

Emotional and Financial Stress in Doctors Working in the COVID-19 Crisis

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ABSTRACT

Background and Objective: COVID-19 took the world by a storm and impacted not only the general population but the doctors as well. This study was done in order to determine the financial and economic burden faced by the doctors working in COVID-19 pandemic in Pakistan.

Methods: This longitudinal study was carried out from May 9th to May 23rd, 2020 in Pakistan. A self-designed validated Questionnaire was distributed to doctors working in different hospitals of Pakistan through online Google form. Questions regarding emotional and financial stress in Pakistani doctors dealing with COVID-19 patients were included.

Results: One hundred and twenty doctors responded to the current study. Majority of them 97 (80.6%) reported stress during duty hours. Stress level was high among 78 (65.3%) doctors to the extent they thought of leaving the job because of risk of getting infected. Less salaries and family pressure were the other demotivating factors. Most of the doctors 71 (59.2%) were younger than 30 years of age. Eighty-five (71%) doctors reported being pressurized by the families to leave the job. Shortage of protective gears was also the challenge. A total of 65 (54.2%) doctors got their gears from their institutes, 27 (22.2%) bought their own gears, 23 (19.4%) worked without gears, and 5 (4.8%) got gears from non-governmental organizations (NGOs).

Conclusion: Majority of the doctors reported stress during duty hours regardless of level or experience in that job; the contributing factors included risk of getting infected, lesser salaries and family pressure. During COVID-19 pandemic, doctors feel that they are not only emotionally exhausted but also tried to cope financial challenges while endangering themselves to save the lives of patients.

KEYWORDS: COVID-19, Pandemic, Doctors, Stress.

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INTRODUCTION

On 7th January, 2020, China identified new Coronavirus as a cause of an outbreak.¹ Started as a mystery disease, it was first referred to as 2019-nCoV and later named as COVID-19.² On January, 13, 2020, the first case out of the mainland was reported in Thailand.³ Till the end of January, it had reached to many countries and territories of the

world. On 11th March, 2020, World Health Organization (WHO) declared COVID-19 outbreak, a pandemic.³

Till 28th May, 2020, there had been 55,93,631 confirmed cases of COVID-19 including 353,334 deaths reported to WHO.⁴In Pakistan, there had been 61,227 confirmed cases of COVID-19 and 1260 deaths caused by this notorious virus.⁵ From educational institutes to markets and industries went on a closure. Most of the professionals throughout the world were directed to work from home and remain in their houses.

Doctors and other health care workers were the frontline warriors to fight against this pandemic. Therefore, the first priority for the different health organizations was to save the doctors and take all the necessary steps to reduce the risk of transmission of infection to them. To fight against this lethal pandemic, doctors needed protective gears. As the battle continued with COVID-19, doctors started facing the shortage of personal protective equipment (PPEs), masks and protective gears.⁶In addition, most of the doctors are also facing financial constraints in this pandemic despite working day and night. All these factors result in a lot of pressure and stress among doctors who are working tirelessly day and night to defeat this virus. The aim to conduct this study was to assess the emotional and financial stress in the doctors working during this pandemic.

METHODS

This cross-sectional study was conducted from May 9th to May 23rd, 2020 in Karachi, Pakistan. The study protocol was approved by the Ethical Review Committee of the Sindh Government Qatar Hospital, Karachi vide Letter No. SGQH/2930.

The data was collected via an online web-based questionnaire. Our sampling strategy focused on recruiting doctors from Karachi, Pakistan and included doctors working in premises dealing with COVID-19 patients directly and doctors who were not working with COVID-19 patients were excluded from the study. The questionnaire included a mandatory pre-requisite informed consent. A survey instrument was designed and validated based on the thorough literature review, course material regarding emerging respiratory diseases including COVID-19 by WHO,⁷ and guidelines

issued by National Institute of Health, Islamabad Pakistan.⁸

Amendments from the participants were considered and integrated into the questionnaire, while ensuring its consistency with the published literature. After a thorough discussion, questionnaire was finalized by the authors and subsequently distributed to the participants for their response.

The questionnaire consisted of questions assessing emotional and financial stress among Pakistani doctors working in COVID-19 crisis. Demographic characteristics included were gender, age, profession and experience. The Questionnaire comprised of 17 stems. A psychiatrist working at Sindh Government Qatar Hospital, Karachi was consulted who provided his valuable input on the questionnaire.

STATISTICAL ANALYSIS

Data was analyzed using IBM SPSS Statistics software (version 26). For categorical variables, the number of cases and percentages were used.

