



Letter to the Editor: Burnout Management among Health Care Workers in the Age of Coronavirus Disease-19

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Abstract

AIM: We aimed to understand the early warning signs and symptoms of occupational burnout as red flags among health care workers during the COVID-19 pandemic.

METHODS: Based on the suggestions of the International Federation of Red Cross and Red Crescent Societies [8], health-care providers need to be trained to increase three components of resilience across the three levels of individual, team, and organization so that they can optimally manage their psychological responses to catastrophes.

RESULTS: It seems that both targeted individual and organizational strategies are critical for the overall wellness of health care workers during the COVID-19 pandemic.

CONCLUSION: Health care workers experience high levels of burnout during the COVID-19, which warrants attention and support from health policy-makers and practitioners. Current evidence demonstrated that health-care staff could gain significant benefits from interventions to modify burnout syndrome, especially from organization-directed interventions.

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To the Editor,

The 2019 coronavirus disease (COVID-19) crisis has placed a heavy physical and psychological burden on health care workers worldwide. Although the recent focus has been primarily on expanding treatment options and vaccines, the psychological well-being of health-care employees has received less attention. Occupational burnout, as a serious consequence of the COVID-19 pandemic, refers to the experience of fatigue for a long time and reduced levels of motivation and interest in the job, yielding decreased work productivity [1]. This clinical condition results from an excessive effort in the workplace and a lack of opportunities for recovery. Further, the available evidence has revealed that stressful jobs are more likely to cause occupational burnout. In major pandemics, including COVID-19, health-care providers and professionals often experience higher than average workloads, longer shifts, strict organizational regulations, less time to cope with occupational hazards, sleep deprivation, disruptions of work-life balance, limited supportive resources, and grief caused by multiple losses [1], [2], [3]. These challenges often lead to emotional exhaustion, as feelings of physical and mental depletion caused by the work environment. Moreover, cynicism following emotional exhaustion may cause individuals to

experience job dissatisfaction and a sense of detachment from their work. Furthermore, a diminished sense of personal accomplishment (inefficacy) affects the emotional well-being of individuals. In such cases, people feel work productivity incompetence despite reaching achievements. Moreover, many health-care professionals may not be prepared to deal with COVID-19 patients due to their limited knowledge about severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and lack of specific treatment protocols. Fear of autoinoculation and worry about the possibility of transmitting the SARS-CoV-2 infection to loved ones or others can also deprive them of their social support network due to self-isolation [1]. Nonetheless, it is worth noting that occupational burnout represents a slow and creeping process in many cases, making it difficult to observe its transition to a critical health condition for relevant therapeutic interventions [4]. Hence, it is necessary to understand the early warning signs and symptoms of occupational burnout as red flags among health care workers during the COVID-19 pandemic (Table 1).

Regarding management of occupational burnout, there is often no clear division between treatment and prevention. According to recent studies [5], [6], resilience, coping strategies, and the intolerance of uncertainty may be the important variables for

Table 1: Symptoms of burnout; subdivided into physical, psychological, behavioral, and social aspects [4]

Physical
Reduced energy
Chronic fatigue
Insomnia
Reduced body defenses (frequent infections)
Headache
Back pain
Gastrointestinal diseases
Cardiovascular diseases (e.g., hypertension)
Reduced libido
Sexual dysfunction
Behavioral
Loss of interest
Increased consumption of alcohol and cigarettes
Use of stimulants to preserve productivity
Consumption of sleep-inducing or pain-reducing drugs
Skipping work and leaving early
irresponsibility
Social
Reduced interest in social activities
Impression of being used by others (e.g., colleagues or employer)
Aggressive behavior
Reduced empathy regarding others
Reduced capability to listen to others
Depersonalization
Imposing frustrations on others
Psychological
Weariness
Depressiveness
Hopelessness
Anger
Emotional void
Temper
Sense of failure
Self-doubt
loss of motivation
Detachment and feeling alone

