



Original Article

Psychological Effects of Covid-19 Care; A Qualitative Study of Health Care Workers in Punjab Pakistan

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ABSTRACT

The pandemic has caused severe psychological distress among Healthcare Workers. They were readily exposed to extreme workloads and physical and emotional turbulence throughout the pandemic which impacted them on both professional and personal fronts. **Objectives:** To explore the adverse impacts of Covid-19 on the mental health of the Healthcare Workers while delving into the relationship between occupational stress, communal norms, and mental health outcomes. **Methods:** It utilizes content gathered through observation and in-depth interviews of the frontline Healthcare Workers (n=32) that included doctors (n=14), nurses (n=12), and domestic staff (n=6) working in three COVID-19 treatment centers made in three major cities of Punjab, Pakistan, (Lahore, Faisalabad, and Sialkot) during Covid-19. **Results:** The results were divided into two themes followed by their sub-themes based on the results gathered through data collection tools. The themes were analyzed using the transactional model of stress and coping. The results reveal that the psychological distress faced by HCWs is directly related to occupational stress such as extreme workload/demand, while other challenges include fighting the community-imposed stigmas against the pandemic and social isolation. **Conclusion:** Psychological distress is a raising concern; current evidence reveals that low- and moderate-income communities, particularly in South Asian nations, have little or no understanding of workplace stress and its repercussions. Therefore, this study investigated Healthcare Workers' perspectives on mental health concerning the pandemic.

INTRODUCTION

The novel coronavirus that emerged as unknown few cases of severe pneumonia in the city of Wuhan, China, soon took the world by storm, disrupting all aspects of life. It was declared a global pandemic on 11th March 2020 by The World Health Organization (WHO), based on its impact, the severity of the influence, and the ferociously increasing number of cases [1]. During a disease outbreak, psychological reactions play a vital role in determining the emotional and social distress which may be caused by the outbreak [2]. Psychological well-being is not kept into account when dealing with the pandemic, the focus is more on the emergency management, critical treatment, rapid testing, and containing the acute transmissions of the

disease, due to this the healthcare systems rarely focus on the mental health and social wellbeing of the individuals [3]. Job stress is defined as the state of psychological and physical stress in the workplace which may be caused by increased demand in the workplace as compared to the capabilities of working individuals [4]. Healthcare professionals are at a greater risk of job stress especially during a disease outbreak due to the nature of their job [5]. The current pandemic has caused severe psychological distress among Healthcare Workers; some of the symptoms include anxiety, depression, fear of death, hopelessness, sleep deprivation, stigma impact, isolation from friends and families due to the fear of transmitting the

virus and Post Traumatic Stress Syndrome (PTSD) [6]. The medical professionals who are working in direct and immediate contact with the infected patients of Covid-19 are called front-line Healthcare Workers (HCWs). They are readily exposed to extreme workloads, and poor working environment leading to occupational stress and other mental health problems [7]. Although psychological problems have been preexisting in the HCWs, they have exasperated further because of the pandemic outbreak. The mental health problems became a hurdle for the HCWs to perform their duties properly, incidences of cognitive dysfunction, and uncertainty over clinical decisions led to an increase in medical errors [8]. A study conducted in Italy and China on the psychological health of the HCWs showed alarming statistics of poor mental health with 21.90% and 71.5% stress, 19.8% and 44.6% anxiety, and 24.73% and 50.4% depression levels respectively. These studies prove that there is a high prevalence of psychological distress among HCWs during the pandemic outbreak [9]. As the Covid-19 pandemic penetrated in Pakistan, its already deficit healthcare system received a severe blow [10]. Unfortunately, the pandemic healthcare framework implemented did not have any policy for mental health well being [11]. As per a study conducted in Pakistan, the HCWs are exposed to the risk of contracting the virus, extreme workload, moral impasses, tiring working conditions on professional grounds, and dealing with societal stigmas, psychosomatic symptoms, emotional and spiritual distress on the personal level. This makes them extremely vulnerable on both professional and personal fronts [12]. The HCWs have suffered greatly from the pandemic in terms of decreased resources, deteriorated psychological health, lack of job security, stigma regarding mental health, and Covid-19 in general. This study explores the effects of Covid-19 on the mental health of healthcare Workers (HCWs) and evaluates through inductive reflexive thematic analysis HCWs' perspective. The current study has utilized content gathered through observation and interviews of the frontline medical HCWs affected by Covid-19.

