

COVID-19 AND MENTAL ISSUES IN HEALTH CARE WARRIORS

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Abstract:

The past two years have been coupled with absurdities, incongruences and oddities. Many healthcare workers had to work long shifts and under high-pressure situations. Many of them have been exposed to trauma and have had to deal with long term psychological consequences.

Lack of resources, risk of transmission, increased workload and stigmatization in society severely affected the mental well-being of the health care workers during the rise of the Covid19 pandemic. Many had to encounter ethical dilemmas of choosing between severities and prioritising patients regularly. Many new trainees were put on the field due to the shortage of workforce and have worked without any remuneration or even proper guidance regarding handling patients.

There have been several instances of health care workers being evicted or threatened by anxious property owners and neighbours because of their profession. They had to face a cruel stance from their friends and acquaintances which led to situations of being secluded by society. Many doctors and medical interns had been reported to have died by suicide in the wake of the pandemic.

Female caregivers had to endure an extra hurdle of being in PPE suits for long hours even during their periods without any bathroom breaks. It is indeed paramount to identify the anxiety, stress and agonies of people associated with the health care field so that it doesn't further lead to a heightened scale of depression or dejection and ultimately end up provoking suicidal thoughts. The absence of official counselling had left many health care workers miserable and susceptible to depression.

The observations attempted in this paper would apply to health care providers, employed in clinical services like doctors, pharmacists, nurses, community health workers. This may also apply to other social care workers in supporting roles such as ambulance drivers or hospital staff who have contact with patients.

Keywords: *Mental Health, Health Workers, Stigmatization, Ethical Dilemmas, Counselling.*

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Introduction:

The Covid19 pandemic has been responsible for creating immense upheaval and initiated substantial stress in society since its commencement. Healthcare professionals, paramedical staff and people associated with this field of work have been on the frontline since day 1 of the pandemic. This disease has seen exponential rise only since its inception. The health crisis that had a severe impact at an individual level further led to a mass public health crisis.

The health care workers were one of the worst-hit groups because of the nature of their work. Unlike professionals of many other fields, they could not afford to work from home and had to be continuously on the field. With heightened

awareness, extra responsibilities and the fear of continuously being surrounded by a contagious disease led to a massive increase in the stress levels of employees related to this field.

The onset of crisis did not provide the paramedics with any substantial “cure” as there was a lack of known treatment. They mostly relied on personalised “care” provided by the HCWs. In certain measures, socio-demographic aspects such as age and gender have also influenced the levels of stress among the HCWs. For instance, in most cases, the female HWCs seemed to have encountered an enhanced amount of agony, given their requirement to meet their role of being a nurturer at home along with completing their professional duties.

To top everything off, the personal health of the HCWs were not immune to sickness. They did not have access to vaccines themselves during the entire first year of the pandemic and for a long while during the second year too. Extended duty hours and consequent changes in the biological rhythm during this period led to a certain internal disorder like wakefulness that further caters to stress-related issues. Therefore, the primary objective of this paper was to examine the work-catalysed stress of healthcare professionals through the covid-19 pandemic.

Methodology:

Certain health care workers were interviewed and their testimonies were collected for primary qualitative examination of the hypothesis. This was thoroughly substantiated by relevant secondary research on the chosen subject. The respondents were covered through personal acquaintances and referrals. The in-depth interviews of certain respondents were conducted over a zoom call and are now published with the Youtube Channel ‘*Utterance*’. Separate questioning was also done on a few occasions for receiving testimonies.

Being a memory project, it often becomes difficult to acquire respondents from the healthcare sector who would be able to remember and respond to reflect upon situations that they had endured two years before. Therefore, it becomes extremely difficult to find such subjects who would willingly participate in such studies. A brief questionnaire was formulated to probe certain questions through which the questions generally focussed on the hurdles related to workload, unavailability of medical equipment, stigmatization and the consequent effect of these hurdles on their psyche. The time allotted to each participant was approximately 15 minutes and was followed by a few follow-up questions that were not planned but were a product of the ongoing discussion.

