

Chapter 3

The Impact of COVID-19 on the Mental Health and Well-Being of Immigrant Healthcare Workers: Intersectionality Matters

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ABSTRACT

The COVID-19 pandemic has placed tremendous strain and presented unprecedented challenges for health systems and healthcare workers (HCW) across the world. Research shows that HCW on the front-line are at higher risk of burnout, anxiety, depression, and symptoms of post-traumatic stress disorder, just to name a few. Traditionally, research on mental health and HCW has predominantly focused on the generalized healthcare professional workforce. Largely missing from this conversation are immigrant HCW. This is surprising given that immigrant workers are crucially important in treating Americans fighting COVID-19 and over-represented in various healthcare occupations and States. Through an intersectionality lens, the authors identify unique factors during the COVID-19 pandemic that can impact the mental health of immigrant HCW. The authors discuss the negative attitudes towards immigrant HCW and mental health outcomes and the unique intersecting factors of race, immigrant status, and class. Recommendations for future interventions, research, and practical implications are provided.

INTRODUCTION

A considerable amount of research has revealed the negative impact of the COVID-19 pandemic on the mental health and well-being of healthcare workers (HCW) (Qiu et al., 2021; Spoorthy, 2020; Tella et

DOI: 10.4018/978-1-7998-8813-0.ch003

al., 2020; Young et al., 2020). Despite the prevalence of mental health challenges of HCW during COVID-19, little attention has been paid to immigrant or foreign-born HCW (Griswold & Salmon, 2020). This is surprising given that immigrant workers are crucially important in treating Americans and fighting COVID-19 (Griswold & Salmon, 2020). For example, at the peak of the COVID-19 pandemic in the United States (U.S), The Migration Policy Institute estimated there were six million immigrant workers on the frontlines of the COVID-19 pandemic keeping Americans safe and fed (Gelatt, 2020), of which 1.7 million were HCW (Bier, 2020; Bureau of Labor Statistics, 2020; Lee et al., 2020). Furthermore, at least two of the developers of the COVID-19 Moderna and Pfizer vaccines were either immigrants or children of immigrants (Kochenderfer, 2021). Immigrant workers are also a large part of the hospital cleaning staff and medical and research scientists (Gelatt, 2020).

So far, research on the mental health challenges of HCW during COVID-19 has focused on identifying and examining high risks groups and evaluating the effectiveness of psychological and organizational-based resources or interventions through a lens of pre-existing COVID-19 factors (Ming & De Jong, 2021). These factors include, but are not limited to demographics such as gender (Tella et al., 2020), living conditions, and established personal relationships (Young et al., 2020), as well as psychological resources that individuals possessed pre-COVID-19 such as resilience (Heath et al., 2020). Recently, studies, commentaries, and other scholarly work have begun to examine the impact of the COVID-19 pandemic on the mental health of immigrant/foreign-born workers (Tiwari et al., 2020). Early findings suggest that COVID-19 has a significant detrimental impact on immigrant HCW and healthcare organizations, including deteriorated psychological well-being (e.g. anxiety, emotional exhaustion/burnout, loneliness/isolation, and anxiety), job withdrawal (e.g. turnover intentions), and negative job attitudes (e.g. job dissatisfaction) (Mahajan, 2020; Mathema, 2020; Tiwari et al., 2020). Despite the significant progress and the potential value that recent studies have made in understanding the consequences of COVID-19 on the mental health and well-being of immigrant/foreign-born and native-born HCW in general (Spoorthy, 2020; Tiwari et al., 2020), more research is needed to provide an understanding of the complex ways in which the COVID-19 may have possibly differentially and disproportionately affected the immigrant HCW and consequently leading to a higher mental health burden and poorer well-being during the pandemic and beyond (Cubrich & Tengesdal, 2021; Maestripieri, 2021).

Specifically, more research that sufficiently investigates how intersections between existing structures of social inequalities of race, class, and immigrant status compound to affect the impact of COVID-19 on the mental health and well-being of immigrant HCW is desperately needed (Cubrich & Tengesdal, 2021). An analysis of the literature on the impact of COVID-19 on mental health has revealed an overrepresentation and “one size fits all” blanket of high-skilled frontline HCW (e.g. nurses and physicians) with an equivalent underrepresentation of immigrant HCW and other minoritized groups, low-skilled, non-traditional health-related occupations (Vizheh et al., 2020). Irrespective of initial claims, COVID-19 is not an equalizer as it has been noted that worker status (e.g. essential worker vs non-essential worker) does not inevitably affect every psychological process and phenomenon, but there are several unique and complex factors accompanying one’s worker status such as race, gender, immigrant status that have clear implications for understanding the mental health effects of the pandemic (Cubrich & Tengesdal, 2021; Maestripieri, 2021).

An examination of the intersections of unique factors is indeed important as only when they are explicitly identified can effective interventions be taken to minimize the negative impact of pandemics on mental health and well-being for immigrant/foreign-born and native-born HCW, as well as members of the general public (Cubrich & Tengesdal, 2021; Maestripieri, 2021; Ming & De Jong, 2021). Hence, there

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