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FROM THE EDITOR-IN-CHIEF

Stress-Related Quality of Life Among Healthcare Professionals, and the Urgent Need for Systemic Reforms Towards Bridging Gaps in Healthcare Delivery

As we release this latest edition of the WAJM, we are reminded of the vital role medical research plays in advancing the quality of healthcare delivery in our region. Despite the many challenges that persist, including the economic pressures and resource limitations faced by many institutions and individuals, the commitment of our medical community remains steadfast. This edition is a testament to that dedication, featuring a diverse collection of articles from distinguished researchers across various medical and surgical specialities.

In these times of uncertainty, it is heartening to see how our contributors continue to spotlight and provide solutions to healthcare challenges specific to the West African context. Each article represents not just a significant contribution to the field, but also the resilience and passion of those who work tirelessly behind the scenes. To the authors, reviewers, and all stakeholders—your work matters. It is through your collective efforts that this journal can continue to serve as a platform for scholarly discourse and medical advancement in our region.

Healthcare professionals are the backbone of any health system, but the physical and emotional demands associated with their work can negatively impact their personal well-being and quality of life.¹⁻³ This remains a critical issue, particularly in

recent years. The demands of the profession are unparalleled, with healthcare workers facing a unique combination of emotional, physical, and mental stressors daily. From long working hours to emotionally draining situations, the stress can significantly impact their well-being. While the work of saving lives is noble, it is important to address the toll it takes on those who provide care.

One of the primary contributors to stress in healthcare is the heavy workload and long hours. This leads to physical exhaustion, which, when compounded with the emotional intensity of the job, can severely impair a healthcare worker's ability to provide quality care. Consistently working under such conditions results in burnout, which is increasingly common in the healthcare profession. The emotional strain of working in healthcare cannot be overemphasized. Healthcare workers frequently witness trauma, suffering, and death. Whether they are dealing with patients in pain or comforting distressed families, the emotional burden can be overwhelming. In addition, many healthcare workers become emotionally invested in their patients, and when outcomes are unfavourable, it can take a significant toll on their mental well-being. This repeated exposure to suffering often leads to compassion fatigue, a form of burnout specific to caregivers, where they become desensitized to the pain and

needs of their patients.¹⁻³

A further stressor among healthcare workers is the lack of resources especially in under-developed settings like ours. In times of crisis, such as during the COVID-19 pandemic, these issues are magnified. The COVID-19 pandemic served as a stark reminder of how healthcare providers face extraordinary stress. They worked on the frontlines during the pandemic, dealing with overwhelming patient loads, rapidly changing treatment protocols, and fears of infection. Many experienced a heightened sense of isolation, as they were unable to see their loved ones for fear of spreading the virus. This prolonged exposure to stress and trauma led to increased rates of depression, anxiety, and even post-traumatic stress disorder (PTSD) among healthcare workers.^{4,5}

Achieving a healthy work-life balance is often difficult for healthcare professionals. Long hours leave little time for personal life or self-care, which can result in feelings of isolation and frustration. Furthermore, organizational issues such as poor management and unclear communication can compound stress. When healthcare workers feel unsupported or unable to make decisions affecting patient care, their job satisfaction declines.^{1,2}

Every health worker is exposed to this phenomenon but those working in high-stress environments such as

Intensive Care Units (ICUs), Accident & Emergency wards, and Special Care Baby Units face extraordinary physical and emotional demands. A recent study featured in this edition examined the quality of life (QoL) among these professionals, providing vital insights into how stress, profession, and work environment affect their well-being. Among the respondents in a tertiary teaching hospital, Ezemenahi et al reported that the lowest quality of life scores were found in the environmental domain, highlighting dissatisfaction with work conditions such as safety, financial resources, and opportunities for professional development. A crucial finding of the study is that healthcare workers' quality of life was significantly associated with their profession, years of work experience, and income. The professionals earning lower wages were more likely to report dissatisfaction with their physical and environmental health.

