



A STUDY ON PSYCHOLOGICAL EXPERIENCES OF HEALTH CARE WORKERS DURING THE SECOND WAVE OF COVID -19 PANDEMIC.

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ABSTRACT

The 2019 novel coronavirus pandemic (COVID-19) is an international public health emergency unprecedented in modern history. Besides the biological context and due to the wide and long-lasting changes in life styles it caused, coping with it represents a challenge to psychological resilience. Previous studies have shown that epidemics and contamination outbreaks of diseases have been followed by drastic individual and psychosocial impact. Currently, due to this pandemic, high levels of anxiety, stress and depression have already been observed in the general population. It is pertinent that health authorities identify groups with high risk of developing emotional issues. Amongst those vulnerable are the healthcare workers assisting patients with known or suspected COVID-19. In the present study we attempted to find out the various psychological problems experienced by the health care professionals during the second wave of this pandemic. The present study was done on 275 health care professionals working in various covid hospitals in Visakhapatnam.

KEYWORDS : health care professionals, depression, anxiety

INTRODUCTION

The 2019 novel coronavirus pandemic (COVID-19) is an existing and unprecedent international public health emergency¹. Besides the biological context and due to the wide and long-lasting changes in daily life it caused, coping with it represents a challenge to psychological resilience. Previous studies have shown that epidemics and outbreaks have been followed by drastic individual and psychosocial impacts, which eventually become more pervasive than the actual disease itself^{2,3}. Currently, due to this pandemic, high levels of anxiety, stress and depression have already been observed in the general population^{4,5}. Amongst these are the healthcare workers assisting patients with known or suspected COVID-19. Primary care workers, such as nurses, nursing technicians and medical doctors who are in direct contact with patients and their body fluids, are those most vulnerable to infection^{3,6}.

During pandemics, as the world faces a shutdown or slowdown in daily activities and individuals are encouraged to implement social distancing so as to reduce interactions between people, consequently reducing the possibility of new infections⁷, health professionals usually go in the opposite direction. Due to the exponential increase in the demand for healthcare, they face long work shifts, often with few resources and precarious infrastructure⁸, and with the need of wearing Personal Protective Equipment (PPE) that may cause physical discomfort and difficulty breathing⁶. In addition, many professionals may feel unprepared to carry out the clinical intervention of patients infected with a new virus, about which little is known, and for which there are no well-established clinical protocols or treatments⁶. Also, there is the fear of spreading the virus to their families, friends or colleagues^{9,10}. This can lead them to isolate themselves from their family, change their routine and narrow down their social support network⁶.

MATERIAL AND METHODS:

The present study was done on 275 health care professionals working in various covid hospitals in visakhapatnam. The health care workers included in the study were medical doctors and nurses. A questionnaire was given to them which were filled online and the results are analyzed.

A proper online consent was taken from the participants and their identity was kept confidential.

The questionnaire included the following questions:

Age/gender
Place of work
Duration of work

Psychological experiences by them during and after their covid duties like
fear
stress anxiety
depression or any other
Any loss of appetite
Insomnia

Whether symptoms were self limiting or required treatment?

The completed filled in questionnaires were analyzed for results.

RESULTS:

Out of 275 questionnaires, 250 completed filled questionnaires were received which were analyzed.

The following results are obtained:

98% of the participants were in the age group 30-45 years of age

Females(56%) experienced more psychological symptoms in comparison with the male(44%) participants.

The psychological symptoms experienced by the participants are

Fear – 97%, their fear of contracting the disease themselves and being a carrier of the virus to their families, was among the foremost.

Stress – 88% participants complained of stress, related to long working hours, more than usual emergencies they had to attend to compared to non-pandemic times

Anxiety experienced by 90% of the participants

Depression experienced by 92% of the participants

73% of the participants had loss of appetite and insomnia.

Other symptoms experienced by them were headache, myalgias, fever, tiredness and dryness of throat, which they themselves attributed to psychosomatic symptomatology.

Most of these symptoms subsided on their own without much medication after the emergency with little psychological support extended from family, friends and colleagues.

DISCUSSION:

During such pandemics, long working hours under pressure can result in different levels of psychological pressure, which may trigger feelings of loneliness and helplessness, or a series of emotional states, such as stress, irritability, physical and mental fatigue, and despair⁶. The work overload and the symptoms related to stress make health professionals especially vulnerable to psychological suffering^{8,9,10}, which may increase the chance of developing psychiatric disorders¹¹. If, on the one hand, healthcare teams - mainly in emergency services - may be used to feeling physical fatigue and mental weariness, on the other hand, due to the fear, insecurity and uncertainty caused by a pandemic, these well-known factors could impact human relationships too. Historically, catastrophes can mobilize teams due to commotion, but they are usually exempt from fear of the transmissibility of the infection, as despite the threat being invisible, possible negative outcomes are an inconvenient and frightening reality. Therefore, the recognition of risks and planning of interventions aimed at reducing the damage to the psychological health of professionals involved in the care of patients infected by COVID-19 should be a priority, and actions need to be established and implemented.

During the severe acute respiratory syndrome (SARS) outbreak in 2003, 18 to 57% of health professionals experienced serious emotional problems and psychiatric symptoms during and after the event¹². In 2015, during the Middle East respiratory syndrome (MERS) outbreak, also caused by coronavirus, dysphoria and stress were observed among health professionals. Frontline professionals were also shown to be at higher risk of developing post-traumatic stress disorder (PTSD), which persisted even after a period of absence from work¹².