The direct respondents who are covered in the video call are practising at different hospitals under different specialisations. This helped to get a democratic overview of the stress pattern prevalent in their community. While evaluating, the major focus was put on the context, frequency, meaning, phrases and intensity of the statements made by the participants.

Result and Analysis:

It was found that the health care professionals had been enduring severe levels of stress and trauma since the onset of the Covid19 pandemic. They perceived a substantially elevated level of anxiety and irritability as compared to people of other professions. The undemocratic stigmatization of the doctors often led to feelings of alienation and estrangement that further led to suicidal tendencies in many.

The various themes that emerged from the interviews are as follows-

High Workload:

The health care sector saw a huge shortage of medical staff against a humungous rise in the number of patients. It was worse during the first two waves as there was no sign of any vaccine and the only way doctors

could support the patients was only by risking their own lives.

The workload also saw a rapid increase because these doctors were now needed to treat their regular patients as well as the new ones who came around with covid symptoms. Certain branches of medicine needed to supervise their regular patient with as much sincerity as the covid struck ones because the former were under regular medicines. For instance, for patients with high blood pressure, cardiac issues or diabetes or physiotherapy, regularity is of paramount importance. Dr Auriom Kar who is a cardiologist at a reputed hospital in Kolkata mentions in the interview:

Suddenly it seemed that the world has come to a standstill for patients of other diseases other than covid. But as doctors, we had to remember that all other diseases existed. Yes, a normal fever could be definitely due to covid but it may also be due to some other complication. We as doctors cannot rule that out and need to treat our regular patients with as much dedication as the new ones, especially in the field of cardiology. (Frontline Warriors, Utterance)

Doctors like Auriom and his wife had to work longer shifts as the government had made it non-verbally compulsory for the doctor's community. It's a known fact that excessive load of work enhances mental stress. Except for working long shifts, they also assisted patients over telephonic communication after their specified work hours.

Lack of PPE: Almost all participants repeatedly suggested that the PPEs provided to their hospitals were either of inferior quality or were inadequate in quantity. Though it seemed on news channels that the government demanded the hospitals have sufficient supplies of PPE kits, the ground reality was a different story. Moreover, emergencies did not give most doctors adequate time to slip into a PPE suit anyway as it would mean risking the lives of the patients. Dr Abhishek Nandi mentions this in his own way:

Once while on an emergency duty I had to immediately attend to a toddler who faced the risk of losing an arm due to amputation if not treated at an early call. She would have been devastated for all her life if I would have wasted any more time. Situations like this don't allow us to have a change of the prescribed suits or wait for the patient's covid report to arrive. (Frontline Warriors, Utterance)

In many private hospitals, the staff had to even buy their own PPE suits due to the unavailability of surplus ones. These suits were not reusable and are made of materials that make one's survival quite humid inside. One of the female participants Dr Megha Sablok Khanna goes on to mention:

Like most female doctors in this field, I too had to undergo the very difficult phenomenon of spending one's periods inside a PPE kit. These kits don't make space for regular toilet use as it's for one-time use. Once removed, they can't be worn again so we had to reduce our water intake substantially as well. The summer months were really difficult to survive. (Frontline Warriors, Utterance)

The physiological distress that was created due to the continuous wearing of such suits had unquestionably seeped within their psychological presence too.

Continuous Usage of Double Masks:

Any N95 user by now understands how the breathing actually feels while wearing it. It was definitely an endeavour in itself for the doctors who had to wear double masks the whole day while running in hallways or treating patients across the floors in rush hours. Hypoventilation is a sure sign of fatigue when one need to follow such protocols. Dr Auriom mentions how it's almost impossible for him to conduct a surgery wearing such protective gear:

Being a spectacled cardiologist is a curse. These masks would leave my glasses foggy and I need to work with cells that are measured in millimetres. So the vision becomes blurry. One can't afford to work with blurry vision while

working with cells so minute. The suits don't allow much free space for hand movements that are required during surgery. (*Frontline Warriors*, Utterance)

Dr Sudesna Chakraverty, who practices dentistry mentions how it was absolutely difficult for her to have avoided situations of infection spread as she needs to work with the oral cavities of her patients. About her work and the continuous usage of masks she mentions:

I need to continuously expose myself to the open mouth of my patients. Overconsumption of these masks and PPE suits have only increased my misery as it had a physiological impact on me. Headache and dizziness are just two brief examples of the ravages of such gears. (*Minding Their Own Minds*)

She goes on to talk about how the entire nervous system changes around such daily use of the gears. Cognition gets reduced, one's judgement is altered, situational awareness gets reduced and these are important aspects of decisions making in situations of emergency. Hydration, eating or self-care took a back seat in the presence of such types of equipment.

