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THE POST-HEALTH CRISES PSYCHOLOGICAL IMPACT ON HEALTHCARE PROFESSIONALS: WHAT FOLLOW-UP?

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Abstract

Background: Health crises such as H1N1, SARS-CoV-1 and COVID-19 have caused significant psychological effects on healthcare professionals, including stress, anxiety and burnout, which persisted after these crises. The assessment of the impact of pandemics on these professionals and the implementation of prevention and psychological support methods are essential to create a safe work environment and promote social communication. **Methods:** We conducted a literature review of international studies on H1N1, SARS-CoV-1, and COVID-19, utilizing databases like Google Scholar, PubMed, and Science Direct. Twenty-five studies were considered with a significant concentration in Asia. **Discussion:** The studies highlighted the significant psychological and behavioral effects of infectious disease outbreaks on healthcare workers during pandemics. Common psychological reported disorders were anxiety, depression, burnout and addiction. Major risk factors influencing included young age, gender, pre-existence of psychological disorders, working in frontline zones and limited access to support strategies. Resilience emerges as a critical protective factor, enhanced by supportive environments. **Conclusions:** Health crises require a rapid response to manage immediate impacts and provide personalized follow-up for the psychological aftermath among healthcare professionals. Regular psychological support, cognitive-behavioral therapies, identification of the most vulnerable health workers and early intervention are the most effective approaches.

Keywords: Anxiety, Assistance, Burnout, Depression, Health crisis, Healthcare professional, Impact. Post-trauma, Psychology, Stress, Support

Introduction

The Spanish flu emerged at the end of the first World War, resulting in 50-100 million deaths due to poor wartime conditions and lack of vaccines. The outbreak began in U.S. military camps in March 1918 and unfolded in three waves: a mild first wave (0.21% lethality), a lethal second wave (2-4% lethality), and a less lethal third wave (1%) [1]. In November 2002, atypical pneumonia cases of unknown origin emerged in Foshan, Guangdong, impacting healthcare workers. Affected patients spread the infection to Hong Kong in February 2003, leading to WHO's identification of "severe acute respiratory syndrome" (SARS) by March 15, 2003. SARS-CoV, the causative virus, was identified on March 22, 2003, and the outbreak eventually reached 29 countries, revealing insufficient global public health preparedness. Human-to-human transmission occurred in multiple cities, and the outbreak was declared over by the WHO in July 2003 [2]. Ebolaviruses caused a severe disease with high mortality, highlighted by the unprecedented 2013–16 West African outbreak, resulting in over 28,000 cases and 11,000 deaths. This outbreak showcased rapid urban transmission in resource-poor settings but was ultimately controlled through international support and local efforts [3]. The COVID-19 pandemic was also a public health crisis. [4]. During the pandemic period, a number of healthcare professionals have shown signs of post-traumatic stress disorder. This phenomenon was more pronounced among those who have been in direct contact with infected patients [5,6]. Additional stress was reported due to the speed of the virus's spread and the uncertainty of situation, forcing professionals to quickly adjust to new technical requirements. For the case of COVID-19, previous researches have established a correlation between the pandemic and an increased risk of psychological

disorders, such as post-traumatic stress disorder and depression [7-8]. Healthcare professionals have suffered from mental stress and anxiety exacerbated by the pandemic, due to exposure to potentially infected patients and the management of critical situations. The stress persisted, linked to health-related anxiety, isolation, and an increased workload. Symptoms of burnout and increased alcohol consumption were particularly notable among young people with a history of mood disorders [5,6]. The importance of post-pandemic psychological support was emphasized, especially in the face of isolation and long working hours exacerbating emotional problems, in a context of precarious working conditions [9].AIM to study the profile of psychological disorders in case of health crises and the preventive strategies to be implemented.

Methods

The bibliographic search was conducted using the Google Scholar database, PubMed and ScienceDirect. The search terms used included "Healthcare Professional AND Health Crisis," "Healthcare Professional AND Burnout," "Anxiety," "Post-Traumatic Impact," "Healthcare Professional AND Depression," "Support OR Assistance," and "Burnout." Full-text articles, peer-reviewed and written in English, were selected, with no restrictions on date or country of publication. The selected researches were of a qualitative and quantitative nature, employed a cross-sectional design, Cohort or prospective studies, review and narrative studies, commentaries or guidelines, meta-analysis or theoretical modeling. The predominance of cross-sectional research reflects the urgent need for data collection during epidemics, while highlighting the importance of longitudinal and analytical studies for understanding long-term impacts and informing interventions. We filtered the articles to determine the relevance and scope of the research or data. We conducted a narrative review to explore and synthesize the available research on burnout syndrome among healthcare professionals caused by health crises, as well as mental health prevention strategies to support them. The main criteria that guided the selection of research included: the influence of the H1N1 and SARS-CoV-1 and COVID-19 pandemics on healthcare professionals, the psychological risks among healthcare personnel, and mental health prevention strategies during health crises to support medical teams.

