STRESS MANAGEMENT AMONG HEALTH CARE WORKERS: CARING FOR YOUR SELF & OTHERS DURING COVID-19 PANDEMIC: SYSTEMATIC REVIEW

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Abstract:

Introduction: Worldwide the United Nations for example the world health organization (WHO) has classified stress as a universal epidemic. Work related stress affects global expenditure yearly and has been considered to be of high health threat. In the Unites States, the projection revealed that a little above average (54%) illness was due to stress. Similarly reports have it that most of the psychological problems for example suicides and the thoughts of it was associated with stress and has led to diverse ill health around the world. Aim: Highlighted stress management (the wide range of techniques, therapies and changes an individual makes or needed to make to alleviate a better health and wellbeing) among health care workers, while caring for themselves and others "healing the healer" as some would say.

Method: Involved the use of PRISMA strategy "the preferred reporting item for systematic reviews". Search engines like PUMED CENTRAL, GOOGLE SCHOLAR, MEDLINE and open access journals retrieved between 2016 and August 2020. Inclusion criteria and exclusion criteria was applied. Data extraction and synthesis followed in a qualitative descriptive format by the consultants.

Result: Initial result yielded 4515 identified through data base after duplicates removed (2500), screening (1570) and eligible articles (930) remained 12 articles included for this review finally. Of this 12, showed all the studies was identified with prevalence of stress. Three studies in the UK, three studies in USA, two in China, two studies in Italy, one study each was identified with Canada and India. Due to the current scenario of COVID19, study design was majorly cross-sectional non probability online, sampling technique was majorly online but the sampling size was identified among 6 articles. References reported fear, anxiety and depression, high rates of depressive symptoms and lack of governmental support. Stress management highlighted 9 studies and very few studies reflected the entire topic. However, due to lack of research and methodological draw backs we are unable to draw concrete conclusion.

Conclusion: This COVID19 unprecedented situation has impacted several HCWs, and those around them. Regardless several interventions would be needed not limited to psychological support, increased screening, psycho-social education and government support to monitor, support and care for HCWs when caring for themselves and others during COVID-19.

Keywords: HCWs, Stress management, Work stress, COVID19, prevalence of stress.

INTRODUCTION

Background

The background understanding started with a renowned scientist in the 19th century known as Hans Selye in 1936. He cleared the term "stress" as "the non-exact reaction of the body to any demand for variation. Different researchers have since then given and defined stress in various ways. For examples the American Heritage Dictionary of the English Language (2009) defines stress as "a mentally or passionately disruptive or disturbing state happening in reaction to adverse outside effects and capable of affecting physical health, usually characterized by augmented heart rate, an increase in blood pressure, muscular tautness, irritability and depression. Similarly, the American Psychological Association (APA), described that there are three different types of stress — acute stress, episodic acute stress, and chronic stress with their own features such as symptoms, periods, effects and therapeutic approaches [1-4].

There are multiple phases to stress perception that applies to human, originated from the Latin word, "stringere" This origin which further explains to be stiff head, tight and hardship. When the individual physically, psychologically and no longer zealous and unable to normally do what needs to be done especially at work, restrictions, and chances. Categorically stress may be grouped as good [eustress] and bad stress [distress]. The practice of the earlier may be good because it's subject to excitement, creates opportunity for development, improve mental abilities, strengthens, achieve demands while supporting them to meet targets and becomes achiever in life. While on the other part bad stress is bad for the health and wellbeing of any individual. Research has it that anyone experiencing this may not be able to meet targets and therefore work demands may not be achieved. Hence reduced work life (e.g., work frustration and bad moral values) [6].

