

INTRODUCTION

When COVID-19 started spreading globally, public health measures, including hand washing, avoiding face touching in public, wearing masks, and social distancing, were implemented to reduce the transmission of the virus and to avoid overwhelming the already stretched healthcare systems. In high-income countries, the unintended consequences of these public health measures had been partially mitigated by government support. However, in low-income and middle-income countries, the safety nets were insufficient or non-existent, disproportionately affecting vulnerable populations.

Moreover, healthcare workers are under additional pressure due to COVID-19 as their work often requires close interaction with people, increasing their risk of contracting the virus, and many express fear of contracting COVID-19 and transmitting it to their family. The impact of these circumstances on their mental health is concerning, motivating us to participate in this social science and participatory engagement research project.

OBJECTIVE

Describe the lived experiences (i.e., work conditions and mental health outcomes) of healthcare workers in Indonesia, Nepal and Vietnam during COVID-19.

METHODS

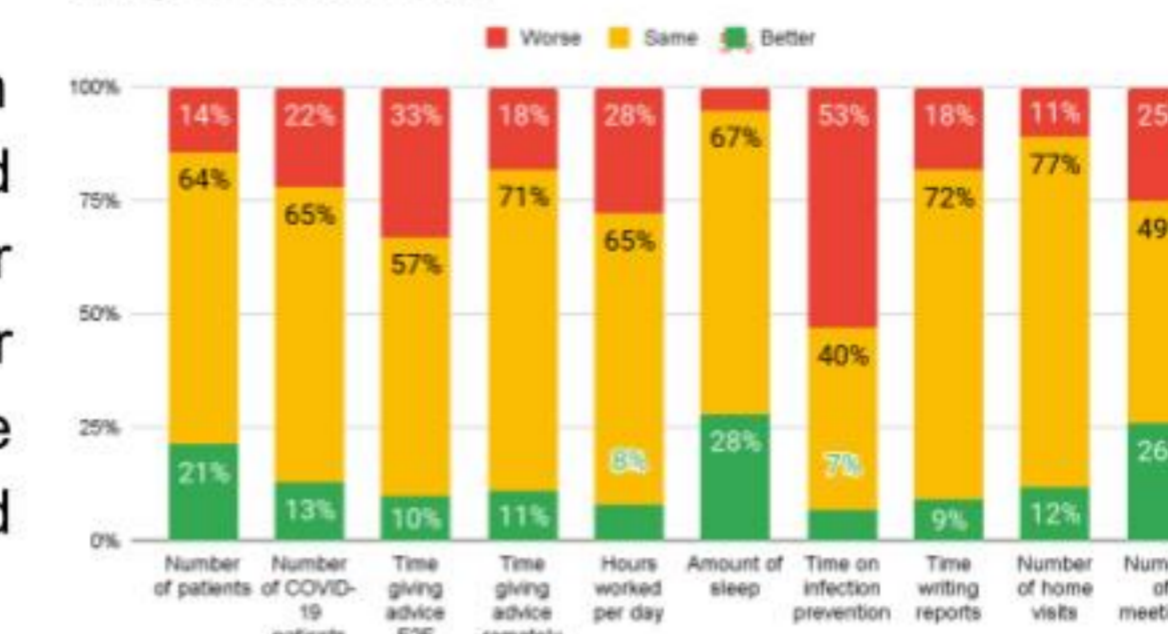
- Researched the living conditions of vulnerable populations and health-related workers during COVID-19 globally and in Indonesia, Vietnam, and Nepal
- Processed the data collected from participants (recruited healthcare workers in Nepal, Indonesia, and Vietnam) with online surveys
- Used descriptive statistics to describe the range of participants and their responses to individual questions
- Compared the statistics between groups of participants (i.e., country, age, education level, etc.)

