Voicing the Concerns of Frontline COVID-19 Warriors

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Abstract

In the ongoing unprecedented global health crisis of the COVID-19 pandemic, it is vital to recognize the psychological impact of this growing menace on practicing doctors. Our medical professionals in the current situation are under immense physical and mental agony. Our study intends to raise awareness about the 'humanness' of doctors, the severity of the impact of stress and yet the unending resilience to push through it, and keep on fulfilling their duties. To study the emotional well-being of doctors during this pandemic, an online survey questionnaire through Google forms was generated and sent to 150 practicing doctors assessing their range of stressors encompassing, family stress, job security, financial hardship , psychosomatic preoccupations (muscular aches, insomnia etc.) and other psychosocial effects. It was revealed that more than half of the doctors felt lowness in mood or sadness in the past few weeks due to the present circumstances and it is causing a significant impact on their psychological state. Mental health professionals have an important role to play in present circumstances. A comprehensive psychological crisis management program should be introduced to assist the doctors to make aware and address their psychological issues.

Keywords: COVID-19 pandemic, emotional well-being, medical professionals.

Introduction

Do you think doctors flourish during medical disasters such as COVID-19? Do we treat doctors beyond humans? Do we find it a little surprising when a doctor gets sick?

On 11th March, 2020 worrying levels of spread and severity of Novel Coronavirus led WHO to assess that COVID-19 can be described as a pandemic. In the emergence and development of this infectious disease in 206 countries doctors around the world remain the key persons involved with several added responsibilities in the diagnosis and treatment of this disease. The pandemic not only brought high mortality from viral infection, but also psychological unrest and mental devastation to the rest of the world (Xiao, 2020). In India, there has been a spike in asymptomatic cases, placing people at higher risk infection, encompassing healthy individuals to medical professionals. With the onset of COVID-19 in the country, doctors were under immense physical and psychological distress as there was perceived insufficiency and lack of accessibility of safety equipment for contagion like PPE kits, ventilators etc. Despite remaining crisis management personnel, doctors themselves are not immune from the psychological consequences of COVID-19 (Spoorthy, 2020). The relentless stress doctors may experience are emotional problems such as anxiety, fear, panic attacks, post-traumatic stress symptoms, psychological distress, stigma, depression, sleep disruptions, hopelessness, interpersonal social isolation from family social support, and worries about infectious exposure to friends and others. As doctors are working day and night as a part of their COVID Duty, many might also label them as "infection carriers" this fear of labeling, stigmatization and prejudice potentially hinder in keeping themselves grounded in these tough times (Zheng, 2020). The seriousness of the current pandemic situation creates more mental health issues, which not only impairs the decision-making ability of our doctors, but may also have a long-term adverse impact on their general well-being. COVID-19 has also affected doctors practicing in private medical facilities. Doctors working in private hospitals are one of the sectors that continued to work during lockdown. With fewer footfalls, large private hospitals have been forced to resort to massive pay cuts (40% to 70%) of doctors despite working continuously and running hospitals OPD.

In the view of the importance and need of the situation as discussed above, the following are the objectives of the present study:

1. To analyze the emotional well being of medical professionals
2. To acknowledge the range of stressors experienced by our doctors during this pandemic.

Material & Methods

Participants

For the purpose of present study, Google forms had been sent out to 150 medical professionals. Participants were from all over India. Purposive, convenience and snowball sampling technique was used to collect data.

Tools used

A self-constructed questionnaire consisting of 20 questions along with some demographics was used to gather responses related to emotional well-being of medical professionals during COVID-19 Pandemic. The statements were responded in yes, no and somewhat form. Questionnaire was further divided in dimensions, each including at least 2-5 questions, they were namely, physical health, psychological state, infection stress, worry for the family, prevention strategies and lastly job insecurity and pay cuts.