Results

In our research, we included 25 studies conducted mainly in Asia and north America (Table I) indicating a geographical concentration of research in Asia, reflecting the early emergence of epidemics in the region, while other continents provided complementary insights into resilience, organizational strategies, and long-term mental health outcomes among healthcare professionals. The main objective and different findings are summarized in the Table I. Table II is presenting the geographical repartition of considered studies and their respective main focus.

Table I: Characteristics of included studies (n=25)

Author (Year)	Country / Setting	Study Design	Population	Main Objective	Outcomes/Findings
Khanna et al. (2020) [4]	Global (COVID-19)	Review	Healthcare system	Lessons from COVID-19	Importance of preparedness and system resilience
Marjanovic et al. (2007) [7]	Canada	Cross-sectional	Nurses	Coping strategies during SARS	Work conditions influence coping mechanisms
Koh et al. (2005) [8]	Singapore	Cross-sectional	Healthcare workers	Risk perception and impact of SARS	High perceived risk increases stress
Shanafelt et al. (2020) [9]	USA	Commentary	Healthcare workers	Addressing anxiety sources during COVID-19	Need for institutional support
Durand-Moreau (2020) [10]	Global (WHO guidance)	Guideline review	Workers	Workplace management in COVID-19	Importance of occupational safety measures
Maunder et al. (2006) [11]	Canada	Cohort study	Healthcare workers	Long-term effects of SARS	Persistent psychological and occupational impact
Matsuishi et al. (2012) [12]	Japan	Cross-sectional	Hospital workers	Impact of H1N1 pandemic	Moderate psychological distress
Lee et al. (2005) [13]	Taiwan	Cross-sectional	Nurses	Psychological impact of SARS	High stress among frontline nurses
Chan et al. (2005) [14]	Hong Kong	Cross-sectional	Nurses	Work-related risk during SARS	Risk exposure linked to stress
Tam et al. (2004) [15]	Hong Kong	Cross-sectional	Healthcare workers	Stress during SARS outbreak	High psychological distress
Mok et al. (2005) [16]	Hong Kong	Prospective study	Nurses	Psychiatric morbidity during SARS	Significant mental health issues
Brousseau et al. (2021) [17]	Canada	Cross-sectional	Healthcare workers	SARS-CoV-2 seroprevalence	Infection exposure among staff
Oneib & Hasnaoui (2021) [18]	Morocco	Cross-sectional	Healthcare workers	Psychological impact of COVID-19	High levels of stress and anxiety

Author (Year)	Country / Setting	Study Design	Population	Main Objective	Outcomes/Findings
Lai et al. (2020) [19]	China	Cross-sectional	Healthcare workers	Mental health outcomes (COVID-19)	High prevalence of anxiety and depression
El-Hage et al. (2020) [20]	France	Review	Health professionals	Mental health risks (COVID-19)	Increased psychiatric risk
Chen et al. (2020) [21]	China	Commentary	Medical staff	Mental health care strategies	Need for psychological interventions
Su et al. (2007) [22]	Taiwan	Prospective study	Nurses	Psychological adaptation (SARS)	Emotional distress over time
Li et al. (2020) [23]	China	Cross-sectional	Public & healthcare workers	Vicarious traumatization	Higher distress in non-frontline staff
Lu et al. (2020) [24]	China	Cross-sectional	Medical staff	Psychological status (COVID-19)	High anxiety and depression levels
Bansal et al. (2020) [25]	USA	Review	Clinicians	Clinician well-being	Burnout and stress during COVID-19
Wu et al. (2008) [26]	China	Cross-sectional	Hospital employees	Alcohol abuse post-SARS	Increased substance use
Dutheil et al. (2019) [27]	International	Systematic review and meta-analysis	Physicians and healthcare workers	To assess suicide risk among healthcare professionals	Higher suicide rates among physicians compared to the general population, with variations by gender and specialty
Kovess-Masfety et al. (2020) [28]	Europe	Narrative review	Workers (including healthcare sector)	To identify effective workplace mental health interventions	Organizational and psychosocial interventions improve mental health and well-being
Schreiber et al. (2019) [29]	Africa (Ebola outbreak 2014–2015)	Analytical study / field experience	Healthcare workers	To identify resilience factors in crisis situations	Preparedness, leadership, and psychological support enhance resilience

