Comments on “Factors Affecting the Psychological Well-being of Health Care Workers During an Epidemic: A Thematic Review”

Philip J and Cherian V. Factors affecting the psychological well-being of health care workers during an epidemic: a thematic review. Indian J Psychol Med 2020; 42(4): 323–333.

The authors could have explicitly stated what they meant by HCWs for their research context and the rationale behind selecting a particular group of HCWs. Also, the nature of an HCW’s job can have a moderating role in determining the impact of a pandemic/epidemic on mental states. For example, I think that a psychologist will have a better coping mechanism as compared to any other health care professional as they study and practice coping strategies and well-being with their clients, in their field of work. Hence, the nature of work could have been included as one of the factors in the thematic analysis section.

Moreover, the authors could have highlighted the specific factors related to the recent COVID-19 pandemic that are affecting the HCWs globally. For instance, media coverage, uncertainties in treatment protocols, and the rapid spread of infection could have been highlighted in the study, to spread awareness regarding the current situation.

Other errors could have been avoided in this study. For example, the inclusion criteria do not consist of the time frame for including the selected studies. Also, in Table 1, under the “participant” column against the COVID-19 study in Pondicherry (India), the authors have written “four articles finally included” without justifying its position in the table.

Even though the study majorly highlights the factors that affect a vulnerable population’s mental states, that is, HCWs, it lacks the appropriate justification of the current study’s rationale. The study’s title mentioning epidemic is also misleading to its readers as the authors talk about both pandemics (COVID-19 and SARS) and epidemics (Ebola and MERS-CoV) in their study content. Future research on comparing the effects of a pandemic versus an epidemic on the mental health states of people could have been implicated. Thematic analysis of literature selected within a time frame with strict exclusion criteria could have yielded more relevant factors affecting the mental health states of HCWs.

Declaration of Conflicting Interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Sandhya Basu
Dept. of Humanities and Social Sciences, BITS Pilani, Zuarinagar, Goa, India

Address for correspondence:
Sandhya Basu, Dept. of Humanities and Social Sciences, BITS Pilani, KK Birla Goa Campus, NH-178, Zuarinagar, Goa 403726, India. E-mail: sandhyabasu20@gmail.com

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Response to the Comments on “Factors Affecting the Psychological Well-being of Health Care Workers during an Epidemic: A Thematic Review”

We appreciate the interest that the authors have shown in our article.1 We hope that the following explanation will lay to rest the reservations that have been expressed about our published work.

The authors have delineated the differences between the definitions of an epidemic and a pandemic, suggesting that the word “pandemic” should have been used throughout the article. However, this would have restricted our search methodology and resulted in a swathe of useful information on other public health crises being omitted. On the other hand, using the term “epidemic/pandemic” throughout the manuscript would have been distracting and unnecessarily wordy. The authors also suggest that the differences in the impact of an epidemic versus a pandemic on the psychological well-being of health care workers (HCW) should have been explored. However, such a distinction was never stated to be an objective of our review.

The authors seek an explanation as to why the four outbreaks reviewed in our study were specifically chosen. The answer is simply that these were the diseases that had the most prominent global footprint, with the maximum number of dedicated research publications. Moreover, these were novel emerging diseases at the time of the outbreak, the same of which cannot be said of cholera, monkeypox, and the myriad of other diseases that the authors have referenced in their list, which are large-ly re-emerging diseases that have been recognized as pathological entities for decades, and did not have the sort of wide-spread impact associated with the diseases included in our study. However, we do agree that it would have been pertinent to include this explanation in our manuscript.

The authors have incorrectly stated that the World Health Organization designates all people engaged in actions whose primary intent is to enhance health as “HCW,” when in fact this definition is attributed to the term “health worker.”2 On the contrary, an HCW is a worker who is a regulated health professional.3 Hence, although we have no desire to be splitting hairs, a “caring mother” does not fall under the purview of an HCW. The authors go on to state that the nature of work could have been included as one of the factors affecting psychological well-being. We would like to point out that occupational role and coping strategies have, in fact, been mentioned in our article as relevant contributing factors. As far as the psychological impact on specific occupational groups like psychologists is concerned, this aspect was not included because none of the articles that were reviewed studied the differential effects of the disease on distinct medical specialties.

The authors suggest that factors specific to the COVID-19 pandemic could have been highlighted. However, this would have been counter-intuitive to the objective of our review, which was to provide a lucid picture of the psychological impact of the major epidemics/pandemics that occurred over the last two decades, without singling out any one outbreak in particular. The article that has been referenced by the authors to support their recommendation, on the other hand, only studied the impact of COVID-19, and hence was justified in highlighting the factors specific to COVID-19.4 Owing to the broader scope of our article, such an approach would not have been appropriate.

The time frame for our study was from the point of inception of the MEDLINE and Google Scholar databases until April 2020. Concerning the observation that the participant column in Table 1 was filled in as “four articles finally included,” this was done intentionally as the study in question was a review article. To expand on the sample characteristics of every study included in a review article within the limited confines of a table would have been superfluous. Using the same argument, the review by Brooks et al. that was mentioned in the same table had included 22 studies.5 Elaborating on the participant characteristics of each of these 22 papers would have been lengthy and repetitive, perhaps requiring another table altogether, and hence was deemed avoidable.

We disagree with the authors’ contention that the rationale of our study is not justified, as we believe that a review of the factors affecting the psychological well-being of HCWs is especially relevant given the ongoing pandemic. We disagree that the title is misleading, as the text of the article listing out 13 factors and the title itself are in agreement. The justification for the use of the word “epidemic” in the title has already been proffered, for want of a suitable umbrella term encompassing the words “epidemic” and “pandemic.”

In conclusion, we thank the authors for their critical commentary of our article.

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Joel Philip1, Vinu Cherian1
1Peejays® the Neurocenter, Kochi, Kerala, India.
2Dept. of Community Medicine, Sree Narayana Institute of Medical Sciences, Kochi, Kerala, India.