

Managing the Medical Field: The Detrimental Impact COVID-19 Has Had on Healthcare Organizations and Physicians

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Abstract: *The COVID-19 pandemic has dramatically affected the workload of healthcare workers which has in turn directly altered their mental well-being. COVID-19 has led to additional job stressors for healthcare professionals such as fear of contagion, quarantine and proper PPE, and effectively treating and caring for those with the virus. As a result of these stressors, nurses and doctors face significant psychological and emotional distress which can lead to job burnout, playing a role not only on qualified staff for healthcare facilities but on the quality of care for patients as well. The consequences of the pandemic have caused staff shortages of healthcare professionals to skyrocket in the past two years. If effective solutions are not put in place to resolve feelings of job burnout and cater to the mental well-being of healthcare workers, the medical field will continue to suffer as a result.*

Keywords: COVID-19, healthcare workers, healthcare organizations, mental health

Louise Weadock, a 40-year old nurse working in New York, has felt the impact of the COVID-19 pandemic on her professional life. In March of 2020, the COVID-19 virus spread rapidly throughout the globe, resulting in millions of deaths and hospitalized patients and completely changing the entirety of the healthcare world. Not only has the pandemic affected her work physically, but also emotionally; she explains that she “can’t just let somebody die alone, but when you have 20 separate overlapping COVID deaths in a 12-hour shift, you can’t hold on to them all” (Campbell). Unfortunately, many healthcare workers have been experiencing the emotional trauma that lasts from seeing an overwhelming amount of COVID-19 deaths over the past two years. For Weadock and nurses all over the world, the

day-to-day of their jobs has changed immensely. Some nurses are traveling the world to work in places they never have before, as well as working in departments never practiced before, learning as they go (Campbell).

Not only are patients infected with COVID-19 and other diseases suffering, but so are frontline healthcare workers. This suffering is a result of declining mental health and job burn-out. The workload due to the COVID-19 pandemic has been intense for healthcare workers. Increased work-related stress as well as quarantine, fear of contagion, and concerns for family well-being has led to physiological distress amongst healthcare workers (Gavin 51). Because of their physical and mental exhaustion, many nurses and doctors are also facing burnout, which contributes to the nationwide shortage of nurses. Despite this issue, “no significant steps have been taken by the authorities to minimize the COVID-19 specific contributing factors for burnout” (Shah). The virus is highly transmissible, and therefore healthcare workers would be forced to go to extreme precautions to keep themselves protected against COVID-19. At its peak, COVID-19 was spreading rapidly and there was an influx of sick patients seeking treatment at healthcare facilities daily. The amount of unexpected responsibilities and emotional damage that healthcare workers have had to face throughout the COVID-19 pandemic has them wondering if their job is even worth holding on to anymore. I think you need to emphasize just how detrimental the pandemic was to the entire globe—these nurses essentially had the weight of the world on their shoulders and explaining just how severe this pandemic was may be beneficial.

This paper will discuss solutions and ways to address the problem of maintaining the well-being and the mental health of workers in the healthcare system before the medical field suffers as a result of complications of the COVID-19 pandemic. The paper will also discuss issues with supply shortages and how this affects the job performance of healthcare workers, as

well as intense amounts of workload that has ultimately led to the overworking and increased stress of healthcare workers. Healthcare facilities need to put more focus on nurses and doctors whose well-being is suffering as a result of their work lives. Exhaustion and physician burnout can harm their quality of life and, more importantly, their quality of patient care. To resolve some of the mental health setbacks amongst current workers in the healthcare field due to the pandemic, effective strategies towards maintaining a healthy work-life balance need to be made by medical professionals because if not, healthcare organizations will suffer as a result.

