

WORKPLACE FACTORS AFFECTING MENTAL HEALTH: A PERSPECTIVE FROM HEALTHCARE WORKERS IN LATVIA

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ABSTRACT

Unique experiences, beliefs and perceptions of factors influencing the mental health of healthcare workers were qualitatively investigated at the close of the COVID-19 pandemic. Data were collected by in-depth interviews with 27 healthcare professionals: nurses, doctors, assistants for nurses and doctors, resident doctors, medical assistants and managers from 7 hospitals of various types, sizes and locations in Latvia. Thematic analysis was used to identify common themes in healthcare workers answers about their mental health. The main themes were 1) work demands, 2) unsustainable workload, 3) interaction with patients, co-workers and managers, 4) individual resources and coping strategies, 5) benefits and support for stress management, including psychological help, 6) COVID-19. Healthcare workers acknowledged that some stressors are inherent to their work: acute situations, exposure to trauma and emotions of the patients and their relatives, high responsibility and difficult decisions. The most widespread stressor influencing the well-being of healthcare workers is overload mostly due to staffing shortages. There is not enough time to recover from stressful work. It also leads to more irritability and conflicts with colleagues and patients, there are less resources to improve the quality of work. Interactions with patients, co-workers and managers have a significant influence on well-being. Colleagues are main source of support and it's important to provide opportunities for informal communication, discussing the work and bonding for resilient teams. Positive communication, constructive feedback and support from the manager are important to cope with stress at work, however several participants express concerns about insufficient support and harsh communication style from manager and unsupportive organization culture.

On the individual level, realistic expectations about working in healthcare and solution-oriented acceptance of the job demands helped to cope better due to less sensitivity and assuming responsibility about setting healthy borders, regulating stress at work and self-care after work. Healthcare workers are hesitant to use opportunities for free consultations with a psychologist offered by many hospitals partly due to psychiatric stigma. However, institutions with long term support for the mental health of their employees observe changes in the attitudes, more open communication about difficulties and willingness to use professional support.

Keywords: *mental health, risk and protective factors for mental health, resilience, healthcare workers, workplace factors, thematic analysis.*

Introduction

Mental health is integral part of health and is defined by World Health organization as “a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities” (World Health Organization [WHO], 2022). Galderisi et al. (2024) further clarified the concept as a dynamic state of internal equilibrium that rests on cognitive and social skills and on the ability to recognize, express, and modulate one’s emotions (Galderisi, 2024).

Mental health is influenced by the combination of biological and social factors. Work is one of the social determinants of mental health. Meaningful work is protective for mental health; it contributes to a person’s sense of accomplishment, confidence and safety (Herr et al., 2023). However, when the overall demands of their job are excessive and greater than workers capacity to cope for longer time, it increases the risk for mental health problems such as burnout, anxiety, depression and even suicidal intentions as well as physical health problems such as cardiovascular disease or musculoskeletal disorders (Van Der Molen et al., 2020).

Healthcare workers are exposed to multiple work-related stressors that puts them at risk for physical and mental health difficulties including high job demands, long working hours, and the emotional burden of patient care (Wright et al., 2022). The organizational environment in which healthcare workers operate also plays a significant role in influencing their mental health, particularly, leadership styles, managerial support, workplace culture, team dynamics, and support systems (Xiong et al., 2022). Consequently, frequency of stress related mental health issues is higher among healthcare workers than average in population indicating that these risks are not sufficiently mitigated (Boutou et al., 2019; Rotenstein et al., 2018; West et al., 2016). Before pandemic prevalence of depression was 10,2% in general population and 25% among healthcare workers (Rancans et al., 2020; Valaine & Satuta, 2021).

The COVID-19 pandemic heightened concerns about healthcare workers well-being who experienced double burden of stress from the onset of a sudden and immediately life-threatening illness compared to general population (Serrano-Ripoll et al., 2020). Along with personal concerns many experienced significant increase in work related stress, including more workload, exposure to trauma, and need to make ethically difficult decisions (Rosenström et al., 2022). Indeed, healthcare workers experienced more distress, insomnia, depression, anxiety during the onset of COVID-19 pandemic. In February 2021, 42,6% of healthcare providers in Latvia reported symptoms of depression, 29% symptoms of anxiety (Valaine & Satuta, 2021). Other countries reported deterioration of wellbeing and mental health in healthcare providers as well (Lamb et al., 2021; Bryant-Genevier et al., 2021; Young et al., 2021).

