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CLINICAL REVIEW

Perceived Wellness While Returning to Work During the COVID-19 Pandemic: A Literature Review and Need for Research

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ABSTRACT

This paper will review the current literature regarding perceived wellness and COVID-19 and how it relates to a return to work during the pandemic. CINAHL, Google Scholar and Academic Search Complete are searched, and 17 articles are found to be relevant to the topic of review. Most research on the subject focused on healthcare workers. A few articles are found that review wellness or stress during the pandemic related to Native Americans, music therapists, students, teachers and the general population (usually involving Italy, UK and China). Most research agrees that COVID-19 and the ensuing, lockdowns, deaths, social isolation, financial hardships, and alterations to normal life has caused an increase in the amount of stress and a decrease in perceived wellness. This increase in baseline stress contributes to wellness in the workplace. Workplace culture and interventions have been found to either worsen or mitigate these stressors. Tools used to measure wellness focused mainly on measuring stress and did not include comprehensive measurements of all areas of wellness. One article measured spiritual wellness and only one used a comprehensive wellness tool that measured 7 aspects of wellness (emotional, environmental, intellectual, occupational, physical, social, and spiritual). There is also a lack of longitudinal studies with regard to COVID-19. Only one article was longitudinal, though many articles pointed out the need for this type of research. Future research should include in increase in worker role groups other than healthcare workers, a more comprehensive tool to measure all aspects of wellness and longitudinal data to allow for comparative analysis.

KEYWORDS

COVID-19; Perceived wellness; Pandemic; Social isolation; Deaths; Lockdown

INTRODUCTION

At the date of this publication, the world finds itself still well in the midst of the COVID-19 pandemic. This pandemic, which is now approaching the two-year mark in the United States, has been the topic of incessant discussion in the medical community and the world population at large. While there are many research findings

reported about the physiological effects of COVID-19 on people, there is a paradoxical lack of knowledge about its effect on societal and psychological well-being. In this paper, current literature about perceived wellness during COVID-19, and how it relates to a return to work during the pandemic, is investigated. This topic was searched within CINAHL, Academic Search Complete and Google Scholar. Seventeen articles were found to be relevant in some way to the topic of interest. These articles will be discussed and gaps in the literature will be identified in order to propose new research that addresses these gaps.

COVID-19'S EFFECT ON STRESS AND WELLNESS

Most people alive today have not lived through a sustained pandemic in their lifetime. It may seem obvious that the COVID-19 pandemic would cause increased stress and a decrease in perceived, overall wellbeing; what does the research say about these relationships? Early on in the pandemic, some began to speculate about these effects by reviewing what we know about large scale disasters, trauma, stress and increases in mental health disorders [1]. Others discussed the well-known link between healthy eating and exercise increasing subjective wellbeing and the reciprocal relationship [2,3].

One article discussed the perceived stress of Native American populations in which 80.6% of those in the study reported moderate amounts of stress due to the pandemic [4]. Schiff et al. [3] studied concerns of college students and reported increased stress of students overall, and affecting female students, and those with a history of mental illness or trauma, at a greater rate than other students; while optimism, sharing concerns and exercise were mediating factors to this stress. Some of the concerns expressed by students were, the safety and health of their families, how long the pandemic will last, the spread of the virus, vaccine concerns, and worry about online learning [3]. It was also found that stress increased with the amount of media coverage a student was exposed to.

Overall, the relationship between COVID-19 and stress/negative psychological effects is well documented in the research [1-13]. Much of this research explains what the stressors are and ways to mitigate these to uphold one's best state of health during the pandemic. Later, gaps in this research will be discussed.

RETURN TO WORK DURING THE PANDEMIC

Since it is known that people have had an increase in stress, how is baseline stress level altered when workers return to the workplace during the pandemic? In a qualitative article by Durosini et al. [7] individuals (who did not contract the virus) were interviewed and asked to describe both positive and negative experiences that they have had during the pandemic. Although most could identify positive aspects, the article concludes that many experiences were stressful, and may cause the need for psychological support. While no participants were "happy" about the pandemic, positive aspects were identified including a phenomenon of "cabin syndrome" (opposite of cabin fever) where people are happy staying at home and self-isolating or in quarantine. However, this syndrome may cause increased difficulty for these individuals when they need to return to work.

One article sought to gain insight into what will be needed by the returning workforce by exploring the occupational rehabilitation literature and likening the returning workforce to those who have returned to work after an injury of illness. The article suggests that the workplace should realize that the returning workers may display vulnerability and a need for job flexibility, modifications and support [14]. Personal factors such as age, fitness and health status, as well as workplace factors such as supervisor support, ability to accommodate

employee needs and physical demands of the job will need to be addressed during the workplace reopening process.

In the study by Gaddy et al. [15], the work journey of music therapists during COVID-19, are examined, and perceived stress and hope are measured. These therapists experienced a surge in patient need and had to reinvent how their services were provided to patients. This role group reported an increase in hope for themselves and their profession but also reported moderate levels of stress.

