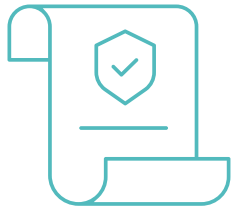




COronavirus Vulnerabilities and INFOrmation
dynamics Research and Modelling

The background features a network of overlapping circles and lines in teal and orange. A large teal circle on the right contains the main title. A smaller orange circle on the left contains a gear icon. A white circle on the left contains a document icon. The overall design is clean and modern.

Healthcare workers during the pandemic: Lessons learned and the way ahead

Policy Brief: 7
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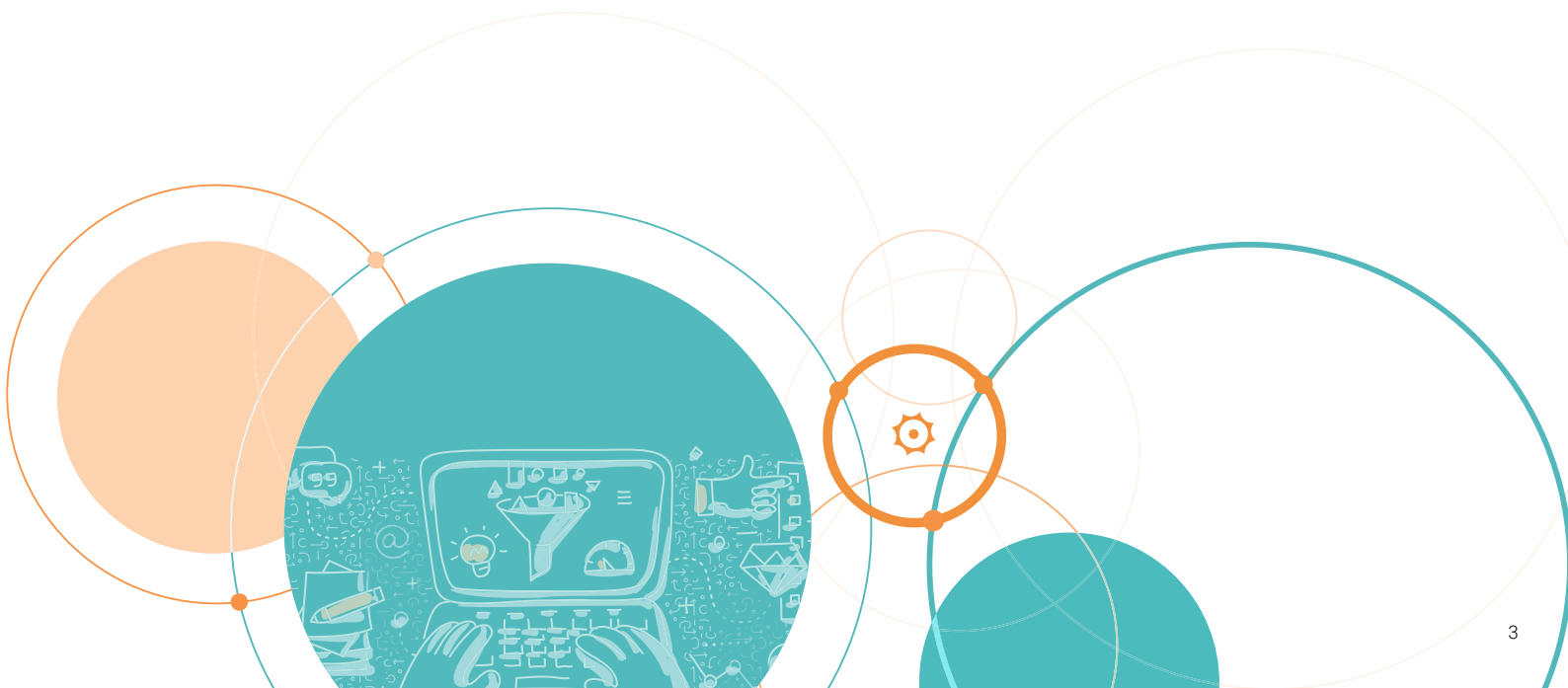
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Executive Summary

The COVID-19 pandemic affected healthcare workers both in their jobs and in their families. This resulted in increasing levels of stress and mental burden. Through a survey conducted at the Policlinic Gemelli of Rome, we investigate this aspect, considering not only the pandemic period but also the one before and after. We focus also on the more affected categories by the pandemic as younger workers and female workers.

We formulated four recommendations from this analysis: 1) Increase policies to support healthcare workers, especially female workers; 2) Create policies targeting young HCWs; 3) Provide psychological and mental support for the HCWs; 4) Establish processes to improve information flow from higher to lower levels during times of crisis.

Introduction

The COVID-19 pandemic has imposed a significant burden on Italian healthcare workers (HCWs). Italian HCWs had been through a shortage of equipment and personnel and unprecedented personal restrictions. They had to deal with the pain of losing their patients and cope with the feeling of personal isolation. This increased Italian HCWs' risk of adverse psychosocial outcomes.