The Zung Self-Rating Depression Scale

The Zung Self-Rating Depression Scale is a 20-item self-report questionnaire; items are framed in terms of positive and negative statements. Each item is scored on a Likert scale ranging from 1 to 4. A total score is derived by summing the individual item scores, and ranges from 20 to 80. Most people with depression score between 50 and 69, while a score of 70 and above indicates severe depression. The scores provide indicative ranges for depression severity that can be useful for clinical and research purposes. This was added as the second section of the questionnaire and was kept completely optional for the participants with a purpose of a longitudinal study; all those who filled the scale will be contacted again after a duration of 6-8 months.

Design

A cross-sectional study was conducted on doctors to understand physical and psychological distress they are undergoing while practicing during the COVID-19 pandemic

Procedure

As the number of coronavirus cases was rising exponentially in the country, the distress among the doctors also increased. Thus, the topic of the present study was conceptualized to understand and analyze the underlying causes of elevated stress and anxiety amid doctors. Accordingly, a list of 20 structured questions with close ended responses (yes, no and somewhat) was developed adhering to include all possible factors (physical, psychological, social, emotional).Several dimensions were also included in the questionnaire to make sure all the factors are being covered. Along with the survey questionnaire, Zungself rating depression scale was also attached as the second section of questionnaire and was kept completely optional section, as a part of a longitudinal study participants who filled out the form would be contacted again in a span of 6-8 months ie. ,when the situation seemed to settle down or post COVID era. As nationwide lockdown was going on, data collection had to be done online, keeping that in mind with the use of google forms, questionnaires were sent out to doctors.

Discussion

The entire world is battling with the COVID-19 pandemic, and the doctors and other essential workers are working round the clock to ensure that people affected with the contagion recover quickly and the rest of the healthy population is not contacted with the novel CoronaVirus. Public health emergencies can have an impact on the health, safety and well-being of both individuals (e.g., insecurity, ambiguity, emotional isolation and marginalization) and communities (e.g., downfall of economy, work and school shutdowns and insufficient medical response resources) (Pfefferbaum, 2020).

For our present study, we analyzed and acknowledged the range of stressors doctors practicing in private hospitals experienced during this COVID-19 pandemic. Majority of the doctors i.e.

86.7% (table 1, figure 1) of the sample attended patients during the lockdown depicting the resilience of the community and the will to continue working in the benefit of ailing members of the society while more than half of the sample i.e. 60% (table 2, figure 2) of doctors had no access to PPE kits and while attending patients.

The questionnaire used in our study, analyses six dimensions for overall well being of doctors i.e. Physical health, Psychological state, Infection stress, Worry for the family, Prevention Strategies and Job dissatisfaction and pay cuts. The first dimension i.e. physical health includes condition of our body and consists of components like sleep and appetite, the results revealed that 40% (table 3, figure 3) of the sample was not able to get adequate sleep on most of the days indicating a personal toll the situation is taking on the doctors , whereas 42.7% (table 4, figure 4) of the sample felt tired in the morning despite sleeping at night on some days. It was also observed that 28% (table 6,figure 6) of the doctors experienced a change in their appetite indicating a rise in psychosomatic consequences. 33.3% (table 5, figure 5) also felt more tired during the day than usual. 36% (table 10, figure 10) experienced bodily aches occasionally over the past few weeks which connotes a significant impact stress is causing on their physical health. When assessing the full complexity and situations, these components when not fulfilled limit or outweigh the individual coping skills.

The second dimension is the psychological state of doctors, which includes cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. It was seen that 59.3% (table 7, figure 7) of the sample felt sad or low in mood over the past few weeks, Also, 40% (table 8, figure 8) of the sample got easily annoyed or irritated. Whereas, 36.7% (table 9, figure 9) of the participants experienced difficulty in relaxing during the past few weeks. As low as 12%(table 12, figure 12) of the sample indulged in using different substances such as caffeine or alcohol etc to help them cope better which depicts that they are more cautious and in control of their habits resulting in development of healthier coping mechanisms. The causes for the psychological distress to which doctors were exposed may be attributed to the many challenges of being safe at hospital, such as a lack of initial awareness of the contagion, lack of prevention and control information, long-term workload, high risk of exposure to COVID-19 patients, lack of testing and medical kits, and the exposure to critical life events such as death.