METHODS

This qualitative study focuses on the psychological distress caused by Covid-19 among HCWs who worked at Covid-19 treatment centers made in the three major cities of Punjab, Pakistan, (Lahore, Faisalabad, and Sialkot). The HCWs included doctors, nurses, and domestic staff. The researchers formed an in-depth analysis of the experiences of the HCWs. Respondents were selected through a purposive sampling method as only those interviewed were directly dealing with patients of Covid-19. Data were collected from 3rd Oct 2021 to 11th Jan 2022. Data saturation marked the endpoint of the data collection. The

interviews were audio recorded. Themes and sub-themes were generated followed by transcription and translation of the collected data through inductive reflexive thematic analysis. Informed verbal consent was taken from the participants and confidentiality was kept in strict consideration. The categorization into themes was done using thematic coding method such as word repetition and indigenous categories. The themes and sub-themes were analyzed by the Transactional Model of Stress and Coping which is illustrated in Figure 1.

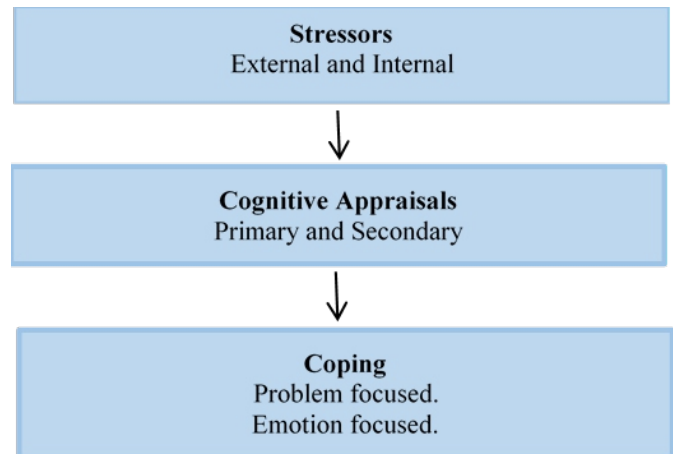


Figure 1: The Transactional Model of Stress and Coping. Source: [13]

Dr. Richard Lazarus anticipated this model in collaboration with Dr. Susan Folkman in 1984. The model assesses how important life events and daily stresses affect emotions, with a focus on cognitive appraisal and stress management. It is comprised of three arenas; the stressors (external and Internal), cognitive appraisal; which includes primary and secondary appraisal, and lastly coping.

RESULTS

The participants of the study were thirty-two in number (n=32), doctors (n=14), nurses (n=12), and domestic staff (n=6). The average age of the participants ranged from 20 to 55 years. Based on the information shared by the respondents and the transactional model of stress and coping, the participants were categorized into three main themes i.e., (1) "the external stressors," which further fall into three sub-themes; "Work demands", and "Following of SOPs" (2) "The internal stressors" which further fall into two sub-themes; "Destructive thoughts", and "social stigma", and (3) "Coping mechanisms" which further fall into two sub-themes; "Personal satisfaction" and "Faith and Spirituality".

External Stressors Work Demands

The medical staff working at Covid treatment centers in the current study noted that the nature of their job had become rather more repetitive, with the same medical procedures being performed again and again. *"The daily monotonous tasks have begun to dismantle our mental health, as the brain feels much suffocated repeating a process again and again."* (R2) According to the respondents, the working conditions had become much more stressful after the start of the second wave as the patient burden increased to an alarming level. However, the overburdened wards lacked human resources as well as kits for corona testing. *"People think it's easy as we are safe in those protected shields, but they don't know the extreme amount of stress that we face while attending to a single patient of corona, we have families too and we have to go back to them, thoughts of spreading the virus brings more psychological stress."* (R6)

Following Standard Operating Procedures (SOPs)

To contain the virus SOPs were imposed by governments across the world. However, due to being at greater risk of contracting the virus, HCWs were made to strictly follow the SOPs without any lenience. *"There is so much frustration and rage among the people because of the imposed isolation, staying at home all the time gets into the head and I feel like I am not being productive at all."* (R14) The SOPs became an integral part of the HCWs as they had to be in their Corona kits throughout their duty hours. *"When I wake up, the first thought that crosses my mind is that I have to go back to work and don a complete outfit that will make it impossible for me to breathe during the day. I mentally prepare myself for a full day of attending to patients and breaking bad news to the public. This is incredibly frustrating. I believe I have reached a point in life when I am simply working for the sake of working, with no thought of reward, without even considering my health right now."* (R26)