Leal Filho et al. [9] researched the impacts of COVID-19 on staff and students at universities. Teachers, professors and staff were more satisfied with online learning than students were. Most staff and students agreed with how their institution was handing the pandemic and enjoyed extra time at home with family. Teachers reported an increase in their workload, 90% of participants report being unable to perform normal work or studies for 1 week to 2 months and 70% reported negative impacts of COVID on work or school. A decrease in mental health is reported along with feelings of boredom, loneliness and anxiety [9].

A commonality in much of the COVID research, is a study of the people in China. This is logical in that China, being the place where the virus started, is slightly ahead of where the rest of the world is in this pandemic, and studying and learning what we can from their experiences is smart and valuable. One study of returning Chinese workers during the COVID-19 outbreak reports the psychosocial stress caused by COVID-19 promoted the occurrence of work stress. People working in areas with higher prevalence of COVID-19 had higher stress. Some moderating factors, however, were organizational and social supports in the workplace [12].

In one comprehensive article by Giorgi et al. [8] that reviewed COVID-19 mental health effects in the workplace, 35 articles were reviewed. Out of the 35 articles, 14 were about workers in China, and 19 focused on healthcare workers, 32 of the 35 found negative psychological outcomes of this virus on employees. Workplace aspects were found to play a crucial role in helping or harming the baseline mental health of returning workers. Some interventions that were found to mitigate the negative psychological effects of staff were, a) improvements of workplace infrastructures, b) adoptions of successful anti-contagion measures c) providing regular supplies of PPE and d) Implementation of resilience training programs.

Most of the articles about implications of COVID on stress, wellbeing, and psychological health, focused on health care workers (7 of the 17 articles of this review involved healthcare workers, 19 of the 32 articles reviewed by Giorgi et al. [8], and many others were available but not chosen for this review due to their specific focus). Other articles about the detrimental mental and physical effects of COVID-19 were reviewed that related to professionals in the healthcare field, including nurses, doctors, respiratory therapists, pharmacists, and radiologists [1,4,5,8,10,11]. The high work load, lack of supplies and high physical and emotional stress at work, along with worry about getting ill and taking illness back to families has certainly been, and continues to be documented in COVID research.

Giorgi et al. [8] found that while negative psychological effects were seen with most working role groups, healthcare staff, migrant workers and law enforcement may show an increased risk for stress. Studies have shown that the COVID-19 pandemic has caused a decrease in psychological wellness that promotes an increase in stress

at work. The research also concluded that frequent communication, COVID-19 mitigation strategies, and supportive social groups and administration can help reduce this stress in the workplace [2,10,12,14].

GAPS IN THE RESEARCH

As mentioned earlier there is both an abundance and lack of knowledge about COVID-19 and how this pandemic is affecting the citizens of this planet. Since this virus started spreading, there have been medical personnel, researchers and scholars that have been busy trying to learn as much as we can about this novel anomaly. This has led to an influx in the amount of information we have about COVID-19 and the more we know, the better equipped we are to navigate this pandemic. However, this is still a novel anomaly and though humans have been muddling through this for almost 2 years, that is not very much time to research a topic. Therefore, some of the gaps in research are due to this still being a rather new phenomenon and this gap would apply to almost every aspect of COVID-19. The following are specific gaps found in the literature review undertaken, regarding COVID-19, perceived wellness and the effects of returning to work.

LACK OF GENERALIZABILITY

By far, most research addressed wellbeing concerns with workers in the healthcare field. It is understandable why this would be, and it is clear that there are issues that need to be addressed within this population. Urgency is added to the situation as members of this role group leave the profession due to the stress and decrease in wellness, leaving the remaining healthcare workers with an even more insurmountable amount of work and less people to care for the sick, while the pandemic continues. However, this focus on healthcare personnel, leads to a lack of generalizability to other populations.

ASSUMPTIONS WITHOUT MEASUREMENTS

Several articles added important information to the knowledge base but included some base assumptions. When thinking about the pandemic, it is easy to predict that a global illness that has affected closures, quarantines and financial markets worldwide would increase the stress of most people, and that this stress would affect their work. Though this seems like a reasonable conclusion, these factors need to be studied and measured and not just assumed. Assumptions are not necessarily bad, in the wake of a novel threat, it is a smart first step to begin research but these assumptions need to be validated with measurable data as many variables have changed with this pandemic and could cause alterations to what we think is true. Consider the following findings in one article that was reviewed as an example.

An article that analyzed stress and coping strategies in Italian healthcare workers during the COVID-19 pandemic, had some very interesting results [5]. Many results correlated with findings in previous literature but, no difference in stress level was perceived in socioeconomic status (SES) which is inconsistent with other studies. They hypothesized that this may be due to the large number of healthcare workers in the study who had similar SES. This article also found the coping strategy of social support was a risk factor, not a mitigating one as was found by another research. They suggest that this could be due to the fact that strict social distancing measures especially for those that have been in close contact with symptomatic patients (i.e., healthcare workers), could have caused increased frustration and stress to healthcare workers who sought social support. Without more research that involves measurable data, it is difficult to determine if this was a poorly implemented study or if it is accurate and

other studies are relying on assumptions of certain things causing stress, and certain things relieving stress. Some assumptions may seem safe based on information that we know to be true in other circumstances, but some things that are "known" may be affected by nuances of this virus and need to be measured and proven. The result of social support may be found in error, but the explanation of the finding seems plausible and needs more research to better define this phenomenon.

