

The psychological burden of waiting for procedures and patient-centred strategies that could support the mental health of wait-listed patients and caregivers during the COVID-19 pandemic: A scoping review

At the end of 2019, COVID-19 emerged in Wuhan, China, rapidly spreading worldwide. Strict lockdowns followed, halting daily life and overwhelming healthcare systems. The NHS suspended non-urgent treatments for months, delaying care and worsening health outcomes.

Gagliardi, A. R., Yip, C. Y. Y., Irish, J., Wright, F. C., Rubin, B., Ross, H., Green, R., Abbey, S., McAndrews, M. P., & Stewart, D. E.



Summary: This scoping review examines the mental health impact of waiting for medical procedures and identifies patient-centred strategies to support the mental health of wait-listed patients and caregivers. The study highlights the importance of acknowledging patient concerns, providing peer support, and maintaining regular communication about wait-list status. These insights are particularly relevant in the context of delays caused by the COVID-19 pandemic.



01. Introduction

Waiting for medical test results is a significant psychological stressor, often leading to anxiety, uncertainty, and emotional distress. Studies suggest that prolonged waiting periods can exacerbate stress, negatively impacting overall well-being (Boivin & Lancaster, 2010). The COVID-19 pandemic intensified these challenges, further straining mental health and patient resilience (Gagliardi et al., 2021). Global prevalence of anxiety and depression increased by 25% during the pandemic's first year (WHO, 2022), highlighting the widespread psychological impact. While this study does not explicitly adopt a theoretical framework, the biopsychosocial model (Engel, 1977) applies here. It highlights how biological, psychological, and social factors intersect to shape waiting experiences. This model highlights why prolonged waiting does not just impact mental well-being but also physical health and social functioning. The findings suggest that psychosocial support, patient education, and empathetic communication help mitigate anxiety and enhance resilience during prolonged waiting periods.

02. Purpose

This poster critically evaluates a psychosocial intervention designed to support individuals during medical waiting periods. The purpose of this review was twofold:

- Firstly, it sought to capture the extent of the problem: how does waiting affect patients and caregivers psychologically, particularly in the context of the pandemic?
- Secondly, it aimed to examine interventions and approaches already documented in the literature that could serve as a blueprint for more patient-centred support.

It also hoped that their findings would inform broader policies on mental health support, whether through telemedicine platforms, in-person therapy, or more robust communication practices. By collecting these strategies in one place, it could highlight what works, where there are gaps, and what areas require further study.

Relevant Model/Theories

Biopsychosocial Model: Encompasses biological, psychological, and social factors to explain patient well-being. In this review, it underlies the broad impact of waiting on emotional distress, social isolation, and overall health.

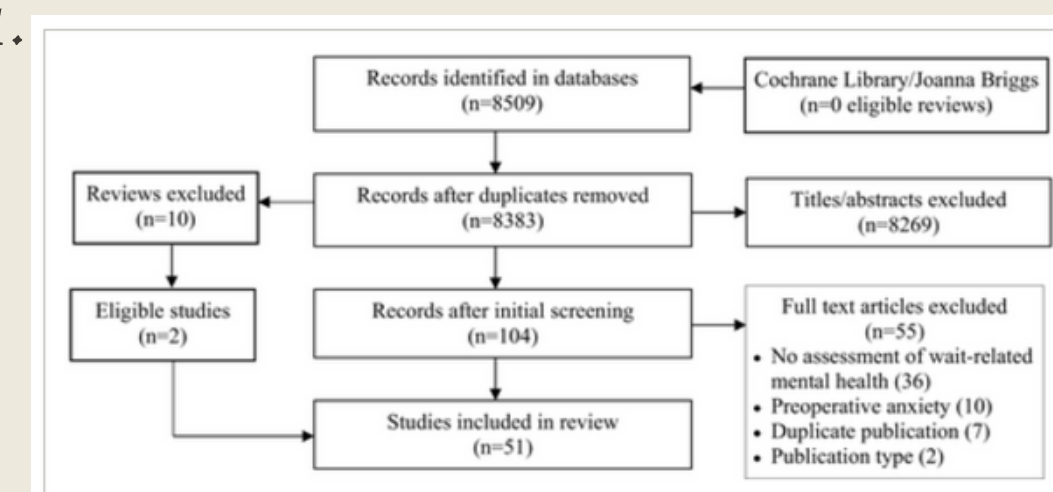
- Cognitive-Behavioural Therapy (CBT):** Focuses on restructuring negative thoughts to reduce anxiety and depression. Some interventions apply CBT principles (e.g., reframing anxious thoughts about delays).
- Mindfulness-Based Stress Reduction (MBSR):** Emphasises present-moment awareness to counteract rumination. In waiting contexts, it can help patients handle uncertainty by fostering calm and acceptance.
- Acceptance and Commitment Therapy (ACT):** Encourages accepting discomfort while continuing valued activities. Interventions may reflect ACT components, guiding patients to acknowledge anxiety without letting it impede daily life.