interventions to reduce COVID-19 burnout. At the forefront of health care, resilience has been defined as “a person’s ability to manage his/her sense of responsibility in an unfamiliar and chaotic situation like the COVID-19 pandemic” and can have a significant impact on his/her capacity to work effectively. Indeed, resilience – “as a person’s capacity for successful adaptation outcomes despite the challenging or threatening circumstances” – is significantly associated with feelings of success, competence, and productivity [6]. Resilience, as a potential preventive factor in occupational burnout, may be a key component of professional identity in the medical area [6]. The organizational resilience literature has represented three main components of resilience, namely, (i) foresight (i.e., the ability to predict bad things that might happen); (ii) coping (i.e., the ability to prevent bad things from getting worse); and (iii) recovery (i.e., the ability to recover from a bad event). Each of these elements can occur at each of the three levels of individual, team, and organization [7]. Thus, workers in a resilient organization are provided with support in the key elements of coping, foresight, and recovery at three levels (individual, organization, and team). This way, safety is encouraged at an organizational level by expecting failures, acquiring the adaptation ability in failure circumstances, and recovering post-failure safe conditions [7]. Based on the suggestions of the International Federation of Red Cross and Red Crescent Societies [8], health-care providers need to be trained to increase three components of resilience across the three levels of individual, team, and organization so

that they can optimally manage their psychological responses to catastrophes. Besides, the literature has focused on the role of coping strategies (including task- and emotion-oriented coping) in the prevention of occupational burnout [6]. Emotion-oriented coping is closely associated with a greater sense of responsibility to tackle other problems (i.e., I blame myself for not knowing what to do) and handle the situation. Thus, the absence of appropriate relationships between patients and health-care providers and lack of medical protocols led to a more severe sense of frustration and inefficacy in the very early reactions to the pandemic. Furthermore, the odds are that health care workers lacked the resources to process and experience the intense emotional reactivity connected to the COVID-19 crisis and thoughts of being at high risk of infection, particularly in the immediate emergency. This may cause many of them to experience intense, unregulated emotions, and interfering with the professional response more likely. This hypothesis is consistent with the results about the depersonalization subscale of the Maslach Burnout Inventory, which was predicted by high levels of emotion-oriented coping (i.e., “trying to limit the emotional impact of stress rather than resolving the stressful situation”) and low levels of task-oriented coping (i.e., “trying to solve or limit the impact of the stressful situation”) strategies. The main resource to prevent the process of viewing clients and coworkers as dehumanized objects was probably the task-oriented coping that provided a concrete and proactive response to stress. In a strictly stressful situation, such as the COVID-19 emergency, putting emphasis on planning, a task-oriented action, and problem-solving (instead of an emotion-oriented strategy) seems more effective to provide care without depersonalization [6]. Eventually, the intolerance of uncertainty is another psychological feature linked to the capability to stress regulation, which is defined as “an individual’s dispositional incapacity to endure the aversive response triggered by the perceived absence of salient, key, or sufficient information, and sustained by the associated perception of uncertainty” [4]. Di Monte *et al.* [6] conducted a study on health care workers’ ability to tolerate uncertainty, showing higher intolerance in relation to high and low levels of burnout and resilience, respectively. Moreover, stress and anxiety have a close relationship with the work environment of individuals. Thus, occupational burnout can be effectively reduced by developing interventions to consider work environments [1]. As per the work by Dewey *et al.* [9], health-care organizations should provide practical information on occupational burnout reduction and stress management strategies. Furthermore, they have to share real success stories instead of failure and stress-based experiences. The authors suggested that evidence-based interventions should be developed by professionals to be applied to specific workplace configurations. This is because supportive work culture is crucial to increasing the resilience of health-care professionals during a