MEASUREMENTS AND TOOLS

This paper aimed to find how COVID-19 affected perceived wellness. Most of what was found, links COVID-19 to stress, mental illness or negative psychological health. Wellness is so much more than just stress or psychological health, and a multitude of factors related to wellness were rarely measured. Wellness incorporates aspects of physical, psychological, emotional, social, spiritual and intellectual health [16]. Without knowing more about what dimensions of wellness are being affected, it is difficult to speculate on what may mediate the observed increase in stress and diminished wellness.

Most research that used a measurement tool, measured stress with the perceived stress scale (PSS). In addition, two articles were reviewed that discussed spiritual health. One measured spiritual wellbeing with the Jarel Spiritual Well-Being Scale (JSWB) and found that spiritual wellness had decreased along with mental health during the pandemic in Italy [6]. The other article suggests that an increase in spiritual heath increases overall health and wellbeing, even during the COVID-19 pandemic [17].

Only one article was found to have used a fairly comprehensive tool to measure wellness.

In the article measuring perceived wellness among pharmacy residents during COVID-19, a version of the Princeton UMatter Self-Assessment tool was used that included 49 items from the original tool plus eligibility and demographic questions to equal 67 items. The survey measured 7 domains of wellness; emotional, environmental, intellectual, occupational, physical, social, and spiritual. Results showed that overall perceived wellness was outstanding but some low scores were noted on specific items which gave insight into precise aspects that may be affected by COVID-19. The social domain was found to have the highest wellness scores, while the physical domain was found to have the lowest wellness score. Specific areas of stress reported by pharmacy residents were, time pressures, work overload, fear of error, lack of sleep, number of work hours and financial concerns. Physical wellbeing scores were affected by residents increased workload, gym closing and sleep deprivation leading to decreased time for physical exercise. This article reports that they only had a 9% response rate which may have been due to the length of the survey. The tool used was also not currently validated [11]. More research into all areas of wellness with a more valid and reliable tool should be done.

LONGITUDE AND COMPARISON

As the pandemic continues and approaches the two-year mark in the United States, this research should be ongoing as wellness at the beginning of the pandemic may be different two years in, as more people return to the workplace. In addition, with the many mutations of the virus, there is persistent unease and stress experienced while facing the unknown future journey through this pandemic. Many articles stated that comparison or longitudinal data would be helpful to conduct comparative analyses. Only one article was found to have longitudinal data [13]. It measured varying impacts of COVID-19 in the UK over the length of a year. Income, time use, and subjective

wellbeing were measured and followed throughout three instances of lockdown and reopening in the UK between April 2020 - March 2021. Income and time use were most affected by the initial shutdown but mental health/wellness, though affected, remained resilient during the first wave. In subsequent lockdowns, income and time use were less affected but subjective wellbeing declined. All areas measured were persistently affected as they had not returned to their pre-pandemic levels even at the end of the year-long study. Longitudinal studies should be a focus of ongoing COVID research to reveal changes and continuing or worsening impacts of the enduring pandemic.

FUTURE RESEARCH TO ADDRESS THESE GAPS

Future research should include role groups other than healthcare workers to improve generalizability. The use of more comprehensive and valid tools to measure wellness may give insight into what aspects of wellness are most affected by COVID-19 and returning to work during the pandemic. The Perceived Wellness Survey (PWS) is strongly supported to measure wellness [16] and includes measurements of several aspects of wellness such as, psychological, emotional, social, physical, spiritual and intellectual. This tool is comprehensive and shorter than the Princeton UMatter Self-Assessment tool that was used in the article by Phan, Mills & Fleming [11]. This tool would eliminate assumptions and comprehensively measure wellness, using a tool demonstrated to have validity. No research found used the Perceived Wellness Survey with regards to COVID studies. Future research should also include longitudinal studies in order to allow for comparative analysis of data.

CONCLUSION

Although COVID-19 has been the focus of many research studies, much more data is needed as it relates to perceived wellness as people return to work and try and regain many aspects of their lives during the COVID-19 pandemic. When reviewing the literature on perceived wellness while returning to work during the COVID-19 pandemic, it is found that research seems to agree that the pandemic has caused an increase in the amount of stress and psychological distress felt by most people [1-13]. This stress spills over and affects wellness in the workplace as well [1,5,8-12,14,15]. Some things that have been found to mitigate this stress are COVID contagion strategies being implemented, and social and administrative support within the work environment. Gaps in the research include a need for increased generalizability and research involving perceived wellness in workers with roles outside of healthcare, a more comprehensive measure of wellness, not just depending on the level of stress as an indicator, and more longitudinal and comparative studies.

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