

Sleep Disorders in Health Care Professionals during COVID-19

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INTRODUCTION

Corona virus disease (COVID-19) is a new infectious disease arisen in Wuhan, China, at the end of 2019, and expanded rapidly universal. This pandemic has placed extra-ordinary demands upon health care systems worldwide, and has led to various physical and psychological consequences. The medical employees, as the front line of the stand against COVID-19, are more sensitive to destructive consequences of this disease than others. Extending physical and psychological stress increases sleep disturbances among Health Care Workers (HCWs), notably nurses and physicians, confronting patients with COVID-19. This letter highlights the importance of an overlooked issue, sleep health among HCWs during pandemic of COVID-19 and associated characteristics. Studies on mental health of HCWs during COVID-19 pandemic has shown high rates of depression, anxiety, stress, fear, insomnia, grief, post-traumatic stress disorder (PTSD), and obsessive-compulsive symptoms. Similar mental health problems were reported during previous infectious disease outbreaks. These adverse mental health consequences may increase the risk of burnout among HCWs which has negative impacts on individual wellbeing, sleep, caring for patients, and health care system.

In some cases, sleep disorders are a symbol of another medical or mental state condition. These sleeping issues might eventually get away once treatment is obtained for the underlying cause. Once sleep disorders aren't caused by another condition, treatment ordinarily involves a mixture of medical treatments and style changes. This pandemic has placed extraordinary demands upon

health care systems worldwide, and has led to various physical and psychological consequences.

Frontline HCWs who look after patients infected with corona virus experience more psychological impacts such as stress, anxiety, and insomnia. Previous studies have reported high prevalence of sleep disturbances among HCWs in China which was associated with depression and exposure to patients with COVID-19. HCWs, who had treated directly patients with COVID-19, reported more nightmares, sleep walking, insomnia, sleep terrors, and worse sleep quality than non-health care professionals. Moreover, Pitt's burg Sleep Quality Index (PSQI) and Generalized Anxiety Disorder (GAD-7) scores in medical workers who had treated these patients were greater than the ones who had not. Stress and poor sleep quality are common complaints among medical workers during the COVID-19 crisis. Because of poorer sleep quality in HCWs under pandemic condition, more attention should be devoted to their sleep quality, workplace stress, work schedules, and intensity. The organizations must provide early psychological support for all workers, and provide psychologically safe environment for them. Sleep problems may be overlooked during pandemic and there is little evidence about sleep health of medical workers in these situations. Therefore, implementing intervention programs need to be done for evaluating and promoting medical workers' sleep. Accordingly, in addition to disinfection protocols, sleep health and hygiene in HCWs need more attention. We recommend further studies on sleep characteristics of HCWs (ones who are recovered from COVID-19 and those who are not infected yet but have exposure to) and also implementation of sleep health management programs for prevention, identification, and management of sleep problems in health care systems.

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