03. Methodology

A scoping review was conducted to examine the psychological burden of waiting for medical procedures and identify patient-centred strategies to support mental health, particularly during the COVID-19 pandemic.

- Search Strategy:
 - Systematic searches were performed across nine electronic databases to identify relevant studies.
 - Inclusion criteria focused on research exploring the mental health impact of waiting for procedures and interventions aimed at alleviating distress.

Fig 1.



PRISMA diagram. PRISMA flow diagram of studies identified, screened and included

Data Extraction & Analysis:

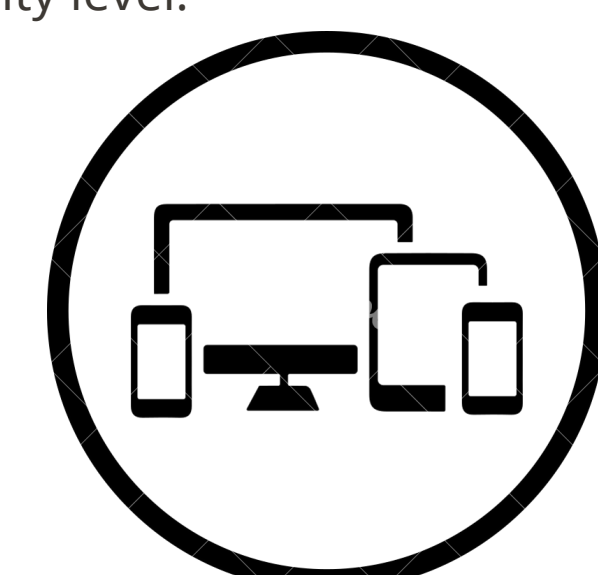
Findings were synthesised to identify common stressors and effective support strategies (e.g., peer support, communication, and educational interventions).

05. Critical Evaluation

This review provides valuable insights into the psychological burden of waiting for medical procedures, particularly during the COVID-19 pandemic. While it effectively highlights patient experiences and potential support strategies, certain limitations affect the generalisability and applicability of its findings.

Strengths

- Comprehensive Scope:** The review synthesises findings from 51 studies, offering a broad understanding of the psychological burden of waiting for medical procedures.
- Relevance:** Highlights a critical issue exacerbated by COVID-19 delays, making it timely and applicable to healthcare policy and practice.
- Patient-Centred Focus:** Emphasises empathy, peer support, and transparent communication, aligning with patient needs and preferences.
- Applicability to Post-Pandemic Context:** While the review centres on waiting for procedures during COVID-19, its findings are readily applicable to future public health crises.
- Focus on Caregivers as Well as Patients:** Including both patients and caregivers can illuminate how mental health is influenced at a familial or community level.