The third dimension is the infection stress dealt by doctors and fear about carrying the contagion. More than half of the sample i.e. 61.3% (table 11, figure 11)were occupied with thoughts and conversations around COVID-19 pandemic. 41.7% (table 13,figure 13) of the sample felt the need to constantly sanitize them even when it was not practically required. It was also seen that 26.7% (table 14, figure 14) of the doctors relied on non-allopathic remedies like Ayurveda or homeopathy to boost their immunity level. Almost half of the doctors i.e. 46.7% (table 15, figure 15) were also seen to be worried about contracting the novel coronavirus, implying a rise in the anxiety related to COVID-19 in our doctors while working in the hospitals.

The fourth dimension is worry for the family where doctors were concerned about contracting the novel coronavirus to their family members. Results reveal that the majority of the doctors i.e. 77.3% (table 16, figure 16) were worried about carrying the contagion to their family members. Also it was seen that 80% (table 17, figure 17) of the sample was able to spend time with their families during the lockdown, which can be a source of happiness and increases capacity to handle stress being close to their loved ones in such difficult times and giving proper time to their family and especially their children.

The fifth dimension is prevention strategies including local or national policy for quarantine of individuals, and adherence to infection prevention and control measures. 36.7% (table 18, figure 18) were fully satisfied with Government intervention plans for COVID-19, and 37.3% (table 18, figure 18) were somewhat satisfied with Government planned interventions for COVID-19 implying that the government should focus more on its intervention strategies. Institutions of

majority of the sample i.e. 78.7% (table 19, figure 19) were abiding by the COVID-19 guidelines given out by Govt. of India and WHO.

The last dimension is job dissatisfaction and pay cuts that includes a pay cut doctors are receiving during this COVID era even after working in long hours shifts straight for weeks and being in the high risk group. Results revealed that 71.3% (table 20, figure 20) of the doctors received a pay-cut during the COVID-19 pandemic while only 31.3% (table 21, figure 21) perceived it to be a fair practice and the rest 68.7% (table 21, figure 21) of the doctors perceived it as an unfair practice, which might further lead to feeling of neglected and undeserving even after serving the community day and night without caring about their own and family's health.

All the dimensions mentioned above are interlinked with each other and play an active role in determining the overall well-being of an individual. Results revealed a higher prevalence of psychological symptoms among doctors during COVID-19 and 90% (table 22, figure 22) of the sample considered mental health professionals to be beneficial in planning and dealing with the current COVID-19 pandemic situation.

Conclusion

Although doctors seem to have a higher level of resilience when compared to the general population, this unprecedented situation has taken a toll on their physical and mental health. It was noticed that many felt sad or low in mood over the past few weeks and were also concerned getting infected by the virus. However, the majority of the samples were abiding by the COVID-19 guidelines; they also felt that the government could introduce more effective intervention plans for this pandemic situation. A comprehensive psychological crisis management program should be implemented where on-call psychological assistance is aimed at resolving their psychological issues with a trained and professional team of mental health practitioners and empowering resilience and well-being of doctors.

The study also faced certain limitations. Firstly, due to paucity of time study, a cross sectional design was applied and was quantitative in nature. Second, psychological assessment was based on an online survey and on self-report tools although, doctors endure high rates of job stress even under ordinary circumstances but many seem to be hesitant to report mental health problems with stigma for often-cited explanation.

Suggestions for future research include a qualitative nature of the study, and use of clinical assessments used in further research. Future research should be aimed at reducing the stigma related to the mental health of the doctors and improving public perceptions.

Financial Disclosure

None

Contributors

All authors contributed equally

Declaration of Competing Interest

The authors declare that they have no known competing financial or personal interests that could have influenced the work reported in this research

Acknowledgement

We want to thank the entire medical fraternity for their endless services and working non-stop during this lockdown and COVID-19 Pandemic.