Some scholars described stress to be the work related, those experienced at the work place called the work related stress. The reaction people perceive when confronted with the demands from work. The burdens attached, not synchronized with the over-all work environment and therefore brings about challenges, in capabilities to manage the entire process. Majority of workplaces experience this phenomenon but in different categories. The resulting effect is on the health of individuals, unless the health care specialist is sought to intervene and halt the entire problem, in order not to affect the health and wellbeing. The International Labor Organization (ILO) reported an estimate of 10% accidents happened at the offices resulted from stress. The efficient way to cope with stress could bring about harmony at the work places. Among several organization most of the stress is produced from the burden due to work activities, , , location, surrounding work atmosphere, responsibilities quality , long working hours, unfair work distribution, income imbalance , administration issues, upcoming technology and many more [5,6,13]

Globally:

The World Health Organization (WHO) has now reported stress as a universal epidemic. The declarations was due to the statistics that 90% of the population visit were to the hospital medical doctor [14]. Expenditure on work related stress projected about $5.4 billion every year throughout the world. Health related associations considered as a high threat and severe work region for work associated stress [7]. Universally, job-related stress is estimated to disturb one in three personnel. The stresses and tensions on workers are high. In the United States, it is projected that 54 % of illness is in some way connected to stress. In Europe as well, the expenses are high. In a current research study by the European Foundation for the Development of Living and Functioning Environments it reveals that 28 % of over 15,000 European employees express that stress is a job-related health issue. In several advanced countries the total expenditure of workstation tension has been projected at roughly 10 % of gross national product stemming from illness absenteeism, employee turnover, early withdrawal due to bad health, giving health coverage and spending on treatment of the result of stress [10]. Most of the suicides around the world are linked to mental health problems [10]

Therefore, the heal related indicators of stress may be effect and would cause severe work devastations in the region. Similarly work related stress was reported to hamper one third of every personnel or employee. Which make the tension on job or work higher [7]. In the USA projections, more than average percentage was connected to stress. From the European perspective, from current research reported that approximately one-third of over 15,000 of the European employees their opinion that the concept stress is a job related problem.

In USA about one-third persons visited hospital due to stress related matters and the situation is not different in India. It was reported that when visiting and spoke to health care professionals 89 % of India's residents feel stressed. Several journals, authors and organizations have reported the prevalence of stress would be one of the leading major cause of disabilities before 2020 year ends according to the Universal Burden of Diseases by WHO. Saudi Arabia reported recently 66.2%, putting India at 73.5% [11-12]. Further recent research has proved otherwise in Iran (34.9%) with the prevalence in Dutch (55%), lowest in Ethiopia (37.8%) with having Belgium (40.4%) [6]. Among some of the local doctors in Delhi, India stress prevalence was about 33% when studied among all the universities. Of the estimated local doctors studied on 930 participants, three categories of stress were observed that ranged from minor, middle level and highly stressed (165 (17.7%), 113 (12.2%)) and 27 (2.9%) respectively [8].

Rationale behind this study:

The stress in health care workers results from internal and external sources. Stress decreases job satisfaction instead of improving it for the HCW resulting in numerous undesirable consequences [9,16]. There are limited studies in India and around the globe on the impacts of work productivity due to stress among HCW. The World Health Organization (WHO) Global Burden of Disease Survey estimates that mental disease, including stress-related disorders, will be the second leading cause of disabilities by the year 2020 [12]. Work related stress is a worldwide epidemic disease. The costs of work related stress estimated about $5.4 billion each year throughout the globe. Healthcare institutions considered as a high risk and intensive work area for work related stress [7]. Globally, work-related stress is estimated to affect one in three employees. Workplace stress occurs in all professions, and in particular, health-care professionals comprise an important group that can be affected by workplace stress because of the nature of their work environment. In health care, employee workplace stress can have a negative impact on the quality of patient care, and significant effect on the occurrence of health problems leading to change the current working place and job, quit the profession, interrupt relationship with co-workers, hampering of their health and so on. In general, different studies confirmed that work stress may lead to negative financial outcomes [5,13]. The aim of this study is to find out the stress management (the wide range of techniques, therapies and changes an individual makes or needed to make to alleviate a better health and wellbeing) among health care workers, while caring for themselves "healing the healer" as some would say and others during covid-19 pandemic.