This study emphasizes that healthcare professionals in high-stress units had challenges related to work conditions and environmental factors. The findings point to a critical need for policy interventions that improve the work environment, promote mental health, and provide adequate financial compensation. To enhance the QoL of healthcare workers, particularly in high-stress units, health institutions must invest in stress management programs, mental health support, and better work-life balance initiatives.

By addressing these factors, not only can the well-being of healthcare workers improve, but the quality of care they provide will also be positively impacted—ultimately benefiting both patients and the healthcare system. The study is a vital contribution to the ongoing conversation about improving healthcare systems in Nigeria and the broader West African region. It must be reiterated that health workers must

learn to take personal measures towards improving their work-life balance. These include being intentional about taking breaks, and vacations and setting boundaries between work and personal life.

This edition also features an article by Akhigbe and colleagues which reported the findings from a retrospective review of clinical and demographic predictors of childhood mortality at a hospital in Freetown, Sierra Leone. Childhood mortality remains a grave concern globally, particularly in resource-limited regions like sub-Saharan Africa. Notably, about two-thirds of the recorded deaths in the review occurred within the first 24 hours of admission. This underscores the importance of prompt health-seeking behaviour among the populace and also the need for timely and effective intervention in preventing paediatric deaths, particularly among neonates and children presenting with severe illnesses.

The leading causes of neonatal mortality were perinatal asphyxia, neonatal sepsis, and complications related to prematurity—conditions that are largely preventable with adequate prenatal care and timely interventions. For children beyond the neonatal period, the study identified acute respiratory infections and severe malaria as the primary killers. These findings are not new; they echo patterns seen across sub-Saharan Africa where infectious diseases and preventable conditions continue to claim young lives at unacceptable rates. There is an urgent need to strengthen the referral system and improve access to primary healthcare as well as improve the capacity of frontline healthcare workers at primary and secondary levels.

As highlighted in another study by Oladapo et al, the assessment, management, and quality of care of

patients presenting with acute coronary syndrome (ACS) is another critical area requiring urgent improvement. The findings revealed significant gaps in the timely diagnosis and treatment of ACS. Acute coronary syndrome remains a leading cause of morbidity and mortality globally, with sub-Saharan Africa seeing a rising incidence of the condition. One of the major challenges identified in the study is the lack of prehospital care and the poor utilization of emergency medical services (EMS). Only 4% of the patients arrived via ambulance, and none received appropriate prehospital treatment for ACS during transportation. This points to a serious deficiency in the EMS system, which currently focuses on trauma care rather than medical emergencies like ACS. There were also gaps in diagnostic protocols. The absence of prompt and comprehensive diagnostic evaluations delays treatment and worsens patient outcomes. Another significant barrier to effective ACS management is the lack of readily available revascularization options. The reliance on distant, out-of-pocket services exacerbates delays in life-saving interventions, as many patients cannot afford the high costs associated with these procedures. The findings from this study align with those from other sub-Saharan African countries, where healthcare systems are often ill-equipped to manage ACS efficiently. Delays in presentation, diagnosis, and treatment, coupled with inadequate EMS services and financial barriers to care, contribute to the region's high ACS mortality rates. Hospitals must adopt triage-based protocols that ensure rapid identification and management of ACS, reducing the time to definitive treatment. Implementing point-of-care diagnostics like highly sensitive cardiac troponin assays can further streamline the process and improve outcomes.

These and many other articles in this edition underscore the need to bridge identified gaps in healthcare delivery through systemic reforms and massive investment in the availability and quality of healthcare personnel and infrastructure across the primary, secondary and tertiary levels of care in the region. As we reflect on these crucial issues, I want to encourage all authors and readers to continue their invaluable contributions. Despite the financial and logistical challenges that our region faces, we are determined to keep this journal a vibrant hub of medical knowledge, collaboration, and innovation. I encourage all of you to stay connected with us, share your research, and engage with the content to foster a stronger, more resilient healthcare community. Together, we will continue to advance medical science and healthcare delivery in West Africa, ensuring that our collective work leads to tangible improvements in patient care and outcomes.

Professor G. E. Erhabor

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