

# Risk factors for anxiety among healthcare workers in Primary Healthcare during COVID 19 pandemic

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# Faktori rizika za osećaj anksioznosti kod zdravstvenih radnika u primarnoj zdravstvenoj zaštiti tokom COVID-19 pandemije

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## Abstract

The coronavirus disease 2019 (COVID 19) pandemic killed millions of people and affected the whole world, including Serbia. Healthcare workers could not isolate themselves from patients. They worked under adverse and challenging conditions, which could have caused mental health problems. This study aimed to identify the risk factors for anxiety in healthcare workers working in Covid wards (CW) of Primary Healthcare center (PHC).

**Method:** This cross-sectional study was conducted among healthcare workers of the CWs. During the study period, we had a total of 150 completed questionnaires. Descriptive statistics, Pearson chi-square test, and Pearson correlation were used to analyze the data. We used SPSS for data analysis.

**Results:** Our sample included 150 healthcare workers (HCWs), of whom 86.0% were females, the majority were 41-50 years of age (40,0%), and have been working for 21-30 years (32,7%). In our sample, 94,6% HCWs stated they received personal protective equipment (PPE). The results revealed a significant association only between gender and anxiety. Anxiety was higher among females than males. Correlation analysis indicated the feeling of anxiety was positively correlated with the workload, exhaustion, and family strain. The feeling of anxiety was not correlated with the feeling of protection. The feeling of protection was in negative correlation with family strain.

**Conclusion:** Anxiety was present in HCWs during the pandemic. Gender is the risk factor for anxiety in HCWs who work in CWs in PHCs.

**Keywords:** Covid-19, healthcare workers, anxiety, risk factors

## Sažetak

**Uvod.** Pandemija bolesti izazvane korona virusom 2019. (COVID-19) ubila je milione ljudi i pogodila čitav svet, uključujući i Srbiju. Zdravstveni radnici ne mogu da se izoluju od pacijenata. Rade u nepovoljnim i izazovnim uslovima, što može dovesti do pojave mentalnih zdravstvenih problema. Ova studija je imala za cilj da identifikuje faktore rizika za osećaj anksioznosti kod zdravstvenih radnika koji rade u Kovid ambulancama (KA) pri domovima zdravlja.

**Metod.** Ova studija preseka je sprovedena među zdravstvenim radnicima iz KA. Za vreme perioda studije dobili smo ukupno 150 popunjenih upitnika. Deskriptivna statistika, Pirsonov hi- kvadrat test i Pirsonova korelacija iskorišćeni su za analizu podataka. Koristili smo SPSS za analizu podataka.

**Rezultati.** Naš uzorak uključio je 150 zdravstvenih radnika (ZR) od kojih je bilo 86,0% žena, većina su bili između 41–50 godina (40,0%) i imali su radnog staža između 21–30 godina (32,7%). U našem uzorku 94,6% ZR je izjavilo da su dobili ličnu zaštitnu opremu (LZO). Rezultati su pokazali značajnu povezanost samo između pola i osećaja anksioznosti. Anksioznost je bila veća među ženama nego muškarcima. Korelaciona analiza je ukazala da je osećanje anksioznosti imalo pozitivnu korelaciju sa radnim opterećenjem, iscrpljenošću i porodičnim opterećenjem. Osećanje anksioznosti nije bilo povezano sa osećanjem zaštite. Osećaj zaštićenosti je bio u negativnoj korelaciji sa porodičnim opterećenjem.

**Zaključak.** Osećaj anksioznost je bio prisutan kod ZR za vreme pandemije. Pol je bio faktor rizika za anksioznost kod ZR koji rade u KA u domovima zdravlja.

