

# HOW STRESSED ARE HEALTH PROVIDERS DURING THE COVID-19 PANDEMIC?

## EXECUTIVE SUMMARY

The global COVID-19 pandemic has dramatically affected daily life, most especially among healthcare workers and providers (HCWPs). Characterized by a seemingly endless number of new COVID-19 cases and a high death toll, the ongoing pandemic has negatively affected HCWPs in the workplace and at home, especially those serving socially disadvantaged populations.

A recent study on stress, mental health indicators, and coping behaviors of HCWPs in the midst of the COVID-19 pandemic shows they were experiencing high levels of personal and job-related stressors and anxiety and depressive symptomatology. The HCWPs in the study attended to the most socially vulnerable populations in the United States (U.S.), including immigrants, refugees, farmworkers, the homeless, and people living in poverty. Among the major stressors were sleep disturbances, family problems, excessive work hours, lack of personal protective equipment (PPE), and fear of bringing the virus home.

One year into the COVID-19 pandemic, HCWPs continue to work relentlessly at the front lines, placing their duties and commitment to serve ahead of their well-being. Professional associations, employers, and health systems must support and implement interventions to alleviate the uninterrupted stress sustained by HCWPs since the beginning of the pandemic.

We emphatically recommend designing specialized interventions to enhance the mental health and well-being of HCWPs and encourage their involvement in restorative and therapeutic activities. We also urge research studies in health care settings addressing the structural barriers that affect HCWPs' mental health and an evaluation of the implementation of recommended guidelines offered by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC).



## WHAT IS AT STAKE?

While the COVID-19 pandemic has been a source of significant stress for the general population, this has been particularly true for those serving socially vulnerable groups. Its effect on mental health is a major cause for concern. Protecting the mental health of HCWPs is not only a necessary part of providing high-quality health care, it is also a moral obligation and a responsibility of organizations whose staff is exposed to extreme circumstances.

## BACKGROUND

The WHO classified COVID-19 as a pandemic in March 2020. Since then, HCWPs worldwide have been under unprecedented pressure due to the mounting influx of infected patients into healthcare facilities. Studies have found that intensified workloads, lack of PPE, and increased risk of exposure have led many HCWPs to experience high levels of stress, sleep disturbances, and burnout.

Associations of healthcare professionals have drawn attention to the mental health of HCWPs serving patients during the COVID-19 pandemic. As highlighted by the WHO, health systems were not prepared to confront a pandemic of this magnitude and simultaneously address its consequences for HCWPs. Studies have documented the adverse consequences of COVID-19 among HCWPs, especially nurses, who work particularly closely and for longer periods of time with patients.

Research shows that HCWPs suffer from poor quality sleep nearly twice as often as the general population, most likely due to their excessive work hours. Furthermore, caring for people who are systematically excluded from healthcare systems and welfare programs, such as immigrants and homeless populations, imposes an additional burden on the mental health of HCWPs.

Clinicians and community health workers assisting populations in vulnerable conditions furthermore feel distressed at being unable to provide appropriate and sufficient support to those who seek their services. Many of their patients do not qualify for certain benefits because they lack medical insurance, documentation to reside in the U.S., are unemployed, or do not speak English. These situations likely increased the amount of stress HCWPs experienced during the COVID-19 pandemic.

Studies also have shown that social service and HCWPs working with socially vulnerable groups often experience secondary trauma, compassion fatigue, or burnout resulting from hearing frequent accounts of traumatic experiences from patients. Listening compassionately and feeling empathy for others may trigger additional stress, fear, confusion, anger, frustration, worry, hopelessness, guilt, depression, and even suicide attempts among HCWPs.

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## DESCRIPTION OF THE STUDY

Researchers from the Latino Research Institute of The University of Texas at Austin conducted a study (Psychosocial Impact of COVID-19 on Health Care Workers and Providers Survey, 2020) to describe and evaluate levels of stress, anxiety, and depressive symptomatology and coping behaviors among HCWPs who serve underprivileged groups such as immigrants, refugees, people living in poverty, homeless, and other socially vulnerable populations amid the COVID-19 pandemic in the U.S.

Two national organizations affiliated with clinic-based HCWPs who serve socially vulnerable patients disseminated the web-based survey to their affiliates. The 15-minute survey was available in English and Spanish and was self-administered. The survey inquired about sociodemographic characteristics, well-being, personal and job-related stressors, anxiety and depressive symptomatology, help-seeking behaviors, and self-care practices during the pandemic. The web-based survey was live from July 1, 2020 to September 14, 2020. Four hundred nine participants completed at least 70% of the survey and 373 completed the survey in its entirety. HCWPs participating in the study were primarily women (86.6%), married or living with a partner (65.2%), identified as Latinx (75.6%), had a mean age of 44.4 years old, had at least an undergraduate degree (68.7%), and worked as community health workers (48.9%) in clinics located in Texas, California, Arizona, Colorado, Virginia, Georgia, and Puerto Rico.

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## WELL-BEING, MENTAL HEALTH, AND SUBSTANCE USE AMONG HCWPs

- Self-rated mental health was worse than self-rated physical health.
- 12.1% experienced high levels of anxiety and depressive symptoms, suggesting that HCWPs were at high risk for developing mental health problems.
- HCWPs at high risk for mental health problems were primarily women (89.3%), under the age of 50 (79.5%), had a graduate degree (45.5%), and reported working additional hours during the pandemic (26.6%).
- Perceived general stress was low to moderate, with 14.3% experiencing high levels of stress during the previous 14 days.