RESULTS

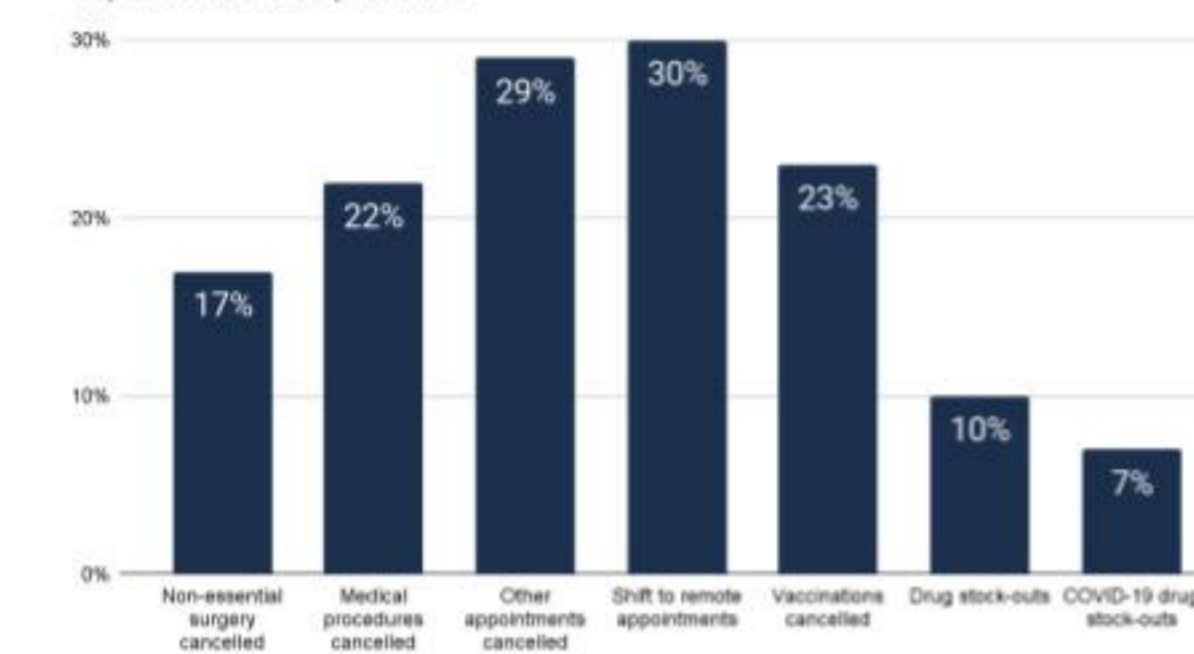
Impact on work conditions

- Interestingly, except for time spent on infection prevention, less than half of the participants reported that different aspects of work conditions changed for the worse as shown by the figure on the right. For example, only 14% reported that they had to see more patients than before COVID-19, and 33% reported spending more time giving medical advice remotely.

