

MENTAL HEALTH OF HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC AND LEGAL PROTECTION PERSPECTIVES

UDC 613.86-057.16:614.253:[616-036.22

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Abstract. *The COVID-19 pandemic has foregrounded the issue of occupational safety and health. The focus is still on the protection of physical integrity and health, but increasing attention is being paid to the mental health of employees, because occupational stress, burnout syndrome, depression and anxiety have become more frequent. Recent studies have acknowledged these issues; however, they have been significantly intensified with the outbreak of the COVID-19 pandemic. This paper investigates the mental health problems of healthcare workers in the context of the COVID-19 pandemic. With a comprehensive view of this issue, the starting point for the mental health protection of these workers is the improvement of legal regulations on occupational safety in terms of recognizing new circumstances. Legal regulations enable the state, employers and employees to take occupational safety measures in order to preserve the mental health of healthcare workers.*

Key words: *mental health, COVID-19 pandemic, healthcare workers, regulations*

1. INTRODUCTION

The issue of occupational safety and health has been topical for decades and we are constantly working on improving working conditions and protecting employees. Despite the evident progress in the field of occupational safety and health in recent decades and continuous improvement of working conditions, we can still observe that working conditions

Received November 18, 2021 / Accepted December 2, 2021

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and protection measures have not advanced in a number of employers. Therefore, it is important to comprehensively consider this issue in order to reach a solution.

One of the aspects of occupational safety which requires special attention is the protection of the mental health of employees. In modern business conditions, the issue of mental health has become a central focus of scientific research. The World Health Organization defines mental health as a state of well-being in which individuals exercise their abilities, cope with usual life stressors, work productively and successfully, and can contribute to the community [38]. It is the basis for emotions, thinking, communication, learning, adaptability and self-esteem. It is crucial for relationships, personal and emotional well-being, contribution to a community or society, and effective functioning in everyday activities such as work or school activities. It also includes reacting to problems, adapting to them and dealing with them. Some types of mental health problems include stress, sadness, low mood, or fear and anxiety. Mental health problems can become a mental illness when the duration of the disorder and symptoms become chronic and interfere with or limit the ability to perform everyday activities.

Nowadays, a large number of people face mental health issues. In the EU, about 165 million people per year are diagnosed with mental disorders, mainly anxiety, mood disorders and illicit substance use [15]. Mental disorders are associated with severe disorders and functional impairments that can have consequences, not only for patients, but also for their families and their social and work environment [30].

The workplace has a significant impact on the mental health and well-being of employees, which is put at risk due to the outbreak of the pandemic. The outbreak of the COVID-19 pandemic has presented a wide range of challenges to the health systems around the world. The COVID-19 pandemic is a global challenge and requires the introduction of a global strategy and teamwork of governments, associations, international organizations, economic and financial institutions at all levels. The World Health Organization and the International Labor Organization have been actively providing guidelines for occupational safety and health during the pandemic [13]. Mitigating the negative effects of the current health crisis on the business world is a key issue for all subjects of social dialogue.

As for Serbia, on March 15, 2020, the government declared a state of emergency on the whole territory. It was introduced in accordance with the valid regulations which stipulate that the state of emergency may be declared in the event of an epidemic [5]. It was abolished on May 6, 2020. [6] In addition, some local governments have declared and abolished the state of emergency on their own territories, depending on the epidemiological situation [21].

Some of the measures provided by the regulations in case of an epidemic of an infectious disease where there is an immediate danger of mass transmission are personal protection measures, isolation and quarantine, epidemiological assessment, epidemiological surveillance, etc. Some of the measures that can have a potential negative impact on mental health are isolation and quarantine. Isolation is an anti-epidemic measure of separation of infected persons to places where contact with other persons can be prevented during the period of infection, which thus prevents direct or indirect transmission of the virus from person to person. Quarantine is a measure that restricts freedom of movement and establishes mandatory medical examinations for healthy persons who have been or are suspected of being in contact with persons diagnosed with an infectious disease or with a person suspected of having contracted an infectious disease during the period of contagiousness. Employees who are subject to a quarantine measure receive salary compensation in accordance with the law [22].