**KLjučne reči:** COVID-19, zdravstveni radnici, anksioznost, faktori rizika

## Introduction

The coronavirus disease 2019 (COVID-19) pandemic was reported in December 2019. It killed millions of people and affected the whole world, including Serbia.<sup>1</sup> Healthcare workers (HCWs) worked under adverse and challenging conditions during the pandemic. They couldn't isolate themselves from their patients, which could have caused mental health problems. There were some constraints, institutional and personal, which were distracting HCWs from treating COVID-19 patients effectively. Institutional constraints included the poor condition of isolation wards, inadequate availability of personal protective equipment, excessive and uneven workload, and absence of emotional and psychological support in Primary Health care centers (PHC). Personal constraints included nervousness due to the novel virus, the fear of becoming infected, the fear of transmitting the virus to family members, isolation, and the feeling of powerlessness. HCWs in Serbia have been dealing with a high risk of infection, causing mental health problems such as stress, anxiety, and depressive symptoms. These mental health issues didn't only affect the decision-making capacity of HCWs, but also obstructed the fight against COVID-19, and could have had an effect on their overall well-being.<sup>2-5</sup> The response to combatting COVID-19 was mainly based on mask wearing, hand washing, physical distancing, school closing, working from home, and lockdown.<sup>6-9</sup> These preventive actions, changed daily life and caused anxiety and fear among HCWs.<sup>10, 11</sup> Many studies have reported adverse psychological reactions among healthcare workers during the epidemic.<sup>12, 13</sup> Given that there is no empirical evidence in this area in Serbia, we aimed at conducting the research concerning the matter.

## Objective

This study aimed to identify the risk factors for anxiety in healthcare workers working in Covid wards (CW) in Primary Healthcare center.

## Method

### 1. Study Design

We conducted a cross-sectional study among healthcare workers working in CWs in Primary Healthcare center, New Belgrade, Belgrade. The research was conducted from March to May 2021. We included all the physicians and nurses of the CW. During the study period, we completed a total of 150 questionnaires.

## Uvod

Pandemija izazvana bolešću koju uzrokuje korona virus 19 (COVID-19) prijavljena je u decembru 2019. godine. Ubi-la je milione ljudi i pogodila čitav svet, uključujući i Srbiju<sup>1</sup>. Zdravstveni radnici (ZR) su radili u nepovoljnim i izazovnim uslovima za vreme pandemije. Nisu mogli da se izoluju od svojih pacijenata, što može da dovede do pojave mentalnih zdravstvenih problema. Bilo je prepreka, institucionalnih i personalnih, koje su ometale ZR u efikasnom lečenju COVID-19 pacijenata. Institucionalne prepreke uključivale su loše uslove izolacionih prostorija, nedovoljno lične zaštitne opreme, prevelike i neravnomerno raspoređene radne obaveze i odsustvo emocionalne i psihološke podrške u domu zdravlja (DZ). Lične prepreke uključivale su nervozu zbog novog virusa, strah od zaražavanja, strah od prenošenja virusa članovima porodice, izolacije i osećanje bespomoćnosti. Zdravstveni radnici u Srbiji imali su visok rizik od infekcije, što je uzrokovalo mentalne zdravstvene probleme kao što su stres, anksioznost i depresivni simptomi. Ovi mentalni problemi nisu uticali samo na kapacitet u donošenju odluka kod ZR, već su opstruisali i borbu protiv COVID-19 i mogli su i da utiču na ukupnu dobrobit ZR<sup>2-5</sup>. Odgovor na borbu protiv COVID-19 se uglavnom bazirao na nošenju maski, pranju ruku, fizičkom distanciranju, zatvaranju škola, radu od kuće i izolaciji<sup>6-9</sup>. Ove preventivne mere su promenile svakodnevni život i izazvale anksioznost i strah među ZR<sup>10,11</sup>. Mnoge studije našle su neželjene psihološke reakcije među zdravstvenim radnicima za vreme epidemije<sup>12,13</sup>. S obzirom da nema empirijskih dokaza u ovoj oblasti u Srbiji, mi smo imali za cilj da sprovedemo studiju koja se odnosi na ovaj problem.

## Cilj

Ova studija ima za cilj da identifikuje faktore rizika za anksioznost kod zdravstvenih radnika koji rade u Kovid ambulanti (KA) u domu zdravlja.

## Metod

### 1. Dizajn studije

Sproveli smo studiju preseka među zdravstvenim radnicima koji rade u KA u Domu zdravlja, Novi Beograd, Beograd. Istraživanje je sprovedeno od marta do maja 2021. godine. Uključili smo sve lekare i sestre iz Kovid ambulanti. Za vreme perioda studije dobilo smo 150 kompletno popunjenih upitnika.

## 2. Study Variables

We performed the study using the questionnaire, among the HCWs at their workplace. All participants were guaranteed anonymity and they gave their informed consent. We obtained the consent to use the questionnaire in our research. The questionnaire included questions related to sociodemographic characteristics of the respondents (age, gender, employment designation, job experience - in years), and measured the main five study constructs: workload, exhaustion, family strain, feeling of protection, and anxiety. The answers were gained from the participants' responses on a five-point Likert scale ("Never", "Rarely", "Sometimes", "Often", "Always").

