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Editorial

Clinical Medical Staff Working Conditions in the COVID-19

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INTRODUCTION

COVID-19 pandemic has caused more than 462,417 deaths worldwide. A large number of patients with severe COVID-19 face death in hospital.

On 31 December 2019, a series of patients affected with pneumonia of an unknown etiology were identified in Wuhan, China. Subsequently, the disease was named coronavirus disease 2019 (COVID-19) by the World Health Organization (WHO) on 12 January 2020. On 11 March 2020, the WHO announced that the COVID-19 outbreak could be characterized as a "pandemic," as the highly infectious virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spread increasingly worldwide. This is the third serious coronavirus outbreak in less than 20 years, following the severe acute respiratory syndrome (SARS) in 2002–2003 and the Middle East respiratory syndrome (MERS) in 2012. The number of confirmed cases continues to increase. Globally, on 16 April 2020, there were a total of 1 991 562 reported cases of COVID-19 in 213 countries and 130 885 deaths [1-3].

Facing a substantial risk of SARS-CoV-2 infection, healthcare workers (HCWs) at the frontline have been fighting COVID-19, saving human lives, with great effort and sacrifices. According to the published articles, a large number of HCWs have been infected with SARS-CoV-2 worldwide, and have even died of COVID-19. The COVID-19 pandemic has a marked impact on the physical and mental health of HCWs. It is crucial to understand that we cannot stop the COVID-19 pandemic without HCWs. Therefore, effective protection for HCWs is currently of the upmost importance.

To the best of our knowledge, no published work on the infection status among HCWs with COVID-19 has been identified so far. In this study, we obtained data from government official reports and carried out a data analysis of the infection status of the HCWs in Wuhan during the COVID-19 outbreak. By conducting this cross-sectional study, we aim to provide some thoughts and recommendations to protect HCWs worldwide.

There have been many conflicting messages about the new coronavirus SARS-CoV-2. Initially, many of our colleagues were thinking on the basis of the first scant descriptions that this was just a new flu virus – nothing to worry about. However, as more and more experience is accumulating, it becomes obvious that although it is indeed a virus belonging to the flu family, this one has peculiarities which have the potential of straining some of our health care resources to the extreme. Only a small part of the patients who are infected develop serious breathing problems, but those who do so will need advanced help for a long time. Since there is a limited number of high-pressure respirators, there is a risk that a growing number of patients with the most advanced critical stages of breathing problems will not get any treatment and accordingly will choke to death – despite the fact that the staff have the knowledge about how to save them. This situation gives rise to the worst possible work environment for health care staff.

The psychosocial work environment literature points at the importance of the following interventions, some of which are specifically mentioned by our Chinese colleagues: Flexible work schedules that are adapted to the ever-changing situation. In consequence with that, Cao describe work cycle changes towards 4-h shifts with 4 h of rest in-between during the most exhausting periods. Sleep hygiene, which is facilitated by wise shift cycles and good possibilities for undisturbed sleep. Social support to family members. Worries for family members could add to the caregiver's deterioration in health. Participation in decision making. This has not been mentioned specifically by our Chinese colleagues, but if employees feel that their own observations and ideas are taken seriously by the supervisors, this contributes to their maintenance of good health. Facilitation of good coping. This comprises many things. For instance, a professional attitude to selection of patients for advanced care must be taught. There should be clear guidelines to all staff. Everybody must be prepared for ethical conflicts, and difficult decisions must be made in organized ways. Facilitation of cultural experiences, for instance easy electronic access to films, concerts, and lectures during leisure time. This is emphasized by Cao and there is considerable theoretical support.

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