

Short Communication

An Integrated Healthcare Model for Hospital Staff during the Pandemic

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Abstract

Surgeons and healthcare workers on the frontline have especially been hit hard during the COVID-19 pandemic, experiencing increased stress, anxiety, fatigue, grief, and job burnout. The rates of suicide are on the rise and in general, mental health has become an important issue for the medical workforce and innovative care solutions are particularly needed in order to address this growing psychological burden. Integrative collaborations can be utilized to benefit hospitals and their employees across the globe. The proposed model of integrated care will demonstrate how combining safe, non-invasive, research proven mind-body techniques, and collaboration with other disciplines and resources could potentially be used to improve the health benefits for both patients as well as their providers during extremely stressful situations. This integrative model is about changing the practical standard that currently exists for our healthcare workers in order to

decrease their burnout and stress and is an excellent example for physician practices, hospitals, and health care facilities to follow globally. It provides a thriving system based on a healing environment focused on meeting the mental health needs of the staff, thus maximizing the value of the delivered care to their patients.

Early childhood development, genetic and environmental factors, as well as various parenting and cultural approaches can all influence a person's quality of life and ability to prevent and combat acute and chronic illnesses throughout their lifetime. Additionally, each individual is a comprehensive and integrated body of multiple organ systems, each of which functions and works in its own uniquely designed capacity. All systems work in harmony and in cooperation with each other, communicate efficiently, and ultimately result in the manifestation of the "well"

person. Therefore, this integrated algorithm of complex systems that make up every individual requires a healthcare model that encompasses a multimodal clinical and health intervention strategy. This understanding brings into focus the value of self-assessment and an individualized patient-centered approach for integrated health care that provides medical, mental, spiritual, and behavioral health services to address the whole person and a more comprehensive and harmonized concept of self-care. With the onset of the COVID-19 pandemic, we all have experienced a global injury that has been unprecedented in modern history. What started out as a small outbreak in Wuhan, China, gradually but forcefully evolved into a worldwide phenomenon. It resulted in spreading not only the novel infection, but also fear and panic to every continent across the globe. The information on the subject of the COVID-19 virus, as well as its associated research and collected data, has continually evolved since it was first introduced. However, regardless of how it's approached, this pandemic continues to have a significant impact on our lives. The virus and its multiple variants have created an incredible burden of mortality and morbidity across people of all colors, creeds, and ethnicities. According to a study published in *Lancet*, it is estimated that more than 1.5 million children lost a primary or secondary caregiver due to COVID-19 during the first 14 months of the pandemic, highlighting orphanhood as one of the many urgent and overlooked consequences of the pandemic [1]. In addition to the poor outcomes from the disease itself, as well as the massive economic and social impacts such as children losing their primary caregivers, the burden also includes significant despair from its effects on people's mental health via drugs, alcohol, and suicide related to the feelings of isolation, mental anguish, pain, and suffering. Although the risk

for mental illness associated with anxiety and grief over the outbreaks may be less emphasized, it may have actually affected far more people than the infectious illness itself. In May of 2021, the Children's Hospital in Aurora, Colorado, declared a state of emergency due to an astronomical increase in pediatric health cases which overwhelmed the institution. From April 2019 to April 2021, the demand for pediatric behavioral health treatment at the hospital system increased by 90%. Suicide has become the number one cause of death among the youth in Colorado, occurring in children as young as age 10 years [2]. Recent research supports this trend globally as well, demonstrating that the pandemic is substantially affecting our youth's mental health. A study of Chinese adolescents reported 43.7% being affected with mild to severe depression [3] while 46% of the young people in Latin America and the Caribbean reported lower motivation for becoming engaged in their favorite activities [4]. In addition, 46% of US parents have noticed a new or worsened mental health condition in their teenagers since the start of the pandemic [5]. These preliminary studies highlight the long-lasting consequences of the pandemic for families and their future mental health and wellbeing. We thus find ourselves living in a time of much needed healing, listening, recovery, and deep reflection. Healthcare workers on the frontline have especially been hit hard, experiencing increased stress, anxiety, fatigue, grief, and feelings of hopelessness more than ever before [6]. Hospitals continuously face a growing shortage of nursing staff and the rate of job burnout is on a steadfast incline [7]. Globally, our healthcare providers are faced with some of the most unforeseen effects of the pandemic which include increased risk for infections and illness, as well as the unfavorable effects on their mental health. As a result of working

