Supporting the Mental Health of Medical Graduates in the Post-Pandemic Era: Strategies for Success

Bhavika Agrawal, Aakanksha Pitliya
Journal For International Medical Graduates

Abstract

The COVID-19 pandemic has significantly affected the mental health of the entire world especially the front-line workers such as medical and paramedical staff. Even though the medical field is considered a highly demanding job, the pandemic brought its challenges. The uncertainty of a new virus along with its effects on the human body, patients presenting with varying severity, long working hours, the psychological burden from isolation, and mortality have caused several mental health issues for healthcare workers. Many studies conducted have shown significant psychological disorders such as anxiety, insomnia, depression, and even post-traumatic stress disorder in many healthcare workers. The post-pandemic era has opened our eyes to address and recognize these issues faced by front-line workers. It has become vital that we promote mindful practices among healthcare workers, remove the stigma around taking help for mental health issues and create an environment where workers can easily take up counseling services for these issues. To maintain the effectiveness of the healthcare system, it has become important to seriously consider mental health issues faced by frontline workers and work diligently to improve their mental health.

Keywords: Medical graduates, post-pandemic era, mental health, stress, psychological disorders, medical fraternity wellness

Introduction

The COVID-19 pandemic has brought about unprecedented levels of stress on both the physical and mental health of medical graduates across the globe. The medical field in itself is renowned for its high level of challenges and demands, and the pandemic has

access to counseling and therapy services. Mental health professionals who understand the unique pressures and challenges of the medical field can provide support and guidance to medical graduates struggling with such issues. Post the first wave of the pandemic, the Psychiatry Association in China has taken help from several artificial intelligence (AI) programs as interventions for psychological crises during the epidemic[5].

4) It is vital to address the culture of perfectionism in medicine, which can contribute to feelings of anxiety and burnout. Medical schools and residency programs need to foster a culture of learning and growth, where mistakes are viewed as opportunities for improvement and not as a sign of weakness in order to develop a more positive mindset towards mistakes, reducing their stress and anxiety levels.

5) Recruitment of replacement staff to ensure adequate human resources, since not only medical graduates but also specialists and nurses face the same issues compromising the quality of patients. It's likely to be continued unless appropriate action is taken by the management.

Limitation

The most important limitation following these strategies is that the administrative management might not always be open to recruiting more staff as it requires more funding. In addition, creating an environment where stigma regarding the mental health issues is negligible and also convincing frontline workers to seek help from professional has lots of obstacles. So we need to take these steps keeping all such factors in mind and move forward accordingly.

Root Causes Of Stressors

It has become crucial to recognize the root causes of stressors responsible for adding the physical and psychological burden on the healthcare workers. Several studies have been done worldwide to recognize these causes through questionnaire, counselling and various other surveys. These might be helpful in understanding the issues faced by workers and to make strategies accordingly.

Minimal work hours: A study conducted in China has proved that in frontline medical staff, daily working hours were positively associated with all psychological disorders, including depression, anxiety, somatization, insomnia, and suicide risk [1]

Fear of spreading the infection to self and family: According to a cross-sectional study in Pakistan, non-vaccinated healthcare professionals had severe anxiety (30.9%), whereas, in vaccinated participants, anxiety levels were minimal (56.9%). Vaccines led to the improvement of human behavior by allowing healthcare professionals to work freely in the field of their choice, as they had previously [2].

Lack of emotional support: In order to avoid spreading infection, healthcare workers preferred to live in isolation from their families and had no emotional support which led to detachment and depersonalization due to constant work, no breaks, and witnessing high mortality.

Psychological Burden: Even after working long hours and putting in maximum efforts by frontline workers, there were a huge number of mortalities which added a lot of emotional distress to them with no time and support to process these emotions.

Impact Of Stressors

These stressors are responsible for medical graduates to face a number of mental health issues. They are at a higher risk of developing depression, anxiety, burnout, and even symptoms of post-traumatic stress disorder (PTSD) due to their experiences during the pandemic. These mental health issues can have long-term consequences, not only for medical graduates but also for the healthcare system as a whole.

According to a study conducted in China, the prevalence of depression, anxiety, somatization

Conclusion

In conclusion, supporting the mental health of medical graduates is critical to ensuring the well-being of our healthcare system in the post-pandemic era. By promoting self-care and stress management, providing access to counseling and therapy services, addressing the culture of perfectionism, addressing the stigma surrounding mental health, and incorporating wellness initiatives, we can create a culture of support and resilience for medical graduates and ultimately improve the health of our communities. Medical graduates work in a challenging and demanding field, and it is essential that we prioritize their mental health to ensure they can continue to provide excellent care to their patients. The normalization of strong emotions and stress, the fulfillment of basic needs, social support, clear communication and distribution of tasks, flexible working hours, and the utilization of psychosocial and psychological help without stigmatization seem to be particularly important measures [7].