Methodology:

Inclusion criteria:

The study included articles with the key word terms stress management (going by the definition), health care workers, others (this means the patients or those in need of care from the care giver or health care worker), COVID-19 pandemic. Therefore, four key words were identified from the title and it was jointly decided that if not all at least three from four of the keywords while searching for articles to be identified for screening. The titles and abstracts of articles published and unpublished was used. Including methodological process like the author name, year, country, participant, methodology (study design, sampling technique and sample size), result and conclusion. Further, studies that does not meet this criteria was not considered, hence excluded from this review. All articles that included the stress management among health care workers: caring for your-self & others during covid-19 pandemic were included. Articles in English language was considered. Articles such as bulletin, short articles, editorials, full texts, systematic reviews, and special articles were considered reason is to understand the intension and objectives for quality assessment.

Search strategy:

The review adopted the PRISMA strategy "the preferred reporting item for systematic reviews" which is one of the scientifically approved method. The review did not need ethical consideration nor any individual consulted. Search engines like PUMED CENTRAL, GOOGLE SCHOLAR, MEDLINE and open access journals were used. The title was selected and entered into the search engine and 4420 articles appeared. Further, custom range was initiated, this is to allow most recent data regarding the issue. The custom range was within 5 years, 2016 to 14th August 2020. Researchers BE and VM who were consultants worked on the search and other technical aspect of the review. On searching, after initiation of within five years to capture the true essence of the objectives was 3,420. Then the advance search option for quality review with all the words ", with exact same phrase "COVID-19", with at least one of the words health care workers. The study searched anywhere in the article was reduced to 3410 articles. The following medical search headings was used (MeSH) for PUBMED: stress management, empathy, health care worker, COVID19. "stress management"[All Fields] AND ("delivery of health care"[MeSH Terms] OR ("delivery"[All Fields] AND "health"[All Fields] AND "care"[All Fields]) OR "delivery of health care"[All Fields] OR ("health"[All Fields] AND "care"[All Fields]) OR "health care"[All Fields]) AND ("occupational groups"[MeSH Terms] OR ("occupational"[All Fields] AND "groups"[All Fields]) OR "occupational groups"[All Fields] OR "workers"[All Fields]) AND ("empathy"[MeSH Terms] OR "empathy"[All Fields] OR "caring"[All Fields]) AND YOUR[All Fields] AND ("ego"[MeSH Terms] OR "ego"[All Fields] OR "self"[All Fields]) AND (OTHERS[All Fields] AND ("COVID-19"[Supplementary Concept] OR "COVID-19"[All Fields] OR "covid 19 pandemic"[All Fields])) AND ("2015/08/17"[PDat] : "2020/08/14"[PDat]).

Screening:

The screening was done by the same independent reviewer (BE and VM), articles with titles, abstracts and full text, those that did not match the search keywords were irrelevant and set aside. The articles were sought and screened using the PRISMA "source from www.prisma-statement.org". This review was not registered and because of the variability of participants' meta-analysis was not used. Upon consideration there were duplicates, after studying the body content of the articles for screening was removed. These two independent reviewers conducted the article search using the terms above. Independently they collected the data in a format and screened. The results of the screened was later transferred for analytical compatibility. Any issue of lack of compatibility was examined together and came to a consensus. The rest or remaining of the articles was entered into a tabular format for further evaluation by independent reviewer (VM) for final qualitative analysis.