A burnout syndrome was also reported by health professionals involved in assisting patients during an epidemic caused by another type of coronavirus that occurred in Korea in 2016¹³. Vicarious trauma or secondary traumatic stress, a phenomenon in which health professionals experience symptoms similar to the patients' due to continued exposure, is also common during catastrophes. The main symptoms of indirect trauma are appetite loss, fatigue, physical decline, sleep and attention disorders, irritability, numbness, fear and despair². In addition, professionals involved directly in the care of a disease with high potential of contagion may suffer stigma. This can be reinforced by the media due to the sensational character of an event with worldwide proportions, demarcating the need for emotional support, encouragement and appreciation¹⁵. Loss of morale among health care workers can lead to situations such as the collapse of the health system, preventing health professionals from making adequate decisions due to internal (fear, inability to face suffering, lack of knowledge) or external pressures (hierarchical pressure, communication and organizational problems, lack of resources and support from other services).

Recently, a study with nurses and physicians involved in the treatment of COVID-19 found a high incidence of stress, anxiety and PTSD, with higher levels of anxiety in women and nurses compared to men and physicians, respectively¹⁴. This can be explained by the fact that nurses have longer work shifts and closer contact with patients, which can easily lead to fatigue and tension. Another study with a similar sample found that the physicians' level of social support was significantly associated with efficacy and quality of sleep, and negatively associated with anxiety and stress¹⁶. The findings in the present study are at par with the previous studies.

CONCLUSION:

Health professionals who are in direct contact with infected patients need to have their mental health regularly screened and monitored, especially in relation to depression, anxiety and suicidal ideation. In the same way, it is essential to identify professionals with a history of exposure to psychosocial risk factors. Therefore, psychiatric treatments should be provided to those with more serious mental health problems. Specifically regarding the mental health of healthcare professionals in the context of COVID-19, it is important to identify secondary psychosocial factors that may potentially generate stress, e.g., professionals with chronic diseases, living with young children or older family members, among others¹⁵.

It is suggested that psychosomatic symptoms such as insomnia, anxiety, anger, rumination, decreased concentration, depression and loss of energy are to be evaluated and managed at the institution by the mental health professionals. It is also recommended that psychological/psychiatric care is provided to professionals in hospitals or other healthcare settings. In addition, strict measures must be implemented to prevent infection and ensure a safe environment for consultations, as well as practical training on how to use PPE properly¹⁷.

REFERENCES

1. World Health Organization. Novel coronavirus (2019-nCoV) situation reports. Geneva: World Health Organization; 2020.
2. Li Z, Ge J, Yang M, Feng J, Qiao M, Jiang R, et al. Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain Behav Immun* 2020; [Epub ahead of print].
3. Ornell F, Schuch JB, Sordi AO, Kessler FHP. "Pandemic fear" and COVID-19: mental health burden and strategies. *Braz J Psychiatry* 2020; [Epub ahead of print].
4. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health* 2020; 17:E1729.
5. Zhu Y, Chen L, Ji H, Xi M, Fang Y, Li Y. The risk and prevention of novel coronavirus pneumonia infections among inpatients in psychiatric hospitals. *Neurosci Bull* 2020; 36:299-302.
6. Huang JZ, Han MF, Luo TD, Ren AK, Zhou XP. Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2020; 38:E001.
7. Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *J Travel Med* 2020; 27:taaa020.
8. Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M, Benedek DM. Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: mental health consequences and target populations. *Psychiatry Clin Neurosci* 2020; 74:281-2.
9. Kang L, Li Y, Hu S, Chen M, Yang C, Yang BX, et al. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *Lancet Psychiatry* 2020; 7:e14.
10. Xiang Y-T, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry* 2020; 7:228-9.
11. Malta M, Rimoim AW, Strathdee SA. The coronavirus 2019-nCoV epidemic: is hindsight 20/20? *EclinicalMedicine* 2020; 20:100289.
12. Lee SM, Kang WS, Cho AR, Kim T, Park JK. Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients. *Compr Psychiatry* 2018; 87:123-7.
13. Kim JS, Choi JS. Factors influencing emergency nurses' Burnout during an outbreak of Middle East respiratory syndrome coronavirus in Korea. *Asian Nurs Res (Korean Soc Nurs Sci)* 2016; 10:295-9.
14. Herrer MG. Coronar la cumbre. Riesgos emocionales y cuidado del personal sanitario ante el COVID-19. <https://humanizandolosucidadadosintensivos.com/es/coronar-la-cumbre-riesgos-emocionales-y-cuidado-del-personal-sanitario-ante-el-covid-19/> (accessed on Mar/2020).

15. Associação de Medicina Intensiva Brasileira. Recomendações para o bem-estar emocional da equipe multidisciplinar durante a pandemia pelo Sars-Cov-2. https://www.amib.org.br/fileadmin/user_upload/amib/2020/marco/18/corona_psico_amib_15h56_18032020.pdf
16. Xiao H, Zhang Y, Kong D, Li S, Yang N. The effects of social support on sleep quality of medical staff treating patients with Coronavirus disease 2019 (COVID-19) in January and February 2020 in China. *Med Sci Monit* 2020; 26:e923549.
17. The impact of the COVID-19 pandemic on the mental health of healthcare professionals impacto da pandemia de COVID-19 na saúde mental dos profissionais de saúde El impacto de la pandemia de COVID-19 en la salud mental de los profesionales de la salud Felipe OrnellSilvia Chwartzmann HalpernFelix Henrique Paim KesslerJoana Corrêa de Magalhães Narvaez <https://doi.org/10.1590/0102-311X00063520>