As it is important to take into account the economy of the state and every work organization individually, the issue of mental health of employees becomes even more

complex. The state, employers and employees had to adjust their work to such extraordinary circumstances. The pandemic has emphasized many legal issues related to the mental health of employees - how to reorganize work (work from home, shift work, using online platforms, using paid leave, etc.), how workers adjust to these changes in their everyday work, how these changes affect their mental health, etc. All these circumstances mostly affect employees in healthcare institutions, particularly healthcare workers. Due to the great pressure on healthcare institutions and the risks they are exposed to on a daily basis, the issue of their occupational safety and health comes to light. It has become more necessary to protect and preserve their physical and mental health. Protecting the mental health of healthcare workers during the pandemic is a particular challenge for the occupational safety and health system. Legal regulations, as a significant part of this system, allow both employers and employees to adjust their goals and interests when it comes to maintaining occupational safety and health. Therefore, legal regulations should take into account all the specific working conditions and situations during the pandemic for all employees, especially healthcare workers.

2. MENTAL HEALTH CHALLENGES IN THE WORKPLACE DURING THE PANDEMIC

Mental health support is becoming a major concern of employers as a growing number of employees has faced anxiety, loneliness and depression associated with altered work patterns during the coronavirus pandemic. According to one study, in the population affected by a natural disaster, the prevalence of mental health problems is 2-3 times higher than in the general population (varies from 8.6 to 57.3%) [36]. For example, as a result of Hurricane Katrina, the prevalence of serious mental illnesses has doubled, and almost half of the subjects in the study have post-traumatic stress disorder (PTSD) [31]. The COVID-19 pandemic will have an impact on behavioral health in society, as it has disrupted the normal way of life of millions of people, increasing stress both at home and at work. Prior to the COVID-19 pandemic, the occupational health survey “Mental Health in America 2017” found that 63% of respondents felt that workplace stress had a significant impact on mental and behavioral health. More than a third had unhealthy behaviors in response to occupational stress [25]. About 31% of Americans said they were unable to cover the expenses of food, heating or rent because of the pandemic. They were forced to use up most or all of their savings, borrow money or take a loan. Fewer people with financial challenges are found in the Netherlands (7%), Germany (6%), and the United Kingdom (18%) [12].

The COVID-19 pandemic and the consequent recession have negatively affected the mental health of many people and created new barriers for those already diagnosed with mental and substance use disorders. As COVID-19 caused an economic downturn and rising unemployment, job loss is associated with increased depression, anxiety, distress, and low self-esteem and can lead to higher substance use and abuse, substance use disorders, and suicide [28]. People who lost their jobs during or in the course of pandemic compared to the general population have the concurrent presence of anxiety and depressive disorders (42: 35%); only anxiety (26: 23%); only depression (6: 5%); no anxiety and/or depressive disorders (26: 37%). In relation to the pandemic-related stress, the unemployed, i.e. people who faced job loss or reduced working hours, have a high degree of distress (34: 27%), an equal percentage have moderate distress (53%) and fewer are stress-free (13: 20%) compared to the general population [3]. During the COVID-19 pandemic,

approximately 31% of US residents and 32% of UK residents declared that they could not get help from mental health professionals when they needed it (54% of Australians, 47% of Canadians declared that they could obtain mental health protection) [14]. All these data point to the need to consider the quality of safety and mental health protection of employees during the pandemic and improve it.

3. MENTAL HEALTH OF HEALTHCARE WORKERS AND THE PANDEMIC

Some groups of employees, such as healthcare workers, seem to be particularly at risk and demand special attention when it comes to occupational safety. The outbreak of the COVID-19 pandemic has foregrounded a whole range of challenges to the health systems around the world. The attention of the general public has been directed to healthcare workers due to their commitment to the fight against the disease. In the process of improving the healthcare system, it is especially important to consider the challenges to the mental health of healthcare workers, bearing in mind the care they provide to all other categories of employees in case of occupational injuries and diseases, as well as other kinds of injuries and diseases.