Table II: Geographical repartition, pandemic profile and objectives of the considered studies

Country	Number of Studies	Main Epidemics	Study Focus
China	5	COVID-19, SARS	Mental health, anxiety, coping, burnout
Hong Kong	3	SARS	Stress, occupational risk, psychological impact
Canada	3	SARS, COVID-19	Long-term effects, seroprevalence
United States	3	COVID-19	Burnout, clinician well-being
France	3	COVID-19	Mental health risks, interventions
Taiwan	2	SARS	Psychiatric morbidity, nursing stress
Singapore	1	SARS	Risk perception, work-life impact
Japan	1	H1N1	Psychological distress
Morocco	1	COVID-19	Psychological impact on Health Care Workers
The West African	1	Ebola	mental health, stress levels, and coping strategies of healthcare workers on the front lines.
Multi-country / Global	2	COVID-19	Resilience, systematic reviews

Discussion

The studies illustrated the profound psychological, occupational, and behavioral effects of infectious disease outbreaks on healthcare workers. Key findings indicate significant psychological distress marked by anxiety, depression and burnout, especially among frontline workers due to their exposure and increased workload. Factors influencing mental health outcomes included occupational conditions (workload, exposure risks), organizational support (communication, crisis preparedness), and individual characteristics (gender, prior mental health). Various coping strategies were identified, with resilience emerging as a crucial protective factor, fostered by supportive organizational contexts. Effective interventions involve organizational support and mental health services, with evidence supporting targeted strategies to mitigate negative outcomes. Overall, while all pandemics exerted notable psychological impacts, the COVID-19 pandemic was particularly unprecedented in its scale and effect.

Influence of the H1N1 and SARS-CoV-1 pandemics on healthcare professionals

Healthcare professionals, such as doctors, nurses, and dentists, who perform resuscitation procedures on patients suspected of having a confirmed disease (bronchoscopy or dental procedures), as well as those who handle samples from presumed infected patients, particularly in laboratories, face a very high risk. Individuals facing considerable risks include healthcare professionals who interact with suspected patients, medical transport specialists, and morgue personnel [10].

According to studies conducted, doctors and nurses experience moderate to severe anxiety symptoms due to the contagious epidemic and their fear of infecting their loved ones. Working in a hospital is generally linked to risk factors that increase anxiety, fear of infection, burnout, and psychological symptoms such as post-traumatic stress disorder [5]. Studies have indicated an increased risk of post-pandemic psychological problems among

professionals in patient care units, with lasting effects such as burnout, mental disorders, and addictions; healthcare workers were the most exposed to high levels of severity [11].

During pandemics, healthcare personnel endure considerable psychological and emotional pressure due to the increased risk of infection and mortality, coupled with the separation from their loved ones caused by long hours of service. They face challenging situations with their terminally ill patients and endure increasing pressure due to shortages of equipment and medication, which drives them into a state of despair. They are also responsible for managing the bodies of deceased individuals, experiencing confinement, and witnessing the deaths of their colleagues, which adds additional stress during the practice of their profession [12,13]. According to research, nurses who cared for patients with SARS during the 2003 outbreak were subjected to high psychological pressure, with 11% of them developing traumatic reactions such as depression and anxiety. The same studies also demonstrated that healthcare personnel who survived SARS continued to experience a high level of mental stress and anxiety one year after the outbreak, compared to personnel who were not exposed to the virus [14]. Another study conducted in Canada following the SARS outbreak demonstrated that having more contact with critically ill patients was associated with higher scores on the Impact of Event Scale. The data indicated that nurses experience higher stress compared to other healthcare professionals. Three factors have been identified as affecting this stress: health-related anxiety, social isolation, and workload [15].

Huremović Damir (2019) reported that psychological symptoms were linked to younger generations, a history of mood disorders and perceived negative emotions. In the same study, most common symptoms included depression and insomnia [6].

