face escalating challenges globally. However, there is a dearth of information regarding these challenges in many developing nations, including Bangladesh. This study endeavors to investigate the difficulties encountered by healthcare professionals, including doctors and nurses, amidst the COVID-19 pandemic.

Keywords: SARS-COV-2; COVID-19; Mental illness; Disorders; Coronavirus Disease

Introduction

Mental illness ranks as the second most frequent cause of work-related issues following musculoskeletal disorders, constituting over a third of work-related ailments. Irrespective of mental illness, the psychological state of the workplace detrimentally impacts performance, absenteeism, and sick leave duration. One overlooked and unaddressed aspect is the mental health challenges experienced by healthcare professionals amid a pandemic [1,2]. Towards the end of 2019, the emergence of Coronavirus Disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) affected healthcare professionals (HCW), leading to an unprecedented pandemic with significant psychological ramifications [3-5]. Healthcare professionals have been pivotal in combatting COVID-19, delivering healthcare services in highly impacted regions. The mental well-being of healthcare workers has been severely affected during previous outbreaks like Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID-19, known for its higher infectivity compared to SARS and MERS, has placed healthcare professionals at increased risk of mental health challenges. Notably, healthcare workers involved directly in managing COVID-19 cases exhibit more pronounced mental health symptoms than their counterparts. Beyond the individual impact, mental health issues among healthcare professionals can lead to substandard patient care and heightened malpractice risks. Accurate assessments of mental health problem prevalence among healthcare workers during the COVID-19 pandemic are crucial for prevention, detection, and intervention efforts [6,7].

Material and Method

Data was gathered retrospectively from July to September 2021 utilizing the Infoclin web platform, which is the software utilized by Polyclinic Sant'Orsola-Malpighi for managing clinical health records. Only visits related to mental health were considered. Socio-demographic details such as gender, age, occupation, and work sector were collected. Additionally, information was documented on the number of company medical visits, initial visit date, diagnosis of mental illness according to DSM-5 criteria, psychotherapy or medication

treatments, and assessments of workplace suitability and limitations by company medical professionals. Depending on their health condition, all individuals received fitness evaluations categorized as: fit for work, unfit for work, or with specified restrictions. These restrictions were prescribed in cases of orthopedic issues or mental health concerns. Concerning work limitations due to orthopedic problems, the classification used by the occupational medicine department at Sant'Orsola-Malpighi Polyclinic transitioned from type A to type D based on the "Professional Dictionary", which depends on the level of physical strain that workers can endure. Type A indicates that workers are capable of performing very strenuous tasks.

Data Analysis

The sample size for this study was not determined in advance, as it adheres to a case series design. Descriptive and exploratory analyses were conducted, with continuous data presented as mean (\pm standard deviation, SD), and categorical data as frequency and percentage. A general linear model (ANOVA) was utilized to explore statistical differences among participants with different DSM-5 psychiatric diagnoses (fixed factors) concerning age (dependent variable). Quantitative data analysis was conducted using State version 14.0 (State Corp, College Station, Texas, USA). Descriptive statistics were employed to examine the characteristics of healthcare professionals and their impact on mental health. The association between outcomes (burnout syndrome, anxiety, depression, PTSD) and variables was assessed using various statistical tests including the chi-square test, Fisher's exact test, independent sample t-test, or the Mann-Whitney U test. Binary logistic regression followed by multiple logistic regressions

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was employed to calculate the odds ratio. Variables with a p-value ≤ 0.05 were included in the multivariable model for univariate analysis. For qualitative data, responses to open-ended questions underwent content analysis. Two trained researchers utilized inductive analysis to individually code the responses, identifying emerging topics and subtopics from the text. Any discrepancies in analysis were resolved through consensus, with extraction of statements representing each identified theme and sub-theme.

The focus of the study was on evaluating various aspects of mental health disorders among healthcare workers during the COVID-19 pandemic, with socio-demographic variables such as gender, occupation, age, workplace location, work sector, and psychological factors like inadequate social support and self-efficacy being associated with increased stress, anxiety, depression, and insomnia among healthcare workers. There is mounting evidence suggesting that COVID-19 could be an independent risk factor for stress among healthcare workers.

Elements of Monogenic Auto inflammatory Disorders Treatment

Regarding the treatment of monogenic auto inflammatory disorders (AIDs), the primary goals are symptom management, improvement of quality of life, and prevention of long-term complications. Steroidal anti-inflammatory medications (NSAIDs), high-dose corticosteroids, colchicine, and immunomodulators have traditionally been the mainstays of symptomatic therapy. However, these treatments often fail to adequately control symptoms and inflammation markers, particularly serum amyloid-A (SAA), which must be maintained within normal levels to prevent systemic amyloidosis. Treatment strategies should be adjusted to ensure that SAA concentrations remain within the appropriate range.

Discussion

The aim of this study is to elucidate the clinical profile of psychiatry as per current nosography among medical personnel at the Sant'Orsola-Malpighi polyclinic in Bologna, who underwent one or more visits to the Faculty of Industrial Medicine from 2016 to 2019. Specifically, it aimed to delineate clinical protocols for issuing fitness notes and imposing work restrictions based on psychiatric diagnoses, paralleling the procedures in orthopedics. A descriptive analysis initially revealed a demand primarily from women, with nurses disproportionately distributed across various hospital departments [8]. This aligns with existing literature indicating a higher prevalence of mood disorders and psychosis among adult women in both healthcare workers and the general population compared to men. Consistent with prior observations, the study identified a significant correlation between gender and psychiatric diagnoses, suggesting gender's potential influence on the onset or aggravation of conditions such as depression in susceptible individuals. Notably, the study underscores the absence of standardized guidelines for evaluating psychological fitness and assigning job-related restrictions, as well as the underutilization of effective assessment tools, as highlighted in current literature. The clinometric approach is proposed as a means to address this gap, emphasizing the inclusion of both observer-based and self-assessment tools in clinical evaluations to differentiate between patients with identical clinical diagnoses but varying levels of impairment. However, the present research has several limitations warranting discussion [9]. Firstly, its cross-sectional design and retrospective data acquisition through electronic medical records (i.e., the Infoclin platform) pose

initial limitations. Secondly, the utilization of convenience sampling restricts the generalizability of the findings. Lastly, the study's single-center nature limits its applicability, as it solely involves healthcare staff from hospitals in northern Italy. Future investigations should aim to overcome these limitations by encompassing larger, more diverse samples from various hospitals across different regions of Italy and other European countries [10].

Conclusion

The findings of this study reveal inconsistencies in the application of categorical approaches for discerning nuances of mental illness severity, particularly in the context of issuing fitness notes and workplace restriction assignments during occupational health screening assessments. Such approaches fail to adequately account for the complexity of human experience and may overlook specific clinical factors that could inform more precise fitness notes and task limit assignments. There is a recognized need for a clinical approach that integrates not only categorical tools but also dimensional tools to assess the trajectory of mental illness. This would facilitate standardization in the occupational health setting and enable psychiatrists to apply their clinical judgment effectively. Further research is warranted to evaluate the severity and comorbidity of patients' clinical profiles, as these factors can significantly influence prognosis and treatment outcomes. By considering these factors, it may be possible to develop more tailored and reliable fitness notes and occupational restrictions.

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Conflict of Interest

None

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