Data extraction and synthesis:

In data extraction 4515 articles records was identified through data bases: GGOGLE SCHOLAR, 4420, PUBMED CENTRAL 30 and MEDLINE 65 with the publication dates between 2016 to 2020. The flow followed the PRISM guideline. About 2500 was remaining after screening of duplicates. Excluded records was 1570 on different unsatisfactory problem not meeting the designed criteria with different reasons for example abstract not included, contents not related to topic, topics not having the desired keywords. Some information provided within the body text not matching the inclusion designed for this review. Additionally, in order to have as many articles possible, extraction was not limited to specific study method, participants and country. About 918 articles were not included due to reasons: topics did not match (231), abstract was not included in the article (31), titles were not related (251), the body content was not matching title stated (11), content did not give adequate or useful information (120), there were duplicates of the study as they changed the title (148) and content was the same and articles that was not in the inclusion criteria (126). Further the full text that was assessed for eligibility was 930, be reminded that 918 was excluded after reading the full text remained 12 studies, included in the final qualitative synthesis and analysis which fits well into the title of this review based on the inclusion defined by the review experts like stress management among health care workers, how they cared for themselves and others (patients including families and vice versa) during the covid-19 pandemic.

Results:

All the characteristics of articles inclusion are in the Table 1 below summarized. Published articles was retrieved between 2016 and August 2020. The below were the numbers of studies identified UK was 3 studies [18, 23, 24], USA (3) [22, 25, 26], China 2 [17, 19], Italy 2 [21, 28], Canada 1 [27] and India 1 [20]. The population authors studied were form hospitals and basically HCWs but one study reported on non-physician HCWs. Among the articles study designs, majority of them used cross-sectional non probability online [17, 19, 20, 22], short reviews [18, 23-25], systematic review of literature [21], traditional literature review [26, 27], and an intervention study only one [28]. Due to the current scenario of COVID19 sampling technique was online but the sampling size was identified among 6 articles [17, 19, 20, 24, 22, and 28]. These are 2299, 6568, 384, 24, 347, 106. Highlighted the total sample size among these revised articles was 9728 participants including the intervention study. The result on stress management showed all the studies was identified with prevalence of stress. We decided to examine the prevalence because without the prevalence there cannot be management. References reported fear, anxiety and depression [17], high rates of depression and lack of governmental support [18], depressive symptoms, and stress perceived among the [20], the perceived stress resulted from occupational role, quarantine, and isolation stigma, and history of psychological disorder experienced [21]. Psychological stress and burn out was high among the Otolaryngology not physicians but HCWs [22]. Among the medical staff reported PTSD, post-traumatic stress disorder, moral injury and acute stress [23]. In addition, the same moral injury was reported among in UK [24]. In the USA, Jessica A. Gold reported stress prevalence was on substance use, stigma, hazard pay, the lack of time, inadequate use and reuse and lack of PPE (personal protection equipment) [25]. The researcher Ambrose H. Wong et.al. Reported the reuse of face masks, PPEs and psychological hardship encountered [26]. While Neil Galbraith et.al. In Canada in the study found that doctors were reluctant in disclosing their mental health status and problems [27]. Similarly, in Italy, Rodolfo Buselli et.al. reported psychological problems among HCWs during their intervention study. Only 2 studies identified and reported on health workers caring for themselves [23, 27].

Stress management:

Stress management reported among the reviewed articles highlighted that 9 studies [18, 19, 21, 23-25, 26, 27, 28] discussed about the stress management and three studies did not. From the nine studies B. Gavin et. al. in the UK [18] reported cared for them using the instant PFA (psychological first aid) and support groups with helplines were helpful to manage the situation regarding HCWs. In addition, Zhou Zhu et.al. Wuhan, China [19] developed an effective easy way to use and screen high risk individuals. Claudia Carmassi et.al. in Italy reported managed by family, social support, colleagues with supervisor, training and coping strategies [21]. Psychological support, supported those in quarantine, team leader was supportive, colleagues and individual support was reported by Matthew Walton in the UK [23]. Early support and after care was reported by researchers [24], psychological first aid implementation [25], lessons learnt from previous incidence similar to the current scenario, ensured unmet needs to be met [26]. At all level like the organizational, and individual levels, on the intervention sustainable management called "PsicoCOVID-19" was preventive measures to manage the situation [28].

