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Commentary

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Since December 2019, COVID-19 has become a global crisis and has taken a massive toll on human beings. Every day, a large number of patients are admitted to health care centres, with

substantial numbers also being admitted to the intensive care units. Until now, severe acute respiratory syndrome coronavirus 2 (SARS□CoV□2) has caused 6 major waves of COVID-19 in the Islamic Republic of Iran, and more than 7.22 million confirmed cases and 141 000 associated deaths have been reported (1).

Medical staff have maintained the first line against the viral catastrophe throughout the pandemic, and have been not only physically affected but also mentally impacted. According to the latest (at time of writing) Medical Council of Iran announcement in February 2022, more than 388 deaths were reported among medical personnel during the pandemic, of which 200 have been confirmed to be due to COVID-19; the others are still under investigation (2). Available data have suggested that in the Islamic Republic of Iran a great proportion of these deaths occurred among physicians (3). Among Iranian healthcare workers, 138 are reported to have lost their lives due to COVID-19 as of 23 July 2020. Physicians constituted about 60% of this number, with general practitioners and specialists accounting for 32% and 28% respectively.

Recent studies have reported elevated rates of mental health problems among doctors, nurses and medical personnel working in direct contact with COVID-19 patients (4). Among the frontline medical personnel, mental health has been evaluated via numerous psychological questionnaires and the results have uniformly reported high levels of stress, anxiety and depression. In addition to concerns for their personal safety and the outcomes for their families and their patients, medical staff have been under extreme work pressure, which has gradually led to burnout (5). A recent cross-sectional study reported a 45.5% rate of psychological disorders among 332 Iranian healthcare workers; it was further noted that 25.3% of the participants had generalized anxiety disorder and 31.6% had post-traumatic stress disorder (6).

Apart from the health-impairing effects of COVID-19, the pandemic has impaired medical training. A recent study among general surgery and obstetrics and gynaecology residents in the Islamic Republic of Iran has reported that 78% of residents considered their professional training to be negatively affected by the pandemic (7). Almost all (96%) of those students reported emotional problems, and 85.9% and 81.3%, respectively, expressed their concerns about contracting COVID-19 and transmitting it to their families. In fact, the crisis resulted in the neglect of medical education: the resident and intern workforces were deployed for the treatment of COVID-19 patients.

Elevated work pressure along with the stresses associated with the COVID-19 pandemic have led to reports of suicide attempts among medical residents (8). Long working hours, a never-ending workload and working in an environment even more stressful than it used to be before the pandemic may have played a role in the elevated number of suicide reports.

Migration of doctors has intensified (9). Iranian health policymakers have declared their concerns about the migration of medical staff; this has increased at a surprising rate during the COVID-19 crisis, with more than 3000 healthcare workers emigrating according to the Medical Council of Iran (10). This emigration of doctors and nurses will continue to impact the healthcare system in the post-COVID-19 era. The job dissatisfaction and impaired quality of medical training among medical professionals will impact their mental health and their profession even when the pandemic is over.

After two and a half years of struggle, thanks to the vaccination and medical advances in the diagnosis and treatment of COVID-19, the epidemic has been stabilized to some extent. However, the mental health consequences are now becoming more prominent.

Working in a stressful environment, as is the case in COVID-19 heath centres, makes the occurrence of mental health problems inevitable. However, supportive measures can be taken to reduce the stress load among medical staff. Measures which may be of benefit in this respect include: reducing working hours to a reasonable level; recruiting well-trained therapists to frequently counsel medical personnel; giving health workers occasional breaks to spend more time in their comfort zone; increasing the availability of resources such as personal protective equipment; taking preventive protocols more seriously in order to avoid further viral breakouts; and reducing the rate of health centre visits.

Interventions to reduce burnout need to be implemented at the organizational and structural level of healthcare systems. Studies are recommended to precisely determine the mental health consequences of the pandemic throughout the world and prevent further complications.

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We would like to dedicate this article to honouring the memory of our fallen doctors and medical residents who were lost in the fight against COVID-19.

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