Alienation and Stigmatization:

Social stigma was a major challenge for all health care workers during the onset of the pandemic. The neighbours considered them a threat and avoided communication for the fear of getting infected. In many cases, the landlord evicted them from their properties by humiliating them publicly. The inhuman treatment often led to the HCWs feeling neglected and alienated by the very society they were trying to help. Dr Sudesna Chakraverty goes on to say:

It was horrific to be treated so viciously by the neighbours after an exhausting covid day. Unlike what the government instructed, there was no real respect for the doctor's community during this period. Working in the red zone had entirely excluded us from society. I feel completely disturbed when I recall those moments and have to speak about them. Being a frontline fighter is a laborious task. (*Minding Their Own Minds*)

Dr Auriom Kar also mentions:

My wife also practices medicine. The moment she would put her pick-up or drop location as a hospital while booking a uber she would end up getting no booking at all on most days. I have myself been threatened by a particular neighbour due to my professional responsibilities and was asked to park my car outside the society as they feared it may be contagious. (*Frontline Warriors*, Utterance)

Personal Losses: The fact often goes unseen that the doctors had to often be on duty despite them being suffering from personal losses themselves. They dealt with the problem of securing the immunocompromised members of their own families too. Dr Abhishek Nandi mentions:

I had to come home to my aged parents. They are immunocompromised at this age. I had to completely isolate myself from my entire family while practising during covid to secure them. This was a difficult decision. I had also lost two of my close family members in a span of a month. It was shattering. Despite all of these situations, I still had to attend the call of my duty as the entire nation was struggling to survive Covid19. (*Frontline Warriors*, Utterance)

Dr Megha Sablok Khanna, whose husband is also working in the same field, had it hard as they would often have to sneak in and sneak out of their home to avoid being spotted by their toddler. She says:

It was indeed difficult as we had to avoid being seen by our toddler especially while sneaking inside our house after a working day. We could not afford to risk touching him without taking a full-body bath. Even after a bath, the fear of infecting the family members stays on one's mind. (*Frontline Warriors*, Utterance)

A Time of Lack: Secondary research shows how the HCWs worked day and night on ethical grounds without the expectation of any monetary incentive in the face of the pandemic. To top it all there was no scheme at any hospital that would treat them or their family members at a reduced cause in case they themselves get infected. On the contrary, they had to do away with their basic amenities such as meal and shift breaks.

Covid being new in nature did not come with any prescribed set of instructions for the medics. This was evident as even the World Health Organisation (WHO) continuously changed its own direction on a regular basis. There was a lack of coordination on the part of the patients too and they ended up infecting the doctors by hiding that they were infected. All this evidently created situations of stress and anxiety among the HCWs across the globe.

Conclusion and Discussion:

- The present paper aimed to study the real situations under which the HCWs served during the Covid19 pandemic and its effect on their psyche. We found that an inadequate workforce led to an increase in the workload of the existing staff resulting in stress and fatigue.
- The fear of being infected, Mismanagement, shortage of PPE and social exclusion further contributed to the adversity and misery of the HCWs.
- The government policies requested everyone to extend their co-operation towards the medical staff. However, the real-life scenario was much different than what was on the papers.
- Continuous levels of sustained stress led to physical and mental disorders in most HCWs. A few could not sustain themselves against the pressure and died by suicide.
- The policymakers should allow for regular stress management courses for the HCWs for easy functioning during emergencies.
- Personalized plans should be brought in place that would cover the different fields of specialisations. Advanced policies should be framed in order to be better prepared during subsequent pandemics.

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