However, some researchers argue that pandemic was just additional burden, and the main issues were the high baseline rates of poor mental health related to workplace hazards already before pandemic (Bell & Wade, 2021). A longitudinal study in Finland supports this claim and shows heterogeneity in both initial response and long term

adjustment to the pandemic related to personal resources and workplace factors (Rosenström et al., 2022).

The aim of our study is to uncover what workplace factors are reported by healthcare workers in Latvia as significant for their mental health and what helps them to cope with stress at work. Study was conducted during 2nd year of COVID-19 pandemic thus the perceptions and experiences are also influenced by the unique stressors related to the pandemic. This study explores the following questions:

What are the lived experiences of the healthcare workers in the hospitals at the close of the COVID-19 pandemic?

What are the risk and protective factors that healthcare workers face at work that have impact on their mental health?

What individual strategies and support from the workplace help healthcare workers to cope with stress at work?

Methodology

The current study is part of a larger project aiming to develop a monitoring instrument for mental health of healthcare workers in hospitals in Latvia and environmental factors related to it and to do initial screening. Grounded theory approach based qualitative research was chosen as a first step prior to the quantitative research to avoid narrowing the perspective of the healthcare workers to an existing theory and methodology prematurely. In addition to hearing the voices of the healthcare workers in the aftermath of COVID-19 this research also aimed to reveal relevant themes to evaluate the suitability of the questionnaires for quantitative research and development of monitoring instrument.

The research team included clinical psychologist and psychology student as research assistant. Research methodology was developed by clinical psychologist, assistant was involved in organizing the interviews. Both conducted the interviews, developed, and discussed initial codes. Final analyses were done by the leading psychologist (the first author of this paper).

In this paper, we report on the findings from 27 healthcare workers from six hospitals and Emergency medicine (EM) services that were collected between 28 August and 10 September 2021. A stratified purposeful sampling strategy was adopted based on two factors: size and setting of the hospital and profession of the participant. (Palinkas et al., 2015) Hospitals in Latvia are classified in five levels according to the spectrum of services they provide with specialised hospitals and EM as separate categories. The experiences of healthcare workers can be very different in large university hospitals vs small regional hospitals that only provide basic medical services. To identify this variety, we interviewed healthcare workers from all five levels as well as specialised hospitals and EM services. A purposive sample was also selected based on the role in acute care hospital and EM. It included doctors, nurses, assistant doctors, assistant nurses, residents, medical assistants, and administration.

Table 1 Distribution of Healthcare Staff

Profession	Percentage
Doctors	30% (8)
Nurses	26% (7)
Management	24% (6)
Assistants for Doctors	11% (3)
Assistants for Nurses	3% (1)
Residents	3% (1)
Medical Assistants	3% (1)

N = 27

27 answers are included in the analysis. 30% of participants identified as male, 70% as female. Mean age was 39, standard deviation 6,47. Distribution of the sample in professions have been included in the Table 1.

Hospitals in each stratum were chosen randomly. Research assistant contacted administrative employee of the hospital (frequently, human resources department), provided information about the research, and inquired about willingness to participate. If the administration agreed, they were asked to suggest and invite to participate healthcare workers who met the criteria based on their profession. Potential participants were contacted by the research assistant via phone to inform about the forthcoming conversation and plan the time and method of interview. All interviews were conducted remotely over the phone or on Zoom platform. Interviews lasted between 20–30 minutes. Interviews were semi structured using predefined set of questions, but being open to explore related aspects of the experience that were raised by participants. Initial questions for interviews were:

What factors influence healthcare workers mental health at Your hospital in general and You personally?

What are current practices to reduce risks on individual and organization level?

What healthcare workers and You personally do to alleviate the stress and other risks for mental health?

How does Your organization supports employee's wellbeing? (What is important to You? What support You appreciate and use?)

What additional support or changes in workplace organization are needed for better wellbeing of healthcare workers?

