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What can we do (differently) for better safeguarding of the mental health of healthcare workers in the event of a new pandemic?

Setting the scene

The work of healthcare workers ('HCWs') in hospitals has always gone hand-in-hand with serious mental health risks[1]. These are related to high workloads, substantial individual responsibilities, dealing with the suffering of patients and their relatives, the threat of physical violence and other factors. Mental health risks encompass for instance risks in terms of depression, anxiety disorders and post-traumatic stress disorder. The COVID-19 crisis has substantially increased mental health risks among healthcare workers[2]. Health and care workers reported the poorest job quality among all workers during the pandemic[3].

Job quality index, by critical worker group, EU, 2021 (%)

Note: *The numbers at the start and end of each bar indicate the total percentage of workers in strained and resourced jobs, respectively.*

Source: Eurofound, 2023, page 11

In this policy brief, we outline the results of a literature review and survey research we conducted in 2023 among health sector affiliates of the European Public Service Union (EPSU)*. This research was conducted to gain more insight into the various responses by unions and hospitals aimed at preventing, ameliorating or treating mental health problems that emerged during and after the COVID-19 crisis.

* EPSU is the European trade union federation representing 8 million workers in public services (public, private and not-for-profit) in 48 countries. The majority of its members work in health and social services.

Towards a guide for better safeguarding the mental health of healthcare workers

There are seven groups of measures and initiatives that can effectively mitigate the negative impacts on healthcare workers' mental health. Such measures can be implemented before or during pandemics, in order to avoid future pandemics putting hospitals and their workers under similar pressure, and to address the more structural mental health problems in the sector.[4]

1. Monitoring and identification

Regularly and supportively monitoring the health status and wellbeing of workers is aimed at the early identification of problems and the ability to shift in line with workers' concerns, both before and during pandemics. The level of monitoring should be increased when issues escalate or during outbreaks[5].

2. Adequate protection

One immediate source of mental health problems during a pandemic is concern about adequate protection against contamination for healthcare workers, their colleagues and families[6]. These concerns include access to appropriate personal protective equipment, the risk of bringing infections home to family members, and the lack of access to testing when needed. Maintaining an abundant stock of protective and testing gear is crucial to prevent these concerns.

3. Information, communication and training

During a pandemic, the rapidly changing professional challenges and the related concerns of workers about being able to provide competent care are another source of mental health problems. This demands regular information, communication and training meetings[7].

4. Organisational adaptations

A further source of mental health problems both before – and exacerbated during – pandemics is the intensity of work. Organisational adaptations - such as a reduction of working hours/overtime, job-design modifications and the improvement of staff-patient ratios – can reduce this intensity and introduce greater balance to the demands put on workers and the control they experience[8].

5. Support during work

Another source of mental health problems during the pandemic originated from various needs for support[9]. These needs could be divided into two broad categories:

- support for personal and family needs (as both working hours and family needs increased, e.g. due to school and day-care closures); and
- psychological and social support (to prevent, ameliorate or treat mental health problems, e.g. organisation of peer support, a buddy system or regular small group meetings to address wellbeing among health care workers).

6. Care during infection

Mental health problems also arise from concerns about who will take care of workers' personal or family needs when the healthcare worker develops infection himself or herself[10].

7. Voice

A final source of mental health problems lies in concerns about not being heard and the uncertainty that the voice of healthcare workers is not part of the decision-making process[11]. Providing workers with a voice in regular *and* crisis times is key to reducing such concerns.

Who addressed what area?

The survey consisted of modules with questions about long-standing and new measures and good practices in the seven areas identified above, aimed at preventing ameliorating or treating mental health problems[12].

1. Monitoring and identification

While it is known that healthcare workers face mental health challenges which are intensified during a pandemic, the survey found that limited attention had been given to *monitoring* the mental health of individual workers both during and since the pandemic. Approximately 60% of respondents indicated that initiatives in this area were not being implemented by hospitals in their country and 30% said they were applied in 'some hospitals'. Good practices that were mentioned included integrating psychological service centres to monitor all employees in collaboration with external experts, having department supervisors or specifically appointed staff evaluate and monitor healthcare workers to identify symptoms, and conducting regular large-scale, individual and anonymous screenings. Regular monitoring to identify mental health issues at an early stage primarily falls to hospitals. Some hospitals have implemented these practices, but it seems that many have not.

2. Adequate protection

From the onset of the pandemic, it was evident that healthcare workers required substantial quantities of high-quality protective equipment and access to testing facilities. The responsibility for organising these resources varied by country, involving different combinations of the state, trade unions and other interest organisations, and hospitals. From the survey results we learned that overall, around 50% of respondents reported that the availability of personal protective equipment and testing facilities for healthcare workers was sufficient or more than sufficient in their country during the pandemic. However, an equally large portion indicated it was not sufficient.