The Internal stressors

Stigma

The HCWs became subjected to various stigmas that dismantled their strengths and disturbed their mental health. The doctors and other staff were viewed as highly susceptible to Covid-19 and were looked down upon. *"My family has been isolated from the community we live in; the sweeper doesn't come to our house for cleaning, and the mailman doesn't deliver us mail anymore. People have stopped communicating through phones as well. It is like we are doing something bad, or we have become untouchable."* (R30) As per the respondents, the experiences faced by them have changed their perspectives towards their own culture. *"This pandemic has made me question my culture and its toxicity many a time, people have their way of getting into your head, they will challenge you in every possible way, the culture has made us a taboo, and this is so heartbreaking."* (R24) Another stigma that the HCWs faced

was that they were the only ones vulnerable to Covid-19 and feared that the ignorance of people might stimulate the virus even more. The people did not follow the SOPs even within the hospital center and felt insulted if pointed out.

Destructive Thoughts

One of the negative impacts of Covid-19 was its triggering of sentiments like personal loss, fear of death, and emotional attachment. People developed a fear of death, and it prevailed to such a threatening degree that they believed if they contracted the virus then they will inevitably die. *"I developed the fear of death and felt very insecure about everywhere I went, I over-sanitized my hands and developed skin allergy as well."* (R8) 19 out of 32 HCWs were on psychotic drugs and taking sessions to keep themselves out of the grey zone. The sense of personal shortcomings convinced the respondents that they were not putting in their best efforts to help the people in need. *"I told the psychiatrist that I fear I might take my own life, he looked at me and calmly said, what you are going through is valid and real and I am glad you came here. I think every colleague I know is on psychotic drugs to keep themselves going and this is weird, but I think we need to stay sane for our patients."* (R18)

Coping Mechanisms

Personal Satisfaction

The HCWs stated that their will to serve humanity in this situation saved them from negative thoughts. They found ways to keep themselves motivated and increase their strength. *"All the stress takes a back seat when we see even one recovered patient going home with a smile on their face."* (R1) As per the respondents, it was difficult for them to be positive, and they too lost hope at times and sought refuge in reminiscing good times. *"We too lose hope but then again if we overthink about the things going around us then we won't be able to treat patients, so I keep on thinking about beautiful moments of my life, when I became a doctor, the first time I performed a surgery, my first pay, all these things make me feel proud to be standing at the frontline."* (R13) Another aspect that kept the staff motivated was the news regarding the successful vaccine drive that instilled hope in HCWs. *"I was over the top, I remember we were all sitting quietly and one of our colleagues was reading the online newspaper, suddenly she shrieked and excitedly shouted that we are going to get rid of this virus! The vaccine is almost ready! I was overjoyed."* (R10)

Faith and Spirituality

As per the respondents, religion is a very important element of the culture that they are part of. It governs most of the other elements of the culture. Covid-19 was seen as God's trial by many and wrath by some. *"These were testing times for Muslims as this virus is a sign that we are very sinful and are straying away from our values and traditions, it is a*

sign of God's wrath"(R29) The HCWs consider their utmost religious duty to help mankind with the profession they have been chosen for. *"Our religion exhibits the message of helping people in need, especially in despair. I feel obliged to be working in this profession and working in a tribulation period like this will lead me closer to God."*(R6)