The following four items were used to measure workload: "I feel I lack knowledge on coronavirus infection", "I feel I have incomplete knowledge on the virus infection prevention", "I feel I have no choice but to work due to obligation", and "I feel hesitating at work".

Exhaustion was measured using the following five items: "I am exhausted physically", "I feel burdened by the change of work nature", "I am exhausted mentally", "I feel burdened by the increase in workload", and "I have insomnia".

We measured family strain with the following three items: "I am worried I'm an asymptomatic virus carrier, and thus place my family (children and parents) at risk", "I am worried about returning home and exposing my children to the virus", and "I cannot stop worrying for my family whenever I see/treat a patient with a critical condition".

The feeling of protection was measured using the following items: "I feel I am protected by my hospital administration", "I feel I am protected by the federal government", and "I feel I am protected by the security forces".

The feeling of anxiety was measured by these statements: "I feel anxious about being infected during commuting/travel to work", "I feel anxious about compensation if I get infected", and "I feel anxious about being infected by the virus".<sup>14</sup>

## 3. Statistical Analysis

We used SPSS for data analysis, and  $p < 0.05$  indicated statistical significance. Data were presented as frequencies (%). Pearson chi-square test was used to measure the differences between the variables and it identified predictors for anxiety. Pearson correlation was used to measure the association between study variables.

## 2. Varijable istraživanja

Studiju smo sproveli koristeći upitnik među ZR na njihovom radnom mestu. Svim učesnicima je garantovana anonimnost i svi su dali informisani pristanak. Pristanak je pribavljen kako bi mogli da koristimo upitnike u našem istraživanju. Upitnik je sadržao pitanja u vezi sociodemografskih podataka učesnika (godišće, pol, zanimanje, radno iskustvo izraženo u godinama) i merilo je pet glavnih parametara studije: radno opterećenje, iscrpljenost, porodičnu napetost, osećaj zaštite i anksioznost. Odgovori su dobijeni iz odgovora učesnika na Likertovoj petostepenoj skali ("Nikad", "Retko", "Ponekad", "Često", "Uvek").

Sledeća četiri iskaza su korišćena da izmere radno opterećenje: "Osećam da mi nedostaje znanje o korona virus infekciji", "Osećam da imam nedovoljno znanja o prevenciji virusne infekcije", "Osećam da nemam izbora već moram da radim iz obaveze" i "Osećam nesigurnost na poslu".

Iscrpljenost je merena koristeći sledećih pet iskaza: "Iscrpljen sam fizički", "Osećam teret zbog promene prirode posla", "Iscrpljen sam mentalno", "Osećam teret zbog povećanja radnih obaveza" i "Imam nesanicu".

Porodično opterećenje merili smo sledećim trima iskazima: "Zabrinut sam da sam asimptomatski prenosilac virusa i na taj način stavljam svoju porodicu u rizik (deca i roditelji)", "Zabrinut sam da ću pri povratku kući izložiti svoju decu virusu" i "Ne mogu da prestanem da brinem za svoju porodicu kad god vidim/lečim pacijenta u kritičnom stanju".

Osećanje zaštite je mereno sledećim iskazima: "Osećam da sam zaštićen od strane administracije moje ambulante", "Osećam da sam zaštićen od strane države" i "Osećam da sam zaštićen od strane bezbedonosnih snaga".

Osećanje anksioznosti je mereno ovim iskazima: "Osećam anksioznost iz straha da ću se zaraziti tokom putovanja/odlaska na posao", "Osećam anksioznost zbog gubitka kompenzacije ako se inficiram" i "Osećam anksioznost zbog eventualnog zaražavanja virusom"<sup>14</sup>.

## 3. Statistička analiza

Koristili smo SPSS za analizu podataka i  $p < 0,05$  je označavao statističku značajnost. Podaci su predstavljeni kao frekvence (%). Pirsonov hi-kvadrat test je korišćen za merenje razlike između varijabli i identifikovao je prediktore za anksioznost. Pirsonova korelacija korišćena je za merenje veze između istraživanih varijabli.

## Results

Our sample consisted of 150 HCWs, 86,0% females, most aged 41-50 (40,0%), and with work experience of 21-30 years (32,7%). There were 40,7% of physicians and 59,3% of nurses in our sample (Table 1).

