



Psychological Burden During the Peak of the Coronavirus First Pandemic Wave in Frontline

Paulo Marcos Brasil Rocha*

Avenida Professor Alfredo Balena, Brazil

***Corresponding Author:** Paulo Marcos Brasil Rocha, Avenida Professor Alfredo Balena, Brazil.

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Abstract

The coronavirus 2 has triggered a devastating pandemic with serious consequences for global health and economy. In order to catch the psychological burden status of this population in the peak of the first wave of the coronavirus pandemic, we have conducted a cross-sectional evaluation of a population of frontline health professionals in a Brazilian general hospital located at the city of Belo Horizonte. As many as 75,1% of responders manifested at least mild symptoms of generalized anxiety as assessed by the GAD-7 questionnaire, whilst 65,1% of responders manifested at least mild symptoms of depression as assessed by the PHQ-9 questionnaire. Prevention strategies should be fostered by healthcare institutions in order to mitigate the psychosocial burden of healthcare workers during and after the current pandemic.

Keywords: Pandemic; Coronavirus, First Wave; Health Worker; Psychological Burden

The coronavirus 2 has triggered a devastating pandemic with serious consequences for global health and economy. As we write this article, 704.659 Brazilian citizens have lost their lives due to a coronavirus 2 infection [1]. Since the beginning of the current pandemic healthcare workers have been one of the most disrupted groups, with several evidence showing higher morbidity, mortality and mental health burden [2-4], leading to higher prevalence of psychiatric symptoms. Thus, health-care workers are in increased risk for psychological distress and negative psychiatric outcomes [2-4].

In order to catch the psychological burden status of this population in the peak of the first wave of the coronavirus pandemic, we have conducted a cross-sectional evaluation of a population of frontline health professionals in a Brazilian general hospital located at the city of Belo Horizonte.

After approval from the institutional scientific committee (CAAE 33432620.9.0000.5125), all participants have signed in-

formed consent before joining this research protocol. Afterwards, all patients were interviewed for socio-demographic data and psychological assessment. They responded the Generalized Anxiety Disorder questionnaire (GAD-7) and Patient Health Questionnaire (PHQ-9) [5,6]. Both instruments are valid, efficient, and widely used tools for screening for Generalized Anxiety Disorder and Depressive Episode, respectively, assessing its severity in both clinical practice and research. Data collection was managed to be accomplished during the months of July-August 2020 in order to catch the exact peak moment of the first pandemic wave, which had the higher cases, hospitalizations and deaths precisely over the referred months of July-August 2020 [1].

A total of 189 frontline health professionals completed the questionnaire, reaching a response rate of 84% (189/225). As many as 75,1% of responders manifested at least mild symptoms of generalized anxiety as assessed by the GAD-7 questionnaire, whilst 65,1% of responders manifested at least mild symptoms of depression as assessed by the PHQ-9 questionnaire. Furthermore, when

we consider any symptom as the outcome, 96,9% of the healthcare professionals responded positively for the GAD-7 questionnaire and 94,2% for the PHQ-9 tool.

A significant amount of studies published over the current pandemic have consistently shown healthcare workers to be in significant risk for psychological burden [7-9]. Our preliminary results are in line with this previous evidence of the vast psychosocial impact for health workers, with the particularity that our data collection was designed to capture the occasion of supposedly greater psychological stress until that moment, namely the months of July and August of 2020, corresponding to the first peak of the pandemic in Brazil [1]. Thus, this scope of evidence demonstrates that, during the pandemic, health workers have passively absorbed a huge psychological impact by the simple fact of performing their work [8,9]. Naturally, this convergent set of data may give rise to ethical and occupational health discussions that are beyond the scope of this work, but which cannot be overlooked. Additionally, prevention strategies should be fostered by healthcare institutions in order to mitigate the psychosocial burden of healthcare workers during and after the current pandemic.

Acknowledgement

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Conflict of Interest

None.

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