Trust is a key factor in the willingness of health professionals to work during the COVID-19 outbreak: Experience from the H1N1 pandemic in Japan 2009.

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Running title: Trust is key in a public health crisis

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The future of the novel coronavirus (COVID-19) is still unclear. The outbreak emerged in Wuhan, China in December 2019 and spread to other region in China as well as cities in other countries. It is forecasted that outbreaks in major cities globally could be inevitable without large-scale intervention. An increasing number of health professionals will encounter infected patients. The medical works in Wuhan are already facing overwhelming pressure, overwork, frustration and they need timely mental health care. This is identical to the H1N1 pandemic in Japan 2009. On February 11, 2020, one quarantine officer was infected with COVID-19 in Japan. For health professionals, protection against getting infected is a priority. Additionally, it is also important to ensure that health professionals are willing to continue work, so that hospitals can keep functioning. Here, I introduce my experience from the H1N1 pandemic in Japan during 2009.
On May 16, 2009, Kobe City Medical Center General Hospital admitted the first domestically infected patient in Japan. The number of patients who were suspected as having H1N1 influenza grew to 1687 within two weeks. On May 27, when the mayor of Kobe city declared the emergency had subsided. The World Health Organization (WHO) declared H1N1 influenza as a pandemic on June 11, 2009. Details of this are described elsewhere. I am a psychiatrist but also worked at an outpatient unit that screened for H1N1 was worried about being infected. However, the chief of my department led the way by personally consulting at the outpatient unit, which motivated me to join as well.

My experience made me conduct a cross-sectional survey about the willingness and hesitation to work during the H1N1 pandemic with 3635 employees at three core hospitals in Kobe city between June and July, 2009.

Among the respondents, 28.4% said they were strongly motivated to work, while 14.7% said they were very hesitant to work. The most influential factors which motivated people to work were feeling that they were being protected by their country, local government, and hospital. Contrastingly, those workers that were more hesitant about working were anxious about being infected, compensation in case of being infected and feeling isolated. However, 94.1% of respondents answered that the
protection by the national and local government was weak and 79.7% answered that the protection by the hospital was weak\textsuperscript{6}.

The results suggest that trust between organizations and workers is an important element in professionals being willing to work during a public health crisis. Additionally, physical protection against infection was seen as important. A systematic review indicated that trust encourages social interactions and cooperation among health professionals. Trust has been shown to help improve retention, motivation, performance and quality of care\textsuperscript{7}.

One way to promote trust among organizations and health professionals is through the frequent provision of information. A medical officer in Beijing, who had experienced SARS, proposed that regular and timely provision of information was useful in alleviating anxiety to some degree\textsuperscript{8}. Additionally, frequent communication with and encouragement to health workers from governors and employers leads to them feeling protected. If a health professional does become infected, compensation may also be another incentive to work.

It is important to provide physical protective material. However, psychological support should also be made available. Trust may also be a key element.
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References