**Table 1.** Sociodemographic characteristics of respondents (N = 150)

**Tabela 1.** Sociodemografske karakteristike ispitanika (N = 150)

Variables/Varijable	N (%)
<b>Gender/Pol</b>	
Male/Muški	21 (14)
Female/Ženski	129 (86)
<b>Age/Starost</b>	
≤ 30	13 (8,7)
31–40	33 (22)
41–50	60 (40)
51–60	39 (26)
≥ 61	5 (3,3)
<b>Employment designation/Radno mesto</b>	
Physician/Lekar	61 (40,7)
Nurse/Sestra	89 (59,3)
<b>Work experience/Radno iskustvo</b>	
≤ 10	33 (22,0)
11–20	46 (30,7)
21–30	49 (32,7)
≥ 31	22 (14,7)

In our sample, 94,6% of HCWs stated they received personal protective equipment during the COVID-19 epidemic. Out of them, 26,0% said they got it provided by the government, working organization (59,3%), or personally provided (9,3%) (Table 2). HCWs stated they always received face masks on duty, 37,3% N-95 masks, and surgical masks (80,7%). Protective equipment did not receive 5,3% of HCWs.

**Table 2.** Did you receive personal protective equipment during the COVID-19 epidemic

**Tabela 2.** Da li ste dobili ličnu zaštitnu opremu za vreme COVID-19 epidemije?

Variables/Varijable	N (%)
Provided by the government/Obezbeđena od strane države	39 (26)
Provided by working organization/Obezbeđena od strane radne organizacije	89 (59,3)
Personally provided/Lično obezbeđena	14 (9,3)
Not received/Nisam je dobio/la	8 (5,3)

## Rezultati

Naš uzorak se sastojao od 150 ZR od čega je bilo 86,0% žena, većina je bila starosti 41–50 godina (40,0%) i sa radnim iskustvom 21–30 godina (32,7%). U našem uzorku bilo je 40,7% lekara i 59,3% sestara (Tabela 1).

U našem uzorku 94,6% ZR je reklo da su dobili ličnu zaštitnu opremu za vreme COVID-19 epidemije. Od njih 26,0% je reklo da je oprema obezbeđena od strane države, radne organizacije (59,3%) ili su lično obezbedili (9,3%) (Tabela 2). ZR su rekli da su uvek dobijali zaštitne maske na poslu, 37,3% N-95 maske i hirurške maske (80,7%). Zaštitnu opremu nije dobilo 5,3% ZR.

Table 3 shows the differences in anxiety related to socio-demographic variables of the respondents. There was no significant difference in anxiety related to age, employment designation, and work experience. There was a difference between genders related to anxiety. Females more often declared they were anxious.

Tabela 3 prikazuje razlike u anksioznosti u vezi sa sociodemografskim varijablama ispitanika. Nije bilo značajne razlike u anksioznosti vezano za starost, radno mesto i radno iskustvo. Postojala je razlika između polova kada se radi o anksioznosti. Žene su se češće izjašnjavale da su anksiozne.

**Table 3.** Difference between the feeling of anxiety related to socio-demographic characteristics

**Tabela 3.** Razlike između osećanja anksioznosti vezano za sociodemografske karakteristike

Variable/Varijable	Anxiety/Anksioznost N (%)					p-value/ p-vrednost
	Never/ Nikad	Rarely/ Retko	Sometimes/ Ponekad	Often/ Često	Always/ Uvek	
<b>Gender/Pol</b>						<b>0,013</b>
Male/Muški	3 (30)	14 (23,7)	3 (6,5)	1 (3,8)	0 (0)	
Female/Ženski	7 (70,0)	45 (76,3)	43 (93,5)	25 (96,2)	9 (100,0)	
<b>Age/Starost</b>						0,502
≤ 30	1 (10,0)	9 (15,3)	0 (0)	3 (11,5)	0 (0)	
31–40	2 (20,0)	15 (25,4)	8 (17,4)	6 (23,1)	2 (22,2)	
41–50	5 (50,0)	21 (35,6)	21 (45,7)	10 (38,5)	3 (33,3)	
51–60	2 (20,0)	11 (18,6)	15 (32,6)	7 (26,9)	4 (44,4)	
≥ 61	0 (0)	3 (5,1)	2 (4,3)	0 (0)	0 (0)	
<b>Employment designation/Radno mesto</b>						0,608
Physician/Lekar	5 (50,0)	27 (45,8)	18 (39,1)	9 (34,6)	2 (22,2)	
Nurse/Sestra	5 (50,0)	32 (54,2)	28 (60,9)	17 (65,4)	7 (77,8)	
<b>Work experience/Radno iskustvo</b>						0,480
≤ 10	4 (40,0)	18 (30,5)	8 (17,4)	3 (11,5)	0 (0)	
11–20	2 (20,0)	18 (30,5)	14 (30,4)	9 (34,6)	3 (33,3)	
21–30	3 (30,0)	17 (28,8)	15 (32,6)	9 (34,6)	5 (55,6)	
≥ 31	1 (10,0)	6 (10,2)	9 (19,6)	5 (19,2)	1 (11,1)	