Medical Supply Shortage

As it developed so rapidly, COVID-19 took the world by surprise in a way that healthcare facilities were not ready for. COVID-19 spread quickly and affected many who became more ill than others, putting many patients in the hospital. Many hospitals struggled with lack of room for patients and shortages of supplies such as ventilators, apparel for nurses and doctors, and testing equipment. One of the main supply shortages that healthcare facilities faced were ventilators. Some hospitals “managed to mobilize early on and find additional ventilators,” yet they also had to get creative, as Dr. Galiatso explains that her hospital “also repurposed some ventilators that we received from some charity organizations that were smaller and meant for home use” (Tragano 58). This Intensive Care Unit in northwest London as well as many other healthcare facilities across the world had to accommodate and find solutions to make up for the supply shortages that were out of their control. These supply shortages put intense stress on healthcare workers, as a limited number of supplies forced them to make impossible decisions such as which patients were more worthy of care with the limited amount of supplies left. These supply shortages could have also forced healthcare workers to find new techniques that work towards curing a

patient as well as working with supplies that do not work as well towards helping a patient. All of these factors can lead to higher stress levels overall towards healthcare workers, which can also contribute towards their burnout in the workplace.

Contagious COVID 19 Patients

Not only have hospitals faced supply shortages, but an influx of highly contagious patients has affected the way that frontline healthcare workers function. Nurses and doctors cannot operate around the hospital in the same ways that they used to. Now, healthcare workers must adhere to social distancing guidelines and wear extra protective gear from head to toe that keeps them from being contaminated with COVID-19. Dr. Galiatso explains that wearing full protective gear “changes the way people move. We move slower, our walking is different. Also the others don’t hear you; you need to yell. And we don’t recognize each other” (Tragano 59). Healthcare workers must wear face shields, gowns, gloves, and especially masks. Galiatso explains, “the main shortage was in surgical masks. We soon found ourselves without having simple masks which was a problem, especially for the emergency units” (Tragano 58). Masks are incredibly important, not just for healthcare workers, but for all people to keep safe from becoming infected with COVID-19. Wearing increased amounts of protective gear has changed the way healthcare workers function at work as well as how they go about treating patients.

Solutions

Researchers have already begun looking at possible solutions with regard to preparing for another wave of COVID-19 or another global pandemic in the future. Because of the limited resource availability such as equipment and medication, hospitals should treat and care for patients on arrival. This way, patients are tested for infection right away, and can be treated within their community, rather than risking spreading

COVID-19 is contagious (Letite et al. 5). The virus is highly contagious, and non-emergent patients receiving care in hospitals face the risk of contracting COVID-19 as they are surrounded by infected people. As the COVID-19 curve is flattening and continues to flatten, non-emergent procedures should begin again, and hopefully, hospital capacity can begin to go back to normal.

Mental Health of Health Care Workers

The day-to-day job of frontline healthcare workers has changed throughout the course of the pandemic. Due to an excessive workload with little to no time for themselves, healthcare workers have begun to suffer mentally. In a recent pandemic (severe acute respiratory syndrome [SARS] in 2003), “half of healthcare workers experienced psychological distress” (Gavin 51). These same issues are being repeated in the current COVID-19 pandemic. Healthcare workers worry about concerns including “quarantine, interpersonal isolation, treating colleagues who were infected, fear of contagion, job stress, perception of stigma, and concerns for family well-being” (Gavin 51). Because of these constant concerns and job strain, healthcare workers are facing “high rates of depression, distress, anxiety, and insomnia” (Gavin 51). Healthcare workers are suffering from increased amounts of stress considering social isolation, which consists of “the necessity for interpersonal distancing, infection control procedures, and diminished collegial social interaction and assignment to work in unfamiliar environments/with unfamiliar colleagues” (Gavin 51). During the traumatic times of the pandemic, healthcare workers can barely lean on their coworkers, as they are forced to socially distance and work in areas that are separate from the people they work with best. They are facing the stressful and uncomfortable feeling of being thrown into an area of work where they might not be skilled in.

Mental Coping Strategies

Research shows that “active coping behavior has the ability to moderate the health-related outcomes associated with job strain” and those who cannot mentally cope with their job strain are more likely to leave the field (Andrews and Wan 349). To help those who cannot adequately handle their stress, nurse managers, which are managers who monitor the nursing staff and are responsible for making their schedules, can be called upon to help assist nurses to maintain a healthy lifestyle balance (Andrews and Wan 341). In order to retain nurses from leaving the profession, “intervention directed at the level of the individual nurse employee, in addition to unit, organizational and system-wide change, will be necessary to improve retention” (Andrews and Wan 349). Nursing shortages across the world will continue unless nurse managers and other staff step in to help nurses build a healthy life balance between work and leisure time. Nurse managers can be responsible for making a fair and reasonable weekly schedule for nursing staff so that they have enough time in the week for a social life and relaxation. Nurse managers can also put in a stronger effort with their staff to build relationships and make sure everyone is in a healthy mental state.

