

## Chapter 7

# The Psychological Impact of the COVID-19 Outbreak Among Healthcare Workers: The Crucial Role of Psychological Functioning in Preventing Burnout

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### **ABSTRACT**

*This chapter reviews and discusses findings from studies on healthcare workers facing the COVID-19 outbreak. Previous studies have provided evidence for the role of psychological characteristics in predicting burnout and psychological distress among healthcare workers. Research conducted during the COVID-19 outbreak seems to confirm these relationships. Evidence has also revealed high burnout and psychopathological symptoms among professionals. Several factors were associated with a worse psychological impact of the COVID-19 outbreak, such as assisting infected patients. A growing body of research has pointed out the role of psychological characteristics in mitigating the psychological impact of the COVID-19 outbreak and its related restrictive measures. More research is needed to verify these relationships and to examine the long-term consequences on the healthcare workers heavily involved in the COVID-19 outbreak. Nonetheless, the implication of these studies concerns the implementation of interventions reducing the psychological impact of working during the COVID-19 outbreak.*

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## **INTRODUCTION**

The COVID-19 pandemic has strike hardly Italy causing 128.068 death as of 5 August 2021 (Italian Ministry of Health, 2021). Since the 9th March 2020, the Italian Government has adopted severe restrictive measures involving all the Italian population with the aim of decrease the spread of the COVID-19. For the first time, severe restrictive measures have concerned the entire Italian national territory. Such protracted lockdown, associated with the uncertainty of the duration, has had a great psychological impact on the Italian population, as well documented by empirical research. A study of Italian people who experienced the restrictive measures following the COVID-19 outbreak estimated the range of depression, anxiety, and stress prevalence between 24.4% and 32% (Lenzo et al., 2020a). Moreover, individuals' symptoms in this study were predicted by their psychological resilience ability. Analogous results were found in other cross-sectional studies, reporting high levels of psychological distress and poor sleep quality during the lockdown following the COVID-19 outbreak (Cerami et al., 2020; Favieri et al., 2020; Franceschini et al., 2020; Rossi et al., Schimmenti et al., 2020). More notably is that for healthcare workers and their mental health is needed special attention (Brooks et al., 2020). Since 27 December last with the Vaccine Day and the first Italian people vaccinated, the situation has now changed. On 8 August 2021, while the vaccination campaign proceeds, people who have completed the vaccination series represent 63.47% of the population over 12 years. The healthcare workers involved in the assistance to COVID-19 patients have paid a heavy toll throughout this period. The most recent estimate (8 August 2021) of the National Federation of Italian doctors reported 360 cases of deceased among healthcare workers. Healthcare workers that incessantly care for COVID-19 patients are fighting an unknown threat with a deep psychological impact on their own mental health (Lenzo et al., 2021a). To date, health authorities have made considerable efforts to prevent infection in healthcare workers, even though little attention has been paid to their mental health. In this chapter, we will seek to illustrate the psychological impact of the COVID-19 outbreak among healthcare workers and to discuss recent evidence on the role of certain psychological characteristics in preventing burnout and other negative consequences of work-related stressors. In the first part of the chapter, we will discuss evidence from research on burnout that focusing on the interplay between burnout and psychological characteristics. In the second part of the chapter, we will review the latest evidence on burnout among healthcare workers during the COVID-19 lockdown and its relationship with psychological characteristics. Parallely, we will critically discuss the findings obtained and the implications for the prevention and treatment of burnout.

## **BACKGROUND**

Herbert Freudenberger first introduced the term burnout in 1974 to define a specific state of energy exhaustion characterizing volunteers who work in the field of drug addiction. A few years later, Cristina Maslach gave a renowned definition of burnout after observing the phenomenon for which many healthcare workers experienced emotional exhaustion, a negative perception of their patients, and a professional crisis (Schaufeli, 1999). Burnout syndrome is a state of psychological and physical exhaustion caused by prolonged work-related stress (Maslach, Jackson, & Leiter, 1996). Many human services professions are vulnerable to this syndrome, such as healthcare workers assisting critical and/or chronic patients. In their theoretical model, Maslach, Jackson, and Leiter (1996) defined burnout as composed of three dimensions: emotional exhaustion, depersonalization, and lack of personal accomplishment. A

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