Correlation analysis (Table 4) indicates the feeling of anxiety is positively correlated with the workload ( $r = 0.401$ ,  $p < 0.01$ ), exhaustion ( $r = 0.378$ ,  $p < 0.01$ ) and family strain ( $r = 0.528$ ,  $p < 0.01$ ). However, the feeling of anxiety is not correlated with the feeling of protection. The feeling of protection is negatively correlated with family strain ( $r = -0.175$ ,  $p < 0.05$ ).

Korelaciona analiza (Tabela 4) pokazuje da je osećanje anksioznosti u pozitivnoj korelaciji sa radnim opterećenjem ( $r = 0,401$ ,  $p < 0,01$ ), iscrpljenošću ( $r = 0,378$ ,  $p < 0,01$ ) i porodičnim opterećenjem ( $r = 0,528$ ,  $p < 0,01$ ). Međutim, osećanje anksioznosti nije u korelaciji sa osećanjem zaštite. Osećanje zaštite je u negativnoj korelaciji sa porodičnim opterećenjem ( $r = -0,175$ ,  $p < 0,05$ ).

**Table 4.** Correlation analysis, the feeling of anxiety**Tabela 4.** Korelaciona analiza, osećanje anksioznosti

Variable/Varijable	Exhaustion/ Isrpljenost	Family strain/ Porodično opterećenje	Feeling of protection/ Osećanje zaštite	Feeling of anxiety/ Osećanje anksioznosti
Workload/Radno opterećenje	0,407**	0,340**	- 0,115	0,401**
Exhaustion/ Isrpljenost		0,514**	- 0,380**	0,378**
Family strain/ Porodično opterećenje			-0,175*	0,528**
Feeling of protection/ Osećanje zaštite				-0,112

st significant/značajan \* $p < 0,05$ , \*\*st significant/značajan  $p < 0,01$

## Discussion

The study aimed to identify the risk factors for anxiety among healthcare workers in Primary Healthcare center during the COVID-19 pandemic. The results of the study showed a higher workload was associated with greater exhaustion, greater family strain, and anxiety in HCWs. However, the feeling of protection was *inversely associated* with exhaustion and family strain, as we expected. Many studies from around the world, corroborate that HCWs are suffering more from anxiety during the pandemic.<sup>15-18</sup> During pandemics the workload and exhaustion levels are compounded due to the fear of uncertainty. Research suggests that family strain and anxiety may also aggravate due to the fear for family members' wellbeing.<sup>19</sup> The relentless spread of the virus, the permanent threat of being infected, the workload, and the lack of support from health organizations, are some of the reasons for the HCWs' psychological distress. In our study, HCWs said they received protective equipment but they were probably not satisfied with its quality and quantity. Only one-third of HCWs declared they received N-95 masks, and some personally procured better protective equipment.

Our results also suggest female HCWs were more suffering from anxiety during the pandemic, as other studies indicate.<sup>20-24</sup> HCWs working on the frontline and dealing with positive or suspected COVID-19 patients, while trying to save lives and protect themselves and others from infection are undoubtedly stressed. HCWs must be protected from the infection and provided with administrative and psychological support and accurate information.<sup>25, 26</sup>

This study has some limitations. The survey was conducted only in Belgrade, so the results may not refer to the whole country (Serbia). We were unable to sample a larger number of respondents due to a low response rate. Further research is needed to clear up these issues.

