

2022

The Impact of COVID-19 on Healthcare Professionals' Occupational Lives

Javed A. Mohammed
Nova Southeastern University, jm4701@mynsu.nova.edu

Ronald Kevin Dela Cruz
rd1217@mynsu.nova.edu

Follow this and additional works at: <https://nsuworks.nova.edu/occupation>



Part of the [Occupational Therapy Commons](#)

Recommended Citation

Mohammed, Javed A. and Dela Cruz, Ronald Kevin (2022) "The Impact of COVID-19 on Healthcare Professionals' Occupational Lives," *OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies*: Vol. 4 : Iss. 1 , Article 2.
Available at: <https://nsuworks.nova.edu/occupation/vol4/iss1/2>

This Article is brought to you for free and open access by the Department of Occupational Therapy at NSUWorks. It has been accepted for inclusion in OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.

The Impact of COVID-19 on Healthcare Professionals' Occupational Lives

Javed A. Mohammed and Ronald Kevin Dela Cruz

Department of Occupational Therapy, Nova Southeastern University, Tampa Bay Regional

Campus

December 13, 2021

Abstract

The COVID-19 pandemic has created a period of instability for billions of people around the world. Healthcare systems have been severely strained by the influx of infected patients, placing much of that hardship on healthcare professionals (HCPs). Occupational therapists, physical therapists, speech-language pathologists, doctors, nurses, respiratory therapists, and other essential personnel—individuals who will be inclusive of the term “HCPs”—continue to struggle with frequent occupational disruption. This paper examines the effects of the COVID-19 pandemic on the occupational lives of HCPs at the national and international levels. The COVID-19 pandemic has drastically increased work-related stress leading to anxiety, depression, burnout, and a multitude of mental health concerns among HCPs.

Keywords: healthcare professionals, occupational stress, burnout, mental health, anxiety, COVID-19, pandemic, impact, effect, occupational balance, occupation

The Impact of COVID-19 on Healthcare Professionals' Occupational Lives

In January of the year 2020, a novel coronavirus termed SARS-CoV-2, or COVID-19, made its way to the United States after originating in Wuhan, China late the previous year (Baker, 2020). Little did Americans know that their lives were about to be upended for the remainder of the year, and perhaps even beyond that. Cases continued to rise at an alarming rate following the arrival of the virus in the continental United States, placing undue strain on healthcare systems across the country. The symptoms of COVID-19 manifest in wide range as discussed by the Centers for Disease Control and Prevention (CDC) and include fever, cough, headaches, congestion, nausea, and other evolving symptoms (CDC, 2020). On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic due to over 100,000 reported cases in approximately 110 countries and the potential risk for further global spread (Ducharme, 2020). According to the WHO (2010), a pandemic is the worldwide spread of a new disease. Presently, there are over 270 million global cases and more than 5.3 million global deaths (Johns Hopkins University of Medicine: Coronavirus Resource Center, 2021). More than 49 million cases and 797,000 of those deaths are located within the United States as of this writing (Johns Hopkins University of Medicine: Coronavirus Resource Center, 2021). Social distancing measures and mask mandates were enacted to slow the initial spread of the virus in some states however, some would argue that these measures were inconsistent and too late.

The COVID-19 pandemic has disrupted daily occupational functioning for millions of people, but few have experienced the levels of occupation-related stress associated with being an HCP. Christiansen and Townsend (2010, p. 420) define occupation as an “engagement or participation in a recognizable everyday life endeavor.” Occupation as it relates to the lives of HCPs considers aspects connected to the daily functioning of these individuals and how the

COVID-19 pandemic has impacted this process. For this paper, “HCPs” will be inclusive of doctors, nurses, occupational therapists, physical therapists, speech-language pathologists, and other essential personnel. The majority of HCPs experienced the full brunt of the pandemic at its highest peak, where patients infected with COVID-19 overwhelmed hospitals and other types of healthcare facilities. The pandemic generated a high level of fear in the United States, particularly for vulnerable populations which include HCPs who are implicated in the care of affected individuals (Rodríguez & Sánchez, 2020). Caring for highly infectious patients puts HCPs at an elevated risk of contracting COVID-19; this increases psychological distress over concerns of infecting or caring for loved ones, a lack of personal protective equipment (PPE), longer work hours, and the likelihood of having to make impossible ethical and emotionally fraught resource-allocation decisions (Rodríguez & Sánchez, 2020).

Moreover, the occupational disruption that resulted from the heightened fear from contracting COVID-19 profoundly impacted HCPs’ occupational lives. Many HCPs continue to suffer from stress and exhaustion from high workloads caused by the sharp rise in COVID-19 cases (Morgantani et al., 2020). The impact of these factors on the lives of healthcare workers are resulting in problems like burnout and post-traumatic stress disorder (PTSD) (Restauro & Sheridan, 2020). Consequences from mental and physical fatigue could be catastrophic to the well-being of HCPs as the pandemic continues unabated. The purpose of this paper is to examine the literature to identify sources of occupational imbalance among HCPs caused by the ongoing COVID-19 pandemic, thereby facilitating a conversation regarding how this population can regain control of their health and participation in everyday occupations.