Psychological support:

It was concluded that working conditions psychological intervention support as an effective strategy to be provided [17, 19] with implementation control measures. Similarly coping strategies, proper and timely policies, manage the interventions plan for resilience [18, 20, 21]. As reported by B. Gavin et.al. Suggesting that adaptation models may be of help with after pandemic problems. May be useful for staff who reports to duty. Again debriefing and rapid PFA was suggested as seemed more helpful for HCWs. Especially those in the quarantine, isolation and stop the discrimination attached to it. Psychological recommendation, drop in sessions, have been seen to be effective. Assisting staff that are under isolation find an alternative accommodation from home. Whereby the fears attached to contagion of loved ones and families would be minimized, considerably offering a preventive health of psychosocial care support. More also the team, their leaders, colleagues of various organizations including the individual are all to be supportive for the affected in this crucial period. Including the psychological first aid action plans and implementation. More importantly it was reported that staff returning back to their place of work is a sensitive issue and therefore to be handled carefully [23, 25].

Increase screening:

In addition, increased screening, group activities, prompt regular meeting when necessary, work place accommodation, and rest, proper benefits together with safe environment. Easy to understand and use clinical tools to be planned in order to identify the high population at risk on the different categories of stressed and stressors from mild to acute [19]. The researcher added that staff experience stress during the COVID19, thinking about their patients, those critically ill, the fear of contacting the disease themselves and infecting their families. Work place protocol frequently changing and the PPE usage as a result of the situation led to ill health of fellow medical colleagues, making the researcher to characterize the situation as moral injury [23]. Other researcher has supported the identification of early intervention, support and monitoring (after care) by provision of the [24].

Government:

Lessons learnt in the past by different outbreaks could help alleviate and reveal a direction and technical know out about the disease. HCWs should be provided the evidence based training, from research and scientific results, monitoring the performance regularly and fact checking the progress. Government and necessary body should ensure the identification of the gap needs among them. As reported that the HCWs regardless of their critical position do see it as a moral responsibility serving the patients. In the motto that the "healer also needs to be healed" to care for themselves and the patients. Arguably it was reported that both the HCWs and their families do need support and potentially there's the need for health executives, and leaders of parastatals' to aware of the suicide experienced and may continue among doctors. Recommendation for government to include policies and feasible support to these frontiers. More also encouragement to be provided for them to be able to confide in the system to be able to share their current problems during the difficult times [26, 27].

Psycho-education:

