

## **COVID-19 existing resource response #16**

(Last updated: 16 February 2022)

### **Question**

What is the best-available synthesized evidence in relation to addressing key health human resources issues?

### **What we found**

We searched the COVID-END [inventory of best evidence syntheses](#) and the COVID-END domestic inventory on 10 February 2022 to identify evidence documents focused on addressing the following key health human resources issues in Canada:

- absenteeism (including being off for COVID-19 for other reasons, having to return to work early after having COVID-19, and including topics like test-to-stay);
- burnout (and mental health more generally and trauma more specifically);
- changing volumes/need for workers (including reduction in work and/or redeployment);
- temporary and/or sector-specific wage increases and what happens after or in sectors where there is none;
- longer-term sectoral (e.g., home-care changes) and systems transformation; and
- exit (e.g., early retirement / leaving profession).

Based on these areas of focus, we hand searched all reviews in the category for workforce planning in the [COVID-END taxonomy](#) and conducted searches of the full inventory using the following search terms: (absent\* OR burnout OR burn-out OR deploy\* OR wage\* OR retire\*) AND (health human resources OR HHR OR nurse\* OR clinician OR healthcare worker\*).

We identified 14 evidence documents that provide insights about the question (listed in Table 1), which include:

- eight full systematic reviews;
- three rapid reviews;
- one protocol for a systematic review; and
- two other types of documents (a health technology review and a briefing note).

### **Box 1: Our approach**

COVID-END in Canada responds to requests for evidence syntheses about topics related to COVID-19 that are likely to be explicitly considered by high-level decision-makers in multiple Canadian jurisdictions. This includes conducting rapid evidence profiles, living evidence profiles, rapid syntheses and living evidence syntheses. Examples of these evidence products can be viewed [here](#).

Sometimes requests are submitted about questions that have already been addressed by one or more recently updated, high-quality evidence syntheses, or will be addressed soon by work underway (e.g., through a rapid synthesis underway with or being planned by a Canadian team, registered synthesis protocol or CIHR funding to conduct a synthesis). Other times all the requestor needs is a list of available evidence syntheses undertaken by COVID-END in Canada partners or COVID-END global partners. In these situations, we prepare a response that profiles these existing resources. These responses are typically prepared by a combination of: 1) searching both the COVID-END domestic inventory and the COVID-END global inventory; and 2) contacting 40+ Canada evidence-synthesis teams to identify any additional resources or work underway that is relevant to the question posed in a request. Such an existing resource response is equivalent to a rapid evidence profile prepared with the same turnaround time.

We followed this approach to prepare this existing resource response, which was prepared in one business day (and hence the equivalent to a two-days rapid evidence profile) to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

The evidence documents focus on topics related to burnout and/or trauma in healthcare workers (six full systematic reviews and one rapid review), changing volumes or needs for workers (one full systematic reviews, one rapid review and one protocol for a systematic reviews) and longer-term sectoral and system transformation (one full systematic review). The reviews focused on burnout and/or trauma addressed a range of issues including:

- [screening methods, interventions, and system-level approaches that can be used to address burnout](#) in direct patient care providers due to COVID-19;
- [strategies to support the mental health and resilience of the workforce during the pandemic](#)
- [psychiatric symptoms in health professionals working with COVID-19 patients](#);
- [nurse burnout](#);
- [experiences of stress and burnout among women in healthcare](#);
- prevalence of post-traumatic stress disorder (PTSD) during [COVID-19 outbreaks](#) and [after infectious-disease outbreaks more generally](#); and
- [prevalence and determinants of PTSD in the short- and long-term](#).

In addition, we identified two other documents that focus on [long-term care personal support workers' resilience and wellness](#) (health technology review) and [best practices for healthcare worker burnout following intense commitments](#) (briefing note)

For changing volumes and needs workers, the full systematic reviews analyzed [redeployment and training of healthcare professionals](#) to intensive care during COVID-19, the rapid review assessed the [involvement of medical students in pandemics and global health emergencies](#), and the protocol is assessing the [Assistant in Medicine initiative](#) in New South Wales, Australia as a workforce planning response.

