

HEALTH OF HEALTHCARE WORKERS IS THE WELL-BEING OF THE NATION

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The physical and mental health of people plays an important role in sustainable development. Healthy minds and safe circumstances are more important in situations where decisions and actions involving the lives and deaths of people are taken, as in the field of medicine. Recent studies have revealed that the rate of major depression and suicidal behaviour is on the rise among healthcare workers due to stressful working conditions.¹

Studies conducted in Pakistan are limited due to the lack of registration and reporting of cases of self-harm and suicide because of social stigma, religious beliefs, and other reasons for the general population. In countries where data collection is better, the figures about major depression, self-neglect, and suicide among physicians are alarmingly high. An annual report from the Office of National Statistics indicated that in the UK, in 2020, 72 medical professionals took their lives, i.e., more than one suicide per week.²

The American Foundation for Suicide Prevention released more disturbing facts about this silent emergency:⁽³⁾

- A. Yearly, 300 to 400 physicians commit suicide.
- B. Suicide deaths are 250% to 400% higher in female physicians.
- C. The higher rate of successful suicide attempts among physicians is due to better knowledge of the lethality of drugs.
- D. Medical students are at a 15% to 30% higher risk for major depression.

Suicidal ideation, attempts, and completion are complex mental processes for the victim. However, the tragic death is painful for the loved ones and leaves a blemish on society, where self-harm and suicide are cognisable offences.

A set of symptoms, after unremitting exposure to work stress, has been described as 'burn out'. The term was supposedly coined by a German-born American psychologist Herbert Freudenberg in 1970, during his movement to establish free clinics in the USA. Christina Maslach and others later developed the inventory to measure and further define the degrees of burnout in their seminal work, mainly for health professionals. Since that time, burnout has become a widely researched topic in organisational psychology. Different

degrees of work-related stress syndrome occur in all occupations. Physicians are considered at 43% higher risk than the 27% risk reported in similar professions and in the control population.⁴

In another multi-centric observational study, it was reported that one in three physicians suffers from burnout at any given time due to hostile working conditions. In Pakistan, burnout and the mental health of workers have also been highlighted in many studies.⁵

Burnout not only interferes with the well-being of the physicians and affects their family lives, but also results in medical errors.

Mental stress due to unfriendly working conditions became more obvious in Pakistan when the existing fragile health system was stretched under the challenge of the COVID-19 pandemic and the mis-infodemic. In the early days of COVID-19, the spread of disinformation on social media eroded the trust of people in the healthcare systems. As misinformation spread quickly through social media, most hospitals and healthcare workers faced hostilities and even received death threats, which increased burnout among healthcare workers (HCWs). There have been studies where cumulative stress symptoms of varying degrees were seen in up to 79% of the front-line workforce.

Burnout manifests when the situation demands more action in hostile working conditions; the aetiology, therefore, exists in the healthcare system. A typical day of HCW starts with caring for and working for the patients who are incapable of expressing gratitude because they are too ill, too young, in a coma, under general anaesthesia, or, in general, have little concern for their health. Chronic diseases like diabetes, hypertension, and cancer are commonly ignored by people due to their slow progression. Lack of health education and lack of free access to health facilities are also causes of late reporting. In the advanced stage, doctors cannot eradicate the disease, thus a large number of patients are left for palliative therapy in a declining state of health.

Surgeons, anaesthetists, paediatricians, psychiatrists, intensivists, nurses, and other HCWs feel less rewarded for a poor outcome. The desire to do more to save the lives of their patients leads to early emotional exhaustion. Little is known about the severity of the outcome and stages of transition



between suicidal ideation / attempted suicide and suicide in victims, as well as about the factors that precipitate or protect against these psychological transitions. However, a recent systemic review of 167 global studies on this topic revealed the prevalence of burnout ranging from 10% to 59% in healthcare workers. The severity of symptoms was related to working conditions, outcome, commitment, and compulsion in a worker to prove oneself.⁴

Trainee physicians, in addition to the above-mentioned factors, are also influenced by disturbances in the sleep-wake patterns, appetite, fatigue, and neglect of personal needs due to long shifts and unpredictable working hours. Uncertainty about the future, the inability to meet current needs, and low self-efficacy contribute to an increase in burnout. The predisposition for burnout increases with the discriminatory attitude of colleagues, adversely influencing the learning of trainees. Arrogance of seniors and pushing actual problems under the rug lead to what has been described as the 12-stage vicious cycle of burnout. If the process is not intercepted at an early stage and counselling is not provided effectively, the victim may end his or her life.⁶

It is also of much interest to see whether the inclination of medical students toward stress in practical life is the continuation of strain in our existing medical education system or the aftermath of clashes in initial educational enthusiasm and the realities of life; this needs further evaluation.⁷

A study conducted in Pakistan in 2022 revealed that illicit substance abuse is on the rise among medical students in Pakistan, due to hostile environment leading to poor attendance in academic activities. The same was confirmed by a news report regarding a university in Punjab.⁸

Rapid technological evolution in medicine and direct marketing to patients push physicians to use these in the management of diseases. The non-availability of advanced training in modern technology is another reason for frustration among young doctors in early medical practice.

