

## Issues faced by healthcare professionals in a pandemic and recommended approaches

Since late March, media have been reporting on the discourse of professionals and widely covering the distress of caregivers. Based on these and other testimonies, ten professional orders signed an open letter urging the Government of Quebec to act, to which the government subsequently responded. Most of the proposed interventions were tailored to an emergency context and advocated various forms of individual psychological support, such as employee assistance programs (EAPs).

Following a proposal from the Quebec Physicians' Health Program (QPHP), the focus group on mental health run by the Collège des médecins du Québec (CMQ) established a subcommittee to gain a better understanding of the issues affecting physicians and explore the range of appropriate interventions, both individual and collective.

Although there is little data on the psychological effects of pandemics such as this one or on the approaches used to address them, there still exists quantitative and qualitative information in the scientific and grey literature that can guide us in helping caregivers maintain their mental health. Multiple scientific publications clearly indicate that the stress levels of caregivers have increased considerably due to fear of contagion, lack of adequate personal protective equipment (PPE) and, for some, financial insecurity should they become infected. It is clear that caregivers are dealing with an amalgam of systemic issues that exacerbate their personal challenges. If these problems are only addressed on a personal level, it is difficult to implement substantive solutions because much of the stress stems from organizational factors.

This phenomenon was illustrated in an article from China on the underuse of psychological support measures implemented during the pandemic. An assessment of medical staff found that the services offered did not suit their needs. Instead, their priorities were that the organization allow them to take breaks and provide the necessary PPE (Chen et al., April 2020). While individual therapy can certainly alleviate some symptoms, in certain contexts, organizational actions can address the root of the problem and reduce its impacts. Another Chinese study found that access to adequate PPE for healthcare staff meant lower levels of distress, better physical health and greater job satisfaction (Zhang et al., May 2020). Moreover, Epel (2020) has demonstrated that adopting a system of mini breaks at regular intervals was an effective strategy for controlling stress and flattening the curve of mounting anxiety. However, to do this, staff must be given sufficient leeway at work, which is contingent on the system and not the caregivers. Accordingly, several articles have noted the importance of organizations providing caregivers with breaks, rests areas and food (Donnelly et al., May 2020; Liu et al., June 2020; Xu, April 2020).

The preliminary findings of a recent Canadian study conducted using validated questions show that symptoms of depression and anxiety are highly prevalent in healthcare workers. A decrease in these symptoms was observed when workers' perceived PPE needs were met (Institute for Work & Health, May 2020). In the results of a survey on mental health distributed by the Fédération des médecins spécialistes du Québec (FMSQ) to its members in mid-May, several organizational issues, such as overwork, reassignments, inability to take time off, loss of bearings at work and tensions between peers, were identified as problems affecting physicians' mental health. Other

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factors, including cumulative deaths and family tensions, were also stressors on morale (Igartua, May 2020).

The evidence points to the need to address caregiver burnout, the risk of psychological trauma and the long-term absenteeism rate that may result (Duchaine et al., April 2020; Gilbert-Ouimet et al., May 2020). Caregivers have very little control over the volume of patients that they must treat and the type of cases that they see. When this burden becomes too much to bear, avoidance should be seen not as a dysfunctional individual response, but rather as a survival mechanism in a system where they feel overwhelmed.

We propose approaching these challenges through the lens of organizational health and using both its scientific grounding and methodologies to better define the issues at hand and find possible solutions in evidence-based methods developed from consultations held with healthcare staff. As participatory approaches have been demonstrated effective (Chevalier & Buckles, 2013), and given that there is no substitute for first-hand experience, we recommend directly asking caregivers and healthcare staff about the services that they feel are relevant to maintaining balance, without deciding this for them.

To mitigate trauma and optimize the mental health of caregivers in crisis and post-crisis situations, organizations must meet the basic needs of their workers, and they are responsible for doing so. These needs fall into five major categories: the need to be protected, heard, supported, well equipped and recognized as an important member of their community (Shanafelt et al., April 2020).

We must not lose sight of the fact that, in their work, caregivers will continue to face danger, high pressure and ethical quandaries regarding the allocation of available resources. If we are to help them, we must act over the long term in close collaboration with those in the field and on the broadest possible range of individual and organizational protective factors. The health of our caregivers and their patients is at stake.

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