Result Tables

Table 1 *Doctors attending patients during lockdown.*

Responses	Frequency	Percentage
Yes	130	86.7%
No	20	13.3%

Table 2 *Access to PPE kits during lockdown.*

Responses	Frequency
Yes	60
No	90

Table 3 *Adequate sleep*

Responses	Frequency	Percentage
Yes	90	60%
No	21	14%
Somedays	39	26%

Table 4 *Felt tired in the morning despite sleeping at night*

Responses	Frequency	Percentage
Yes	64	42.7%
No	86/	57.3%

Table 5 *Felt more tired during the day than usual*

Responses	Frequency	Percentage
Yes	50	33.3%
No	100	66.7%

Table 6 *Change in appetite over past few weeks*

Responses	Frequency	Percentage
Yes	42	28%
No	108	72%

Table 7 *Felt sad or low in mood over the past few weeks*

Responses	Frequency	Percentage
Yes	89	59.3%
No	61	40.7%

Table 8 *Perceived irritability during the past few weeks*

Responses	Frequency	Percentage
Yes	60	40%
No	90	60%

Table 9 *Had trouble in relaxing during the past few weeks*

Responses	Frequency	Percentage
Yes	55	36.7%
No	95	63.3%

Table 10 *Experienced bodily aches over the past few weeks*

Responses	Frequency	Percentage
Yes	18	10.7%
No	96	64%
Some days	38	25.3%

Table 11 *Occupied with thoughts and conversations around COVID-19 pandemic*

Responses	Frequency	Percentage
Yes	92	61.3%
No	58	38.7%

Table 12 *Indulgence in any kind of substance (caffeine, alcohol, etc) to help cope better*

Responses	Frequency	Percentage
Yes	18	12%
No	132	88%

Table 13 *Felt the need of constantly sanitizing oneself even when not required*

Responses	Frequency	Percentage
Yes	61	41.7%
No	89	59.3%

Table 14 *Relying on non-allopathic remedies to boost immunity*

Responses	Frequency	Percentage
Yes	40	26.7%
No	110	73.3%

Table 15 *Felt overly worried about contracting the Corona Virus infection*

Responses	Frequency	Percentage
Yes	70	46.7%
No	80	53.3%

Table 16 *Felt anxious about carrying the contagion to the family members*

Responses	Frequency	Percentage
Yes	116	77.3%
No	34	22.7%

Table 17 *Adequate time spent with family*

Responses	Frequency	Percentage
Yes	120	80%
No	30	20%

Table 18 *Satisfied with Govt intervention plans for COVID-19*

Responses	Frequency	Percentage
Yes	55	36.7%
No	39	26%
Somewhat	56	37.3%

Table 19 *Own institution abiding by the COVID-19 guidelines*

Responses	Frequency	Percentage
Yes	118	78.7%
No	32	21.3%

Table 20 *Received pay-cut due to the COVID-19 Pandemic*

Responses	Frequency	Percentage
Yes	107	71.3%
No	43	28.7%

Table 21 *Perceived pay-cutas a fair practice*

Responses	Frequency	Percentage
Yes	47	31.3%
No	103	68.7%

Table 22 *Considered mental health professionals to be beneficial in planning and dealing with the current COVID-19 pandemic situation*

Responses	Frequency	Percentage
Yes	135	90%
No	15	10%

Results (Pie Charts)

