

## Mental wellbeing of health care workers

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Coronavirus disease 2019, known as COVID-19, caused by the SARS-CoV-2 virus, is a highly contagious respiratory disease was first identified in Wuhan, China, in December 2019 and has become a major public health concern in Bangladesh. Health care workers (HCWs) are indispensable part of the battle against this deadly virus. There is evidence that their wellbeing has been compromised during this pandemic and they are exhibiting higher rates of mental disorders than general population and normal time. Multisectoral and integrated strategies are required to ensure their wellbeing.

**Declaration of interest:** None

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Coronavirus disease 2019, known as COVID-19, caused by the SARS-CoV-2 virus, is a highly contagious respiratory disease was first identified in Wuhan, China, in December 2019.<sup>1</sup> On March 11, 2020, the World Health Organization (WHO) declared the outbreak as a pandemic.<sup>2,3</sup> The first case of COVID-19 was found in Dhaka, Bangladesh on March 8, 2020. Given the dense population and other factors, COVID-19 has become a major public health concern in Bangladesh, as in other countries.<sup>4</sup> The Bangladesh government has introduced various measures to combat the spread of COVID-19, including lock-down, social distancing, isolation, quarantine, etc. From 26 March to 30 May 2020, the Government announced a nationwide lockdown extending it several times countrywide.<sup>5</sup>

Health care workers (HCWs) are indispensable part of the battle against this deadly virus. There is evidence that they exhibit higher rates of mental disorders than general population during the normal time.<sup>6</sup> In this pandemic era, the risk has been increased several times because of increasing work load, working outside of their usual workplaces, concern for the family, fear of infection, media report focusing on death of HCWs, experiencing illness and death of colleagues, lack of personal protective equipment, stigma, ethical and moral dilemma and exacerbation of illness in already vulnerable individuals.<sup>7</sup>

British Medical Association published that 45% of UK HCWs are suffering from depression, anxiety, stress, burnout or other mental health conditions relating to, or made worse by, the COVID-19 crisis.<sup>8</sup>

A recently conducted study in Bangladesh on wellbeing of frontline HCWs published that 20.4% HCWs' reported having poor emotional wellbeing and 14.7% being dissatisfied with life.<sup>9</sup> Doctors scored significantly lowered than nurses and medical technologists in autonomy, competence and relatedness satisfactions. Being doctor, male gender, young adult (<40 years), unavailability of quality PPE, living alone while on duty, facing social stigma, no exercise or sports activity, history of mental illness and unavailability of mental health services were the factors found to be related with poor emotional wellbeing and life dissatisfaction.<sup>9</sup>

Based on these finding we recommend following strategies for the government of Bangladesh to promote wellbeing and life satisfaction among HCWs.

1. Adopt a comprehensive national strategy for pandemic preparedness, organize itself for success, and craft a budget commensurate to the challenge.

2. Adopt national policies and pandemic readiness standards to promote health equity in hospitals and health systems.
3. Include health and safety skills in personal and patient safety into education and training programmes for health workers at all levels.
4. Protect health care worker from social stigma and discrimination.
5. Ensure adequate environmental services such as water, sanitation and hygiene, disinfection and adequate ventilation at all health care facilities
6. Ensure appropriate and fair duration of deployments, working hours, rest break and minimize the administrative burden on health workers.
7. Establish HCWs' participation in decision making process.
8. Define and maintain appropriate safe staffing levels within health care facilities.
9. Focus on improving physical and mental health of HCWs.
10. Establish dedicated mental health service for HCWs.

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