3. Information, communication and training

Information sessions on risks and preventive measures, particularly when mandatory, appeared to have positively impacted healthcare workers' mental health. Survey responses indicated that nearly all hospitals had organised information, communication and training sessions in many different forms (such as training videos, regular (online) meetings, open information events). Regular information and communication meetings to support the knowledge base and regular meetings on crisis-related organisational challenges were widely implemented in hospitals during the pandemic. However, 'Internal helplines' (providing workers with support systems to discuss new or difficult situations with colleagues) and 'external helplines' (enabling workers to contact external experts for specific expertise) were mentioned less frequently by the respondents.

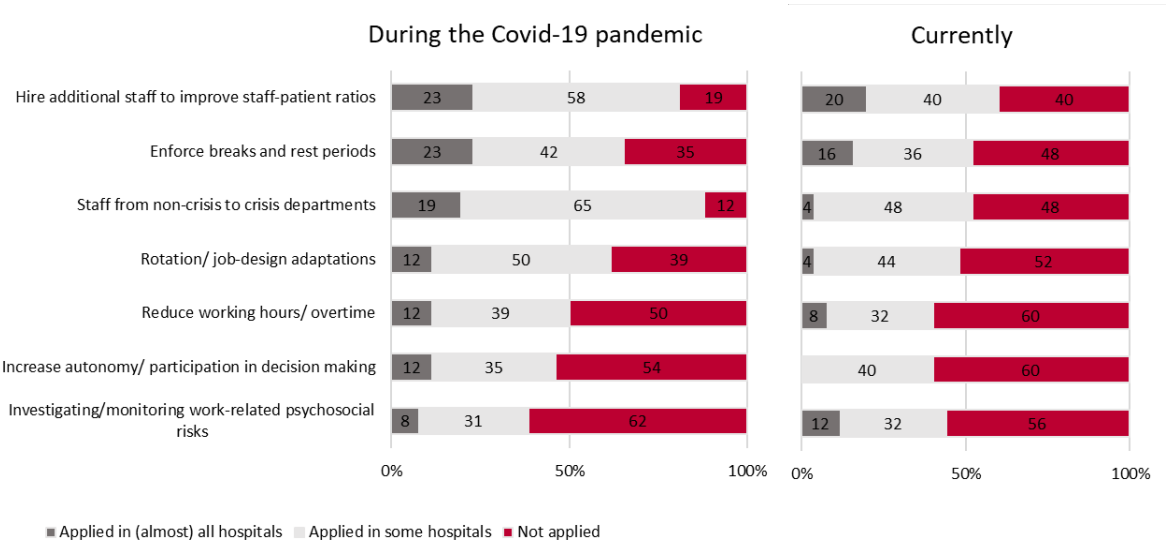
4. Organisational adaptations

In recent decades, and especially since the 2008 financial crisis, mental health pressures have increased with the further increase in workload in hospitals, a result of for instance austerity measures leading to understaffing and changing management methods leading to an increased administrative burden[13]. This has led to growing dissatisfaction and protest in the hospital sector, including against the insufficient recognition of mental health problems and the lack of measures to prevent such problems from occurring or to treat them. The already strained sector then faced the COVID-19 crisis, during which healthcare workers, recognised as essential, were on the frontline with workloads reaching extreme levels.

According to the respondents, the measures most frequently adopted during this period included 'employing additional staff to enhance staff-patient ratios', 'enforcing breaks and rest periods', 'shifting staff from non-crisis departments to crisis departments', and 'implementing rotation between tasks with varying demands or other job-design adjustments'. As well as hospital initiatives, respondents highlighted trade unions' efforts, such as negotiating working hours agreements, engaging in collective bargaining for staff-to-patient ratios, and securing paid lunch breaks.

Upon comparing the measures implemented during the COVID-19 pandemic with the current measures adopted by hospitals, the results revealed a significant decrease across all measures since then – a development that respondents found worrying with an eye to potential future pandemics.

Organisational measures to address the intensity of work, during the COVID-19 pandemic and currently, 2023 (%)



Questions: *Do you know whether any of the following initiatives were applied by hospitals during the COVID-19 pandemic in your country? (left)*

Do you know whether any of the following initiatives are currently applied by hospitals in your country? (right)

Source: COMET Survey 2023

5. Support during work

The personal and family needs of hospital workers appeared to have received less attention from various stakeholders. Although hospitals did provide some access to healthy meals, beverages and lodging facilities for healthcare workers (on-site or near the hospital), most respondents for instance indicate that support for childcare needs was largely neglected in their country. Additionally, psychological and social support for hospital workers, such as professional support services or peer support programs, seem to have been minimally implemented in many countries.