There are many challenges to the occupational safety and health of healthcare workers, if we assume that health institutions can sometimes be very stressful places [32]. Therefore, occupational stress is considered a significant danger to their mental health. Common sources of occupational stress include work overload, poor interpersonal relationships in the workplace, organizational structure and climate, responsibility without authority, unclearly defined roles, insufficient number of workers, unclearly divided responsibilities, overlapping responsibilities, unclear promotion policy, danger from physical assault and aggression, bad psychosocial climate of the organization [8], etc. Research also shows that common stressors in healthcare workers are emergencies, on-call duty, decision-making after night shifts, routine medical work, little chance of promotion, poor teamwork [16].

Occupational stress can further lead to a number of negative health consequences, one of the most common being burnout syndrome. According to some studies, burnout syndrome is more common in healthcare professionals who are in daily contact with patients [24]. It is a state of overburden or frustration caused by excessive attachment and devotion to a goal. It is a negative psychological work-related state that includes a whole range of symptoms, such as physical fatigue, emotional exhaustion and loss of motivation [10]. Nowadays, healthcare workers are expected to exhibit continuous assertiveness, technical abilities, physical readiness, emotional and intellectual efforts. Consequently, burnout may appear as a result of these efforts. This is why healthcare workers lose their sense of enthusiasm for work, withdraw from communicating with patients and colleagues, become less productive, are more often absent from work, which affects the entire healthcare institution.

Another risk to the occupational safety and health of healthcare workers is the lack of motivation for work and job dissatisfaction since every employee has certain expectations from their organization. When these expectations and needs are joined together, productivity at work becomes higher unlike among other employees for whom this is not the case [35]. This issue is especially important in the healthcare system because the low motivation of healthcare workers has a direct impact on their patients. For this reason, employers have to take it into consideration [7].

Motivation for work is closely related to employee satisfaction. For healthcare workers, it is a factor that determines the quality of healthcare and affects the entire health system.

Research shows that gender, age, level of education, years of experience, interpersonal relationships, work organization, salaries and working hours are important factors of job satisfaction of healthcare workers [11].

Workplace violence is a violent act that sometimes occurs at the workplace. It is a phenomenon that seriously endangers the health of employees around the world [39]. It can be understood as an incident in which abused persons experience threats or attacks in work-related circumstances, including coming and going from work, an explicit or implicit challenge to their safety, well-being or health [9]. Despite state regulations and employers' warnings, it is still present as a workplace hazard in health facilities [1]. Even though it is a risk primarily related to the physical integrity of an employee, it is evident that such events strongly affect one's mental health.

In addition to the most common risks to occupational safety and health of healthcare workers that we mentioned, there are also other threats to the occupational health and safety system. For example, the quality of communication among team members within the health institution is very important and it also affects the condition of patients [23]. Then, hostile behavior in the workplace often poses a danger to employees [17], i.e. behavior that could be considered mobbing. Furthermore, the work-family conflict can have a negative impact on occupational safety and health. As a result, healthcare workers may suffer from physical and mental health problems [41]. Many other dangers are present, but their frequency is lower.

All these risks are particularly emphasized during the coronavirus pandemic; however, healthcare workers are exposed to additional risks. With this in mind, we may wonder whether working in health facilities during the pandemic makes these issues more complex and what risks to the occupational safety and health of healthcare workers are particularly accentuated during the pandemic. This topic has been analyzed in scientific research since 2020 [29] [2] [37]. In this regard, COVID-19 risk factors among healthcare workers are usually lack of personal protective equipment, exposure to infected patients, work overload, working under pressure, poor infection control, preexisting medical conditions [26]. The research showed that most of the risks are present in regular working conditions, while the pressure on healthcare workers in these specific circumstances is greater.

