

# ADDRESSING BURNOUT AND PTSD AMONG PARAMEDICS AND EMERGENCY STAFF AFTER THE COVID-19 PANDEMIC: THE ROLE OF OCCUPATIONAL HEALTH SERVICES AND WORKPLACE HEALTH PROMOTION PROGRAMS

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**KEY WORDS:** post-traumatic stress disorders; PTSD; burnout; paramedics; emergency medical staff; COVID-19; SARS-CoV-2; pandemic; occupational health; workplace program

*Disaster Emerg Med J 2023; 8(3): 131–133*

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The COVID-19 pandemic, a once-in-a-lifetime worldwide health disaster, has tremendously influenced many aspects of life, particularly healthcare workers (HCWs). Amid the plethora of frontline workers battling this virus, paramedics, often the first point of contact in emergencies, have been subjected to exceptional stressors [1]. Ambulance personnel and emergency service workers played a crucial and essential role in the frontline healthcare response to COVID-19, enduring heightened risks and workplace pressures amid the pandemic [1].

Paramedics have always run the risk of experiencing burnout syndrome (BOS) and elevated rates of mental health disorders, particularly post-traumatic stress disorder (PTSD) [2]. The high prevalence of burnout syndrome, characterized by energy depletion

or exhaustion, increased mental distance or feelings of negativism or cynicism related to clients or one's job, and reduced professional efficacy, is due to prolonged and excessive workplace stress that has not been successfully managed [3].

During the COVID-19 pandemic, paramedics and emergency medical staff were thrown into chaos. They faced increasing workloads due to the rise in emergencies, longer working hours due to personnel shortages, and a greatly increased risk of infection. At the same time, they were dealing with an increased number of severely sick and dying patients, sometimes in painful and chaotic settings [4–6].

Furthermore, due to the immense burden on the healthcare system, many paramedics were forced to take on jobs outside their customary responsibilities,

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Received: 25.03.2023 Accepted: 20.07.2023 Early publication date: 4.09.2023

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adding to their stress. In some regions of Poland, for example, paramedics needed to give immunizations, undertake mass testing, or transfer the remains of deceased patients. For example, in Italy, the pandemic prompted numerous paramedics and emergency medical workers to be summoned back to duty, assisting in managing the significant number of infected individuals requiring hospitalization and preventing even more deaths from COVID-19 [7].

Fear and uncertainty associated with the epidemic also contributed to BOS. Paramedics had to grapple with the fear of contracting the virus and passing it on to their loved ones, causing high anxiety and stress levels. They also had to deal with the public stigma of being a healthcare professional during a pandemic, often resulting in isolation and emotional suffering.

Despite the multiple precautions used, paramedics faced a significant risk of infection owing to their direct contact with patients. This, coupled with the lack of sufficient personal protective equipment (PPE) in the early stages of the pandemic, further increased stress levels and anxiety.

While necessary, personal safety precautions added another difficulty to the paramedics' duties. Wearing full PPE for extended periods is physically exhausting and often uncomfortable, exacerbating work-related stress and BOS [6].

Lastly, the pandemic amplified pre-existing issues contributing to BOS among paramedics and emergency personnel. This includes a lack of institutional support, limited career progression opportunities, and inadequate coping mechanisms to deal with the emotional toll of their work.

Emergency medical workers, including paramedics, operate in settings with significant physical and emotional strain. Therefore, relevant psychosocial risk factors in their job, including workplace violence from thirds, high emotional demands and work-related stress, and exposure to potentially psychologically traumatic events, may harm their mental well-being [6, 8].

Public health crises, like pandemics, impose extra stress on this category of workers. Implementing individual and organizational resources of volunteers, paramedics, and emergency medical professionals working during disasters and public health emergencies is critical to ensure successful disaster preparedness. Investing resources in the emergency sector is crucial to address new pandemics and emerging global health crises [9].

In conclusion, the pandemic has significantly exacerbated BOS among paramedics by increasing their workloads, exposing them to higher levels of risk and emotional distress, and amplifying pre-existing issues.

Healthcare institutions must recognize this issue and implement strategies to mitigate BOS and PTSD symptoms among paramedics and emergency medical staff. Policymakers must address the shortage of HCWs employed in emergencies, improve their motivation and provide mental health support.

Healthcare institutions should develop tailored occupational health programs conducted by occupational physicians. Furthermore, workplace health promotion programs like mindfulness-based programs (MBPs) for employees may help intercept mental health problems and prevent an early diagnosis of BOS and PTSD symptoms [10].

Improving working conditions and fostering a culture that values self-care and work-life balance is needed, too. This will improve the well-being of paramedics and emergency medical workers and enhance the quality of care they provide, lowering the high rates of medico-patient litigation and improving the effectiveness of healthcare systems worldwide.

### Article information and declarations

#### Acknowledgments

None.

#### Conflicts of interest

The authors declare no conflict of interest.

#### Funding

This research received no external funding.

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