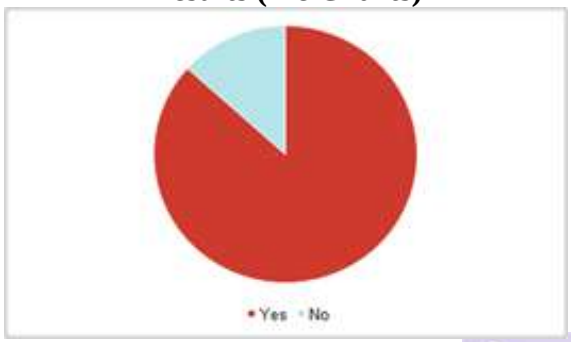

Figure 1. Doctors attending patients during lockdown

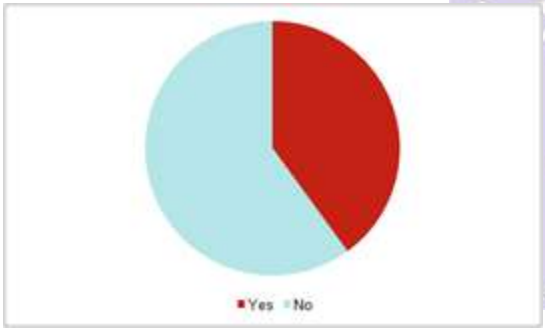

Figure 2. Access to PPE kits during lockdown

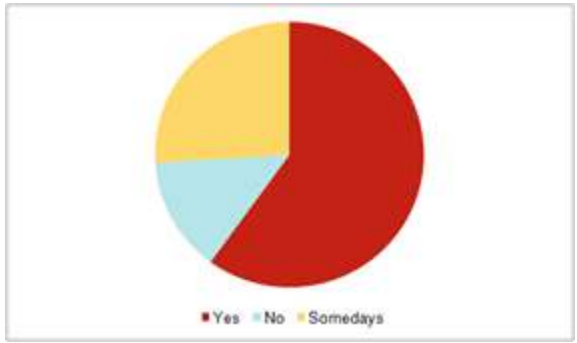

Figure 3. Adequate sleep

Figure 4. Felt tired in the morning despite sleeping at night

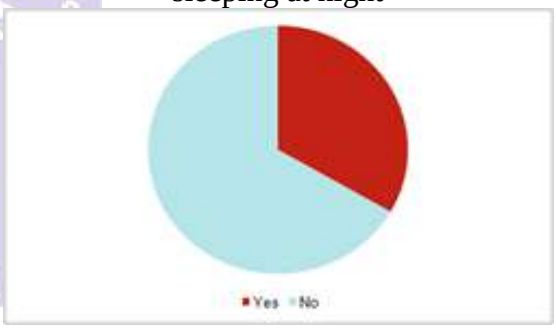

Figure 5. Felt more tired during the day than usual

Figure 6. Change in appetite over past few weeks

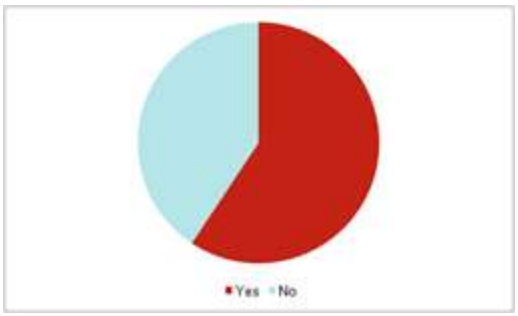

Figure 7. Felt sad or low in mood over the past few weeks