There is the urgent need for the above among our frontlines, not limited to video, continue medical education, conferences, seminars, work-shops to increase the knowledge and empower. With cooperate inclusion strategies form the rest of the departments. Identifying the most vulnerable and treating them in order of priority, until all are attended to without after inclusion of the planned intervention. Whose aim is to prevent, support the HCWs, and provide specific care necessary. That was why the "PsicoCOVID-19" was developed, that belongs to the group of an occupational department who shared the experiences of firsthand information about their staff conditions. The team had experiences in specialized fields of psychology and psychiatry as well as managing stress. Not limited to understanding the condition but also integration and working way out [28].
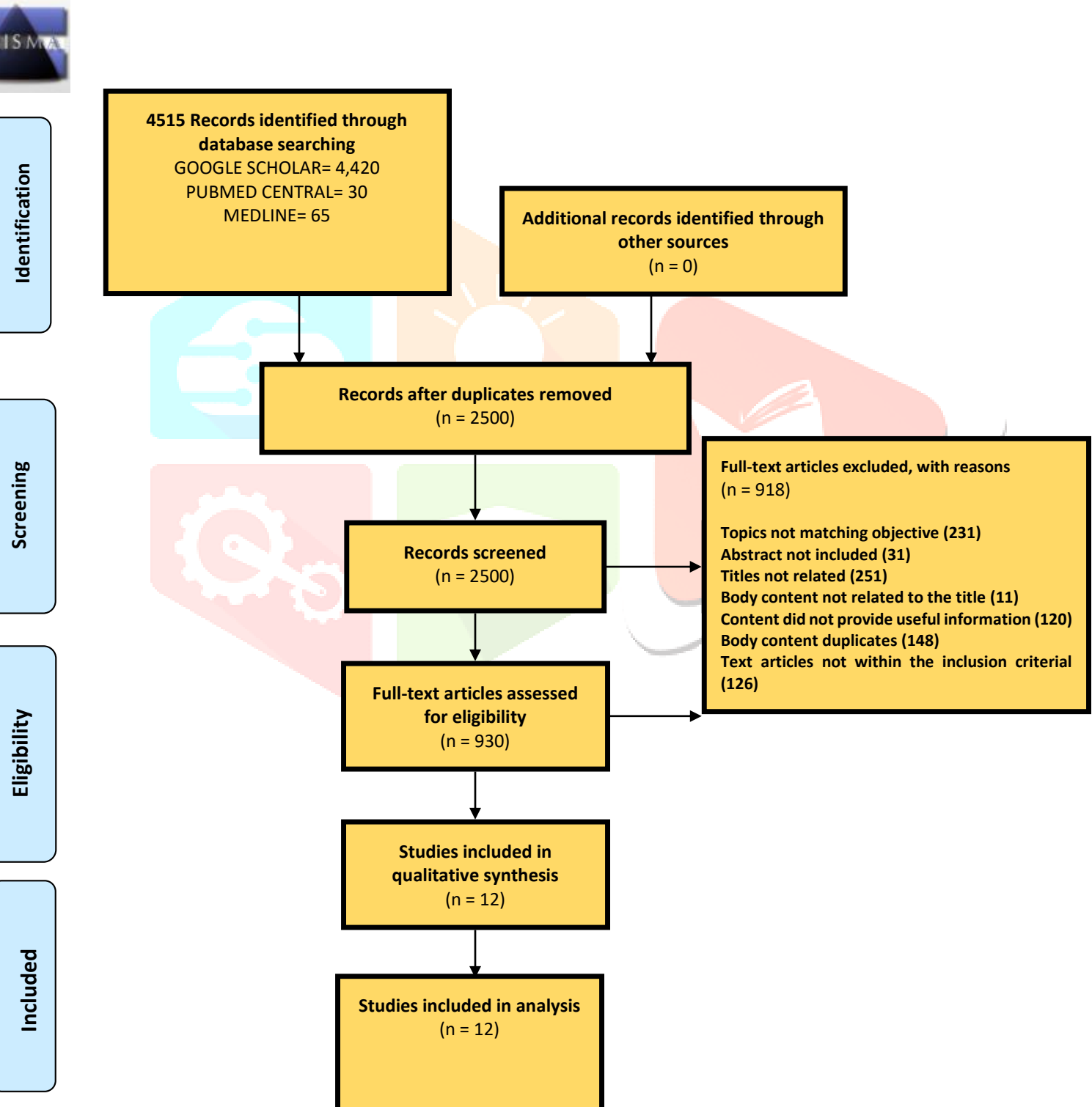

