STRESS MANAGEMENT FOR DOCTORS IN PRIVATE HOSPITALS IN MUMBAI DURING COVID-19 PANDEMIC

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ABSTRACT

The coronavirus disease (COVID-19) pandemic, which originated in the city of Wuhan, China, has quickly spread to various countries, with many cases having been reported worldwide. By March 2020 Indian government declared lockdown with increase in cases in the country.

This paper focuses on March 2020 to August 2020 period in Mumbai. It further throws light upon challenges during COVID-19 treatment given by doctors in private hospitals in Mumbai. These challenges have caused stress among doctors.This paper discusses reasons behind the stress for doctors. It finally concludes with stress coping strategies for doctors.

Keywords: COVID-19, Pandemic, Stress, Doctors, Private Hospitals

INTRODUCTION

Since the birth of civilization, humans have experienced health issues due to changes in the quality of panchmahatatvas, i.e. Bhoomi (earth), Jal (water), Akash (sky), Agni (fire) and vayu (air), which adversely affect human health or well-being. It has been written in the Vedas that these panchatatvas have to be used and maintained in their purest state . From the Antonine period until today, civilisations have lived with epidemics and pandemics, causing panic among people, who could only turn to for prayer for protection, causing economic destruction.COVID-19 is first pandemic witnessed by the world in 21st century.The rapid spread of the COVID-19 virus is challenging governments all over the world to act in ways normally reserved for war, depressions, and natural disasters. The pandemic has caused global upheaval that may endure for months—or longer. Governments are taking extreme measures to limit the human cost and economic disruption.

PANDEMIC- DEFINITION

The Centers for Disease Control and Prevention (CDC) defines "a pandemic as a disease outbreak that has spread across multiple countries and continents and usually impacts many people". The classification of "pandemic" comes when a disease affects the global population. Pandemics are usually caused by new infectious agents (bacteria or viruses) that spread quickly.

PANDEMIC HISTORY IN INDIA

India, being a third-world country, has encountered a variety of epidemics and pandemics through time. Several accounts of influenza, cholera, dengue,

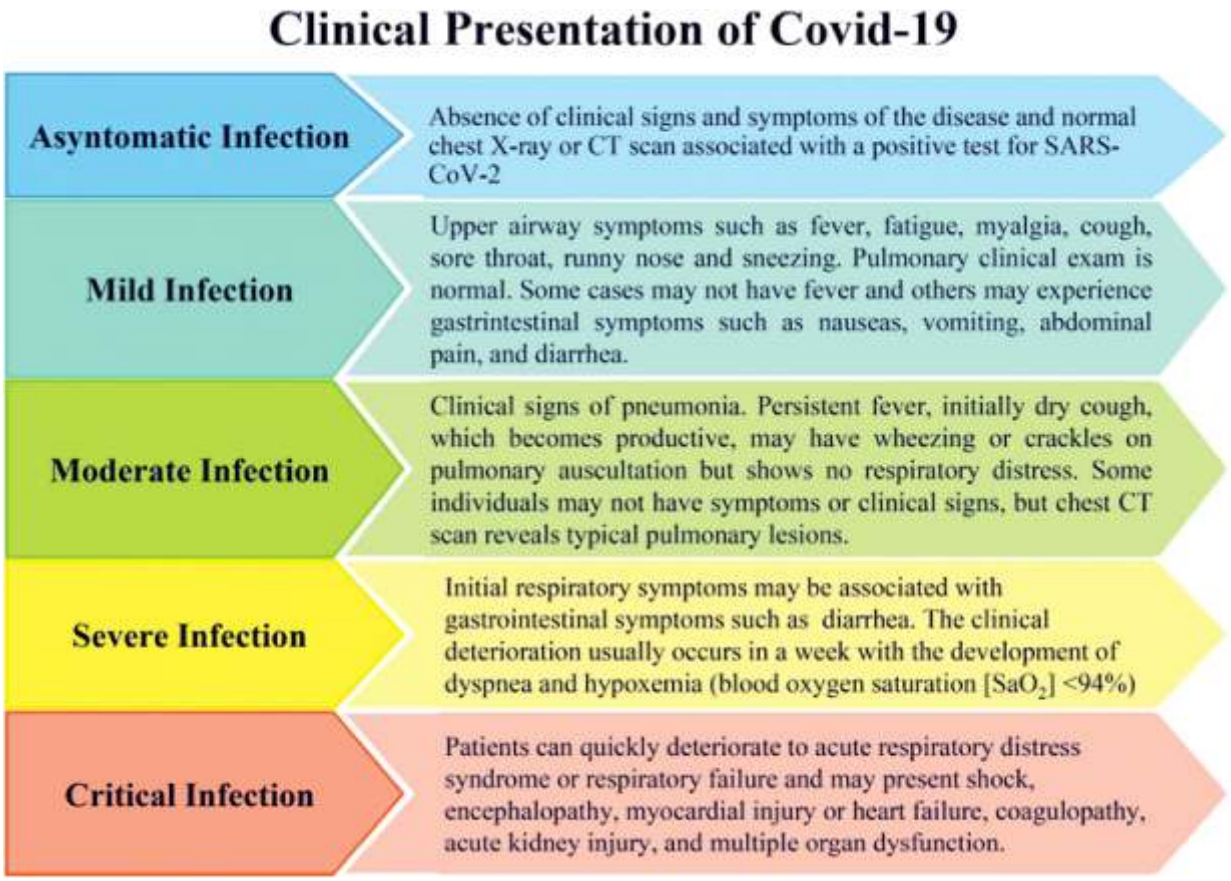
smallpox and several others have been recorded throughout history.COVID-19, India has encountered several pandemics and epidemic such as influenza, cholera, dengue, smallpox and others throughout history. While we were able to eradicate some, others continue to pose as a public threat. Lack of sanitation, inefficient health care system and malnutrition were some of the recurrent causes. The tropical climate and seasonal rains are other factors for vector-borne outbreaks.