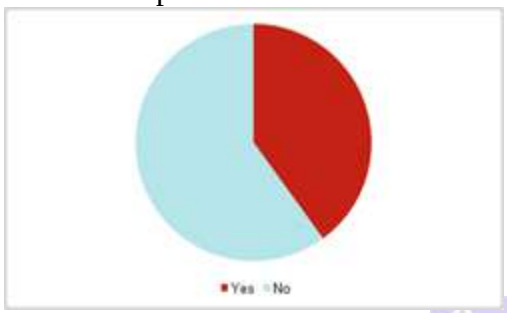

Figure 8. Perceived irritability during the past few weeks

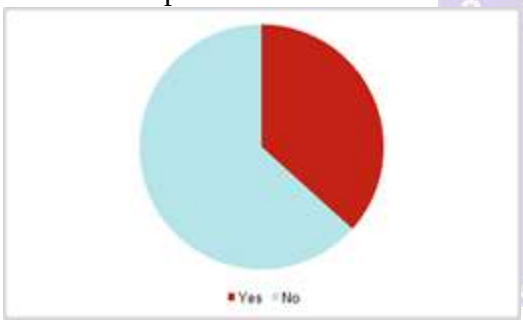

Figure 9. Had trouble in relaxing during the past few week

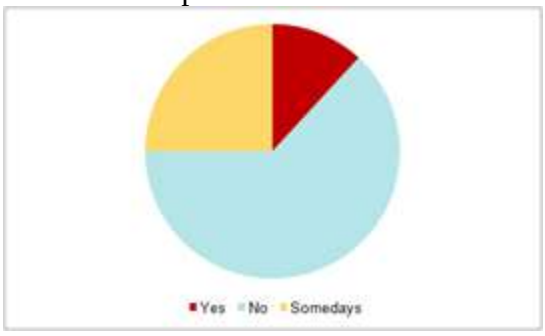

Figure 10. Experienced bodily aches over the past few weeks

Figure 11. Occupied with thoughts and conversations around COVID-19 pandemic

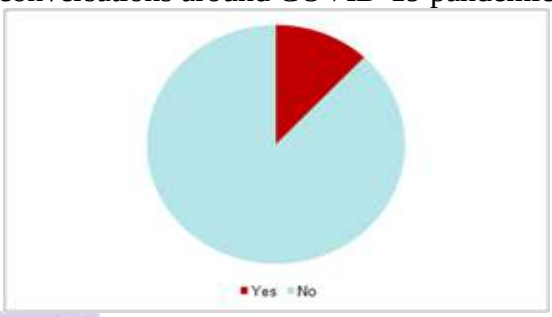

Figure 12. Indulgence in any kind of substance (caffeine, alcohol, etc) to help cope better