longer hours, covering more frequent shifts, and facing less than desirable patient outcomes, they are exhausted, overworked, sleep-deprived, and stressed beyond imagination. Physicians have been shown to have one of the highest suicide rates amongst all professions in the US including combat veterans. According to a 2018 study, 400 physicians die by suicide each year which is double that of the general population [8]. This finding was true before the additional stressors brought on by the COVID-19 pandemic and there is even higher acuity, more stress, less time, and much greater stakes since it started. The effects of outbreaks of any significant magnitude can be multiple, but its effect on mental health can be profound and longstanding. These include a potential to exacerbate the existing illnesses or precipitate new onset of mental illness in vulnerable individuals. The associations between viral outbreaks and behavioral health problems have long been demonstrated by research. Epidemics and pandemics such as Ebola virus disease (EVD) and avian influenza were shown to excite erratic behaviors of panic and hysteria [9]. In a study by Jalloh and colleagues in 2015, it was shown that both the knowledge of someone in quarantine for the Ebola virus disease (EVD) as well as the perception of EVD being a serious risk and threat was associated with higher risks for anxiety, depression, and posttraumatic stress disorder (PTSD) [10]. According to a recent report published in Family Medicine and Primary Care, the avoidable deaths from the resultant mental illness associated with the current COVID-19 pandemic could surge in numbers if no interventions are taken. Therefore, it is very important to invest in solutions that can ameliorate the psychological burden [11]. In April 2020, just as the pandemic was starting to reach the United States, a non-profit organization called Sufi Psychology

Association (SPA) took action to address this increasing need and created the “Caring 4 Our Caregivers” initiative. This person-centered support for the healthcare workers focused on donating stress relieving resources to those on the frontline and provided them with the tools to take care of themselves (www.caring4ourcaregivers.org). They partnered with the MTO Tamarkoz Association and started donating electronic tablets loaded with the evidence-based stress relieving practice of MTO Tamarkoz®, a Sufi meditation technique. These tablets were donated to hospitals along with disposable headsets and in just 12 months, the initiative found its way into 342 hospitals in all 50 states, District of Columbia, and in three European countries including France, Germany, and the United Kingdom. The tablets contained videos ranging in time from 3-30 minutes. They consisted of visualization or guided imagery exercises, deep breathing techniques, Sufi meditation, and meditative movements (www.tamarkoz.org). Caregivers were able to use the tablets when their time permitted, re-center and recuperate with meditation, transport themselves to a peaceful place with visualization, decrease physical tension with breathing exercises, and use the method of Tamarkoz® to balance and align themselves so that they got some relief and in turn, could better tend to their patients [12]. There were many people associated with this innovative care solution from design and development, to implementation and distribution. It came to the aid of the frontline healthcare workers at a time when the need was extensive. The Caring 4 Our Caregivers initiative represents an ideal integration of modern day psychology with complementary medicine and the digitalized support of healthcare. Their specifically designed model of integrated care demonstrates how combining safe, non-invasive, research proven mind-body techniques, and

collaborating with other disciplines and resources such as Sufi Psychology, hospital Human Resources, Chaplin services, resiliency programs, electronic and computer support personnel as well as social services, could potentially be used to improve the health benefits for both patients as well as their providers during extremely stressful situations. By bringing multiple disciplines together, they were able to accomplish something extremely beneficial during desperate times. This integrative model is about changing the practical standard that currently exists for our healthcare workers in order to decrease their burnout and stress. As evidenced by countless administrative and staff testimonials (www.caring4ourcaregivers.org) it is an excellent example for hospitals to follow globally. It provides a thriving system based on a healing environment focused on meeting the mental health needs of the staff, thus maximizing the value of the delivered care to the healthcare workers. Hopefully we can look back on the pandemic one day and identify important challenges as well as meaningful lessons learned. Supporting and enabling innovative and integrative collaborations, however, should be the focus of our care services in the future. There are still many more changes in store for the ideal provision of medical and mental care, especially during the times of disasters or pandemics. We need to continue to learn from our experiences while developing models such as the one developed by Sufi Psychology Association and recognize the immense value of integrated care.

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