catastrophic pandemic, such as COVID-19. Since nurses' resilience is negatively correlated with their occupational burnout, resilience would play a key role in inhibiting occupational burnout, which needs to be regarded during the COVID-19 pandemic [10]. Moreover, Sultana *et al.* [11] suggested developing evidence-based interventions to take occupational burnout into account during the COVID-19 crisis. In total, such interventions involve promoting mindfulness, raising the awareness of occupational burnout and work-related stress, ensuring effective mental health services, employing digital technologies to deliver mental health interventions and address work-related stress, and improving organizational practices to cope with stress and anxiety among health-care providers. Nonetheless, a recent meta-analysis has shown that occupational burnout prevention programs would result in minor benefits among medical staff members, which may be improved using organization-directed approaches. This finding is in line with the hypothesis that occupational burnout is a global problem of health-care organizations rather than individuals [12]. This is because ignorance of organizations' problems forces health care workers to deal with failures that are likely to be repeated [7]. All in all, it seems that both targeted individual and organizational strategies are critical for the overall wellness of health care workers during the COVID-19 pandemic [7], [9], [10], [11], [12], [13], [14], [15], [16], [17], [18]. A summary of these measures is provided in Table 2.

In conclusion, health care workers experience high levels of burnout during the COVID-19, which

Table 2: Controlled interventions to reduce occupational burnout among health care workers [7], [9], [10], [11], [12], [13], [14], [15], [16], [17], [18]

Individuals directed interventions
Making health care workers aware of potential occupational burnout for reducing the stigma and developing resiliency
Training mindfulness techniques or cognitive behavioral techniques to enhance job competence and improve communication skills and personal coping strategies
Providing more opportunities to spend time on hobbies, interests, socialization, and relaxation
Development of new health care workers community groups and encouragement of participation to allow connections and reduce feelings of isolation
Individual strategies to optimize the wellness of health-care providers in terms of exercise, nutrition, mindfulness, sleep quality, and reducing burnout
Aligning job responsibilities with personal and professional expectations
Providing job enhancement opportunities, for example, automation, policymaking, and autonomy
Ensuring the availability of mental health services
Inclusion of mental health experts in multidisciplinary COVID-19 teams
Developing effective referral systems
Quality, accessible personal protective equipment for all health care workers to provide security and reduce the likelihood of infection for themselves and their loved ones
Organization-directed interventions
Transparency in decision-making and promoting participation in professional organizations
Delivering mental health resources and interventions using digital platforms such as mobile phones, apps, or internet-enabled devices
Defining roles and expectations from organizational leadership
Identifying suitable rewards to recognize achievements
Providing opportunities to teach or mentor trainees
Balanced use of electronic health records to coordinate work schedules
Monitoring healthy work pattern
Opportunities to research and implement telehealth in a variety of settings to limit exposure to infection
Addressing the risks of overburdened work experience among frontline health-care providers in the age of COVID-19

warrants attention and support from health policy-makers and practitioners. Current evidence demonstrated that health-care staff could gain significant benefits from interventions to modify burnout syndrome, especially from organization-directed interventions. During crises like current pandemic, such efforts could increase the protective factors against environmental risks, as well as developing positive factors for mental health. Hence, leaders and members of health-care organizations should adopt such interventions and develop context-specific approaches to promote a healthy workplace and avert burnout during the COVID-19 crisis.

