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Tackling stress, burnout, suicide and preventing the "Great resignation" phenomenon among healthcare workers (during and after the COVID-19 pandemic) for maintaining the sustainability of healthcare systems and reaching the 2030 Sustainable Development Goals

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Globalization, climate change, rapid technological changes, and a rapidly ageing working population the COVID-19 pandemic are changing environmental, economic, and social conditions of work, creating new profiles of occupational psychosocial risk factors [1,2]. Psychosocial risk factors are aspects of work organization, design, and management that have the potential to cause harm to employees' mental, social and physical health [3].

For instance, adjustment disorders with anxiety, depression, and/or behavioral disorders and post-traumatic stress disorders are recognized as occupational diseases (in contrast to the burnout syndrome as work-related phenomenon), which may be caused by well-known occupational risk factors such as work-related stress, workplace violence, high emotional demands, and psychological trauma [4–6]. These occupational stressors may affect the resiliency of an organization resulting in high levels of absenteeism, presenteeism, turnover intention, low job satisfaction, and organizational commitment, leading to increased accidents and human errors [2,3,7,8].

Many literature reviews are showing that mental health amongst healthcare workers (HCWs) and frontline workers has been severely affected by the ongoing COVID-19 pandemic [9–12]. The fear and anxiety prompted by the threat of COVID-19 infection and transmission aggravated stressful working conditions. These conditions included excessive workloads and high emotional demands resulting from the death of many patients. They have affected HCWs, who were already at high risk

of stress, depression, PTSD, burnout, substance abuse, and suicidal ideation before the COVID-19 pandemic [13].

Nurses, women workers, frontline HCWs, younger medical staff, and workers in areas with high infection rates have experienced intense levels of psychological distress [12,14], showing higher levels of fear, anxiety, stress, depression, burnout, and sleep problems [12]. Some recent studies have reported multiple COVID-19 related suicides among HCWs [15,16].

The high turnover intention and the loss of HCWs is having a significant impact on patient care, training, career progression, and the workload of colleagues who remain [17]. Staffing shortages add pressure on HCWs, with the potential of increasing burnout, adverse incidents, and patient harm. Lower quality of care is resulting in higher rates of malpractice litigation and lawsuits against hospitals, which in turn increase levels of HCWs' turnover intention [17–20].

This gloomy picture prompted calls for the development of rapid, effective, and sustainable interventions that can address both acute and long-term mental health consequences, during and beyond the pandemic for this occupational sector [21]. High rates of HCWs affected by moral distress and mental health disorders, alongside decades-long shortage and maldistribution of HCWs in both developing [22] and developed [23] countries, indeed, are boosting the negative effects of occupational psychosocial stressors arising from the current pandemic. Thus, the aging healthcare population (both providers and patients), the pandemic-related attrition between HCWs and their hospital management [20], as well as the negative mental health outcomes that are directly and indirectly caused by the pandemic, have led healthcare staff to significant turnover rates, more than almost every other industry [17].

COVID-19 has been resulting in a new social phenomenon called the "Great resignation", in which a growing number of HCWs is planning to take early retirement [17]. The "Great resignation" has affected other groups of workers already vulnerable before the pandemic who have been heavily affected by governmental measures to contain the pandemic, such as lockdowns and facility closure [17,24]. After the relaxation of restrictive measures, many workers have reassessed their job and career options. Often, they have cited burnout as the main reason for quitting [25].

In low-middle income countries, policymakers have faced the COVID-19 pandemic burdened by a lack of public awareness about preventive measures, expertise, infrastructure, and human resources due to the poor financial status of these countries [26]. Across the world, the physical and mental exhaustion of the healthcare workforce, along with worn-out hospital infrastructure and the growing "backlog" of healthcare procedures for chronic disease management and critical cancer care procedures are putting at high-risk the sustainability of healthcare systems, globally [27].

For this reason, policymakers and hospital management need to implement short and long-term solutions in a timely manner. First, they should provide healthcare professionals with enhanced benefits and incentives, improved onboarding programs, and utilize in-demand skills and capabilities to boost their productivity and engagement. Second, work organization should ensure more flexibility and the possibility of embracing virtual care and remote work where possible. Third, new staffing models and new technological solutions should provide HCWs with clinical support resources and the ability to engage in interdisciplinary teaming through collaboration tools. Finally, resiliency training programs (e.g., mindfulness and spiritual based practices), personalized growth opportunities, less working hours, support and communication with leadership to discuss about distrust, isolation and other organizational issues should be put in place [27,28].

These actions could increase employees' satisfaction and engagement. They can help them to tackle work-related sources of stress and burnout. To realize these goals, however, it is necessary to emphasize an inclusive workplace culture that helps caregivers feel connected to one another, their work, and their patients. The long-term agenda involves political leaders planning now for the next generation of caregivers. Achieving these goals will require working closely with high schools and university administrators to change educational systems. Abolishing the number closed in medicine and increasing financial economic investments of HCWs may improve recruitment and retention of motivated and productive workers [29].

The aim is to design healthcare systems for people rather than to require people to adapt to the healthcare system. This matters for both patients and those providing services. The status quo drives people away. The growing shortage of healthcare staff threatens to strain our healthcare systems, which may be unable to cope with the current and next global challenges that we are likely to face in the future. Maintaining the health and safety of HCWs is the key component of every well-operated healthcare system. For this reason, work-related stress risk assessment at workplace requires new models and strategies that fit new working organizations and psychosocial risk factors. Preventive measures alongside workplace health promotion programs in the workplace, should be based on cost-effectiveness strategies, involving occupational health services through employees' medical screening plus psychological interventions.

Psychosocial risk management and the promotion of mental well-being of HCWs should be managed by occupational health services (OHS), which are made by multidisciplinary teams composed by occupational health physicians, nurses, organisational/mental health specialists (e.g., psychologists, counsellors), work psychologists, ergonomists, epidemiologists and health educators [2]. OHS, however, are unevenly distributed in the world and, in Europe, about half of the working population does not have access to competent OHS [30].

Therefore, governments should fund OHS, while policymakers should promote and legitimate through special laws the action of occupational health services to tackle stress, burnout, suicide, and turnover intention among HCWs during and after the COVID-19 pandemic. Although not explicitly highlighted in the Sustainable Development Goals (SDGs), mental health is implicitly cross-linked to multiple of the other goals and targets, which stresses the importance of investing in improving population-level mental health [31]. This could be made through a cooperation between public and occupational stakeholders [32,33], because workers spend most of their lifetime at workplace.

Protecting the mental health of HCWs is essential for maintaining the sustainability of our healthcare systems, which are essential to reach the 2030 Sustainable Development Goals. But maintaining mental health in HCWs is necessary but not sufficient. Keeping people engaged and fulfilled in healthcare work also requires assuring people a sense of control, fulfillment, community, and fairness in their relationships with workplaces. It requires acknowledging that people pursue careers in healthcare to further core values regarding helping others, contributing to communities, and expanding knowledge. It requires workplaces that facilitate people experiencing competence, community, and a sense of agency in doing their work.

The current shortcomings within healthcare workplaces make a major contribution to promoting burnout and encouraging people to leave their professions. A better design for healthcare workplaces would make a much-needed difference in the lives of people providing healthcare.

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