Research team removed any identifiers for participants in the interviews and transcribed the audio files. The research project was approved by the Ministry of Health of Latvia including procedures and methods. Research assistant contacted the participants before the interview to provide the information, answer questions and obtain the oral agreement to participate in the interview.

Data analyses

The reflections of healthcare professionals were analysed according to the constant comparative method. During the first step of the qualitative analysis, each researcher read 5 sample transcripts, noted the units of meaning. Then researchers compared and discussed units of meaning and developed initial codes for further coding of the interviews. Initial codes were revisited and revised during further analyses based on the consensus of the researchers. Finally, we synthesised the codes and developed the final set of themes encompassing the main issues related to the mental health at work raised by hospital employees: a) work demands, including high responsibility, acute situations, exposure to trauma, b) unsustainable workload- overload and lack of personnel, issues with planning, c) interaction with patients, co-workers and managers, d) individual resources and coping strategies, including attitudes towards work, self-care, receiving help, engaging in self-care activities, using methods for stress reduction, e) benefits and support for stress management, including psychological help, f) COVID-19. The team also selected quotes from the interview transcripts that could exemplify these themes.

Results

Below, we define each theme and give an account of participants opinion of the main factors influencing mental health of healthcare providers in the aftermath of COVID-19 pandemic including illustrative quotes.

Work demands

Healthcare workers reported several stressors that are related the nature of the work in healthcare – coping with acute situations, high responsibility, limited ability to help, secondary traumatization from exposure to the intense trauma and emotions of patients. They expressed opinion that these factors create higher risks for employees in some units like emergency, intensive therapy, children’s hospitals, maternity ward.

“Mental health or workers depends on the units. There is a huge difference between Emergency unit (they must be ready for anything any time) and Rehabilitation unit where patients come to improve their health with physiotherapy, massage, music therapy. More impact on mental wellbeing is experienced in acute departments – Intensive therapy, Maternity ward.”

Several participants noted that realistic expectations about working in healthcare are important prerequisite for coping and resilience. This is further reported in section Individual resources and coping strategies.

Some felt that COVID-19 didn’t fundamentally change the content of their work.

“I work with COVID-19 patients from the very beginning. The only difference is that in COVID-19 units there are stricter measures of epidemiological safety.”

While others shared that special safety equipment made the work harder.

“COVID-19 causes more stress because we must wear protective clothes and mask. It’s more difficult and we lack fresh air.”

Unsustainable workloads

Most participants reported that overwhelming workload and long working hours had significant impact on their wellbeing, health, and their ability to carry out their jobs effectively. In many cases it was the first response.

“Amount of the duties, intensity of the work, insufficient human resources.”

Possibly excessive amount of work is so prevalent that frequently it was mentioned laconically, as a matter of fact, while other more malleable factors described in more detail.

“The first and most important factor, besides workload...”

Healthcare workers acknowledged that excessive fatigue led to more irritability and conflicts with colleagues and patients and there was not enough time to improve the quality of the services.

“Being tired has negative impact on communication. It’s not because we don’t want to communicate, we just physically don’t have any more power to do it. After 24h shift I must go back to patients. It adds sharper notes in communication with colleagues too.”

“If we had more employees, we would have time for strategic planning and improve the quality of work. Now, we only have time for basics.”

Staffing shortages were identified as a primary reason for increased workloads.

“In my profession, extra working hours are logical consequences of significant shortage of employees.”

Pressure was higher during COVID-19 pandemics when many colleagues fell ill or had to self-isolate leaving more duties for those still able to work.

“Sometimes I’m put in impossible situation by the management. They ask me to solve some situation but it’s not possible to do it with current number of workers. Management just asks me to find new workers who could replace those who are ill, but it’s just not realistically possible.”

Some individuals felt that situation is exacerbated by unnecessary or inconvenient administrative tasks (“paperwork”) that can detract from patient care.

“Working with patients is good, but each patient is followed by a mountain of paperwork. It constitutes more than 70% of my work. It’s the end of the month therefore it’s more escalated. COVID-19 situation doesn’t bother me nearly as much as this issue.”

“There are things that we, doctors shouldn’t have to worry about. For example, statistical codes.”

