

## Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

### Instructions:

The [Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health and Substance Use](#) was designed to enable the development of rapid and timely knowledge syntheses and related knowledge mobilization plans to address evidence gaps and build the evidence base as part of the mental health and substance use response to COVID-19.

As outlined in the decision letters sent to successful applicants, this template is being provided in order to facilitate the rapid sharing of results with relevant [knowledge users](#). Information recorded in this report may be made available to policy makers, healthcare and service providers, partners, and the general public, and will be used to populate a website and inform a variety of CIHR knowledge mobilization products. Responses should be written in plain language, respecting word limits where indicated.

Email completed report to [COVID19MH-COVID19SM@cihr-irsc.gc.ca](mailto:COVID19MH-COVID19SM@cihr-irsc.gc.ca) by **June 22, 2020**.

**Synthesis Title:** Stress, burnout and depression in women in health care during COVID-19 Pandemic

### Nominated Principal Applicant (name and affiliation):

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### Target/priority population(s) in synthesis:

- Women in Health Care

## **What is the issue?**

When a pandemic such as COVID-19 spreads, it subjects the health-care system and health workers to increased stress (Mock 2020). Stress, burnout, and depression can lead to substance abuse and suicidal ideations (Oreskaovich et al. 2012; West et al. 2018). Recent reports of suicides among health-care workers (HCWs) managing the COVID-19 pandemic have prompted concern about the mental health of HCWs (Orr 2020). Further, reports show that COVID-19 has socially, psychologically, and economically affected women because of their primary caregiving roles as parents and family caregivers (UN). In Canada, 80 percent of our health workforce is made up of women (Porter et al. 2017).

## **Key messages (max 100 words):**

Women in health care are experiencing increased stress and burnout as a result of COVID-19 and related public health measures.

At the individual level, safety concerns, family status, availability of social networks, and experience with a pandemic are influenced stress and burnout in women HCWs.

At the organizational level, access to PPE and other resources, organizational support with managing COVID-19 patients, organizational culture, job security, and work demands have been associated with increased stress and burnout in women HCWs.

## **How was the synthesis conducted?**

We conducted a rapid review of literature to synthesize the evidence to identify stress, burnout, and depression among women in health care during coronavirus pandemics. The rapid review was conducted in accordance with the WHO Rapid Review Guide (Tricco et al. 2017). The review protocol is registered in PROSPERO (CRD42020189750) and OSF ([https://osf.io/y8fdh/?view\\_only=1d943ec3ddb4f5c8f6a9290eca2ece7](https://osf.io/y8fdh/?view_only=1d943ec3ddb4f5c8f6a9290eca2ece7)).

## **What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):**

We synthesized evidence from fifty-two studies examining stress, burnout, and depression triggers in women in health care and the interventions that can prevent these negative outcomes. More specifically, young women who are single and women who are parents to young children are more vulnerable to stress and burnout. The current literature showed that women in health care are experiencing increased anxiety, depression, and burnout. The studies showed a broad number of common triggers, including individual-level factors such as age; family status; factors relating to work conditions such as access to PPE; training and preparedness to care for COVID-19 patients; and systems-level factors such as clear guidelines, recognition for the work, culture, and community.

Studies showed that organization-led activities for stress reduction are poorly utilized. Weak evidence suggested there is a preference for self-coping strategies such as rest, exercise, and practices such as yoga and meditation, which seemed helpful to women HCWs. Emerging evidence indicates there is an increased utilization of negative coping mechanisms, including substance use and avoidance

mechanisms. Further, there is a preference toward provision of rest areas for sleep and recovery, care for basic physical needs such as food, training programs to improve resiliency, information on protective measures, access to leisure activities, and psychological therapy services.

There is an urgent need for research studies to identify strategies that women HCWs can use to effectively manage their mental health.

**What are the implications of this synthesis?**

- Institutions should pay attention to work environment for health-care workers and ensure that adequate PPE and clear infection prevention guidelines are available to support HCWs.
- Institutions should consider organization-level modifications related to work hours and workload, and the number of COVID-19-positive patients a health-care worker can safely care for should be reassessed and carefully monitored.
- Institutions should offer optional workplace wellness initiatives such as online-push messages of mental health self-help, self-help books, and access to counselors.

**List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:**

Coronavirus, COVID-19, women in health care, stress, burnout, depression