4. CURRENT CONDITIONS AND NORMATIVE PROTECTION

Occupational safety and health is a constitutionally guaranteed category [4] which is elaborated in the Labor Law, the Law on Occupational Safety and Health and bylaws. The Labor Law guarantees employees the right to safety and health at work [20]. Some of the legal provisions can be interpreted in the context of protection during an epidemic. Thus, the legislator provides the possibility of working from home as one of the forms of work. In emergencies, the employer has the opportunity to organize work from home precisely defining mutual rights and obligations. Also, the Labor Law describes the cases in which employees are entitled to paid leave. This means that, the employers can make a decision to allow a group of employees to take paid leave to ensure employees' safety, health. Unpaid leave is another legal possibility, but we believe that this measure is contrary to the idea of protecting the complete integrity of employees, which includes their social welfare.

Some other legal provisions could be applied for the purpose of protecting employees in the event of an epidemic. The employee is entitled to a salary in the amount of at least

60% of the average salary in the 12 preceding months, provided that it cannot be less than the state minimum wage, during the interruption of work, i.e. reduction of the volume of work that occurred without employees' fault, at most for 45 working days in a calendar year. Exceptionally, in case of the interruption of work/reduction of work that requires a longer absence, the employer may, with the prior consent of the line minister, provide the employee with the mentioned salary for a period longer than 45 working days. Also, the employee has the right to a salary in the amount determined by the bylaw and employment contract during the interruption of work which occurred at the order by a competent state body or the competent body of the employer due to the failure to ensure occupational safety and health in accordance with the law [20]. These legal provisions imply that employees will have income for a certain period of time even if the employer temporarily ceases its operation, which can happen in an emergency.

The Law on Occupational Safety and Health prescribes that employees have the right to safe work and protection of their lives and health at workplaces [27]. Employees are obliged to comply with all regulations, and to avoid endangering their safety and health but also the safety and health of others. In addition to a significant number of employers' duties, which are determined by this law, employees also have certain duties, one of these being the duty to inform the employer about any type of potential danger and risk that could endanger their and other employees' safety and health. This provision can also be applied in case of an epidemic and possible health issues.

Based on the Law on Occupational Safety and Health the Rulebook on preventive measures for safe and healthy work to prevent the spread of the epidemic of infectious diseases was adopted in 2020 [33]. It prescribes preventive measures that the employer is obliged to apply in order to prevent the spread of infectious diseases and eliminate the risk for safe and healthy work of employees and all persons in the work environment at the time of declaring the epidemic of an infectious disease. The Rulebook applies to all kinds of jobs, except fieldwork and work from home.

The employer is obliged to adopt a plan for the implementation of measures for the prevention and spread of an infectious disease, which is an integral part of the Risk Assessment Act. The plan determines measures and activities that increase and improve the safety and health of employees in order to prevent the epidemic of infectious disease, as well as infection control measures that the employer is obliged to apply during the epidemic contain written instructions on measures and procedures to control an infectious disease and to inform workers about the infectious disease before they start working. They are obliged to organize the distribution of working time by introducing shifts so that fewer employees can be in one place simultaneously, and to improve hygiene and disinfection of all rooms as well as regular ventilation of the working space. The employer is also obliged to provide sufficient quantities of soap, towels, running water, alcohol-based disinfectants, regular cleaning of all surfaces that are frequently touched, ensure regular waste removal, etc. The implementation of occupational safety and health measures is controlled by a person in charge of occupational safety and health.

According to the Rulebook, employees have certain obligations regarding occupational safety and health. They are required to implement all preventive measures, use the prescribed means and equipment for personal protection at work, take care of their hygiene, inspect their workplace before work, inform the employer of any deficiencies, etc. If an employee suspects any symptoms of a contagious disease themselves or if their family members have symptoms of a contagious disease, they should inform the employer instantly. The employee should

cooperate with the employer and the person in charge of occupational safety and health in order to implement all necessary measures for occupational safety and health [37].