Methods

Research articles were found using EBSCOhost and Ovid via MEDLINE, CINAHL Complete, Academic Search Premier, and Nursing & Allied Health Collection: Comprehensive. Articles were included if they were published between the years 2019-2020, originated from scholarly journals, and were written in the English language. Key terms included “burnout”, “mental health”, “anxiety”, “COVID-19”, and “occupational balance.” Articles were excluded if they were not relevant to the topic or did not discuss the challenges HCPs endured throughout the COVID-19 pandemic. A literature review was conducted using the included articles to search for recurring themes and analyze the data presented.

Literature Review

Psychological Effects of the COVID-19 Pandemic

While the effects of the COVID-19 pandemic on HCPs is a relatively new phenomenon, it is well-documented in the literature. Globally, the pandemic has created a multitude of hardships for HCPs. In a systematic review by Sheraton et al. (2020), the psychological effects of the COVID-19 pandemic were examined on a global level among HCPs and non-healthcare professionals (NHCPs). Articles selected included numerical estimates for incidences of psychological effects such as anxiety, depression, occupational stress, PTSD, and insomnia brought on by the COVID-19 pandemic (Sheraton et al., 2020). Insomnia, which is a commonly known sleep disorder making it difficult to achieve sleep, is a significant barrier for HCPs. The findings indicated no significant differences between anxiety, depression, PTSD, and occupational stress of HCPs compared to NHCPs (Sheraton et al., 2020). However, the incidence of insomnia was found to be much higher in HCPs across all studies examined.

Occupational Impact of COVID-19

From an occupational perspective, the COVID-19 pandemic has dramatically impacted occupations within HCPs' lives. Occupations are activities which give an individual an inherent sense of identity and competence, more importantly containing unique value and meaning to the person (AOTA, 2020). The fourth edition of the Occupational Therapy Practice Framework (OTPF-4)—an official document from the American Occupational Therapy Association (AOTA)—lists nine major occupations: activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2020). COVID-19 has unfortunately disrupted many of these occupations for HCPs, who must balance a multitude of responsibilities while prioritizing the safety of themselves and others.

Poor quality of rest and sleep is a contributing factor to the alarmingly high rates of anxiety, depression, and stress seen in HCPs working amidst the COVID-19 pandemic. According to the OTPF-4, rest and sleep is considered an occupation which supports healthy, active engagement in other occupations like leisure or work (AOTA, 2020). A scoping review of 37 articles by Shreffler et al. (2020) found that HCPs were at higher risk for insomnia and poor quality of sleep, especially if those HCPs were female and considered frontline workers. Other risk factors for insomnia included: lower levels of education, working in an isolation unit, being a physician, worrying about possible COVID-19 exposure, and experiencing a lack of support from friends and family (Shreffler et al., 2020). Without proper rest and sleep, HCPs are vulnerable to many of the psychological and physical effects that the COVID-19 pandemic has caused for many.

Health management—a new addition to the OTPF-4—is another occupation that has been adversely affected by the COVID-19 pandemic. HCPs continue to experience a range of

traumatic events, including persistent danger of contamination, loss of patients, complicated ethical and moral decisions on treatment retention, and a disruption of normally supportive structures (Johnson et al., 2020). Such events place a heavy burden on HCPs, leading to a reduction in overall quality of life and health. HCPs struggle to also maintain what is known as occupational balance, the extent to which individuals organize and participate in occupations in a manner that is accordant to their aspirations or values (Backman, 2010). Due to the hardships associated with caring for patients infected with COVID-19, HCPs continuously struggle with work-life conflicts and role overload. The physical and mental toll incurred by the COVID-19 pandemic has been brought on by fear, anxiety, stigma, prejudice, and marginalization toward this disease, ultimately affecting the way HCPs perform their occupations (Chatterjee et al., 2020). A study by Elbay et al. (2020) confirmed through a survey of HCPs that there is a significant prevalence of depression, stress, and anxiety due to the ongoing pandemic. Only by providing HCPs in the healthcare system resources to manage their health effectively can the prolonged fight against COVID-19 continue.