### HCWPs AT HIGH RISK FOR MENTAL HEALTH PROBLEMS

#### WOMEN

89.3%

#### UNDER AGE 50

79.5%

#### INCREASED WORK HOURS

26.6%

#### PRIMARY ROLE: COMMUNITY HEALTH WORKER

46.8%

Overall, substance use was low among HCWPs. Only 16.5% reported using substances such as alcohol, tobacco, and marijuana products four or more days per week.

### SUBSTANCE USE



- 67.7% of HCWPs used less than three days per week
- 16.5% of HCWPs used four or more days per week

### COVID-19 STRESSORS AND PERCEIVED DISCRIMINATION

- More than one in ten HCWPs experienced high levels of job-related and personal stressors during the pandemic.
- The highest-rated personal stressors were insufficient sleep (39.1%), insomnia (21.0%), and partner job loss (15.2%).
- Job-related stressors pertained to fear of bringing the virus home (37.2%), work overload (44.5%), and inability to connect patients to needed social services such as food banks, rent, or legal assistance (34.5%).

### HIGHEST RATED PERSONAL STRESSORS

#### INSUFFICIENT SLEEP

39.1%

#### WORK OVERLOAD

44.5%

#### BRINGING THE VIRUS HOME

37.2%

#### CAN'T CONNECT PATIENTS WITH SOCIAL SERVICES

34.5%

- Being in direct contact with at least one patient diagnosed with or suspected of having COVID-19 was an additional source of significant stress (46.0%).
- More than one-third of the sample (37.5%) had experienced discrimination in the previous 14 days. HCWPs were most likely to report being treated with less courtesy or respect than other people (72.1%) and being feared by others (42.5%). These experiences of discrimination were attributed to their role as a HCWP.

### HELP-SEEKING AND SELF-CARE PRACTICES

- Less than 10% of HCWPs sought in-person mental health support, while 23.0% had sought such help virtually in the previous 14 days.
- HCWPs engaged in proactive self-care behaviors such as meditation and exercise.
- Other frequent self-care activities included connecting socially with others (virtually or in-person, 52.3%), and finding time to relax (34.9%).
- Overall, only 14.3% engaged in these self-care activities more than four days a week.

### SOUGHT MENTAL HEALTH SUPPORT



IN-PERSON  
7.4%



VIRTUAL  
23.0%

### SELF-CARE BEHAVIORS



MEDITATION  
23.9%



EXERCISE  
29.2%



SOCIALIZING  
52.3%



RELAXATION  
34.9%

## RECOMMENDATIONS/POLICY ACTIONS

Stress and mental health issues affect the well-being of HCWPs and the quality of care they provide to their patients, including their clinical understanding of their assigned cases and decision-making skills. Long-term exposure to negative stressors such as those related to the COVID-19 pandemic could have a long-lasting effect on the overall well-being of HCWPs and their families. We recommend protecting HCWPs' mental health and strengthening and developing novel coping skills by promoting healthy self-care activities among HCWPs. We also urge agencies and institutions to study and evaluate their internal systems to address structural factors that may exacerbate stress and create barriers to receiving support/help.

### WE RECOMMEND THAT HEALTHCARE FACILITIES, EMPLOYERS, AND ASSOCIATIONS OF HEALTHCARE PROFESSIONALS:

- Offer free, confidential mental health-crisis interventions for HCWPs and their families, such as using person-to-person approaches or digital online platforms for psychotherapy, counseling, and emotional support
- Sponsor brief, free, online workshops to bolster mental health and learn new healthy coping mechanisms
- Promote proactive involvement in self-care activities to improve well-being such as mindfulness meditation, yoga, and regular exercise
- Periodically use specially designed, brief mental health screeners to identify HCWPs at high risk of developing mental health problems and/or experiencing high stressors in order to link them to appropriate support services
- Create peer-support or self-help groups of HCWPs
- Encourage involvement in holistic well-being activities for body, mind, and spirit

On top of regularly assessing stress among HCWPs, it is important for employers to objectively evaluate internal structural issues that may affect their workforce and follow the recommendations of national and international agencies such as the CDC and WHO to improve the well-being of HCWPs. The evaluation of the implementation of specific measures to ensure occupational safety and safeguard the physical and mental health of HCWPs is of utmost importance. These measures include providing adequate PPE and limiting working hours, as well as institutional strategies aimed at preventing psychological distress, fatigue, occupational burnout, stigma, and structural violence. Protecting the mental health of HCWPs is not only a necessary part of providing high-quality health care to others, it is also a moral obligation and a responsibility of organizations whose staff is exposed to extreme circumstances.

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## **AUTHORS**

V. Nelly Salgado de Snyder, PhD

Senior Researcher in Medical Sciences, National Institute of Public Health of Mexico and Distinguished Research Fellow, Latino Research Institute, The University of Texas at Austin

Alice P. Villatoro, PhD

Research Assistant Professor, Latino Research Institute, The University of Texas at Austin

Marisol McDaniel, DrPH

Postdoctoral Fellow, Latino Research Institute, The University of Texas at Austin

Deliana Garcia, MA

Director, International Projects and Emerging Issues, Migrant Clinicians Network, Austin, Texas

Deborah Parra-Medina, PhD

Professor of Mexican American and Latina/o Studies and Director of the Latino Research Institute, The University of Texas at Austin

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