5. CONCLUSION

The crisis caused by the COVID-19 is putting pressure on both employers and employees, but occupational safety and health measures provide support for continuous work. Such circumstances have forced employers to seek alternative solutions to preserve the productivity and profitability of the organization, while taking care of the health of the employees at the same time. This emphasized some institutes of labor law that have not been generally implemented, such as the concept of work from home [18]. However, some jobs cannot be done remotely, one of them being work in healthcare institutions. Some of the ways to reduce the risk of infection if there are several employees in one space can be to reduce the number of workers in one place, introduce shifts, etc. More shifts and fewer workers in one place provide physical distance, which is a measure of limiting the number of people in one space. However, this protection measure is difficult to implement in healthcare institutions.

As we can notice, the number and type of measures for workplace protection of those employees who work in healthcare institutions, especially healthcare providers, have been reduced. Moreover, not all categories of healthcare workers are equally jeopardized during a pandemic. All these circumstances affect the mental health of employees in different ways. Mental health problems are growing due to the preventive anti-COVID measures, such as physical distancing, closing businesses and schools, restricting movement, which all lead to greater isolation and potential financial problems. It is clear that all this affects the mental health of the nation in general, including healthcare workers.

Also, active protection, support and prevention of damage to the mental health of employees and providing support to employees with mental health problems is crucial for creating a truly safe and supportive workplace. Health facility management should develop short-term and long-term plans to preserve and improve the mental health and well-being of their healthcare workers. In this regard, prevention and early detection of employee mental health problems should be emphasized in the future, especially after the COVID 19 pandemic. Measures that employers could adopt are, for example, annual mental health checkups of employees, focusing on policies and programs at the organization level that reduce or eliminate common stressors in the workplace, providing education on mental health for employees, preventing fatigue and stress in the workplace, etc.

Finally, it can be concluded that the COVID-19 pandemic indicated the importance of safe and healthy work and a healthy environment for employees, employers, the state and its health sector. The experience of the epidemic has shown all the vulnerabilities of health systems and risks to the safety and health of healthcare workers. Although the focus is still on protecting their physical integrity, mental health problems, such as prolonged exposure to workplace stress, burnout syndrome, exhaustion, decreased concentration, insomnia, depression and organization of working and non - working hours are gradually becoming more important [40] [34].

During the outbreak of an epidemic, occupational safety and health experts play an important role in facilitating access to all reliable information in order to promote understanding of the disease and its symptoms, as well as personal preventive and protective

measures. In that sense, their role is to consider the need to preserve the mental health of employees, which deserves special attention.

In the near future, as the COVID-19 pandemic subsides, an increased number of employees with mental disorders may appear, especially healthcare workers who have suffered the highest pressure during this period. Therefore, it is necessary to develop strategies to combat this problem and intensify activities to protect the mental health of employees in accordance with the potentials of health systems and employers themselves. In that sense, it is desirable to additionally involve occupational safety and health experts who would recognize current risks and improve protection measures through the Risk Assessment Act. Also, as the pandemic delayed the adoption of the new Law on Occupational Safety and Health, this opportunity should be used to re-analyze the draft version of the document and implement some innovative solutions concerning the mental health of employees. The provisions of such a law in Croatia can serve as a good example as it determines the rights and obligations of employers and employees regarding workplace stress [19]. Current circumstances can lead to quality legal solutions in the field of occupational safety and the mental health of employees.

Acknowledgement: *This research was funded by the Ministry of Education, Science and Technological Development of the Republic of Serbia according to contract No. 451-03-9/2021-14/200148.*