Healthcare professionals also experience psychological stress due to isolation, confinement, and patient care, whether by personal choice or imposed conditions [6]. Some caregivers reported severe exhaustion with symptoms of fatigue while providing care to patients. These symptoms tend to diminish over time, even without major interventions [16]. The participation of healthcare professionals in emergencies generates additional pressure, raising concerns about their well-being and that of their loved ones. These concerns encompass the fear of infection, worries about the safety of their peers, as well as feelings of isolation and high requirements, which can provoke emotions such as anger, anxiety, and stress related to the uncertainty generated by the circumstances. Since the emergence of SARS in 2003, nearly 10% of healthcare professionals have exhibited symptoms of post-traumatic stress disorder. Moreover, those who were stationed in SARS departments or had close interactions with infected individuals were two to three times more likely to experience symptoms of post-traumatic stress compared to others, even three years after the end of the pandemic [7]. Several studies have examined the factors that influence the psychological adaptation of caregivers within isolation and confinement units.

Brousseau et al. (2021) identified several factors associated with psychological distress among healthcare professionals following the SARS outbreak, including heightened perception of personal risk, concerns about the impact of the crisis on professional trajectories, depressive effects, and working in high-risk clinical units. [17].

Koh et al. (2005) demonstrated that, during the SARS outbreak in Singapore, several factors exacerbated the severity of psychological symptoms among healthcare workers. These included a lack of psychological support, concerns about potentially transmitting the infection to their children, stigma toward healthcare professionals perceived as possible carriers of the virus, high levels of occupational stress, and recurrent workplace conflicts that negatively affected interpersonal relationships. The study further reported that approximately 20% of healthcare workers exhibited symptoms consistent with post-traumatic stress disorder following the outbreak. In addition, married physicians experienced higher levels of stress compared to their unmarried counterparts, suggesting that family-related responsibilities may intensify psychological burden during epidemic crises.

Huremović (2019) identified several key domains affected during pandemics, including health, social interactions, employment, and spirituality. The author also emphasized that effective stress mitigation is strongly associated with clear communication of instructions, adequate managerial support, and strong family support systems. In addition, evidence from related studies indicates that the prevalence of post-traumatic stress disorder among healthcare workers was approximately 18% following epidemic exposure. Doctors were found to report lower levels of psychological distress compared to nurses, which may be partly explained by differences in coping strategies; physicians were more likely to use humor as a coping mechanism, whereas nurses tended to rely more on religion and spirituality for emotional support.[6].

Studies on the influence of the pandemics of 2003 and 2009 on the psychological well-being of healthcare professionals in hospitals revealed that various specific factors have contributed to the onset of mental disorders such as depression, anxiety, and decreased concentration. Measures have been taken to improve stress management strategies. However, there is a gap in the implementation of preventive measures by health networks to prevent the occurrence of these conditions during future health crises.

Influence of the COVID-19 pandemic

The influence of the COVID-19 pandemic on healthcare professionals was reflected in elements such as the speed of transmission, uncertainty, and the severity of situations. These factors induced an increase in stress among healthcare practitioners, who were forced to adapt to unexpected professional situations and quickly acquire technical skills in the face of risky clinical situations. This requirement for rapid learning affected their perception of control, which was a crucial element of prevention. Furthermore, concerns about material resources and the arrival of new teams might undermine their sense of security and communication, which consequently impacted their sense of belonging in the professional environment. [13-18]. According to a similar study, an emotional discomfort was related to a potential conflict between professional obligations and parental safety. This health crisis situation had also highlighted ethical issues within teams that struggle to prioritize resources and care, given the regular exposure to death. Two types of reactions were perceived between professionals blaming themselves for their choices and actions, or inability to act and a second category blaming others and the hospital, criticizing decisions and management approaches. Therefore, this type of response can cause intense emotional distress [19].

Healthcare professionals may be faced with serious challenges regarding patient flow management and evolving regulatory standards, which strain their cognitive abilities and intensify psychological stress. Their efforts were not supported by treatment successes, given that mortality rates remained high, which increases their sense of inefficacy. The constraints imposed during the lockdown also intensified the pressure, hindering their ability to support their families and increasing emotional obligation and feelings of guilt [20].

According to literature, healthcare professionals were more likely to suffer from psychological problems. Although there were psychological support systems in place during the pandemic, they hesitated to use them due to a lack of recognition of their psychological issues. It was essential to increase comfort, enhance personal protective equipment, create relaxation spaces, and optimize logistical services [21]. During the COVID-19 pandemic, healthcare personnel faced various psychological risks, including anxiety, acute stress, post-traumatic stress disorder and depression. Previous research, such as that on SARS-CoV-1, has shown an increase in burnout and psychological distress among healthcare workers one year after the outbreak [11].