In the 20th century, influenza pandemic (1918), epidemics of polio (1970-90), smallpox (1974), Surat plague (1994) broke out. The 21st century saw the plague of Northern India in 2002, dengue and SARS epidemics in 2003, Meningococcal Meningitis epidemic in 2005, Chikungunya outbreak in 2006, Gujarat jaundice epidemic in 2009, H1N1 flu pandemic in 2009, Odisha jaundice epidemic in 2014, the swine flu outbreak in 2015 and the Nipah outbreak in 2018.

The two major pandemics throughout Indian history, however, were the recurrent cholera outbreaks in the 19th century and the Spanish Influenza of 1918.

COVID-19

Coronavirus disease (COVID-19) occurs due to the severe acute respiratory syndrome coronavirus-2 virus (SARS-CoV-2). This virus is a new member of the β coronavirus family, which also has the other offenders of previous coronavirus outbreaks namely, SARS-CoV and MERS-CoV. Initially started as a result of zoonotic spillover, the further spread of the SARS-CoV-2 virus is the result of human-to-human community transmission, the majority through droplets and direct contact. Despite low mortality (2%–3%) of COVID-19 as compared to the MERS (35%–40%) and SARS outbreak (9%–10%), the total disease burden has outnumbered the previous coronavirus outbreaks by humongous margins.



Source:COVID-19 Diagnostic and Management Protocol for Pediatric Patients

STRESS

Stress is the physical response of the human body that equips a person to meet life's difficult situations and helps to bounce back. According to Shahsavarani, et al, (2013) "Any effect of change in surrounding environment on living being which results in disruption of homeostasis (internal balance) of that living being is called stress."

COVID -19-MUMBAI

Mumbaithe capital and financial center of Maharashtra. It is highly populated city in India.

Mumbai has been a hotspot of COVID-19 cases since the beginning. Hence, there were several occasions during the lockdown period Though the government had allowed all essential food grain shops to remain open for a few hours daily, the area was a containment zone and so, most of the places were shut.

DOCTOR'S ROLE DURING COVID-19

Dr TP Lahane, Director of Medical Education and Research, Mumbai, has written to doctors in the city to render their services for the prevention and treatment of COVID-19 patients for at least 15 days or face action. This order will be applicable for registered medical practitioners in Mumbai and suburban districts. There have also been instances of private hospitals and clinics remaining closed during the lockdown in fear of COVID-19 infection, affecting availability of health services. Additionally, as doctors and healthcare staff contracted the virus in their line of duty, many hospitals had to be closed adding further stress to the available health infrastructure and manpower.

The stressful challenges faced by doctors during the COVID-19 crisis

During acute health crises, healthcare services are placed under excess pressure, making working life even more stressful than normal. In a pandemic, the number of patients requiring treatment increases significantly, placing strain on healthcare resources and on personnel alike. Additionally, doctors perceive a greater risk to self owing to their exposure to the patients who are most poorly – adding further stress. Compounding this stress is the shortage of personal protective equipment (PPE) that can arise during a pandemic. The perceived risk of infection is warranted: a meta-analysis of the occupational risk from the 2009 swine flu pandemic (influenza A (H1N1)) reports that the odds of healthcare personnel contracting the virus were twice those of comparison groups. This heightened risk for doctors and nurses might be due to their greater exposure to the respiratory secretions of patients. A further stressor is the increased risk of infection for the families of healthcare professionals on the front line. Data from the 2009 swine flu pandemic shows that 20% of doctors and nurses with symptoms reported symptoms in at least one of their family members. One way for frontline doctors to mitigate infection risk to their families is through social distancing. However, although the protective benefits of social contact and support at times of stress arewell demonstrated, social distancing deprives the individual of a crucial buffer against mental health difficulties precisely when they are at greater risk of stress. Research from previous epidemics/pandemics (such as the SARS outbreak from 2003, the MERS epidemic from 2012 or Ebola outbreaks in West Africa) shows that healthcare professionals can experience a broad range of psychological morbidities, including trauma, which might endure for many months after the outbreak. The relationship between traumatic life events and suicide is well documented and trauma from disaster events can increase suicidal ideation in emergency workers. Fears over risk to health and social isolation contribute to psychological distress, as do perceptions of 'infection stigma' from the community. However, the negative effects on mental health can be found in doctors irrespective of whether or not they worked directly with infected patients. Although the strains of front-line healthcare