Burnout Among HCPs

Furthermore, among many of the mental health issues far too common among HCPs amidst the COVID-19 pandemic, another workplace-related stressor is burnout. Burnout—defined by emotional exhaustion and depersonalization—is known to detract from HCPs' working capacities (Morgantini et al., 2020). As a result of burnout, HCPs are more susceptible to job stress, pressures from an increased workload, and poor support from their respective organization(s) (Morgantini et al., 2020). Morgantini et al. (2020) sought to examine the impact of COVID-19 on HCPs around the world through an intercontinental survey. The purpose of this study was to identify key contributing factors associated with the burnout of HCPs during the

COVID-19 pandemic to provide data driving future research on mitigating the effects of burnout (Morgantini et al., 2020). The results indicated that HCPs in the United States reported the highest level of burnout, at a rate of approximately 63%, while about half of the respondents from other countries reported emotional exhaustion burnout from working during the COVID-19 pandemic (Morgantini et al., 2020). Burnout among HCPs is a considerable obstacle that institutions must recognize and strive to address. Continued incidences of burnout may lead to detrimental long-term mental health effects that disrupt the engagement in occupations for HCPs.

Lack of Proper Safety Equipment and Mental Health

One of the more serious areas of concern for HCPs is the lack of PPE that is needed to protect both themselves and others. Concerns over a lack of adequate PPE may lead HCPs to be more at risk for developing mental health disorders. Simms et al. (2020) raised concerns over the lack of PPE and sought to assess the perceptions of HCPs working directly with individuals infected with COVID-19 on the impact of inadequate safety equipment. The study utilized a sample of 3,401 service personnel deployed on operations to understand and simulate the demanding environments caused by the COVID-19 pandemic that HCPs tend to work in (Simms et al., 2020). The results of the study indicated that 15% of service personnel questioned the adequacy of their equipment, stating concerns over its appropriateness and working order (Simms et al., 2020). As a result of this perceived lack of protection, service personnel were more likely to report symptoms of common mental health disorders (CMD) such as PTSD, emotional regulation issues, and overall reduced quality of health (Simms et al., 2020). While the results of this study cannot be completely generalized, it has been shown that a lack of PPE brings with it a host of CMD and likely impacts HCPs' abilities to safely carry out their job duties in caring for individuals infected with COVID-19.

Mental Health Interventions

Moreover, implementation of mental health services has been a crucial determinant in mitigating the effects of the current COVID-19 pandemic on HCPs. In a study by Rodríguez and Sanchez (2020), previous global pandemics indicated that adverse mental health effects associated with quarantines can last up to three years after a pandemic reaches its final phase. The combination of a high stress work environment, risk for quarantine or isolation, and limited resources signals that mental health intervention becomes a necessity to overcome the dire circumstances for HCPs created by COVID-19. Interventions that assist HCPs in maintaining their mental health include changes at the organizational level, facilitating support among co-workers and colleagues, and addressing the individual concerns of HCPs in the workplace (Tsamakis et al., 2020). Organizational adjustments can include shortened shifts and support for HCPs' families. Some hospitals have implemented "support calls" to help address the impact of COVID-19 on the HCP's life as well as assist in creating coping strategies for them (Tsamakis et al., 2020). Hospitals have also provided access to psychologists and psychiatrists to offer support and help alleviate stress and concerns for HCPs working on the frontline (Tsamakis et al., 2020). The availability of these tools for HCPs is vital in ensuring a healthy lifestyle and creating an environment where they can find balance in their occupations.

Discussion

The COVID-19 pandemic has disrupted the occupational balance of HCPs around the world. Their typical routines and lifestyles have been impeded to a degree unsustainable in the long-term. Coupled with long hours and high stress environments, HCPs are unfortunately subjected to workplaces that are potentially harmful to their physical and mental health. Additionally, the family life of HCPs may also be affected with home protocols such as

contaminated clothing care, changes in ADL routines, and living separately for extended periods in an effort to protect vulnerable family members. After reviewing the most recent literature, HCPs continue to remain at high risk for issues like PTSD and burnout. Approximately two out of five HCPs report depression, anxiety, and insomnia (Tsamakis et al., 2020). It is important for HCPs to balance their lifestyle, re-engage in meaningful occupations, and receive support when needed with the ongoing COVID-19 pandemic. HCPs are being subjected to higher levels of stress than ever before, and staying this course may bring irreparable harm to HCPs' mental and physical health including lasting damage to roles, routines, and habits.

Limitations

Articles found regarding the COVID-19 pandemic are relatively new, and the accuracy of these articles cannot be independently verified as many have not yet been peer reviewed. Information regarding the effects of the COVID-19 pandemic on occupation is scarce for the moment. Studies may have an elevated risk of bias due to the specific populations examined and the relative speed at which articles surrounding the effects of the pandemic are authored. Many articles used in this review were quickly published, thus a lack of rigor in the presented studies is noted.