It was also pointed out that there is strong financial motivation to work long hours because many cannot earn enough to provide for their families working in one workplace. Government has addressed routine overwork in healthcare by limiting the hours

that healthcare employees are allowed to work in one institution. Working in several places is not prohibited by law. This legislation meant to protect employees makes work even more time consuming for those who need to work longer hours by adding time to commute to other workplaces.

Jet hospitals were reported to differ in terms of workload management and specific issues differed depending on the type and location of the hospital. Participants reported that workload is higher and more intense in large university hospitals where the most difficult cases are handled while some regional hospitals experience extreme shortage of employees because healthcare professionals are more available in larger cities and it's just not possible to find the employees.

“I work in several hospitals and the intensity of work differs among hospitals. The burnout level of employees in regional hospital is lower comparing to clinical university hospitals.”

Some hospitals showed high commitment to resolve the issue, had advanced policies in place and were effective in reducing workload problems while other expressed that it can only be solved at government policy level.

“Our hospital has made huge progress in terms of work organization. I can take holidays when I want. We are discouraged to work overtime. There can be issues for short time, but manager solves the situation.”

Relationships and communication as mental health resource

All clinicians acknowledged that interactions with patients, co-workers and managers have a significant influence on well-being and resilience in the workplace.

Communication with patients

Many individuals reported that stress caused by patients and relatives who show little recognition for their work and efforts to help has negative impact on their mental health.

“The most difficult for me is attitude from patient and their relatives. Every third will humiliate, call me names. I just must pull myself together and continue to work.”

“I wish somebody would appreciate the long years of studies I did and recognize that I just want to help people.”

The pressure is especially difficult in the cases when the possibility to help the patient is limited. Doctors must cope with their own sadness while providing emotional support to the patient and their family who can frequently blame the doctor.

“I'm not coming to work to commit crime. But I feel treated like one by patient relatives. I must justify every medication I prescribe and prove that I don't want to hurt or poison patients. I would appreciate more backup from our management. Don't feel it now.”

“We, psychiatrists, are influenced by the fact that we cannot fully cure the patients just reduce the symptoms. We experience a lot of misunderstanding, hostility,

even aggression from the relatives. As a result, there is less satisfaction from work. It makes us feel empty with time un raises existential questions about the meaning of our work.”

Supportive inter-professional teams

Most healthcare workers stressed the importance of respectful and supportive care team to deliver quality patient care and provide support in stressful situations. They also acknowledged that communication among team members was not always respectful and attributed this behaviour to stress and overwhelmingly long work hours.

Several healthcare workers believed that informal activities together with their team helped to develop better understanding and connection as well as discuss important questions.

“Units organize events. If the weather is good, we rent a bus with our own money and go on trips all the nurses together. There is no time to come together and talks about issues in worktime.”

They noted that members of professional groups working in one department organize activities separately. It's less common to organize events for different professions and departments together. They also reported that there are more communication difficulties across departments and among various professional groups.

Healthcare workers emphasized that having opportunities to talk with colleagues about workplace issues is important to be able to set healthy work life balance. It helps to resolve issues at work and to disengage and recover after work. Some healthcare providers mentioned that it is helpful not to talk about work issues with their partners at home.

“My family helps. They don't ask about events in the hospital, and it helps to leave the work issues at work.”

“Colleagues talk with each other. Everybody has a support person. I have one too. She listens and supports me.”

Recognizing the importance of good relationships with colleagues, some individuals proactively invest in developing and maintaining them by being understanding, empathic and supportive of the colleagues.

“I try not to create conflicts at work. If my colleague is not in good mood, I try not to provoke. If they are tired, I try to help. This way I create calmer environment for myself. That helps me to do my work better too.”

Individual reported that COVID-19 created more tension between colleagues with opposite views about vaccination.

“COVID-19 created a lot of tension with patients and with colleagues. People divided into 2 groups – those who support vaccination and those who are categorically against.”

Support system was also disrupted because informal gatherings were prohibited.

Communication with manager

Many individuals report that positive communication, constructive, sensitive feedback and support from the manager is important to cope with stress at work.

“I can go to my manager with anything. She is understanding and solution focused even if I have made a mistake. This way we can find solutions faster. I know that in other departments colleagues are afraid to talk to their manager and hide problems.”

