

**Commentary**

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# Psychological distress among healthcare professionals during the Coronavirus Disease 2019 (COVID-19) pandemic

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The paper from Ekem-Ferguson et al. captioned “The nexus of mental health and Coronavirus Disease 2019 (COVID-19) related duties among medical laboratory professionals: the mediating role of resilience” in this issue of the Journal is interesting reading. The work highlights the distress, burnout, and resilience among medical laboratory professionals (MLPs) during the COVID-19 pandemic and emphasizes the negative impacts of the pandemic on mental well-being.

While the study focused specifically on MLPs, this can be expanded to incorporate the high psychological and emotional challenges that have been magnified by the COVID-19 pandemic among the different cadre of healthcare professionals such as pharmacists, medical officers, nurses, psychologists and public health practitioners, especially those on the frontlines of the pandemic response efforts. Though the pandemic has impacted considerably on healthcare systems in most countries, health workers in impoverished settings and low- and middle-income countries, in particular, have been more challenged due to the already weakened health systems in these countries which has led to the inability of the people working in such systems to cope with the demands of work and the lack of right resources to meet such demands [1,2].

Since the outbreak of COVID-19 infection in March 2020, healthcare professionals have been at the forefront of saving lives. Being at the frontline, they were highly

vulnerable both to the risk of infection and strain on their physical and emotional/mental well-being. As the pandemic progressed with an increase in cases requiring healthcare attention, this demand on healthcare professionals also intensified, leading to an increase in the burden of caregiving and experiences of distress, depression, anxiety and sleep disorders [3]. In addition, the fear of being exposed to the virus during work, concerns about infecting their loved ones, and the pain of losing colleagues and patients, also accounted for the high psychological burden among healthcare professionals with a resultant negative impact on the quality of patient care, rates of medical errors, suicide risks, work satisfaction and absenteeism [3,4]. Thus, the COVID-19 pandemic represents a stressor that increases the risk of healthcare professionals to developmental and behavioural disorders.

Reports on previous epidemics or pandemics such as the Severe Acute Respiratory Syndrome, Ebola and the Middle Eastern Respiratory Syndrome showed significant effects of the epidemic/ pandemic on the mental health of health providers during and after the outbreaks [5-7]. Healthcare professionals who survived the epidemic/pandemic, experienced severe and negative symptoms of distress, anxiety, depression and burnout after the initial anxieties, feelings of helplessness and uncertainties were eventually replaced with more severe forms of psychopathologies.

Since health professionals continue to play vital roles in the response to the COVID-19 pandemic, interventions that target a reduction in their psychological burden are, therefore, critical to helping them cope with the current

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stressors and prevent the negative impacts of the pandemic on their mental well-being subsequently. While the pandemic has consequences on the biological, psychological, and social health and functioning of health professionals, the biopsychosocial model of COVID-19 has emphasized the complex interactions among the physical, psychological, and social aspects of the virus, and these interrelations are essential for the development and provision of supportive care and interventions. Along with the biopsychosocial perspective, some interventions to alleviate the burden and improve the mental health of professionals have been suggested.

First, vaccine uptake among health professionals needs to be optimal, since COVID-19 vaccination has been associated with a decline in distress levels [8,9]. Once the vaccination lessens anxieties and worries associated with COVID-19, this will have implications on mental health outcomes. Second, adequate resources and services for mental health and psychosocial support for health professionals during the COVID-19 pandemic should be a priority, especially in countries with challenging health systems. It is important for leaders and decision-makers in healthcare, to prioritize the relevance of safeguarding the mental well-being of their healthcare staff. The stakeholders in healthcare policy decision-making can also employ innovative approaches to ensure that attention to the mental well-being of their staff is given appropriately. These services should focus on frequent screening, detection, prevention and/or management activities to reduce the psychological burden on the health professionals. Finally, capacity building in mental health is a key strategy for long-term support for health professionals. One such mental health support activity is to build resilience, which denotes the personal attributes or processes for coping and adapting to stress. Building resilience is vital for coping with the psychological burden and providing a better quality of life outcomes during the pandemic.

As has also been reported by the authors in the distress, burnout, and resilience among MLPs study in this issue of the Journal, resilience acted as a potential protective factor on mental health, where higher resilience scores directly predicted better mental health outcomes. It is therefore crucial that mental health capacity-building strategies and resources designed to improve psychological resilience and address the mental well-being needs of MLPs and other

healthcare professionals are readily available and accessible to help them cope with the psychological burden in this COVID-19 pandemic and during the post-pandemic era.

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