Conclusion

The COVID-19 pandemic is far from over, and many believe that additional waves of infection are still coming, even with news of possible vaccines. The purpose of this literature review was to examine the effects of the ongoing COVID-19 pandemic on HCPs' occupational lives so that institutions, organizations, and workplaces can properly prepare and provide support to HCPs working on the front lines. Further research is necessary to clarify the effects of the COVID-19 pandemic from an occupational perspective and identify mental health supports to

assist HCPs. Interventions and coping strategies for HCPs amidst the COVID-19 pandemic are still in their infancy stage and are likely to evolve as the literature surrounding this topic builds. The pandemic has fundamentally changed how society functions, and it remains unclear how such changes will affect individuals and their occupations in the future, especially HCPs. Future studies are recommended to assess the impact of the ongoing COVID-19 pandemic on HCPs mental, physical, and emotional health.

References

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process—fourth edition. *American Journal of Occupational Therapy*, 74(Supplement 2), 1-87. <https://doi.org/10.5014/ajot.2020.74S2001>
- Backman, C. L. (2010). Occupational balance and well-being. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (2nd ed., pp. 231-249). Pearson.
- Baker, M. (2020, May 15). When did the coronavirus arrive in the U.S.? Here's a review of the evidence. *The New York Times*. <https://www.nytimes.com/2020/05/15/us/coronavirus-first-case-snohomish-antibodies.html>
- Centers for Disease Control and Prevention. (2020, May 13). *Coronavirus disease 2019 (COVID-19): Symptoms of Coronavirus*. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Chatterjee, S.S., Bhattacharyya, R., Bhattacharyya, S., Gupta, S., Das, S., & Banerjee, B. B. (2020). Attitude, practice, behavior, and mental health impact of COVID-19 on doctors. *Indian Journal of Psychiatry*, 62, 257-265. <https://doi.org/fbfg>
- Christiansen, C. H. & Townsend, E. A. (2010). An introduction to occupation. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (2nd ed., pp. 1-34). Pearson.
- Ducharme, J. (2020, March 11). World Health Organization declares COVID-19 a 'pandemic.' Here's what that means. *Time Magazine*. <https://time.com/5791661/who-coronavirus-pandemic-declaration/>
- Elbay, R. Y., Kurtulmus, A., Arpacioğlu, S., & Karadere, E. (2020). Depression, anxiety, stress

- levels of physicians and associated factors in COVID-19 pandemics. *Psychiatry Research*, 290, 1-5. <https://doi.org/gg8qtn>
- Johns Hopkins University of Medicine: Coronavirus Resource Center. (2021). COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). Retrieved 12/12/2021 from <https://coronavirus.jhu.edu/map.html>
- Johnson, S. U., Ebrahimi, O. V., & Hoffart, A. (2020). PTSD symptoms among health care workers and public service providers during the COVID-19 outbreak. *PLOS ONE*, 15(10), Article e0241032. <https://doi.org/fk3f>
- Morgantini, L. A., Naha, U., Wang, H., Francavila, S., Acar, Ö., Flores, J. M., Crivellaro, S., Moreira, D., Abern, M., Eklund, M., Vigneswaran, H. T., & Weine, S. M. (2020). Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. *PLOS ONE*, 15(9), Article e0238217. <https://doi.org/fdrh>
- Restauri, N. & Sheridan, A. D. (2020). Burnout and posttraumatic stress disorder in the coronavirus disease 2019 (COVID-19) pandemic: Intersection, impact, and interventions. *Journal of the American College of Radiology*, 17(7), P921-P926. <https://doi.org/fdrf>
- Rodríguez, B. O. & Sánchez, T. L. (2020). The psychosocial impact of COVID-19 on health care workers. *International Brazilian Journal of Urology*, 46(1), 195-200. <https://doi.org/fbff>
- Sheraton, M., Deo, N, Dutt, T., Surani, S., Hall-Flavin, D., & Kashyap, R. (2020). Psychological effects of the COVID-19 pandemic on healthcare workers globally: A systematic review. *Psychiatry Research*, 292, 1-6. <https://doi.org/gg624v>
- Shreffler, J., Petrey, J., & Huecker, M. (2020). The impact of COVID-19 on healthcare worker wellness: A scoping review. *Western Journal of Emergency Medicine*, 21(5), 1059-1066. <https://doi.org/fkzc>

Simms, A., Fear, N. T., & Greenburg, N. (2020). The impact of having inadequate safety equipment on mental health. *Occupational Medicine*, 70, 278-281. <https://doi.org/fdrd>

Tsamakis, K., Rizos, E., Manolis, A.J., Chaidou, S., Kypouropoulos S., Spartalis, E., Spandidos, D. A., Tsiptsios, D., & Triantafyllis, A.S. (2020). COVID-19 pandemic and its impact on mental health of healthcare professionals. *Experimental and Therapeutic Medicine*, 19, 3451-3453. <https://doi.org/ggv3v8>

World Health Organization. (2010, February 24). *What is a pandemic?*

https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/