Sometimes the support has been insufficient, or employees have felt that manager is not interested in their difficulties, they don't feel heard and stop trying to discuss issues. Several participants reported frequent incidents of being humiliated by too harsh and critical feedback from their direct manager in front of patients or colleagues.

“Shouting at us in the presence of colleagues and patients. It would be so different if issues were addressed personally and discretely.”

Some individuals noted widespread mistreatment of younger and less experienced colleagues by some managers or senior colleagues at their institution, including ignoring, not responding to greetings, publicly humiliating remarks, and harsh criticism.

Transparent and engaged leadership

Some healthcare providers express need for more engaged and present higher hospital management and disappointment about insufficient understanding and recognition for their work.

“I haven't felt presence of leadership during COVID-19 pandemic. We only receive e-mails. I would like to see more personal support; board members could come to the unit and see how we work. To see actual work not just statistical data.”

They also felt distressed because changes were implemented in their work environment without clear communication from leadership.

“Adapting to constant change is very distressing. There are new directives and changes even twice a week. But frequently we don't have clear information and hear about news from colleagues while smoking together.”

Some expressed need for more legal protection when there are unfounded complains from patients.

Individual resources and coping strategies

Those individuals who felt that they cope with workplace stress well stressed the importance of individual responsibility about setting healthy boundaries, regulating stress at work and self-care after work.

“Since first days in healthcare I realised that I cannot take work home and have been following this rule for almost 10 years I work in healthcare. When I leave the hospital, I don't think about what's happening there, I close the mental doors as well.”

They also stressed that realistic mindset and expectations help to accept the daily stressors working in healthcare and develop resilience.

“Mental wellbeing and stress at work also depends on your attitudes and personality. Sensitive people perceive more events and factors as stressful and that has more negative impact on their physical and mental health.”

“I’m prepared that anything can happen and therefor don’t get startled or upset. For 8 years I work in ED, and it helped to develop psychological resilience. I don’t take things personally.”

One participant pointed out that accepting the realities of the work is important and having idealistic believes about the work can lead to negative emotions and disappointment for younger professionals.

“Frequently young healthcare workers are eager to help selflessly. Then a homeless person is very rude and rejects their help, they attend to a child that cannot be saved and dies before their eyes or they must treat severally injured person. It can be very difficult to cope with such situations and causes the biggest stress.”

Healthcare workers stress that it is important to find enjoyable leisure time activities and hobbies that help to relax after work. They frequently spend time in nature, do sports, work in garden, spend time with family and friends. Some feel that excessive work hours and insufficient salaries limit opportunities to relax after work.

“During crises our working time was increased by one hour. One free hour would mean a lot. It’s really exhausting to be in these walls for so long hours. One free hour would give healthcare workers time to take better care of themselves, we could do some physical activities, have a walk in the nature or attend a concert. If we had more time to relax, we would be more productive.”

Still, managers noted that attempts to promote culture shifts for a healthier work-life balance or work-life integration, such as encouraging and celebrating time away from work, offering more choices over work shifts and free time didn’t give immediate results. They reported that some workers continued to work too long hours even when it was explicitly discouraged. They shared that it takes time for the attitudes and habits to change and it’s important to stay consistent with change.

“There are some employees who take on too much. We see that they are exhausted and burn out and suggest taking time off but there are some personal reasons why they don’t consider it an option.”

Benefits and support for stress management

Those who seek professional psychological help recognize that it is helpful. Others mention that there are many obstacles why only few use this service even when it is available for free. Attending psychologist outside work provides more privacy but it’s difficult to find time. Having psychologist in the house make sessions more accessible, but some

healthcare workers don't feel comfortable discussing personal matters with a colleague and are concerned about their neutrality and colleagues' attitudes.

"Ideally, psychologist could come to our workplace. We are very busy, no time to attend specialist in other places."

"I cannot talk with psychologist if it is the same person I discuss my clients with. Then I'm both a patient and a doctor. It must be somebody from the side, not related to the hospital."

Independence and impartiality of the psychologist are crucial. Some individuals felt uncomfortable sharing their difficulties with psychologist if they perceived him/her as having close alliance with administration of the hospital.

"Psychologist office is in the administrative building. Everyone can see who attends him. There is even less privacy because we must register with our name when entering the administrative building and explain the reason for visit."