1. Zhou Y Et El. The prevalence and risk factors of psychological disturbances of frontline medical staff in china under the COVID-19 epidemic: Workload should be concerned. J Affect Disord. 2020 Dec 1. 277:510-514. doi: 10.1016/j.jad.2020.08.059. Epub 2020 Aug 26. Erratum in: J Affect Disord. 2022 Feb 15. 299:721. PMID: 32882508. PMCID: PMC7448730.

2. Badami ZA Et El. Comparison of General Anxiety among Healthcare Professionals before and after COVID-19 Vaccination. Vaccines (Basel). 2022 Dec 5.10(12):2076. doi: 10.3390/vaccines10122076. PMID: 36560486. PMCID: PMC9787826.

3. Wu H Et El. Psychological Health and Sleep Quality of Medical Graduates During the Second Wave of COVID-19 Pandemic in Post-epidemic Era. Front Public Health. 2022 Apr 7. 10:876298. doi: 10.3389/fpubh.2022.876298. PMID: 35462813. PMCID: PMC9021630.

4. Eleftheriou A, Rokou A, Arvaniti A, Nena E, Steiropoulos P. Sleep Quality and Mental Health of Medical Students in Greece During the COVID-19 Pandemic. Front Public Health. 2021 Nov 19. 9:775374. doi: 10.3389/fpubh.2021.775374. PMID: 34869189. PMCID: PMC8639533.

5. Liu S, Yang L, Zhang C, Xiang YT, Liu Z, Hu S, Zhang B. Online mental health services in China during the

symptoms, insomnia, and suicide risk in front-line medical staff was 57.6%, 45.4%, 12.0%, 32.0%, and 13.0%, respectively. Except for suicide risk, the prevalence of other psychological disorders in frontline medical staff was higher than those in the general population [1].

Mental health and sleep quality problems were prevalent in approximately 38.85% of the participants during the second wave of the COVID-19 epidemic. The prevalence of poor sleep quality was found to be 8.19%, among healthcare workers [3]. While a study conducted through a questionnaire among medical students of Greek showed that most of the participants experienced insomnia (65.9%), poor sleep quality (52.4%), and increased fatigue (48.5%). Suicidal ideation was found in 16.7% of the sample population, while the use of sleeping pills in the previous month was reported by 8.8% [4].

Approach To Reduce Stressors

It is evident that these stressors have a significant impact on the functioning and well-being of healthcare workers. Therefore, we need immediate and effective solutions to identify these stressors in the front-line workers, by making a committee that can recognize their symptoms and guide them accordingly. To address these challenges, medical schools and residency programs need to take a proactive approach to support the mental health of medical graduates. There are several strategies that can be implemented to achieve this.

1) One strategy is to promote self-care and stress management techniques, such as mindfulness and meditation practices. Encouraging medical graduates to take breaks, exercise regularly, and practice meditation can help reduce stress, anxiety and promote a sense of well-being. A study during the second wave of the post-pandemic era showed that positive coping and having siblings were protective factors for anxiety, depression, and poor sleep symptoms in all students [3]

2) The stigma surrounding mental health needs to be tackled as medical graduates may still be reluctant to seek assistance due to concerns about being stigmatized or criticized by their peers.[8]. Creating a safe and supportive environment where medical graduates feel comfortable seeking help without fear of repercussions can help remove this barrier to care [6]

3) After addressing the stigma, the next step is to -

COVID-19 outbreak. Lancet Psychiatry. 2020 Apr 7(4): e17-e18. doi: 10.1016/S2215-0366(20)30077-8. Epub 2020 Feb 19. PMID: 32085841. PMCID: PMC7129099.

6. Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, Ng CH. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. Lancet Psychiatry. 2020 Mar 7(3):228-229. doi: 10.1016/S2215-0366(20)30046-8. Epub 2020 Feb 4. PMID: 32032543. PMCID: PMC7128153.

7. Petzold MB, Plag J, Ströhle A. Umgang mit psychischer Belastung bei Gesundheitsfachkräften im Rahmen der Covid-19-Pandemie [Dealing with psychological distress by healthcare professionals during the COVID-19 pandemia]. Nervenarzt. 2020 May;91(5):417-421. German. doi: 10.1007/s00115-020-00905-0. PMID: 32221635; PMCID: PMC7100457.

8. Blake H, Bermingham F, Johnson G, Tabner A. Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package. Int J Environ Res Public Health. 2020 Apr 26. 17(9):2997. doi: 10.3390/ijerph17092997. PMID: 32357424. PMCID: PMC7246821.