Figure 1: PRISMA 2009 Flow Diagram

Table 1: Descriptive analysis of stress management among health care workers

Ref/Author/ Country	Population	Topic	Design/ sampling/SS	Result on Stress Prevalence	Management	Conclusion
17. Wen Lu et. al. China	Fujian Provincial Hospital(Medical work force)	Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study	CS- MHWs Non-probability online SS= 2299	fear, anxiety and depression/ 1.4 times to feel fear, twice more likely to suffer anxiety and depression.	Not reported	Working condition. Effective strategies for psychological intervention to be provided.
18. B. Gavin et.al. UK	HCW	Caring for the Psychological Well-Being of Healthcare Professionals in the Covid-19 Pandemic Crisis	Short Review	High rates of depression, distress, anxiety insomnia & lack of govt. support.	RAPID-PFA, support groups & helplines.	Adaptive coping strategies were restricted. Ethical duty post COVID19. Reflect on past event to prepare.
19. Zhou Zhu et.al., Wuhan, China	Tongji Hospital	COVID-19 in Wuhan: Immediate Psychological Impact on 5062 Health Workers	CS- HWs Non-probability Online SS= 6568	HWs reported stress, depression and anxiety symptoms.	Developed three effective, easy-to-use clinical screening tools to identify high-risk individuals of acute stress, depression, and anxiety among HWs.	psychological impact on HWs can be alleviated by timely implementation of psychological protective measures.
20. Indrashis Podder India	Dermatologist	Comparative analysis of perceived stress in dermatologists and other physicians during national lock-down and COVID-19 pandemic with exploration of possible risk factors	CS- HWs Non-probability online (snow ball) SS= 384	Perceived stress non-dermatologists (63%) compared to dermatologists (38%) & Unmarried females higher.	Not reported	Proper policies on mental health care especially in the current COVID19 era.
Ref/Author/ Country	Population	Topic	Design/ sampling/SS	Result on Stress Prevalence	/management	Conclusion
21. Claudia Carmassi et.al. Italy	HCW	PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic	Systematic reviewed studies/ PPRISMA flow chart/ SS= 24	Level of exposure Occupational role Age and gender Marital status Quarantine, isolation and stigma	Family and social support Supervisors and colleagues support Training Work organization	Include these when planning for intervention to enhance resilience among HCW.

Ref/Author/Country	Population	Topic	Design/sampling/SS	Result on Stress Prevalence	/management	Conclusion
				Previous psychiatric disorders	Coping strategies HCWs survivors to coronavirus outbreaks Coping strategies	
22. Aman Prasad et.al., USA	Non physician HCW	Snapshot Impact of COVID-19 on Mental Wellness in Non-Physician Otolaryngology Health Care Workers: A National Study	CS/ Non-probability Online SS= 347	High rate of psychological symptoms, particularly anxiety, distress, burn out	Not reported	Increased screening and support for those on the frontlines. Psychological assistance hotlines, group activities or meetings. Increased workplace accommodations for rest. Increase work-related benefits, and safer work environments.
23. Matthew Walton UK	Medical staff & HCW	Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic	Short Review	Acute stress reactions Moral injury PTSD	Psychological support provision Support for HCW in quarantine Team leader support Colleagues support Individual support	Has impacted many HCW psychologically but encourage opportunities to assist them.
24. Neil Greenberg et.al. UK	HCW	Managing mental health challenges faced by healthcare workers during covid-19 pandemic	Short Review	Moral injury	Early support After care	HCW should be supported, monitored & provided EBT
Ref/Author/Country	Population	Topic	Design/sampling/SS	Result on Stress Prevalence	/management	Conclusion
25. Jessica A. Gold USA	HCW	Covid-19: adverse mental health outcomes for healthcare workers	Short Review	mental health, substance use, stigma, lack of time, hazard pay, inadequate & lack of PPE	psychological first aid (PFA) implementation	Screening, triage and reference HCW
26. Ambrose H. Wong et.al. USA	HCW	Healing the Healer: Protecting Emergency Health Care Workers' Mental Health During COVID-19	Literature review	Re-use of face masks, PPEs beyond specialty Physical & psychological hardship. Altruistic	Learnt lessons from previous disaster on mental health. Improve wellbeing Ensure unmet needs	Ensure unmet needs in order of priority by govt. Serving patients regardless. Healing the healer to protect their lives & patients

						care for the in need was aim.
27. Niall Galbraith et.al. Canada	Doctors	The mental health of doctors during the COVID-19 pandemic	Literature review	Reluctant to disclose mental health problems	At organizational level At the individual level	Argued HCWS & their families are to be supported. Authorities to show sound leadership
28. Rodolfo Buselli et.al. Italy	Hospital staff	Psychological Care of Health Workers during the COVID-19 Outbreak in Italy: Preliminary Report of an Occupational Health Department (AOUP) Responsible for Monitoring Hospital Staff Condition	Intervention study SS= 106	Psychosocial problems	Psico-Covid19 Aim is to prevent , support and treatment	Urgent need for psycho-educational improvement like videos, seminars and so on to empower the HCWs. Collaborative strategies from other departments. Gener specific since seems women are more vulnerable. Improve on the intervention for long term.