Psychological risk factors among healthcare personnel exposed to COVID-19

Age and the presence of pre-existing psychological disorders are perceived as risk factors, while access to the assistance center and the availability of adequate information have helped mitigate the effects of the health crisis [22].

The situation revealed a specific spread of isolated psychological symptoms, including depression, anxiety, suicide, addiction and mental disorders.

Anxiety: Lai et al. (2020) demonstrated that healthcare workers facing COVID-19 had a heightened risk of anxiety due to increased occupational exposure, workload, and insufficient protective resources. The study indicated that younger female healthcare workers experienced more anxiety than their male counterparts, with nurses exhibiting greater psychological vulnerability than doctors. [19].

In fact, Li et al. (2020) revealed that second-line professionals experienced psychological trauma at a higher rate [23]. While Lu et al. (2020) revealed that frontline healthcare professionals (in intensive care and emergency services) exhibited more symptoms related to anxiety [24].

Depression: Bansal et al. (2020) highlighted that, given the high frequency of depressive disorders among healthcare personnel outside of a pandemic situation, it is logical to anticipate an increase following the health crisis and associated complications, such as addiction and suicidal tendencies [25].

Addiction: Wu et al. (2008) supported the notion that the danger of addiction could increase in the short and medium term. Three years after the SARS-CoV-1 outbreak, an increase in alcohol-related problems was observed among the staff at Beijing Hospital. This increase in risk, observable among healthcare professionals or individuals in confinement, manifested as signs of depression, post-traumatic stress disorder, as well as the preemptive consumption of alcohol as a coping strategy [26]. Chen et al. (2020) reported that the stress had harmful consequences on addiction, especially among healthcare professionals due to the easy accessibility of psychotropic medications and the fear of professional stigma that may deter them from seeking support. The prohibition of alcohol and drug sales points could increase the risk of forced withdrawal and relapse among healthcare professionals in addiction situations [21].

Suicide: Dutheil et al. (2019) reported an elevated risk of suicide among physicians and healthcare workers compared to the general population out of pandemics periods. The worsening of psychological and social risks during the pandemic could increase the danger of suicidal behaviors in communities already vulnerable to this type of phenomenon. According to the same research, five suicides have been recorded in Europe since the beginning of the pandemic: an obstetrician in Kelsey (Poland), two intensive care nurses in Italy, a British intensive care nurse, and a French doctor [27]. During the pandemic, no increase in the risk of suicide among healthcare professionals was observed.

Strengthening the elements of the psychological inner strength of healthcare professionals in the context of health crises

Upstream prevention strategies

The rapid intervention of mental health experts during the global health crisis to provide psychological support to medical teams, as well as the establishment of individual listening cells in various institutions, are seen as initial preventive actions aiming to reduce the long-term psychological impact of the crisis. These actions allow for the identification of the type of occupational stress. Their objectives include providing psychological support and improving individual skills in terms of resilience [9].

Support

On the institutional level, crisis management must meet several criteria: precise instructions and updated information, personal protective equipment and diagnostic tests, logistical support, as well as providing credible recommendations on stress management [9].

Psychological vulnerability can lead to pathological grief or post-traumatic stress disorder following the death of loved ones, with a possible worsening in case of confinement or financial crises caused by the pandemic. Furthermore, the concern related to the progression of the pandemic amplifies these psychological issues, leading to a constant threat and having prolonged repercussions on the lives of healthcare professionals [21].

It is essential to expand the use of psychological disorder detection strategies beyond frontline healthcare professionals (emergency, hospitalization, and intensive care services) to the entire healthcare system workers (hospital doctors, nursing homes, independent nurses, laboratory technicians, as well as medical and nursing students). Indeed, this screening would allow for the identification of the most exposed professionals to assist those with the greatest vulnerability toward appropriate therapeutic interventions [21].

Screening can be implemented at different times depending on the evolution of the pandemic, using local approaches such as collective emotional assessments or institutional measures such as helplines. The focus is on the most vulnerable healthcare professionals and the structuring of health services during the crisis, with the continuity of actions even about six to 12 months after the end of the pandemic. It is also crucial to continue ongoing medical follow-up to prevent the potential neglect of late symptoms such as sleep problems [21].

Kovess-Masfety et al. (2019) showed that cognitive-behavioral therapies, stress management coaching and collaborative therapeutic treatments helped to improve the mental health, well-being and work productivity of healthcare professionals, with significant progress observed especially among those experiencing a high degree of stress [28].