Along with practical inconveniences, psychiatric stigma was frequently mentioned as barrier to receiving psychological help as well. Healthcare workers had encountered that some distressed colleagues believe that their difficulties are not so bad and are afraid that colleagues will think less of them if they attend psychologist.

"Many have prejudice that going to psychologist has negative connotation. There is belief that only people with serious problems go to psychologists. They worry about how the colleagues will look at them. We must talk about importance of searching for help when we need it, without shame."

Nevertheless, healthcare workers had observed that attitudes are changing, and people are more open to getting support from psychologist.

"I work in x hospital for 6 years. At first people hid their difficulties, now they are much more open and visit mental health professionals to talk."

Those who had experienced attitude change attributed it to systemic communication about importance of mental health care for healthcare workers, implementation of various mental health related activities even if the employees are cautious at first.

"There are several ways how we motivate employees to use support of psychologist: there is information on our internal information portal, we talk about it in meeting, teach managers how to communicate about it. If people are not ready for individual sessions, we suggest group lectures or workshops that are organized once a week. In these workshops we talk about self-care and stress management."

Discussion

Employment in the healthcare is considered stressful; burnout, depression and anxiety levels of the healthcare workers are alarming, indicating the importance to find ways to mitigate workplace stress (Valaine & Satuta, 2021). Healthcare workers in this research

acknowledged that some stressors and challenges are related to the content and demands of the job- acute situations, exposure to trauma and emotions of the patients and their relatives, high responsibility and difficult decisions. These experiences are particularly prevalent in some units like intensive care, emergency care and maternity hospitals. Opinions differed about the impact of COVID-19 on job demands. Some felt that job was more difficult due to specific requirements like protective equipment, frequent change in requirements. Others felt that different challenges are inherent part of their work and COVID-19 hasn't fundamentally changed that. The latter opinion was expressed by healthcare workers who overall felt that they cope with stress at work well.

Healthcare workers express concerns and dissatisfaction about the avoidable issues that further generates stress – excessive workload due to insufficient personnel and sub-optimal work organization (example, too much paperwork), ineffective communication amongst departments, tension in communication with colleagues, and unsupportive management style and organization culture. These pre-existing issues and weaknesses were further amplified by the COVID-19 pandemic.

Healthcare struggles with high demands and low resources both prior and especially during COVID-19 pandemic. Insufficient personnel and unsustainable workload limit the time and opportunities for recovery and self-care, causes irritability with colleagues and patients, lowers the quality of healthcare service, and thus impacts mental well-being. The well-being of healthcare workers is essential to build therapeutic alliance among clinicians, patients, and families that is important part of high quality healthcare (Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being et al., 2019). Some individuals admitted that exhaustion made it more difficult to stay connected with patients and provide quality care. Some institutions have already implemented and finetuned the workflow management that employees find supportive and satisfactory, but it remains a major issue for many healthcare workers.

Our findings concur with previous observations that relationships are important factor influencing the wellbeing of healthcare professionals both as a potential source of stress and as a protective factor against other stressors. Healthcare providers experience multiple stressors in the context of relationships. Many are exposed to traumatic emotions of the patients and provide emotional support to agitated people daily. With patient doctor relationships putting emotional strain on healthcare professionals, social support from colleagues and managers is especially important.

Our observations agree with previous research showing that informal social support from colleagues and “backstage learning” are important both for healthcare provider wellbeing and patients’ safety. Backstage knowledge sharing is premised on shared understanding, trust, mutuality and situational opportunity (Waring & Bishop, 2010). Healthcare workers reported that informal gatherings are essential for getting to know the colleagues and developing trust and understanding. There is little or no opportunities for that during the busy workday. Supportive relationships are highly valued, and some departments proactively plan for opportunities to build personal connections and support network. Frequently these activities are organized by small professional units,

for example, nurses of the department would organize trips or events together. It was noted that tension and loss of continuity of care is caused by the lack of understanding and communication across departments and getting to know colleagues from related departments more could improve collaboration and thus patient safety.

Healthcare workers experienced that there were less opportunities to connect and share during COVID-19 because informal gatherings were prohibited. To support the resilience of the teams it is important to consider the communication patterns and needs of the teams to encourage and facilitate opportunities for communication both within and across professional groups and units that collaborate in providing patient care.