REFERENCES

1. Arbury, S. at al. Workplace violence training programs for health care workers, an analysis of program elements, *Workplace Health & Safety*, vol. 65, 2017, pp. 266-272.
2. Babamiria, M., Alipourb, N., Heidarimoghaddamb, R., Research on reducing burnout in health care workers in critical situations such as the COVID-19 outbreak, *Work*, 2020, pp. 379–380.
3. Coe Hutchins, E., Enomoto, K., (2020), *Returning to resilience: The impact of COVID-19 on mental health and substance use*, McKinsey & Company, Belgrade.
4. Constitution of the Republic of Serbia, *Official Gazette of the Republic of Serbia*, No. 98/2006.
5. Decision on declaring a state of emergency, *Official Gazette of the Republic of Serbia*, No. 29/2020.
6. Decision on lifting the state of emergency, *Official Gazette of the Republic of Serbia*, No. 65/2020.
7. Djordjević, D. at al., Motivation and job satisfaction of health workers in a specialized health institution in Serbia, *Military-medical and pharmaceutical review*, vol. 8, 2015, pp. 714–721.
8. Družić Ljubotina, O., Friščić, L.J. Occupational stress in social workers: sources of stress and burnout at work, *Annual of Social Work*, vol. 21, 2014, pp. 5-32.
9. Fišeković Kremlj, M., (2016), *Examination of predictors of workplace violence among employees in primary health care in Belgrade*, doctoral dissertation, Medical Faculty, Belgrade.
10. Freudenberg, H., Staff burnout, *Journal of Social Issues*, vol. 30, 1974, pp. 159-165.
11. Grujičić, M. at al. Work motivation and job satisfaction of health workers in urban and rural areas, *Military-medical and pharmaceutical review*, vol. 73, 2016, pp. 735–743.
12. Hopkins Tanne, J., Covid-19: Mental health and economic problems are worse in US than in other rich nations, *BMJ*, 2020, pp. 1-2.
13. International labor organization, (2020), *Face to face with a pandemic: how to maintain safety and health at work*, ILO, Geneva.
14. Kelly, J., (2020), *51 Million Americans are unemployed—here’s the story of the job seekers behind the numbers*, Forbes, Washington DC.
15. Kessler, R. at al., Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States, *International Journal of Methods in Psychiatric Research*, vol. 21, 2012, pp.169-184.
16. Knežević, B. At al., Healthcare professional in hospitals and stress at work: Zagreb research, *Safety*, vol. 51, 2009, pp. 85 – 92.
17. Kordić, B., Babić, L. Harassment at work and career counseling, *Engrami*, vol. 36, 2014, pp. 5-14.
18. Kulić, Ž., Škorić, S., (2016), *Labor Law*, Faculty of Law for Economics and Justice, Novi Sad.

