

Chapter 1

Impact of COVID-19 on the Wellbeing of Healthcare Professionals: A Case Study of Selected Public Isolation Hospitals in Egypt

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ABSTRACT

Everyone in Egypt suffered, and is continuing to suffer, because of the COVID-19 pandemic. However, one of the most vulnerable groups that was severely hit by the pandemic was that of the healthcare professionals (HCPs) who work in public isolation hospitals. Based on in-depth semi-structured interviews with a purposive sample of HCPs, occupying different positions, and located in different geographical areas in Egypt, the study assessed the extent of impact of COVID-19 on HCPs perceived sense of wellbeing and its different dimensions, as defined by the Centers for Disease Control and Prevention (CDC). Findings showed that although HCPs felt a sense of pride with the work they were doing, and were mostly satisfied with their financial compensation, all other dimensions of their wellbeing were compromised, including the physical, psychological, emotional, social, developmental, and work domain-related aspects.

INTRODUCTION

Ever since the first COVID-19 case was discovered in Egypt in February 2020, the most vulnerable group affected was that of the Healthcare Professionals (HCPs), including the doctors, pharmacists and nurses, especially those working in public hospitals, where resources are relatively limited and protective gear

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is not always sufficient. More than a year and a half into the pandemic, the Medical Syndicate in Egypt announced the death of more than 600 physicians as a result of Covid-19 infections (El Guindy, 2021, 26 September). The reports by the Medical Syndicate were insensitively and repeatedly contested by the Minister of Health, claiming that the actual number of physicians' fatalities was much less. According to the Minister of Health in April 2021, only 115 physicians working in Isolation hospitals were recorded as fatalities as a result of contracting the virus during their work. Meanwhile, it was claimed that the remaining reported cases may have contracted the virus from their general interactions in society (EIPR, 3 May, 2021). The Medical Syndicate had earlier called upon the government to speed up the vaccination roll-out for HCPs and to be more transparent about the details of the vaccination plan (Ahram Online, 2021, 19 April). Egypt does not implement either Covid-19 mass testing, or even random testing, so the official reported figures are severely underestimated. To date, 303,045 Coronavirus cases have been reported, with 17,263 deaths and 255,658 recoveries (Worldometer, 29 September, 2021).

Many countries around the world have tried to support their health care professionals during these difficult times. Support efforts ranged between financial bonuses, mental health support, and providing them with additional benefits such as additional paid leave, childcare facilities, free transportation and free accommodation away from their families to protect them from infection (Williams et al, 2020). However, the level and extent of support varies widely between developed and developing countries depending mostly on the availability of resources. A report published in Eurohealth in 2020, summarized many of these measures, which were implemented in 36 countries in Europe and Canada to support HCPs. Support ranged between mental health support through the establishment of hot lines and offering remote counselling sessions, to childcare support for healthcare professionals, allowances for childcare costs, financial compensations to HCPs, free isolation accommodation to those HCPs away from their families and free transportation access (Williams et al, 2020).

The issue is not only about fatality rates, but on a global level, the *wellbeing* of healthcare professionals, especially those who work in Covid-19 hospital wards, has been negatively affected. The healthcare professionals who work in Covid-19 wards were found to have suffered from higher incidences of depressive symptoms and Posttraumatic Stress Symptoms compared to those who work in other healthcare units (Di Tella et al, 2020). HCPs working to take care of COVID-19 infected patients were commonly reported as suffering from anxiety and specifically fear of spreading the virus to their families (Wu et al, 2020). Additionally, the concern about the availability of protective gear, the social distancing requirements, the ambiguity surrounding the duration of the Covid-19 pandemic and its recurrent waves, have all added to the severity of the problem (Wong et al, 2020). To further complicate the situation, it was found that poor levels of wellbeing and moderate to high levels of burnout by the HCPs may have a negative impact on patients' safety (Hall et al, 2016). Thus, it is not only a concern for HCPs wellbeing, but the issue is that if the wellbeing of HCPs is not well taken care of, the patients' safety may be compromised.

MAIN FOCUS OF THE CHAPTER

The main focus of the chapter is to figure out the extent of the negative impact of Covid-19 on HCPs wellbeing in Egypt's public isolation hospitals, analyze the various dimensions of the concept of wellbeing as perceived by HCPs in these hospitals, and most importantly, try to figure out what can be done to improve the situation.

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