Fear of Healthcare Providers Carrying Virus

The main source of distress among healthcare workers is the fear of being a carrier of the virus. If they are unknowingly a carrier of COVID-19, this could be detrimental to patients whom they are treating and can infect their families that they come home to (Chew 563). Healthcare workers can be asymptomatic and have the virus without even knowing it, which therefore puts their friends and family as well as fellow coworkers at risk of being exposed. Since the symptoms of COVID-19 can vary, it can be hard for healthcare workers to determine if they have the virus, or if their symptoms are related to the exhaustion from being overworked (Chew 563). According to Chew, one “con-

tributing factor could be the social stigma associated with mental health issues, which may have resulted in individuals having a higher tendency to express their psychological distress via physical symptoms instead” (Chew 563). Healthcare workers feel intense amounts of stress during this time to not become sick with the virus, or sick at all right now, as healthcare facilities need all of the help they can get right now. As healthcare workers continue worrying about contracting COVID-19, their physiological health declines as a result of their constant anxiety and stress.

Job Burnout

The declining mental health of healthcare workers has a direct correlation with feelings of burnout and job exhaustion. Job burnout can be defined as “feelings of hopelessness and difficulties in dealing with work or in doing your job effectively” (Dorney et al. 588). Burnout in the workplace is a common feeling that many healthcare workers face, as “in the United States, about 54.4% of physicians have shown at least one symptom of burnout in the form of emotional exhaustion, depersonalization, or reduced senses of accomplishment” (Shah). The increased workload due to patients suffering from COVID-19 and other diseases, as well as anxiety surrounding the pandemic, has led to many healthcare professionals questioning if the job is worth the stress (Shah). This is not the only time that physicians have faced burnout during an outbreak, as prior research shows “that physicians, residents, fellows, and the healthcare workers experience a varying degree of burnout” during these times (Shah). The problem with burnout is that it has a “direct negative impact on fatigue, stress, anxiety, depression, mood disorders, substance abuse, suicides, poor patient quality care, early retirements, and unexpected resignations” (Shah). All of these factors can lead to a decreased performance and interest in the workplace which can overall be detrimental to the health of patients and affects the healthcare facility as a whole. One

significant problem with burnout is that it can lead to poor quality patient care because physicians are losing so much interest in their job, that they do not care as much about the effort they put into it. Poor quality patient care can be detrimental to the healthcare system as a whole. Therefore, healthcare organizations must find viable solutions to the burnout that nurses and doctors are facing before the medical field suffers as a result of staff shortages in the future.

Self Care

One suggestion to relieve the stress of healthcare workers is self-care, which is a necessary addition to one's daily life to avoid extreme exhaustion and work burnout. Everyone should attempt to practice self-care, not just healthcare workers. Self-care looks different for everyone and can vary between journaling, meditating, exercising, and listening to music and "should not be considered as something 'extra' or 'nice to do if you have the time' but as an essential part of our professional identities" (Barnett and Cooper 17). Due to the pandemic lengthening healthcare professionals' hours and consuming a majority of their lives, it has been hard for them to find time to implement these self-care routines into their schedule (Barnett and Cooper 17). A study that included random full-time nurses teaching in programs accredited by Commission on Collegiate Nursing Education showed that some nurses described a lack of self-care that resulted in "doing work when I should be enjoying my family" or "lack of sleep and stress from never having time to finish any one thing" (Dorney et al. 592). Nurses need to be able to find the time to properly care for themselves before they can properly care for their patients. Lifestyle balance is especially important in healthcare workers, and it can be defined as, "conducting daily and weekly routines in such a way to allow for a balance of rest, work, and leisure" which leads to "more satisfying and stress reduced lives and ultimately experience better health and well-being" (Dorney et al. 588). Nurses and

all healthcare workers need to be given the time to practice self-care and implement a healthy lifestyle balance in order to prevent burnout and professional dissatisfaction.