DISCUSSION

Based on the findings of the study conducted, three main themes were derived with two sub-themes each respectively. The first theme was "the external stressors" (work demands and following of SOPs). The second theme derived was "the internal stressors" (stigma and destructive thoughts). An amalgamation of the mentioned factors resulted in psychological distress, whereas faith and spirituality, and personal satisfaction were allocated as coping mechanisms amidst the pandemic. The HCWs, who were directly involved in fighting Covid-19 faced extreme circumstances. These factors buffered the relationship between psychological distress and occupational stress involved in the treatment of Covid patients. This study used the inductive approach through qualitative data extracted from interviews and observation. The results were placed in the Transactional Model of Stress and Coping. It encapsulates three arenas, stressors, cognitive appraisal (primary appraisal and secondary appraisal), and coping. Stressors are defined as any scenario or incident that an individual perceives as a threat or challenge [4]. This study showed that HCWs who were exposed to Covid-19 faced a lot of internal as well as external stressors, such as stressful working conditions, monotonous work routines, and fear of illness itself. While they were also prone to internal stressors, HCWs dealt with destructive thoughts such as personal shortcomings, fear of contraction and death, and depression, etc. The abovementioned results are in line with a study conducted in Turkey on the prevalence of stress, anxiety, and depression among the HCWs which established that the emotional, cognitive, and clinical decision-making abilities of the HCWs were significantly impacted by their mental health issues, thus increasing the likelihood of medical errors at workplace, and disturbed domestic life [14]. Cognitive appraisal is defined as the process of individuals analyzing a circumstance for relevance to their well-being in a complicated, high-level cognitive process [15]. Although the HCWs were aware of the biomedical conditions of the virus and their possible psychological effects, they still were deeply affected by the rapid spread of the virus. These results are in congruence to a study conducted on the extreme adverse psychological reactions suffered by HCWs during the SARS outbreak in 2003, which validated that similar set of emotions such as the fear of virus

transmission to peers and family, stigmatization, reluctance to work and high levels of stress and anxiety were experienced by the HCWs during the outbreak [7]. The categorization of an event as a threat or challenge falls under the primary appraisal, which assesses the relevance of the interaction and determines if it is irrelevant, mild, or unpleasant [16]. The virus posed to be a severe threat to HCW's mental health and lead to extreme stress and burnout at work. They were also deeply impacted by the psycho-cultural and psychosocial factors surrounding them, which impacted their lives. The transactional model contributed to the study by observing and documenting the experiences of HCWs in the identification of the stressors as perceived by them concerning occupational stress. Similar results were found in a study conducted in Karachi, Pakistan, which concluded that frontline HCWs working during Covid-19 were subjected to a great deal of cultural and psychosocial strain, including stigmas, unsupportive family and norms and community isolation [17]. The secondary appraisal determines the degree of emotional stress a person can endure by weighing the stakes involved [15]. HCWs felt inadequate at times in dealing with the virus's predicament, which caused psychological suffering. This is in line with a study conducted on the psychological burdens of the pandemic which validated that HCWs occasionally felt unprepared to deal with the virus's situation, which led to psychological suffering, and exacerbated Post Traumatic Stress Disorder (PTSD), which eventually led to burnout [18]. Coping is characterized by the person's interaction with the environment and is influenced by psychological health, cognitive relationships, and physical health, as well as the importance the individual places on them at any moment [16]. The HCWs countered the stigma element which they were subjected to with personal satisfaction such as helping their community against the virus, reading positive news, and creating a united medical environment. They mentioned the pivotal role of religion in helping them cope with the pandemic. Using the transactional model, we were able to document the factors pertaining to socio-cultural and spiritual nature, which impacted the HCWs in relation to work stress. These results are similar to the results of the study conducted on the role of religious perceptions in coping with Covid-19 which concluded that Healthcare and spirituality had been linked since ancient times but in the wake of the pandemic, spirituality and faith became important areas of study, owing to their ability to induce coping mechanisms in the form of prayers and rituals to instill a hopeful attitude [19]. Moreover, the complete lockdown has had a very profound impact on the HCWs. The closure of outdoor activities restricted them to online services, such as online clinics called teleclinics, social

media, etc. [20]. The respondents mentioned the professional struggle to get well acquainted with the latest technology aroused feelings of incapability and personal shortcomings among them. A study conducted on the challenges of telemedicine during pandemic states similar results that lack of awareness of online technology usage created barriers among medical professionals, and the shift from interpersonal to online mode of treatment was not widely accepted [21]. The overall results of the study are in line with a similar study conducted in Egypt confirming that the HCWs have been exposed to extreme working conditions amidst the pandemic. The study concludes that the monotonous environment in a healthcare system along with the highly increasing infected patients' ratio and long and hectic duty hours with the stressful working environment were the main reasons causing psychological distress among HCWs[9].

CONCLUSIONS

The study's findings demonstrate that the HCWs in this pandemic experienced certain particularly dangerous obstacles and difficulties, which contributed to their psychological suffering. Most of the problems are directly related to occupational stress such as extreme workload/demand, and hectic working environment, while other challenges include fighting the community-imposed stigmas against the pandemic and social isolation. The above study covers the maximum challenges that could be documented.

Conflicts of Interest

The authors declare no conflict of interest.

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