Changes in work conditions



Impact on service provision



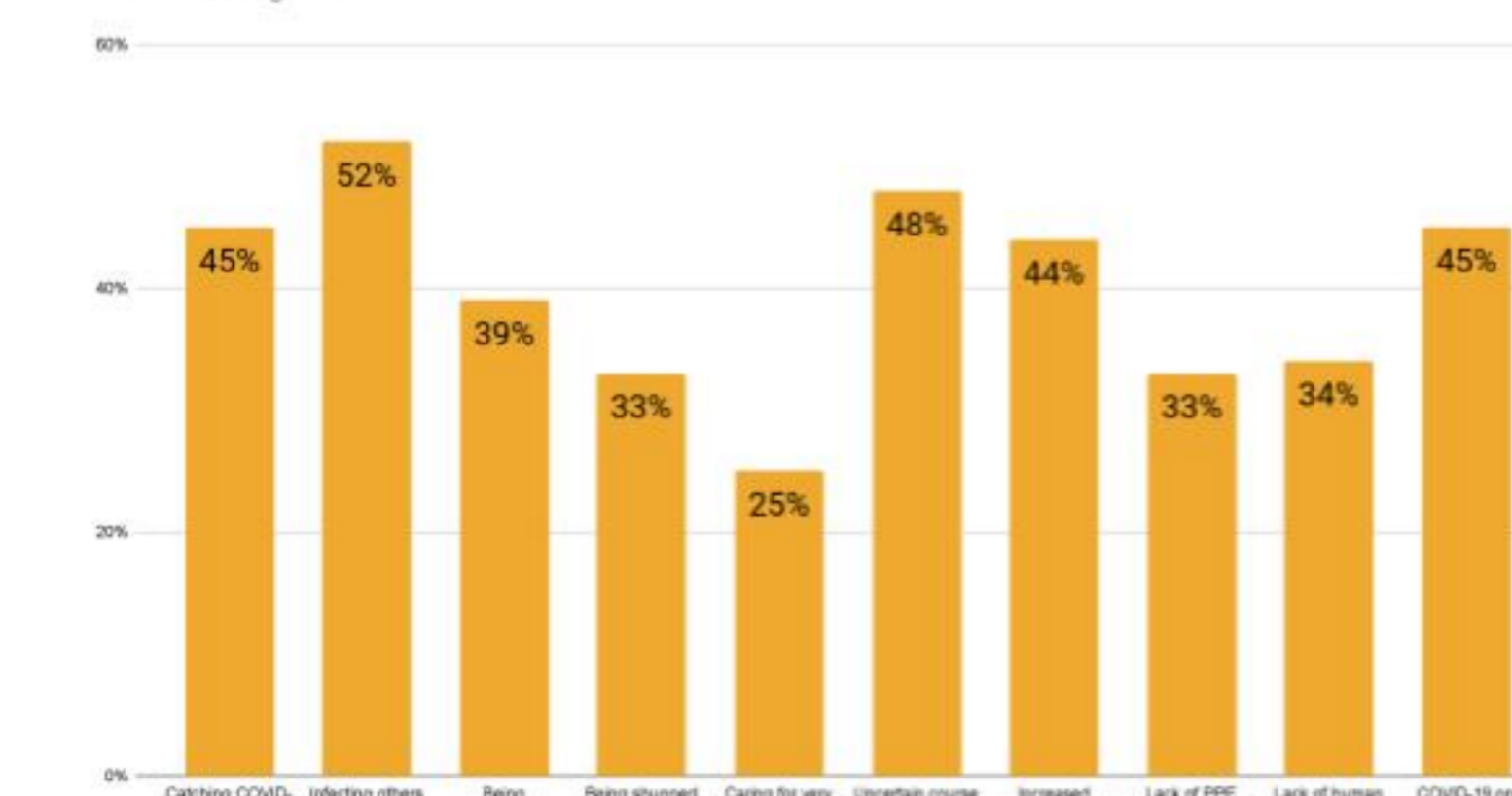
- COVID-19 impacted service provision. As shown by the figure on the left, 29% participants reported medical procedures being cancelled, 30% reported shift to remote appointments, and 23% reported stock-outs of drugs used to treat COVID-19. In addition, almost 10% of the healthcare workers, who participated in the study, assumed at least one additional role, the need for which arose due to COVID-19.

Mental health during COVID-19

- Healthcare workers were subjected to additional sources of stress during COVID-19, which could have exacerbated mental health disturbances. According to the score calculated from the participants' responses to a mental health questionnaire, 10% have indications of depression, 12% of anxiety, and 5% were found to be under significant stress. A handful of participants had suicidal thoughts and attempts in the last month.

| | |
|-------------------|--------|
| Depression | 9.60% |
| Anxiety | 12.40% |
| Stress | 4.90% |
| Suicidal thoughts | 0.70% |
| Suicidal attempts | 0.30% |