The struggle to manage a work and leisure life balance, extended hours, burnout, and job changes due to the COVID-19 pandemic has resulted in a nursing shortage around the world (Dorney et al. 588). An unequal workload and life balance is a significant factor in the national nurse faculty shortage crisis (Dorney et al. 588). In a study conducted by Medscape that surveyed 10,523 nurses, 28% of them stated that they were dissatisfied with their work and said they would consider early retirement (qtd. in "Are Nurses Happy at Work?"). One study projects that throughout the next 15 years, the United States will face a shortage of over one million registered nurses (Andrews and Wan 341). One reason for this is that there is less faculty to teach and train new nurses. Research shows that "the shortage will continue to worsen during the next few years when large numbers of experienced faculty retire and the replacement pipeline is just gearing up" (DeYoung et al. 313). As the most experienced group of nurses reach retirement, new nurses fresh out of nursing school will not have as much help and guidance which could ultimately contribute to a shortage of nurses in the workplace. Unfortunately, healthcare organizations will face a wave of job shortages as the COVID-19 pandemic has placed increased job strain and stress on current healthcare professionals.

Health care facilities should also take steps to protect their patients, which would also help nurses and other healthcare workers. The medical field consists of many underlying issues that need to be brought to the attention of healthcare administrators before these healthcare organizations begin to suffer from such issues. Researchers have offered several suggestions to aid healthcare facilities in protecting those in long-term care facilities, which in turn can expand room for COVID-19 patients. Space for patients with those already in long-term care

facilities has already been limited, not to mention the influx of patients suffering from COVID-19 (Guar 729). Usually, long-term care facilities are not equipped to care for actively ill patients, but they have needed to make room due to those with COVID-19 (Guar 729). Placing COVID-19 infected patients in long-term care facilities can also be harmful to those working in these facilities. They are not used to handling patients who have a highly infectious virus such as COVID-19, which puts them at great risk of contracting and spreading the disease. The first suggestion towards resolving this issue is that long-term care facilities “should only accept patients with an active COVID-19 infection if they can provide effective airborne isolation” (Guar 729). This means keeping those infected with COVID-19 in a single room to themselves where the door can be shut and providing them with personal protective equipment such as masks and N95 respirators. This has been hard to keep up with, considering the current lack of beds and space that healthcare facilities have right now. If COVID-19 patients are kept isolated in a room to themselves, it will prevent long-term care patients from feeling the need to wander around and possibly spread the virus. Another suggestion for long-term care facilities is that if they are “COVID-19 naïve, they should not accept any new admissions about whom there may be a concern for COVID-19” (Guar 730). Long-term care facilities that are COVID-19 naïve, meaning lack of complete knowledge of the impacts and outcomes of COVID-19, are unaware of the effects of the virus. These facilities should not be accepting any patients who have the disease, considering these facilities are unaware of how the disease may affect those who are recovering from surgeries or have long-term illnesses (Guar 730). These patients in long-term care facilities are at a higher risk for falling severely ill due to COVID-19 complications considering they have a weaker immune system already (Guar 730). If these patients come in contact with COVID-19, it could cause an even bigger problem with regard to their health and the safety of the facility. Finally,

long-term care facilities “should screen potential admissions for both typical and atypical signs and symptoms of COVID-19” (Guar 729). Some people may be asymptomatic for COVID-19 or may show symptoms that are not commonly seen in those with COVID-19. Long-term care facilities as well as all health-care organizations are continuing to take the proper precautions and carefully handling those with COVID-19 to prevent the virus from spreading. Either some of this info needs to go in the introduction of the paper where you give a brief overview of COVID-19, or make a statement on its relevance and connection to the well-being of health care workers

Negative Mental Health Effects

Healthcare workers whose mental health is suffering as a result of the pandemic and their additional workload need resources or professionals they can talk to about their feelings. The medical field demands a lot of responsibility that has put a strain on the mental health of frontline healthcare workers, especially throughout the pandemic (Gavin 51). According to Gavin, “post-pandemic research suggests any psychological support should be based on models of adaptation and resilience” and “helplines and support groups for professionals have also been found helpful” (Gavin 51). Healthcare workers should not be expected to struggle alone and should have professionals that they can go to for support. There is currently not a psychological intervention plan in place in the United States, but research shows that the plan should involve two factors: “providing healthcare workers with adequate information, training, and PPE in order to tackle the COVID-19 emergency,” and “enhancing with psychological support the emotional skills of healthcare workers to deal with anxiety” (Chirico et al. 2). Moreover, “one study found computer-assisted pre-pandemic training, increased staff ‘pandemic related self-efficacy’ and confidence,” which is intended to be done pre-pandemic, but this information is still helpful with regard to future pan-