## Diskusija

Studija je imala za cilj da identifikuje faktore rizika za anksioznost među zdravstvenim radnicima u domu zdravlja za vreme COVID-19 pandemije. Rezultati studije pokazali su da je veće radno opterećenje bilo povezano sa većom iscrpljenošću, većim porodičnim opterećenjem i anksioznošću kod ZR. Međutim, osećanje zaštite je bilo obrnuto povezano sa iscrpljenošću i porodičnim opterećenjem, kao što smo i očekivali. Mnoge studije, iz čitavog sveta, potvrđuju da ZR više pate od anksioznosti za vreme pandemije.<sup>15-18</sup> Tokom pandemije nivoi radnog opterećenja i iscrpljenost se usložnjavaju zbog straha od neizvesnosti. Istraživanje pokazuje da se porodično opterećenje i anksioznost mogu pogoršati zbog straha za dobrobit članova porodice.<sup>19</sup> Nemilosrdno širenje virusa, stalna pretnja od zaražavanja, radno opterećenje i nedostatak podrške od zdravstvenih organizacija samo su neki od razloga psihološke patnje ZR. U našoj studiji, ZR su rekli da su dobili ličnu zaštitnu opremu, ali verovatno nisu bili zadovoljni sa njenim kvalitetom i količinom. Samo jedna trećina ZR izjasnila se da su dobili N-95 maske, a neki su lično nabavljali bolju zaštitnu opremu.

Naši rezultati takođe pokazuju da su žene ZR više patile od anksioznosti za vreme pandemije, kao što su pokazale i druge studije.<sup>20-24</sup> ZR koji su radili na prvoj liniji i to sa pozitivnim i suspektim pacijentima na COVID-19, trudeći se da spase živote i zaštite sebe i druge od infekcije, su nesumnjivo pod stresom. ZR moraju biti zaštićeni od infekcije i mora im biti obezbeđena administrativna i psihološka podrška i tačne informacije.<sup>25,26</sup>

Ova studija ima neka ograničenja. Istraživanje je sprovedeno samo u Beogradu, tako da rezultati ne moraju da se odnose na celu zemlju (Srbiju). Nismo mogli da ispitamo veći broj učesnika zbog niskog odziva. Dalja istraživanja su neophodna da bi se pojasnila ova tema.

## Conclusion

The feeling of anxiety is more present in HCWs during the pandemic. Gender is the risk factor for anxiety in HCWs who work in CW in PHC. The protection and workplace safety of HCWs will decide on the quality of preparedness for a pandemic. Decrease in workload, exhaustion, and emotional stability of HCWs, will benefit work efficiency, patient safety, and physician's satisfaction.

**Acknowledgment:** We are very grateful to the PHCs in Belgrade and healthcare workers who took part in the research and devoted their time to complete the questionnaire. Special gratitude to the doctors who participated in the data collection.

**Conflicts of interest:** I declare I have no financial or personal relationship(s) which may have inappropriately influenced writing the paper.

### How does this paper make a difference in general practice?

- The COVID-19 outbreak significantly affects the mental health of healthcare workers.
- It is necessary to provide timely and special support, especially for female healthcare workers.
- It is needed to decrease workload and exhaustion during the COVID-19 pandemic and provide psychological support for HCWs.
- Families were the support for HCWs' well-being during the epidemic.

## Zaključak

Osećanje anksioznosti je više zastupljeno kod zdravstvenih radnika za vreme pandemije. Pol je faktor rizika kod ZR koji rade u KA u DZ. Zaštita i sigurnost na radnom mestu ZR će odrediti kvalitet pripremljenosti za pandemiju. Smanjenje radnog opterećenja, iscrpljenosti i emocionalna stabilnost ZR će doprineti radnoj efikasnosti, sigurnosti pacijenata i zadovoljstvu lekara.

**Zahvalnost.** Veoma smo zahvalni domovima zdravlja u Beogradu i zdravstvenim radnicima koji su uzeli učešće u istraživanju i odvojili vreme da popune upitnik. Posebna zahvalnost lekarima koji su učestvovali u sakupljanju podataka.

**Sukob interesa.** Izjavljujem da nemam nikakve finansijske ili lične veze koje mogu neprimereno da utiču na pisanje ovog rada.

### Šta ovaj rad znači za opštu medicinu?

- COVID-19 pandemija je značajno uticala na mentalno zdravlje zdravstvenih radnika.
- Neophodno je obezbediti pravovremenu i posebnu podršku, naročito za žene zdravstvene radnike.
- Potrebno je smanjiti radno opterećenje i iscrpljenost za vreme COVID-19 pandemije i obezbediti psihološku podršku za ZR.
- Porodice su bile podrška za dobrobit ZR za vreme pandemije.

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Primljen - Received - 13.04.2022.

Ispravljen - Corrected - 01.07.2022.

Prihvaćen - Accepted - 01.08.2022.