19. Labor law, Official Gazette of the Republic of Croatia, No. 71/2014, 118/2014, 154/2014, 94/2018, 96/2018.
20. Labor law, Official Gazette of the Republic of Serbia, No. 24/2005, 61/2005, 54/2009, 32/2013, 75/2014, 13/2017, 113/2017, 95/2018.
21. Law on disaster risk reduction and emergency management, Official Gazette of the Republic of Serbia, No. 87/2018.
22. Law on protection of the population from infectious diseases, Official Gazette of the Republic of Serbia, No. 15/2016, 68/2020, 136/2020.
23. Manojlović, M., Antonakos, C. Satisfaction of intensive care unit nurses with nurse-physician communication, *Journal of Nursing Administration*, vol. 38, 2018, pp. 237-243.
24. Maslach, C., Jackson, S. The measurement of experienced burnout, *Journal of Organizational Behavior*, vol. 2, 1981, pp. 99-113.
25. Mental Health America, (2017), *Mind the Workplace*, MHA, Alexandria.
26. Mhango, M., et al., COVID-19 risk factors among health workers: a rapid review. *Safety and Health at Work*, vol. 11, 2020, pp. 262-265.
27. Occupational Safety and Health Act, Official Gazette of the Republic of Serbia, No. 101/2005, 91/2015, 113/2017.
28. Panchal, N. et al., (2020), *The implications of covid-19 for mental health and substance use*, KFF, Washington DC.
29. Paraskevopoulos, E., Papandreou, M., Systematic infection control in Greek physiotherapy practices during the COVID-19 pandemic, *Work*, vol. 66, 2020, pp. 367–370.
30. Patel, V. et al., (2016), *Global priorities for addressing the burden of mental, neurological, and substance use disorders in mental, neurological, and substance use disorders*, The International Bank for Reconstruction and Development/The World Bank, Washington DC.
31. Rhodes, J. et al., The impact of hurricane Katrina on the mental and physical health of low-income parents in New Orleans, *American Journal of Orthopsychiatry*, vol. 80, 2010, pp. 237-247.
32. Rozo, J. et al. Situational factors associated with burnout among emergency department nurses, *Workplace Health & Safety*, vol. 65, 2017, pp. 262-265.
33. Rulebook on preventive measures for safe and healthy work to prevent the occurrence and spread of an epidemic of infectious diseases, Official Gazette of the Republic of Serbia, No. 94/2020.
34. Sibinović, V., Ilić Petković, A., Nikolić, V., (2018), *Education in the field of occupational safety and health of healthcare workers in psychiatric institutions*, Proceedings of the Conference of the Series Man and Working Environment, 50 years of Higher Education, Science and Research in Occupational Safety Engineering, Faculty of Occupational Safety, Niš, pp. 181-184.
35. Temesgen, K., Wubie Aycheh, M., Tesema Leshargie, C., Job satisfaction and associated factors among health professionals working at Western Amhara Region, Ethiopia, *Health and Quality of Life Outcomes*, vol 16, 2018.
36. Udomratn, P., Mental health and the psychosocial consequences of natural disasters in Asia, *International Review of Psychiatry*, vol. 20, 2008, pp. 441-444.
37. Unal, O., During COVID-19, which is more effective in work accident prevention behavior of healthcare professionals: Safety awareness or fatalism perception?, *Work*, vol. 67, 2020, pp. 783–790.
38. [orld Health Organization, (2004), *Promoting mental health: concepts, emerging evidence, practice - Summary report*, WHO, Geneva.
39. Yao, Y. et al., General self-efficacy and the effect of hospital workplace violence on doctors stress and job satisfaction in China, *International Journal of Occupational Medicine and Environmental Health*, vol. 27, 2014, pp. 389-399.
40. Zdanowicz, T., et al., Insomnia, sleepiness, and fatigue among Polish nurses, *Workplace Health & Safety*, vol. 68, 2020, pp. 272-278.
41. Zhang, Y., Punnett, L., Nannini, A., Work-family conflict, sleep, and mental health of nursing assistants working in nursing homes, *Workplace Health & Safety*, vol. 65, 2017, pp. 295-303.

MENTALNO ZDRAVLJE ZDRAVSTVENIH RADNIKA TOKOM PANDEMIJE COVID 19 I PERSPEKTIVE PRAVNE ZAŠTITE

Bezbednost i zdravlje zaposlenih na radu u aktuelnim uslovima predstavlja veliki izazov za poslodavce, zaposlene i državu. U teoriji i praksi sve veću pažnju privlači pitanje mentalnog zdravlja zaposlenih, jer su sve prisutniji problemi stresa na radu, burn out sindroma, depresija, anksioznosti, upotrebe nedozvoljenih supstanci, itd. Prema brojnim istraživanjima, uočava se da su se ovi problemi intenzivirali nastupanjem pandemije virusa Covid 19. Kako najveći teret pandemije snose zdravstveni radnici, to se opravdano postavlja pitanje zaštite, ne samo fizičkog, nego i njihovog mentalnog zdravlja. Ovaj rad se bavi istraživanjem problema mentalnog zdravlja zaposlenih, uz naročit osvrt na uticaj pandemije na mentalno zdravlje zdravstvenih radnika. Jedan od osnovnih načina njihove zaštite jeste temeljno sagledavanje, procena rizika i pravno uređenje zaštite zaposlenih na radu. Pravna regulativa pruža manevarski prostor za preduzimanje mera zaštite na radu u cilju očuvanja mentalnog zdravlja zaposlenih.

Ključne reči: mentalno zdravlje, zaposleni, pravna zaštita, zdravstveni radnici, pandemija Covid 19