Psychological Impact Of 2019 Coronavirus Disease (COVID-19) on Health-Care Providers: A Rapid Review of Evidence

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Introduction & Aim: COVID-19 is posing a challenge to the psychological resilience of Health Care Providers (HCPs) who are posted in COVID-19 wards of hospitals. There is scarcity of scientific evidence that documents psychological distress faced by the HCPs during COVID-19. The current rapid review aims to address this lacuna by synthesizing published literature on psychological impact of COVID-19 on HCPs. Secondary objective was to document prevalence of these outcomes amongst HCPs and also report the associated risk factors. Guidelines for rapid reviews set by the WHO and COVID-19 Cochrane Collaboration’s were followed.

Methodology: Electronic literature search was conducted in Medline through PubMed, EMBASE, Scopus, and Google Scholar. Included were full-text articles, research letters, opinions, letters to editors published between 1 March, 2020-30 September 2021. Duplicate articles, Review/theoretical papers, papers/case studies unrelated to topic were excluded. Data extraction was done using a standardized Data Extraction Performa.

Results: Of the 69 papers were identified; 14 met our inclusion criteria. The geographic distribution of studies was: China (n=6), Singapore (n=2) and one each at Bangladesh, Japan, Australia, Egypt, Italy and India. Most studied psychological outcomes were anxiety (11/14) and stress (11/14); followed by depression (9/14), distress (3/14) and insomnia (2/11). Mild-moderate anxiety prevalence was reported between 19.8-62% respectively. High perceived stress among HCPs was reported from Egypt, Italy, China, Australia, Singapore, Nepal and Japan. Stress varied widely from 1.4% in Nepal to as high as 41% in Bangladesh. High rates of depression (>50%) were reported from China, Italy and Bangladesh. Insomnia was the least studied psychological manifestation in these studies. Risk factors that contributed to negative psychological impact were occupational factors (non-availability/limited availability of PPE, working in direct contact with patients/tertiary hospitals, being a nurse compared to doctor, time spent in contact with Covid patients).

Conclusion: Our review provides critical contextual evidence that COVID-19 has elevated the risk of psychological distress among HCPs. This distress needs urgent attention as it can cause absenteeism, low job performance and productivity, mood swings, poor memory, restlessness among HCPs and may cause changes in relationship with peers/co-workers. Further studies are needed in this direction.