Factors causing stress

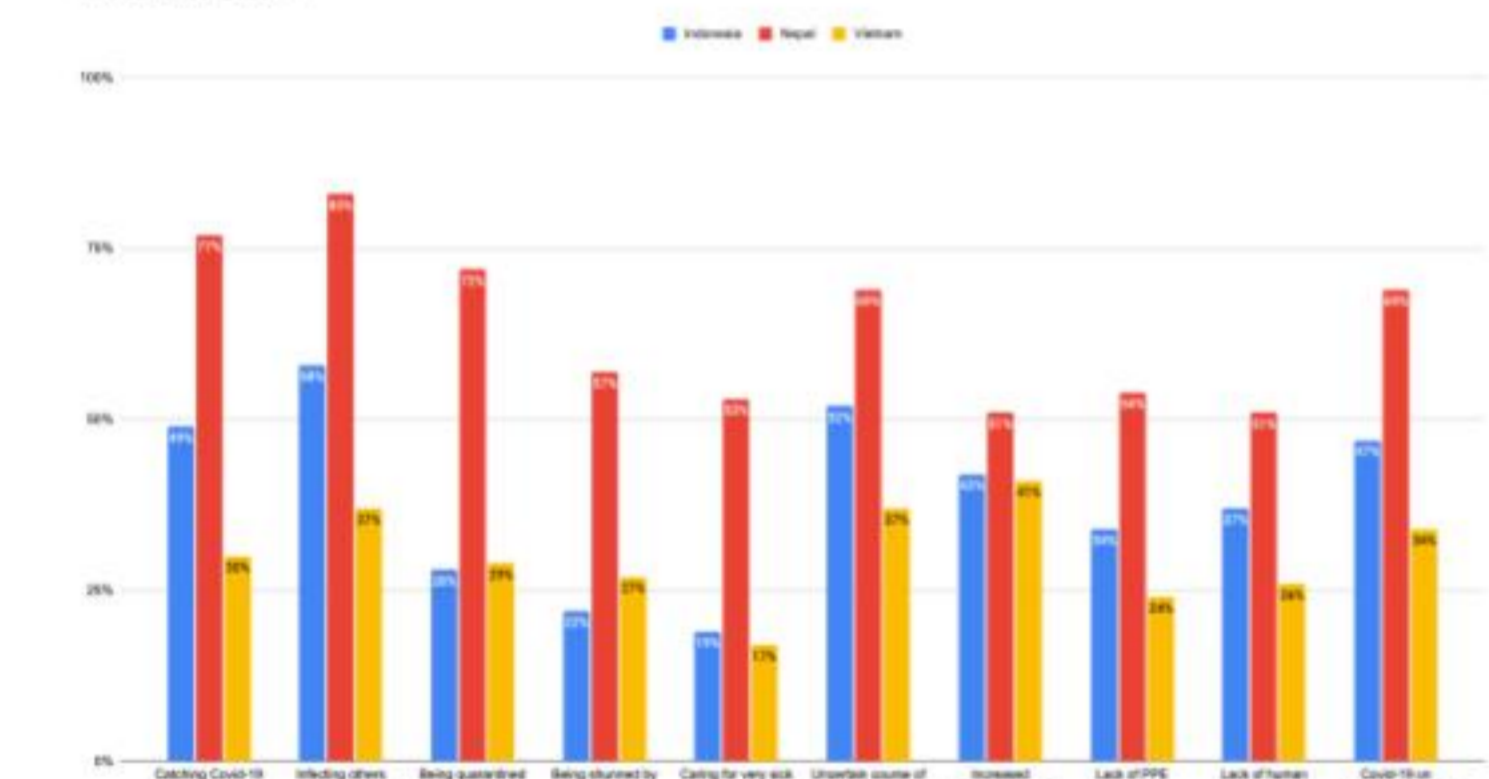


- A significant portion of participants reported experiencing stress from factors that were brought by COVID-19, including the fear of catching COVID-19 (45%), infecting others (52%), being shunned by family and friends (33%), caring for very sick patients (25%), lack of personal protective equipment (33%), and lack of human resources (34%).

DISCUSSION

COVID-19 has put significant pressure on an already overstretched healthcare systems of Nepal, Vietnam, and Indonesia. It was found that certain aspects of the healthcare system in Nepal were under more pressure than the system in Vietnam or Indonesia, including not enough personnel, inadequate support measures, and pressure to assume more additional roles. It was also found that more healthcare workers from Nepal were determined to have indications for depression and anxiety and reported more stress than participants from Indonesia and Vietnam.

Factors causing stress



These findings suggest that healthcare workers are more vulnerable to experience mental health disturbances and more stress when they work in medical facilities with a more serious deficit of medical staff and insufficient support structures.

CONCLUSION

It was rewarding to contribute to this important research. I hope that the findings of this research will be used to inform guidelines on providing support for health workers in Vietnam, Indonesia, and Nepal as well as globally.

ACKNOWLEDGMENTS

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