demics (Gavin 51). Another suggestion for reducing stress on healthcare workers is to “recruit additional allied healthcare and administrative staff, including medical assistants, scribes, coordinators, clerical assistants, and triage specialists, to unburden clinicians to some extent from non-clinical tasks and medical notes” (Shah). Additional staffing can help to lessen some of the responsibilities of healthcare workers. Healthcare staff should also “ensure the safety and health of all staff members by the daily screening of vital signs, possible symptoms of infection, and signs of burnout” (Shah). Healthcare workers are a priority just as much as the patients for whom they care for. They cannot be expected to adequately care for patients suffering from COVID-19 if their mental and physical health care needs are not being met.

Nurse Managers

Hospitals and healthcare facilities are continuing to struggle as a result of nursing shortages across the world. Job strain needs to be recognized early on, as “research has demonstrated that nurse managers can play a significant role in moderating the effects of job stress and reduce intent to leave” (Andrews and Wan 341). Overworked medical staff will only lead them to want to leave the profession more, which ultimately leads to the global amount of nursing shortages.

These issues need to be resolved before the structure of healthcare facilities suffer as a result of these adverse consequences. It is likely that there will be another pandemic in the future, and healthcare organizations should begin implementing these strategies now to better prepare frontline healthcare workers.

If a shortage of nursing staff continues, quality of patient care will worsen over time (Andrews and Wan 349). Healthcare workers need to be in a healthy mental state in order to care for their patients to the best of their abilities. Furthermore, more attention needs to be focused on the mental health of nurses,

doctors, and healthcare workers, as it plays an impactful role in their careers as well as their lifestyles. When COVID-19 is no longer considered to be a worldwide pandemic, healthcare facilities must be prepared to face a multitude of situations. Two examples include an influx of non-emergent procedures that were postponed as well as emerging mental health issues such as depression and staff burnout (Letite et al. 15). Finally, bed capacity is a crucial factor in situations such as COVID-19, and healthcare facilities should focus on designing a response plan to react to these situations in preparations for future emergencies to prevent a lack of space (Letite et al.15).

Conclusion

In the future, researchers should further investigate the long-term impact of the pandemic on hospitals and healthcare workers. Various media outlets have treated frontline healthcare workers in a detrimental manner. It should be questioned whether or not the impact of this depiction will deter aspiring nurses or doctors from continuing their studies in the medical field. For example, some nurses are “afraid of going out into public in their scrubs because of members of the public harassing them (to include cussing at and spitting on them) for not doing enough to contain this crisis” (Campbell). Nurses, as well as all frontline healthcare workers, are doing everything in their power to treat as many COVID-19 patients as possible. It is distressing that everyone does not appreciate the sacrifices they have been making. It can also be questioned how the outcomes of the pandemic will impact the mental health of those who are continuing to work directly with those who have fallen ill with the virus. Healthcare workers have had to sit with COVID-19 patients as they take their last breaths alone because it is too risky for family to be in the room (Campbell). It is the hope that researchers continue to evaluate the toll that witnessing an overwhelming number of deaths in such a short amount of time takes on frontline healthcare workers.

In the bigger picture, mental health is a priority and plays a large role in how people navigate through life. Through research, mental health has been shown to affect just about every aspect of a person's life. If a healthcare worker is in a positive state, they will be able to provide the best quality patient care that they can and be able to maintain a healthy lifestyle balance outside of work. On the other hand, a negative mental state can prove to be detrimental in a healthcare worker's life not only as it pertains to their career but in their personal life as well. A deteriorating mental health state can lead to job strain and burn-out, which can ultimately lead to a need to leave the profession. Many healthcare workers facing these issues and leaving the profession has consequently led to nursing shortages around the U.S. (Dorney et al. 588). Humans need to establish an equal balance between their work life and leisure time to maintain a healthy mental state and perform successfully in their careers.

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