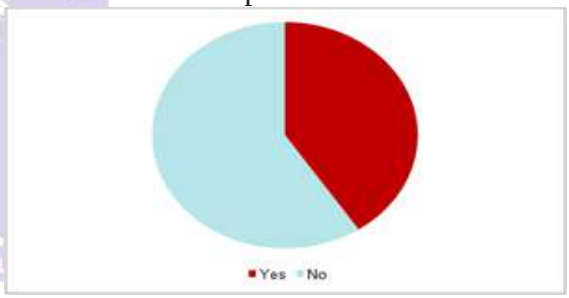

Figure 13. Felt the need of constantly sanitizing oneself even when not required

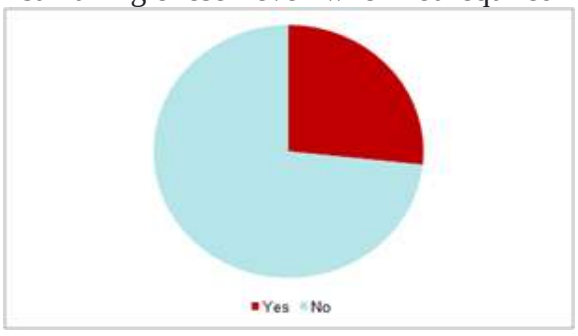

Figure 14. Relying on non-allopathic remedies to boost immunity

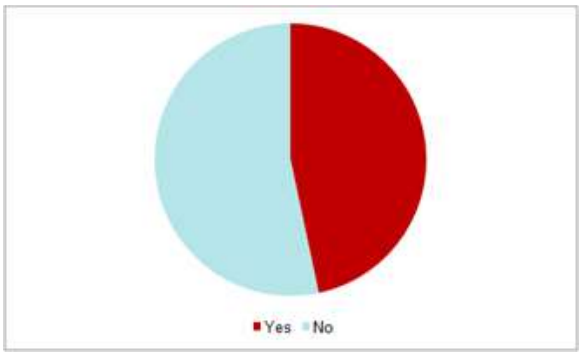

Figure 15. Felt overly worried about contracting the Corona Virus infection

Figure 19. Own institution abiding by the COVID-19 guidelines

Figure 16. Felt anxious about carrying the contagion to the family members

Figure 20. Received pay-cut due to the COVID-19 Pandemic

*Figure 17.*Adequate time spent with family

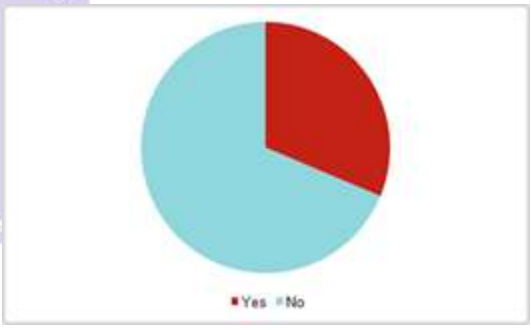

*Figure 21.*Perceived pay-cut as a fair practice

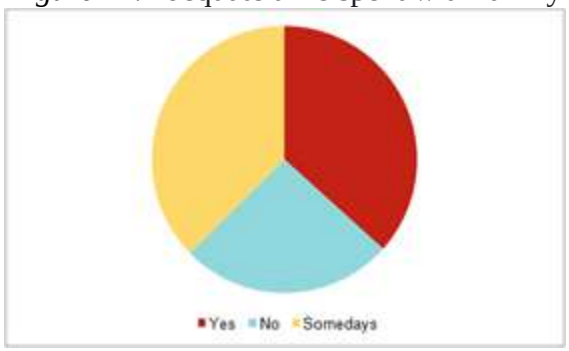

*Figure 18.*Satisfied with Govt intervention plans for COVID-19

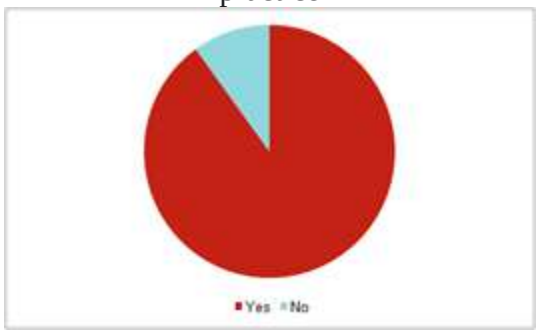

*Figure 22.*Considered mental health professionals to be beneficial in planning and dealing with the current COVID-19 pandemic situation

References

Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*.

Rana, W., & Mukhtar, S. (2020). Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak. *Asian Journal of Psychiatry*, *51*, 102080.https://doi.org/10.1016/j.ajp.2020.102080

Soni, P. (2020, May 20). Available from: Doctors fighting COVID-19 got up to 50% pay cut — and some of them haven't been paid yet. Retrieved June 09, 2020, from https://www.msn.com/en-in/money/news/doctors-fighting-covid-19-got-up-to-50percent-pay-cut-%e2%80%94-and-some-of-them-havent-been-paid-yet/ar-BB14l2v8?ocid=ientp

Spoorthy, M. S., Pratapa, S. K., &; Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review. *Asian Journal of Psychiatry*, *51*, 102119. https://doi.org/10.1016/j.ajp.2020.102119

World Health Organization (2020). *WHO Timeline - COVID-19*. World Health Organization.https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19.

World Health Organization. (2010, December 11). *The Zung Self-Rating Depression Scale*. World Health Organization. https://www.who.int/substance_abuse/research_tools/zungdepressionscale/en/.

Xiao, C. (2020). A Novel Approach of Consultation on 2019 Novel Coronavirus (COVID-19)-Related Psychological and Mental Problems: Structured Letter Therapy. *Psychiatry Investigation*, *17*(2), 175–176. https://doi.org/10.30773/pi.2020.0047

Zheng, W. (2020). Mental health and a novel coronavirus (2019-nCoV) in China. *Journal of Affective Disorders*, *269*, 201–202.https://doi.org/10.1016/j.jad.2020.03.041