6. Care during infection

A substantial number of participants perceived healthcare workers to have been treated on a par with the general population, categorising the care for healthcare workers as 'neither bad nor good.' Those highlighting inadequate care for healthcare workers in their respective countries pointed out that only a few received compensation when infected with COVID-19, or that quarantine was prohibited until they were seriously ill. Additionally, some respondents highlighted the pressure for infected individuals, especially key workers, to return to work. A few also noted that infected healthcare workers were not contacted and did not receive any care during their illness. The practice that was most applied in hospitals was to provide paid time off in case of necessary quarantine. Nevertheless, 40% of respondents also indicated that this approach was uncommon within hospitals in their country. Other initiatives, such as 'providing lodging support for individuals needing quarantine,' 'check-ins and emotional support for infected healthcare workers,' and 'support for childcare in case of a healthcare worker's infection,' seemed to be more of an exception than a standard practice in most hospitals and countries.

7. Voice

Overall, workers were not given much voice during the pandemic, they had only limited participation in management decisions and limited options to make suggestions to management, while there was limited public discussion. The two initiatives that were most applied in ‘all’ or ‘some’ hospitals were ‘meetings with trade unions’ and ‘top management visiting hospital units’. The survey results showed that trade unions focused more on addressing the mental health issues of healthcare workers than hospitals did, both during and after the COVID-19 pandemic. They aimed, for instance, to adapt the organisation of work and prepare healthcare workers to provide competent care while managing rapidly evolving information and communication. Although unions were not always as successful as they hoped, there were several instances where they managed to improve conditions for healthcare workers by securing pay increases, better protective equipment or enhanced personal and psychological support.

What was (or was not) picked up well? Lessons for future pandemics

Overall, the initiatives that were considered successful by the respondents seemed primarily concentrated in the areas of adequate protection (2), information communication and training (3) and taking action to improve working conditions (part of 4 and 7). Conversely, the aspects considered least developed seemed to be in the area of organisational adaptations (4) and had in common that they addressed a lack of attention to the individual - the needs of the human being versus a strong focus on 'production'. Various respondents highlighted pre-existing issues such as pressure, understaffing and underpayment, noting that the pandemic exacerbated these challenges, turning them into an overwhelming ordeal. Specifically, regarding organisational preparation, respondents indicated that we were not adequately prepared before the COVID-19 pandemic and still remain largely unprepared.

The organisation of work in health and social care urgently needs the attention of not only hospitals but also governments/ ministries.

Addressing mental health risks in the healthcare sector requires a comprehensive and multi-level approach. Strategies should focus on prevention, early detection and treatment of mental health issues, as well as creating a supportive work environment. The findings indicated there may be more attention to treatment than to prevention or early detection.

Identifying and monitoring mental health issues were found to be challenging during the pandemic, with limited knowledge about whether individual workers with mental health problems were being adequately identified and monitored. However, some hospitals and unions implemented good practices in this area, such as regular employee surveys and psychosocial services, aimed at early detection and prevention of mental health issues.

An underdeveloped yet potentially valuable action for hospitals in crisis situations is improved monitoring. Establishing regular check-ins with staff can facilitate the early identification of problems and enable better management during crises.

Supporting healthcare workers while at work and addressing their personal and family needs were recognised as crucial factors in mitigating mental health problems. Some hospitals made efforts to provide access to healthy meals and beverages, lodging for healthcare workers, professional psycho-social support services, transportation assistance for sleep-deprived workers and support for childcare needs. Some unions also played their part in supporting personal and family needs and providing psychological and social support, albeit to a lesser extent. However, the research results showed that this aspect was not considered by many organisations as their main concern and was addressed in an ad-hoc manner at best.

There is a gap in who is responsible for the support for hospital workers and their families during a pandemic. Determining who will provide assistance in future pandemics is more feasible in non-crisis scenarios and warrants attention right now.

In conclusion, the mental health of healthcare workers is a critical issue that requires attention from healthcare organisations, policymakers, trade unions and other stakeholders. The COVID-19 crisis has highlighted the urgent need for interventions and support systems to protect the mental well-being of healthcare workers. It is important to prioritise the mental health of healthcare workers, both in normal times and during times of crisis, to ensure the well-being of healthcare workers and the provision of high-quality healthcare services.

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