Health care organizations have a vitally important role in creating and maintaining positive work environments that clinicians find to be safe, healthy, and supportive. Our research showed that some hospitals are aware that these factors matter and make systemic improvements. Yet healthcare workers in some hospitals don't feel that their wellbeing matters, don't feel heard and supported by their managers. Some employees, especially younger clinicians, nurses or assistants, experience harsh criticism, disrespectful and even humiliating treatment privately and in public. In the context of intense workload, stressful and responsible work content, providing support for agitated patients lack of support and harsh attitude from manager puts exposed healthcare workers mental health at significant risk.

To mitigate the impact of COVID-19 pandemic on healthcare workers, all hospitals in Latvia offered their employees free psychological help. Some healthcare workers found it helpful but reported that only few used this service due to psychiatric stigma and inconvenience. Employees and managers in the hospitals that had mental health support services already before pandemic had observed more participation. Managers noted that it took several years of systemic and consistent mental health support efforts to observe changes in attitudes and more openness to receive psychological help. This indicates that for healthcare workers to be receptive to this kind of support, psychological support services should be systemically incorporated and always encouraged not only during the crises.

Our research suggests that improvement in wellbeing of healthcare workers cannot be achieved by psychological support or training in stress management alone but rather change of attitudes and organization culture and redesigning work systems to alleviate stressors and optimise support networks. Our findings parallel several features of the National Academy of Medicine's Systems Model of Clinician Burnout and Professional Well-being model (NAM; (Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2019). NAM stresses the importance of systems approach to proactively improve professional well-being starting with engaged and commit leadership at all organizational levels. Most individuals in our research felt that leadership is distanced, and their needs are not heard. Some participants in leadership position showed commitment to systemically improve the working conditions and support systems while others attributed issues to the country policy and expected change there.

Along with more engaged leadership there is need for better communication and engagement of workers creating opportunities to talk about their needs and provide feedback.

This article presents the results of a pilot study that includes the opinions of the sample of the healthcare workers that represent variety of gender, age, professions, positions and types of hospitals, however, sample from each segment is small and this limits generalizability of these results. Larger sample could offer other perspectives and insights.

When interpreting the findings of the present study, one needs to consider that all interviews were conducted during a particular time point of the pandemic that have influences the perspectives and priorities of the participants. Further, study includes the opinions of the sample of the healthcare workers that represent variety of gender, age, professions, positions and types of hospitals, however, sample from each segment is small and this limits generalizability of these results. Larger sample could offer other perspectives and insights. However, theoretical saturation point was reached and is comparable to other qualitative studies.

Conclusions

This study explored what workplace factors are reported by healthcare workers in Latvia as significant for their mental health and what helps them to cope with stress at work. Thematic analyses of the qualitative interviews with 27 healthcare professionals in Latvia's hospitals revealed 6 themes: 1) work demands, 2) unsustainable workload, 3) interaction with patients, co-workers and managers, 4) individual resources and coping strategies, 5) benefits and support for stress management, including psychological help, 6) COVID-19.

Some of the causes for stress are inherent to working in healthcare including making decisions in acute situations, exposure to trauma and emotions of the patients and their relatives, high responsibility. Our findings suggest that realistic acceptance of the inherent stressors along with individual responsibility about setting healthy boundaries, regulating stress at work and self-care after work promote resilience on individual level. However, lack of personnel leads to significant risk factor experienced by healthcare workers excessive workload that limits possibilities to ascertain healthy boundaries against overwork and/or makes it ethically challenging. Support of the team is one of the main protective factors and it's important to provide opportunities for team members to connect and build trustful communication. Some healthcare workers experience burden of insufficient support and appreciation from managers and organization.

The findings of this study provide implications for the improvement of support systems aimed at enhancing resilience and promoting well-being of healthcare professionals. The analyses suggests that many healthcare workers function on the verge of their ability; it is important to improve general support systems for daily functioning not only in times of crisis. Better workflow management, support from the organization and managers, cohesive teams with good communication are likely to have positive effects on the mental health, job satisfaction, and on the overall quality of healthcare provided to patients.

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