Regulatory agencies like PMDC (Pakistan Medical and Dental Council), CPSP (College of Physicians and Surgeons Pakistan), HEC (Higher Education Commission), DRAP (Drug Regulatory Authority of Pakistan), and others have been established by the government to govern HCWs. These commissions and colleges are heavy-handed on doctors when regulations are concerned. The lack of improvement in working conditions, low emoluments and a dearth of better training opportunities widen the misalignment in the person's ability and outcome and uncertainty about the future.

Raising the expectations of patients through advertisements in the media about increasing health facilities increases the demand for new technology. Lesser budgetary allocations for maintenance of infrastructure and development of human resources cause a mismatch in supply and demand, which increases mental and emotional exhaustion.

The General Medical Council in the UK and colleges in the USA, Europe, and Canada, based on scientific evidence, provide adequate opportunities to their members for training to keep them abreast of modern technologies, along with necessary advice to authorities for updating health facilities. With a sympathetic attitude and intent to solve the issues of HCWs and improvements in working conditions in the health system, the rate of suicide among physicians has decreased significantly over time, especially in Europe.

Government's role for health facilities and healthcare workers

There has been an improvement in the number of medical colleges, hospitals, cardiac units, and other health facilities. For better healthcare delivery, partnerships with NGOs have resulted in some degrees of success in improving the working conditions and the emoluments of HCWs. The allocation of budget for health cards has been done. There has been a significant improvement in the number of doctors, paramedic staff, nurses, pharmacists, health and allied IT, AI, and other professionals since the time of independence. Despite improvement claims, there is a critical shortage of HCWs.

Pakistan has one of the lowest densities of skilled HCWs in the world. According to the national health vision, the overall HCW ratio is 1.4 per 1,000 population, compared to 4.45 per 1,000 as the basic minimum recommended by the WHO.⁹

The development of facilities must be entwined with the development of human resources. The World Health Organisation's global strategy on Human Resources for Health workforce 2030 promoted professional rights of healthcare workers, including safe and decent working environments.

Pragmatic measures should be taken to provide a congenial atmosphere in the healthcare system to prevent fight (strikes) or flight (migration) phenomena, which are the natural responses to hostile conditions. Training facilities and employment opportunities should be provided to skilled workers to meet their present needs without compromising their ability to meet future challenges. The migration of HCWs and the missing healthcare workforce (especially females) should be addressed.

Role and responsibility of the regulatory authorities, like CPSP, and supervisors, to help reduce the ratio of burn out and brain drain

Burnout in HCWs is not homogeneous in all the specialties and all working conditions. Physicians are at-risk professions, even in countries with developed health care systems and an adequate ratio of health care workers to the general population. Anaesthesiologists, female doctors, and other workers in high demand and high strain are at a higher risk of suicide and suicide ideation.¹⁰



Regulatory authorities should come with a helpful attitude in creating better working conditions in health care delivery systems by providing training, teamwork, and standardisation of medical practice by collaboration with the stakeholders. Medical curriculum at graduate and postgraduate levels should be in consonance with national needs. A counselling department for career planning and bereavement issues should be mandatory in colleges and hospitals. The regulatory bodies should rigorously advocate to implement and integrate reforms in the healthcare delivery system to make universal health care a reality, according to the recommendations of the Sustainable Development Goals (SDGs) set by the WHO, of which Pakistan is a member and signatory.

CPSP should promote rational training and meaningful research for trainees and acquire insight from regional and international experts on the current status of the healthcare workforce and future threats due to a shortage of HCWs. Regular national and international conferences by CPSP can also improve healthcare systems and working conditions for physicians, residents, and supervisors. Shortages of training slots and employment issues should be addressed at the national level. Specialists and trainees working in more stressful situations, like anaesthesiologists, intensivists, emergency surgeons, family physicians, and female doctors, should be given special concessions, and their working hours should be fixed within a realistic framework.

The individual's role in a stressful environment

It is accepted that the stress phenomenon is complicated and multifactorial. It exists in systems but manifests in individuals. Everyone experiences stress, and it is good to cope with the working conditions effectively. The personality traits that make the person prone to developing excessive stress leading to burnout should be addressed by taking advice at the earliest and adopting the following measures:

1. There should be realistic self-expectation rather than being hooked on idealism.
2. The desire to become perfect without practice is absurd.
3. The tendency to always be a yes man, to please all, should be curtailed.
4. Prioritisation should be done.
5. The feeling of being irreplaceable should be avoided at all costs.
6. Cohesive teamwork should always be preferred.
7. Realistic estimates should be made to meet the challenges of the profession.
8. The strong urge for self-recognition should be controlled and replaced with teamwork.
9. A balance between family and professional life should be maintained.
10. Prayers, meditation, and healthy sports should be inculcated as habits.

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