EBT: evidence based treatment, CS: cross sectional study, MHW: medical health worker, HCW: health care worker, SS: sample size, UG: under graduate, SALS: stress adjustment life scale, RAPID-PFA: rapid-psychological first aid, PTSD: post-traumatic stress disorder

Discussion

In this review and to the best of our knowledge, stress management among HCWs were major issues experienced and how they can care for themselves while taking care of others in this difficult times of COVID-19 era is another challenge. Analysis and summary of the data revealed the high prevalence of stress and its management. While several studies revealed the different patterns of the management applied at different levels. Some revealed the gaps in the management literatures as measures to enhance the strategy. Such as frequent unpalatable working conditions thereby increasing psychological conditions, not limited to PTSD especially after some of them were quarantined. Substance use and abuse, disorder, anxiety and many more. [29-31]. In this context the world health organization (WHO) reported on health workers that the feelings of HCWs under pressure and their colleagues, is normal because of the current situation. Therefore, it is not that HCWs cannot do their job or weak at it as a result of being stressed or associated feelings. Importantly is the management therapy that is to say, managing your mental health and loved ones around is paramount.

Individual support

Take yourself seriously as you do for others, use available coping styles and strategies. Rest well, eat balanced diet, exercise, and avoid unhealthy life style. There were studies that indicated that protective factor of positive attitude and it was strongest to management stress according to Alessandra Babore et.al. who worked on "Psychological effects of the COVID-2019 pandemic: Perceived stress and coping strategies among healthcare professionals". Similarly coping strategies should not be restricted as reported but rather consider ethical approach to address the issue. More specifically reflecting of similar cases in the past to assist in the future in caring for HCWs well-being. Some HCWs are stigmatized and avoided by own families and communities because of fear of unknown.

There is solution to every problem, stay connected through digital means, do not hesitate to turn to colleagues and team leaders or head and communicate whenever necessary. Surprisingly some of your colleagues when you share your situations may be having similar situations. There are various ways of interacting for instance psychosocial and cognitive forms of communication [32, 33].

Psychological support not limited to screening of the population at high risk, proper monitoring and improvement. So the health bodies and authorities must be equipped to handle the emergency situations by identifying the vulnerable of psychological comorbidities and morbidities. Immediately target them and calls for intervention to be implemented. In support to the findings of this research Wang et. al found that the mental health of HCWs, doctors, emergency and so on need to be safe guarded [33,34].

Notably HCWs impact the outcome of health management. Consider rotating shifts, shorter periods. Especially those in highly vulnerable area with clear communication, and preventive measures. Properly planned effective prevention, control and curative measures on infection would be pertinent. As it induces and mitigates stress response. Consequently, staff should be provided with training, knowledge based for preventive measures to counter infections. Proper monitoring and evaluation of HCWs regularly. By identifying, morbidities as soon as possible among the care givers, maybe due to exhaustion from work or any other work place stress.

Government support is one most important management strategies. As supported by Ho CS et.al. who worked on strategies to combat stress. The researcher indicated that community heads, leaders and government plays crucial role in facilitating and educating the public against discrimination as they were attacked. Resulting from the outbreaks because they were from Asian origin and could not seat next to them in the bus. Refusal to shopping complex, xenophobic and verbally attacked. Thankfully the WHO released official statement and warning condemning such actions. More, also past research has given clue to help discover and overcome the stress management among health care workers: caring for themselves and others during covid-19 pandemic [35]. Furthermore, feasible policy should be in place to track and improve the general health and wellbeing of HCWs.

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