References

- Duarte I, Teixeira A, Castro L, Marina S, Ribeiro C, Jácome C, *et al.* Burnout among Portuguese healthcare workers during the COVID-19 pandemic. *BMC Public Health.* 2020;20(1):1885. <https://doi.org/10.1186/s12889-020-09980-z> PMID:33287794
- Khosravi M. Worden's task-based approach for supporting people bereaved by COVID-19. *Curr Psychol.* 2021; Online Ahead of Print:1-2. <https://doi.org/10.1007/s12144-020-01292-0> PMID:33424200
- Khosravi M. Worden's task-based model for treating persistent complex bereavement disorder during the Coronavirus disease-19 pandemic: A narrative review. *Open Access Maced J Med Sci.* 2020;8(T1):553-60. <https://doi.org/10.3889/oamjms.2020.5502>
- Kaluza G. *Relaxed and Safe During Stress.* Berlin, Germany: Springer; 2014.
- Yıldırım M, Solmaz F. COVID-19 burnout, COVID-19 stress and resilience: Initial psychometric properties of COVID-19 burnout scale. *Death Stud.* 2020; Online Ahead of Print:1-9. <https://doi.org/10.1080/07481187.2020.1818885> PMID:32915702
- di Monte C, Monaco S, Mariani R, di Trani M. From resilience to burnout: Psychological features of Italian general practitioners during COVID-19 emergency. *Front Psychol.* 2020;11:567201. <https://doi.org/10.3389/fpsyg.2020.567201> PMID:33132972
- Rangachari P, Woods JL. Preserving organizational resilience, patient safety, and staff retention during COVID-19 requires a holistic consideration of the psychological safety of healthcare workers. *Int J Environ Res Public Health.* 2020;17(12):4267. <https://doi.org/10.3390/ijerph17124267> PMID:32549273
- International Federation of Red Cross and Red Crescent Societies. *Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus;* 2020. Available from: https://www.pscentre.org/wp-content/uploads/2020/02/mhps-in-ncov-2020_eng-1.pdf. [Last accessed on 2020 Apr 18].
- Dewey C, Hingle S, Goelz E, Linzer M. Supporting clinicians during the COVID-19 pandemic. *Ann Intern Med.* 2020;172(11):752-3. <https://doi.org/10.7326/m20-1033> PMID:32196544
- Serrão C, Duarte I, Castro L, Teixeira A. Burnout and depression in portuguese healthcare workers during the COVID-19 pandemic-the mediating role of psychological resilience. *Int*

- J Environ Res Public Health. 2021;18(2):636. <https://doi.org/10.3390/ijerph18020636>
PMid:33451083
11. Sultana A, Sharma R, Hossain MD, Bhattacharya S, Purohit N. Burnout among healthcare providers during COVID-19 pandemic: Challenges and evidence-based interventions. *Indian J Med Ethics*. 2020; Online Ahead of Print:1-4. <https://doi.org/10.31235/osf.io/4hxga>
 12. Sharifi M, Asadi-Pooya AA, Mousavi-Roknabadi RS. Burnout among healthcare providers of COVID-19; a systematic review of epidemiology and recommendations. *Arch Acad Emerg Med*. 2020;9(1):e7.
PMid:33490964
 13. Shechter A, Diaz F, Moise N, Anstey DE, Ye S, Agarwal S, *et al*. Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *Gen Hosp Psychiatry*. 2020;66:1-8. <https://doi.org/10.1016/j.genhosppsych.2020.06.007>
PMid:32590254
 14. Khosravi M, Ghiasi Z, Ganjali A. Burnout in hospital medical staff during the COVID-19 pandemic: Diagnosis, treatment, and prevention. *J Nat Remedies*. 2021;21:36-44.
 15. Khosravi M. COVID-19 pandemic: What are the risks and challenges for schizophrenia? *Clin Schizophr Relat Psychoses*. 2020;14(3):110320.
 16. Khosravi M. Stress reduction model of COVID-19 pandemic. *Iran J Psychiatry Behav Sci*. 2020;14(2):e103865. <https://doi.org/10.5812/ijpbs.103865>
 17. Khosravi M. Neuroticism as a marker of vulnerability to COVID-19 infection. *Psychiatry Investig*. 2020;17(7):710-1. <https://doi.org/10.30773/pi.2020.0199>
PMid:32654438
 18. Khosravi M. COVID-19 quarantine: Two-way interaction between physical activity and mental health. *Eur J Transl Myol*. 2020;30(4):9509. <https://doi.org/10.4081/ejtm.2020.9509>
PMid:33520149