**Table 1: Hyperlinked titles to evidence documents with insights about key health human resources issues**

Evidence type	Evidence documents identified
Guidelines	<ul style="list-style-type: none"> <li>• None identified</li> </ul>
Living reviews	<ul style="list-style-type: none"> <li>• None identified</li> </ul>
Full systematic reviews	<p><b>Burnout (and mental health more generally and trauma more specifically)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Healthcare provider burnout: A rapid scoping review</a> (no AMSTAR rating available; literature last searched 27 August 2021)</li> <li>• <a href="#">Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis</a> (AMSTAR rating 8/11; literature last searched 25 November 2020)</li> <li>• <a href="#">Prevalence and determinants of immediate and long-term PTSD consequences of coronavirus-related (CoV-1 and CoV-2) pandemics among healthcare professionals: A systematic review and meta-analysis</a> (AMSTAR rating 6/11; literature last searched 15 November 2020)</li> <li>• <a href="#">Women in healthcare experiencing occupational stress and burnout during COVID-19: A rapid review</a> (AMSTAR rating 6/10; literature last searched 30 September 2020)</li> <li>• <a href="#">Prevalence of posttraumatic stress disorder after infectious disease pandemics in the twenty-first century, including COVID-19: A meta-analysis and systematic review</a> (AMSTAR rating 9/11; literature last searched 23 August 2020)</li> <li>• <a href="#">The prevalence of post-traumatic stress disorder related symptoms in Coronavirus outbreaks: A systematic-review and meta-analysis</a> (AMSTAR rating 10/11; literature last searched 18 May 2020)</li> <li>• <a href="#">Psychiatric symptomatology associated with depression, anxiety, distress, and insomnia in health professionals working in patients affected by COVID-19: A systematic review with meta-analysis</a> (AMSTAR rating 7/11; literature last searched 1 April 2020)</li> </ul>

Evidence type	Evidence documents identified
	<p><b>Changing volumes/need for workers (including reduction in work and/or redeployment)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Redeployment and training of healthcare professionals to intensive care during COVID-19: A systematic review</a> (AMSTAR rating 7/10; literature last searched 1 December 2020)</li> </ul> <p><b>Longer-term sectoral and systems transformation</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The impact of COVID-19 on surgical training: A systematic review</a> (AMSTAR rating 6/10; literature last searched 31 August 2020)</li> </ul>
Rapid reviews	<p><b>Changing volumes/need for workers (including reduction in work and/or redeployment)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">A rapid systematic review exploring the involvement of medical students in pandemics and other global health emergencies</a> (AMSTAR rating 5/9; literature last searched 26 May 2020)</li> <li>• <a href="#">Strategies adaptable from healthcare to public health settings to support the mental health and resilience of the workforce during the COVID-19 pandemic recovery</a> (no AMSTAR rating available; literature last searched 18 May 2021)</li> </ul>
Protocols for reviews	<p><b>Changing volumes/need for workers (including reduction in work and/or redeployment)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Assistant in medicine as a workforce planning response to the COVID-19 pandemic in New South Wales: Protocol for a realist approach to evaluation</a> (anticipated completion date: 1 March 2022)</li> </ul>
Titles/questions for reviews that are being planned	<ul style="list-style-type: none"> <li>• None identified</li> </ul>
Single studies	<ul style="list-style-type: none"> <li>• None identified</li> </ul>
Other types of documents	<ul style="list-style-type: none"> <li>• <a href="#">Long-term care personal support workers' resilience and wellness</a> (health technology review; published 8 July 2021)</li> <li>• <a href="#">Best practices for supporting health care worker burnout following intense professional commitment</a> (briefing note; last updated 31 May 2021)</li> </ul>

Wilson MG, Mansilla C, Verma J, Lavis JN. COVID-END in Canada existing resource response #16: What is the best-available synthesized evidence in relation to addressing key health human resources issues? Hamilton: McMaster Health Forum, COVID-END in Canada, 16 February 2022.

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