# Psychological Distress among Occupational Health Professionals during Pandemic: Effect of Work Engagement and Work Environment

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## Perspective

The health crisis caused by coronavirus disease (COVID19) is considered an unprecedented pandemic that threatens the entire world. Public health interventions have been conducted to minimize the negative impact of pandemics on the physical and mental health of the population. When it comes to physical health, the symptoms and prognosis of COVID 19 patients are very diverse. Symptoms and signs occur at unpredictable intensities, ranging from asymptomatic to severe disability, and are fatal [1]. Due to this variability, in addition to the lack of specific treatments for the virus, the most effective approach to protecting the population is precautionary measures to avoid exposure to the virus and vaccination [2]. From a mental health perspective, evidence suggests that anxiety, depression, and stress are the usual expected responses to the COVID 19 pandemic. Medical professionals are a group of people who are particularly vulnerable to psychological distress (PD) due to the level of exposure and the nature of their work [3]. Previous studies have described the psychological effects of pandemics on medical professionals, leading to anxiety, depression, insomnia, post-traumatic stress, physical and mental fatigue and emotional disorders. People who are quarantined medical professionals, who care for patients with COVID 19, or whose relatives or friends are infected with the virus, have far more anxiety and depression than those who are not exposed to these conditions. I developed illness, frustration, anxiety, and post-traumatic stress. Working directly with patients suffering from COVID19 increases the risk of PD due to the risk of infection and family health concerns [4]. This requires ensuring compliance with appropriate infection control measures by medical professionals in the event of a health crisis [5].

Occupational safety faces a tough challenge in this scenario. Although COVID19 has been accepted as a public health issue, it is less common to consider it an occupational disease. Vaccination is the most successful strategy to prevent the spread of the virus, and while actual vaccines are very effective, they require herd immunity to end the pandemic. In Europe, it is advisable to maintain other precautions such as social distance, face masks, hand hygiene, etc., as the complete vaccination count has not reached the desired threshold for safe control of the pandemic increase [6]. Activities that involve contact with the public or physical proximity carry the risk of exposure due to the high incidence of illness. In addition to the risks inherent in every job, this is a burden on this sector. There is also a risk that many employees will be infected. The pandemic led the facility to develop procedures for exposure to the new coronavirus, and workers who required a quarantine period or were infected during alert conditions were considered an industrial accident. These measures have forced occupational health professionals to work under harsh conditions, pressure, increased workload, broader schedules and limited human resources. In addition, occupational health professionals have changed their working environment as it has been proposed to revitalize the economy after the worst effects of the pandemic have passed and many workers need to return to work safely [7]. The new normal needs to be adapted. Therefore, in addition to the risk of Parkinson's disease associated with working as a healthcare professional, occupational health professionals are under pressure to provide workers with safe working conditions and prevent the spread of the virus in the workplace.

Maintaining the mental and emotional well-being of healthcare professionals and promoting their resilience is important to combat and contain COVID-19. Educational institutions implement preventative devices and training and trust in policies and interventions aimed at providing a psychologically safe environment, sound leadership, clear organizational strategies, and meaningful support for teams. It is suggested that it is necessary. Work Engagement (WE) can help professionals deal with work-related Parkinson's disease and contribute to their well-being and health. Work commitment is a positive and satisfying attitude towards work, characterized by vitality, dedication, and complete absorption and concentration in work. Strength refers to high levels of energy, stamina, and mental stamina. Dedication refers to being deeply involved in his / her work and feeling the importance and enthusiasm. Absorption means being completely focused and enjoyable at work. Work engagement is one of the components of well-being, a way to reduce the prevalence of stress and burnout in healthcare professionals from an active organizational psychological perspective, and is an essential indicator of work motivation is believed to be [8].

The work environment plays an important role in the development of WE. It has been described how transformational leadership, structural empowerment, a positive work climate, and social support enhance WE. In addition, the job characteristics, such as skill variety, task identity, task significance, autonomy, and job feedback, promote the feelings of WE among workers. Work engagement is fostered by labor resources (e.g., autonomy and social support by peers or higher professional roles) and recovery provided by emotional contagion outside of work, as well as personal resources, such as selfefficiency, or belief in the own ability to perform the job appropriately. In contrast, workload and overtime work have a negative effect on workers and reduce their WE capacity [9]. The stress that results from the frustration of being forced to engage in behaviors that are considered morally unacceptable also has a negative effect on WE. WE promotes a positive attitude towards work and brings personal benefits to workers such as job satisfaction, reduction of burnout, work effectiveness and well-being, in dealing with the psychological impact of pandemics. It can be

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Page 2 of 2

a valuable resource [10]. Both WE and a good working environment promote employee well-being, a positive attitude towards work, and a desire to stay.

## Conclusion

For all of the above, the hypothesis proposed by this study is whether sociodemographic variables, work environment, and WE affect the range of PD for occupational health professionals. While many studies have focused on the impact of the COVID 19 pandemic on the mental health of medical professionals, few have focused on occupational health professionals. This study aimed to explain the effect of the COVID 19 pandemic on the mental well-being of occupational health professionals during a pandemic outbreak. Our aim was to assess the relationship between occupational health workers' PD and their WE and work environment characteristics.

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## Conflict of Interest

None

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