A large body of literature has shown that HCWs were at increased risk of infection and suffering from poor mental health during the pandemic. Scholars like Fernandez et al. (2021), Abraham et al. (2021), and Lenzo et al. (2021) have delved into the rising rates of anxiety and depression among HCWs. In addition, the daily lives of HCWs and their families have been widely disrupted by the pandemic (De Souza et al., 2021). This may have affected the division of family labour and the gender norms that govern it. The workload for HCWs was already high before the pandemic due to public health spending cuts. Unpaid care work within the family has traditionally been performed largely by women, creating a double workload for employed women (including HCWs) already before the pandemic.

This policy brief focuses on the following questions:

- How did the pandemic affect the mental and physical health of Health Care Workers and their personal life?
- How did the pandemic affect the work of HCWs and their relationship with colleagues and superiors?

Research and Analysis

These results are based on a quantitative survey of Italian healthcare workers at the Policlinic Gemelli in Rome. The survey focused on collecting information about the period pre, during and post-the pandemic of COVID-19. The survey was conducted between November 2022 and January 2023. There were 725 participants, 573 of them were women and 152 were men.

Personal life of HCWs

Managing time Major part of the HCWs report that, due to the COVID-19 crisis, the way they spend their time changed. Compared to the period before, they focused more on their work, their family, and their children during the first part of the pandemic. This meant sacrificing their resting time and their own free time, with repercussions also on their time to sleep. However, the majority of the HCWs report that they were in contact with friends at least once a week or more.

Family duties The way to manage family duties did not have important changes during the pandemic period. Indeed, as it was before, the women were and still are the ones taking care of and managing the family duties. This represented an additional burden to the female HCWs (in particular, for the categories that have the majority of female workers, such as nurses). Both women and men struggled to balance work and family life during the pandemic.

Family relationships Most of the HCWs report a “very good” current relationship with their partner. However, most of them reported that their relationship with their partner did not change during the COVID-19 period. Those who live with flatmate(s) report a good relationship with them, but also in this case the majority say it did not change during the pandemic. Moreover, regarding the relationship with the children, the pandemic does not seem to affect the connection that was good before the pandemic and after.

Work of HCWs

The HCWs report their work as the main source of stress in their life. Especially, the younger workers report higher levels of stress. The younger workers, also, have a high level of preoccupation with the socio-economic situation, due to, probably, their unstable work conditions. The stress for this aspect decreases with age. The categories that show higher levels of stress are nurses and doctors. However, the workers also report to be highly satisfied with their work.

The onset of the pandemic increased the workload in the hospitals. Half of the HCWs at the Policlinic Gemelli worked or were working at the time the survey was conducted with COVID-19 patients. During the pandemic, working extra hours was common for the workers since the high number of patients, more than half of the HCWs report to have done it at least once a week. The HCWs declared higher levels of fatigue physical as well as mental. Women and younger HCWs were more proactive than men in adopting coping strategies during the first phase of the pandemic. However, the majority of HCWs were satisfied with the work. In addition, the relationship with the coworkers is mostly good, as it was before the pandemic. Also, they declared there was a good relationship with their superiors, but the communications were not always clear.

Recommendations



- Increase policies to support healthcare workers, especially female workers. These policies should target aspects that the governance can help with such as their family life, for example taking care of older relatives.
- Create policies targeting young HCWs. The number of HCWs is lower than it should be in Italy. Creating policies that could support young HCWs economically and socially could reduce the stress that they are under, especially during moments of crisis. Also, creating a more supportive environment may increase interest in this sector.
- Provide psychological and mental support for the HCWs. During the pandemic, psychological distress was often not addressed. It is relevant to offer mental support to the HCWs, and also use new models such as online therapy. This should probably be provided in normal times, but it is especially important during emergencies such as a pandemic.
- Establish processes to improve information flow from higher to lower levels during times of crisis. Communication with superiors is key during emergencies. It might be useful to develop communication protocols in advance and keep them updated every year. It could facilitate the information transmission not only among hierarchical levels in the hospital, but also in the Healthcare system.



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Deliverables

<https://www.covinform.eu/project-outputs/technical-reports/>

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The COVINFORM project

Acronym	COVINFORM
Title	Coronavirus Vulnerabilities and INFORMATION dynamics Research and Modelling
Coordinator	SYNYO GmbH
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Programme	HORIZON 2020
Topic	SC1-PHE-CORONAVIRUS-2020-2C Behavioural, social and economic impacts of the outbreak response
Start	01 November 2020
Duration	36 months

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Consortium	SYNYO GmbH (SYNYO) , Austria Magen David Adom in Israel (MDA) , Israel Samur Proteccion Civil (SAMUR) , Spain Universita Cattolica del Sacro Cuore (UCSC) , Italy SINUS Markt- und Sozialforschung GmbH (SINUS) , Germany Trilateral Research LTD (TRI UK) , UK Trilateral Research LTD (TRI IE) , Ireland Kentro Meleton Asfaleias – Center for Security Studies (KEMEA) , Greece Factor Social Consultoria em Psicossociologia e Ambiente LDA (FS) , Portugal Austrian Red Cross (AUTRC) , Austria Media Diversity Institute (MDI) , UK Societatea Națională de Cruce Rosie Din România – Romanian Red Cross (SNCRR) , Romania University of Antwerp (UANTWERPEN) , Belgium Sapienza University of Rome (SAPIENZA) , Italy University Rey Juan Carlos (URJC) , Spain Swansea University (SU) , UK Gotenborg University (UGOT) , Sweden
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