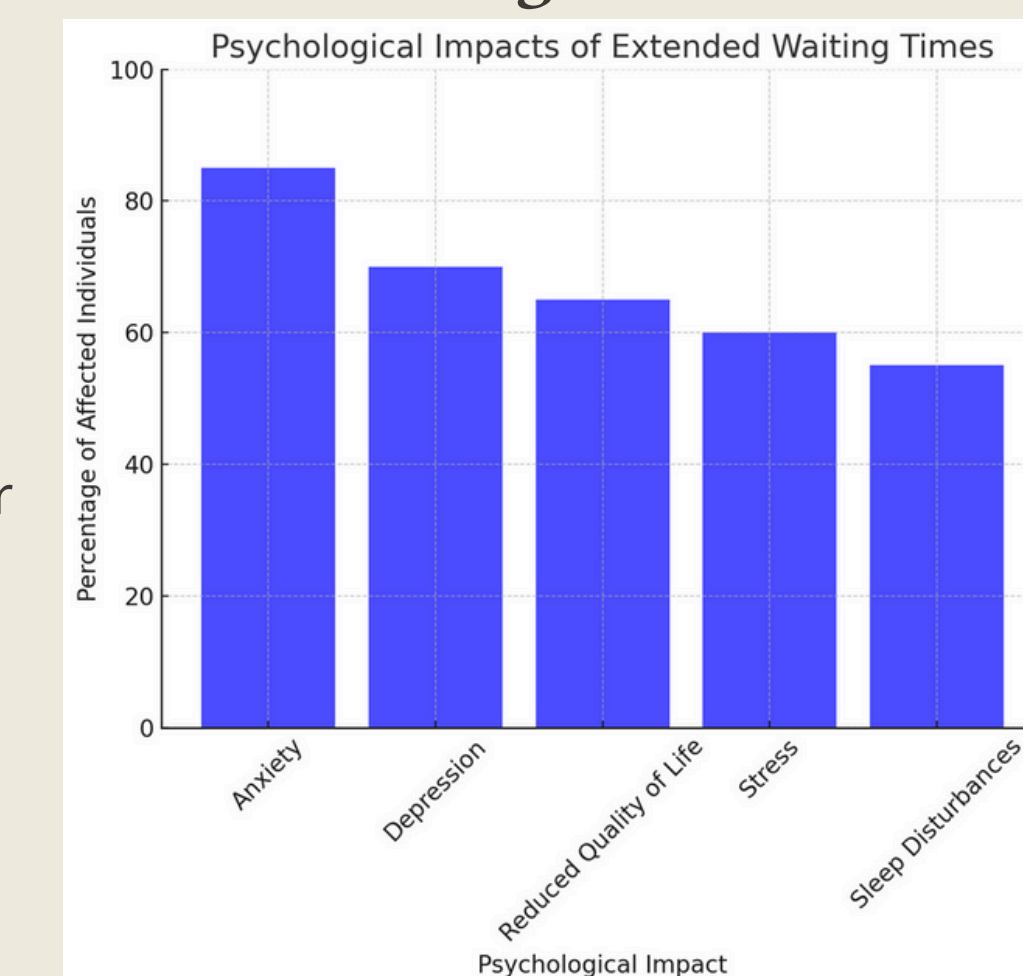
Recommendations

- Larger and more diverse samples to enhance validity.
- Longitudinal research to assess sustained impact.
- Digital and hybrid delivery modes should for broader accessibility and implementation.
- Establish a Tiered Mental Health Support Framework