The model (Prepare, Prioritize, Plan) was seen as a training for healthcare professionals to help them cope with stress since they received information on the consequences of crises and trauma, and designed an adaptable personal plan to set their expectations and potential resources. Schreiber et al. (2019) indicated that healthcare professionals who were prepared in advance did not exhibit clinically notable symptoms of post-traumatic stress disorder during the Ebola outbreak. During epidemics, guidance, organization, and delineation of roles and responsibilities are major endpoints [29].

The Mental Health First Aid (MHFA) program, developed in Australia, has expanded to over 20 European countries. The objective of this program was to identify psychological disorders and signs of crisis for early intervention and to train individuals to support people with mental health issues by recognizing symptoms and directing them to professional help. According to the report by the Organization for Economic Co-operation and Development (OECD) and the European Commission "Health at a Glance: Europe 2018," MHFA training improved mental health awareness and support in Europe, highlighting a growing focus on mental health promotion and early intervention within the health systems of OECD countries [28].

Perspectives

In summary, the emergence of health crises highlighted a significant prevalence of psychological disorders among healthcare professionals, with about 10% of them developing post-traumatic stress symptoms, particularly those in direct contact with infected patients, such as nurses. These effects are not limited to the crisis period, as nearly 20% of professionals continue to exhibit persistent symptoms after the outbreaks. The COVID-19 pandemic has exacerbated these vulnerabilities by imposing constantly evolving technical and organizational demands, altering the emotional well-being and sense of control of caregivers. Psychological risks appear to be modulated by certain individual factors, notably age, gender, and a history of mental disorders, with young women and nurses being particularly at risk. Moreover, a significant proportion of professionals exhibited depressive disorders during the crisis, associated with an increase in addictive behaviors and suicidal tendencies. Although no significant increase in the overall suicide rate has been systematically demonstrated, certain tragic events highlight the persistent vulnerability of this population. These findings highlight the need for comprehensive, preventive, and continuous mental health care for healthcare professionals, particularly in the context of health crises. The prolonged exposure to potentially infected patients has led to the emergence

of various disorders, including burnout, post-traumatic stress disorder and depression as well as an increase in risky behaviors such as alcohol consumption, especially among young professionals with a history of mood disorders. Moreover, health crises highlighted ethical conflicts related to the management of limited resources, generating feelings of guilt and moral distress. The high mortality rates and the challenges associated with patient care further exacerbated the psychological burden. The factors exacerbating stress among healthcare professionals include insufficient psychological support, the fear of contaminating their loved ones, particularly children, social stigma, and a high level of professional stress. Despite the existence of support systems, their use remains limited, often due to a lack of recognition of psychological disorders, which underscores the need to strengthen both the accessibility and quality of support services, as well as working conditions.

In the context of health crises, mental health prevention strategies should rely on early interventions, such as the involvement of experts, the establishment of listening cells, and regular medical follow-ups aiming to quick detection of psychological disorders. Systematic screening appears essential to identify the most vulnerable professionals and offer them appropriate care, equivalent to that of other at-risk populations. It is also crucial to ensure direct access to psychological care, including pharmacological treatments and individual and group therapies, while integrating support for families. Scientific data indicate that cognitive-behavioral therapies and stress management programs are effective, with better-prepared professionals showing a lower prevalence of stress-related disorders.

Finally, strengthening post-crisis psychological support is essential, particularly in the face of isolation and work overload that exacerbate emotional difficulties. Support programs should prioritize professionals exhibiting anxiety, emotional and traumatic disorders, or addictive behaviors. Continuous monitoring of mental health is essential, given the repeated exposure to potentially traumatic events.

Conclusion

Healthcare workers are at significant risk of psychological distress during infectious disease outbreaks, influenced by factors such as organizational preparedness and access to support. The pandemic has exacerbated challenges, leading to ethical dilemmas and increased emotional strain. While psychological support exists, its utilization is hindered by unrecognized mental health issues. Prevention strategies, including rapid intervention and crisis management, are crucial for mitigating psychological effects and enhancing resilience. Effective approaches include cognitive-behavioral therapies and improved supervision to ensure job stability and reduce stress-related symptoms.

Conflicts of interest: The authors declare that they have no conflicts of interest.

Declaration of AI Usage:
We used (QuillBot) to paraphrase the text, correct spelling errors, and translate the content into English. The authors conducted all the reflections, data analysis, and interpretation of the results.

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