RESULTS

A total of 120 doctors were included in the final analysis, of which 57.8% (n = 69) were working in government sectors and 41.3% (n = 51) were working in private setups. There was unequal proportion of male (75%, n = 90) and female (25%, n = 30) respondents. Majority (59.2%, n = 71) of respondents were of age less than 30 years where 35.8% (n = 43) were from the age group between 30-39 years and around 5% (n = 6) were of age more than 40 years. Out of 120 doctors, 54% (n = 65) were married. Around 51% (n = 61) were medical officers, 43% (n = 52) were post-graduate trainees and 6% (n = 7) were consultants. A total of 48.6% (n = 58) doctors worked for 6-8 hours in isolation ward, 30.6% (n = 37) said that they worked around 8 - 12 hours and 20.8% (n = 25) worked more than 12 hours. Around 64% (n = 77) doctors were using PPE during their duty hours and 36% (n = 43) were not using PPE during working in isolation ward. About 43.1% (n = 52) doctors isolated their selves after reaching homes and 56.9% (n = 68) reported failure to isolate when reached homes. Additionally, the current study

showed that families of 57% (n = 68) doctors did not like them to work in isolation wards and families of 40% (n = 48) doctors supported them in their jobs. Overall, fear in the families of the doctors being infected was very high with 71% (n = 85) doctors reported being pressurized by their families to leave the job.

Stress level among doctors was high in our study. A total of 65.3% (n = 78) doctors thought of leaving the job, Out of these 78 doctors, 57.1% reported getting risk of infection as a cause while 17.9% said they are paid less for too much risk and others reported it because of family pressure. On asking what pushed them to work with COVID-19 patients, around 48.6% (n = 58) replied in favor of their passion, 23.6% (n = 28) reported working due to financial constraints, 14% (n = 17) worked due to peer pressure, 10% (n = 12) were working as part of their training while rest 3.8% (n = 5) replied departmental pressure as a driving pressure for their jobs in high-risk wards.

A total of 54.2% (n = 65) doctors got their PPEs from their institutes, 22.2% (n = 27) bought their own PPEs, 19.4% (n = 23) doctors were working without PPEs, 4.8% (n = 5) got PPEs from NGOs. In our study, majority [80.6% (n = 97)] of doctors reported stress during duty hours and 19.4 (n = 23) reported none or minimal stress. In the present study, 23.6% (n = 28.3) doctors experienced panic attacks during working in isolation wards.

DISCUSSION

Similar to the general public, health care professionals are prone to suffer from emotional and financial impact in a pandemic as indicated by this study.

Current study revealed a relatively higher degree of stress among healthcare workers; 80.6% compared to 6.6% as quoted by Benjamin et al.⁹ This may be because they were working in a better environment with more resources as compared to the doctors working in developing countries. In the present study, 75% participants were males while predominant female staff was reported in earlier study.⁹

In a study reported from China, frontline health care professionals dealing with COVID-19 patients had shown excessive workload and isolation, resulting in higher tendencies to develop physical

and emotional exhaustion, fear and disturbed sleep.¹⁰ In the present study, 80.6% participants expressed having stress during duty hours and 23.6% had an episode of panic attack at the workplace. Nearly 21% participants expressed working greater than 12 hours duties daily that was leading to emotional and physical stress and in turn resulted in an add-on pressure. A study has previously shown similar stress factors in medical personnel due to high workload in Southeast Asian countries.¹¹ One of the most devastating effects of COVID-19 pandemic has been the infliction of psychological stress on doctor's secondary to emotional pressure from family and peers. About 71% of participants said that they were pressurized by family to leave their job as they think it would risk spreading the infection amongst them. Around 65.3% participants were considering to leave the job in this study as compared to 36.2% in a German study,¹² where in case of a pandemic, they opted not to go to work due to fear of getting infection as being exposed to it and not being paid enough.

The financial stress among health care professionals in this pandemic might not have been discussed much in literature but it is evidently there. This financial toll; cut-down of salaries, buying of personal PPEs has increased the financial burden on doctors and in time will add on to the emotional burden if not taken care of. In the current study, 22.2% of the participants expressed buying personal protective equipment on their own, which is comparatively similar to a UK study¹³ reporting 23% doctors buying their PPEs by own pocket whereas 23.6% were only working in a COVID-19 setup due to financial constraints.

Certain measures may need to be taken in order to reduce the emotional and financial stress including provision of personal protective equipment, defining working hours, ensuring adequate time to rest in between their duties, proper space to isolate themselves, are a few, so that the doctors can work with more peace of mind in this COVID pandemic.

CONCLUSION

COVID-19 pandemic has affected the doctors in terms of psychological and financial stress. The

data provides evidence for authorities to take measures in order to control the current situation.

LIMITATIONS OF STUDY

This study did not assess the level of stress through clinical scoring. Our aim was to assess the general psychological and financial issues among doctors working in COVID. This study incites the need for a higher scale study with clinical evidence.

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CONFLICT OF INTEREST

None to declare.

GRANT SUPPORT & FINANCIAL DISCLOSURE

None to disclose.

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Author's Contribution

SRH, MDY, ZH: Conception and design.

ZH, MAA, MDY and SRA: Data acquisition, analysis and interpretation.

ZH, MDY, MAA, and SRA: Drafting the article and revising it critically for important intellectual content.

ALL AUTHORS: Approval of the final version of the manuscript to be published.