Limitations

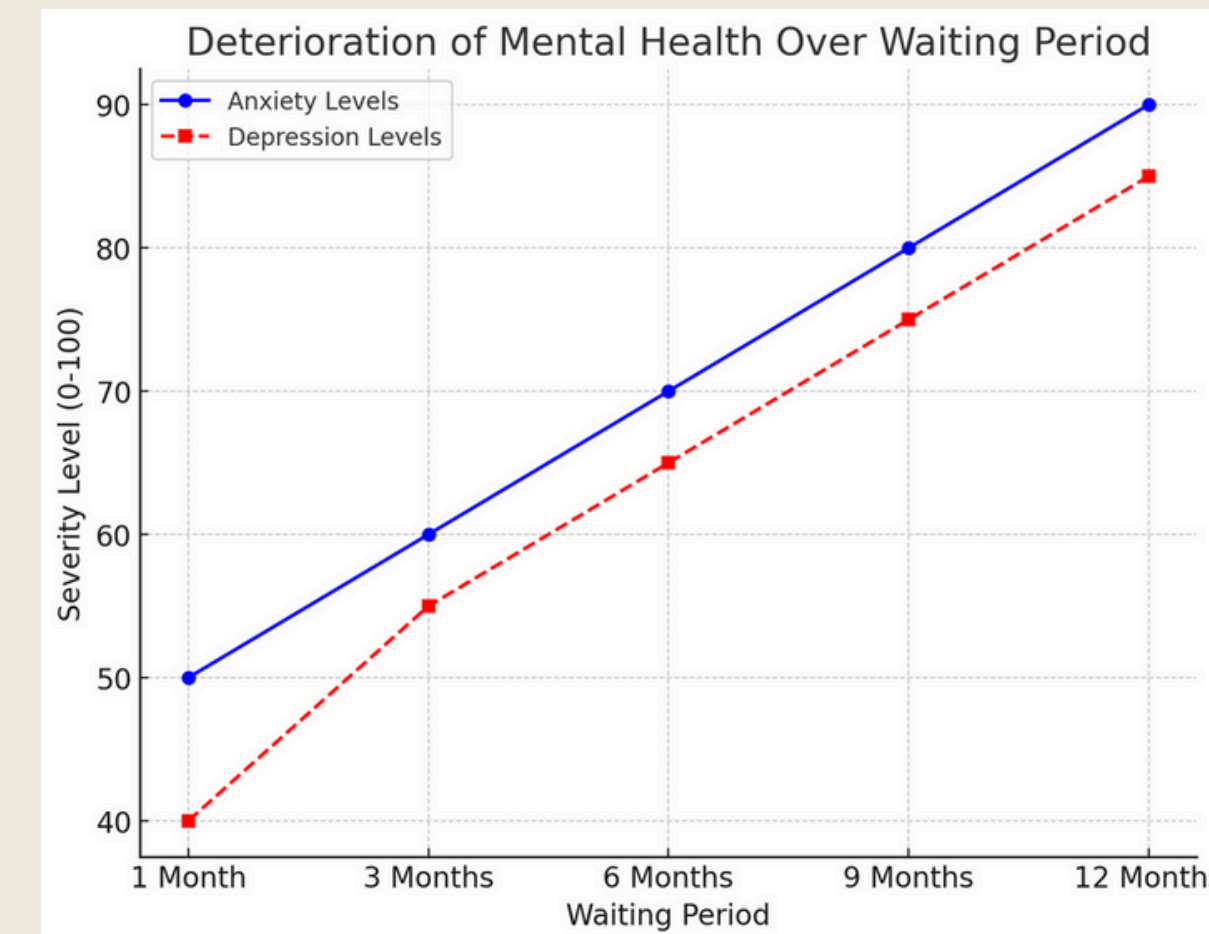
- Variability in Study Quality:** Included studies differ in methodology, sample size, and intervention types, affecting the generalisability of findings.
- Limited Intervention Evidence:** While some strategies show promise, the effectiveness of educational interventions remains inconclusive, requiring further investigation.
- Lack of Longitudinal Data:** The psychological impact of waiting may change over time, yet long-term effects are underexplored.
- Limited Detail on Implementation Feasibility:** Although the paper identifies promising strategies to support mental health, scoping reviews often stop short of detailed feasibility analyses (e.g., cost-effectiveness, resource requirements).
- Variability in Definitions of 'Waiting Burden':** The review might not fully capture how variable definitions can affect the strength and comparability of the underlying research.

Fig 2.



Psychological impacts of extended waiting times

Fig 3.

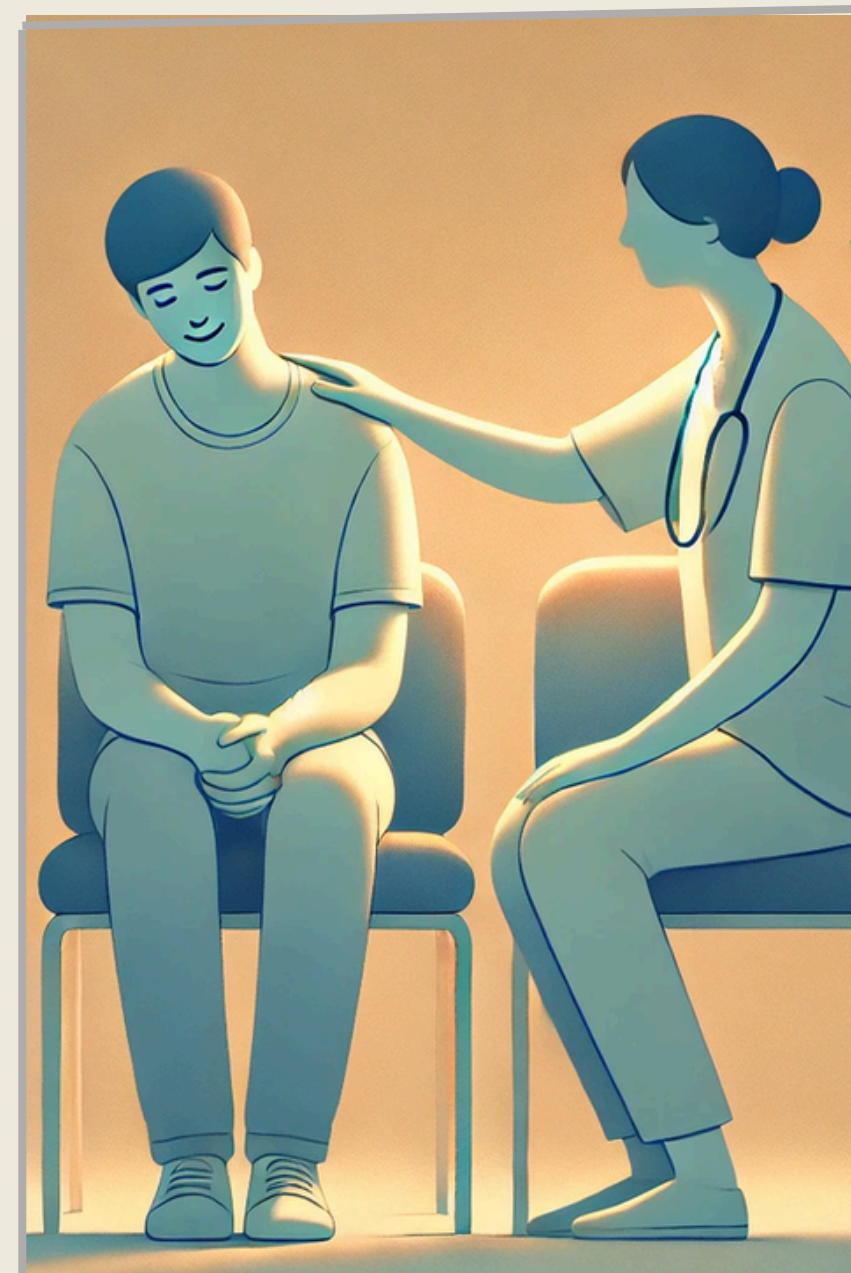


Deterioration of mental health over waiting period

Fig 4.

Intervention Type	Outcomes	Key Findings
Educational	Anxiety, Depression	Mixed: Some studies showed reductions, others found no significant effect
Structured Psychosocial	Distress, Emotional Regulation	Promising: Reduced distress, improved emotional regulation
Patient Preferences	Communication, Peer Support, Waiting Times	Patients strongly preferred empathetic communication, peer support, frequent updates

Design of strategies to support mental health of wait-listed patients and caregivers



06. Conclusion

The review highlighted the psychological burden of waiting for medical procedures, worsened by COVID-19 delays. Most patients and caregivers waiting for procedures had anxiety and depression, which adversely affected quality of life and eroded trust in the health-care system. While educational interventions had mixed results, patients preferred empathy, peer support, and transparent communication. Structured psychosocial support showed promise in reducing anxiety and improving well-being. Further research is needed to optimise these strategies for diverse patient needs.

References: Bolvin, J., & Lancaster, D. (2010). Medical waiting periods: imminence, emotions and coping. *Women's health*, 6(1), 59-69. Gagliardi, A. R., Yip, C. Y., Irish, J., Wright, F. C., Rubin, B., Ross, H., ... & Stewart, D. E. (2021). The psychological burden of waiting for procedures and patient-centred strategies that could support the mental health of wait-listed patients and caregivers during the COVID-19 pandemic: A scoping review. *Health Expectations*, 24(3), 978-990. World Health Organization. (2022). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>. Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286), 129-136.