during an infectious outbreak can lead to sickness absence and higher staff turn-over, most evidence suggests that doctors and nurses feel a strong professional obligation to continue working in spite of the danger. However, given the pressures of needing to maintain high-quality healthcare provision during a pandemic, combined with doctors' reluctance to seek help or disclose their difficulties, it is possible that this kind of professional commitment might relate strongly to presenteeism. Indeed, a recent review reported that physicians were at the highest risk of 'infectious illness presenteeism' when compared with a range of other occupational groups. Having to balance their own safety with the needs of patients, family and employers and in the face of limited resources can lead to distressing ethical dilemmas for doctors and, potentially, to moral injury. Moral injury can arise when one feels compelled to make decisions that conflict with one's ethical or moral values. The effect of moral injury on subsequent mental health can depend on the quality of support provided to employees during and after such events.

RESEARCH METHODOLOGY

This paper basically employs relevant literature reviews through published researched journal articles, books, conference proceedings, unpublished thesis, and monographs. The literature review examined and synthesized underlying subject aimed at identifying issues relating to qualitative research.

OBJECTIVES OF THE RESEARCH

1. To understand concept of stress.
2. To know the factors affecting on stress of doctors in private hospitals.
3. To suggest stress management strategies to private hospital doctors.

RESEARCH DESIGN

Interpretative phenomenological analysis (IPA) focuses on the lived experiences of participants. It considers both phenomenology (i.e. the participant's attributed meaning of events, experiences, and states) and interpretation (i.e. the researcher's conception, belief, expectation, understanding, and reporting of participant's experience)

Through snowball sampling strategy, data was obtained until the point of saturation from 21 participants (nine male and four female doctors). Participants were doctors aged between 25 and 55 years, working frontline in managing and treating COVID-19 patients in the designated COVID wards in private hospitals in Mumbai.

Time Period

April 2020 to August 2020- 3 months

List of private hospitals treating COVID patients in Mumbai

1 Bombay Hospital

2 Saifee General Hospital

3 Saint Elizabeth Hospital

4 Reliance Foundation Hospital

5 MH SabooSiddique Maternity & General Hospital

6 Bhatia hospital

7 Jaslok Hospital

8 Wockhardt Hospital

9 Global Hospital

10 JerBaiWadia Hospital

11 P.D Hinduja Hospital

12 SL Raheja Hospital

13 Lilavati Hospital

14 Bandra Holy Family Hospital

15 Gurunanak Hospital

16 KJ Somaiya Medical College and Research Centre

17 SRV Hospital

18 Dr BalabhaiNanavati Hospital

19 HJ DoshiGhatkopar Hindu Sabha Hospital

20 Dr LH Hiranandani Hospital

21 KokilabenDhirubhaiAmbani Hospital and Medical Research Institute

22 Fortis Hospital

23 Shushrusha Hospital

24 Seven Hills Hospital

SCOPE OF THE STUDY

The study presents a summary the recent scientific evidence and could strengthen the response for the current and future outbreaks.

LIMITATIONS OF STUDY

Given the rapidity of the pandemic, studies present here have a relatively short follow-up period.

DISCUSSION

A recent study by the Indian Journal of Psychiatry says around 30% of Indian doctors go through depression, and almost 80% face the risk of burnout in the early stages of their careers. The COVID-19 pandemic, however, is leading to a whole new level of stress.

Next faced in controlling this pandemic is the extreme shortage of PPEs . A highly infectious pandemic challenges already compromised health systems with resultant shortages in supplies and PPEs. Therefore, it is pertinent to establish an emergency reserve medical supplies program to ensure the provision of supplies based on needs, type, quality, and quantity. Pandemics exert significant psychological impacts on highlighting the need for appropriate psychological support, interventions, and staff support measures. COVID-19-specific psychological interventions for medical staff in China included psychological intervention support teams, psychological counselling, availability of helpline, establishment of shift systems in hospitals, online platforms for medical assistance, incentives, providing adequate breaks and time offs, providing a place to rest and sleep, leisure activities such as yoga, meditation and exercise, and motivational sessions If timely measures are not taken, although the disease will subside eventually, a new surge of patients suffering from psychological morbidity will emerge. Another point of stress is ensuring that patients have detailed instructions when they leave the hospital.

CONCLUSIONS & SUGGESTIONS

Healthcare executives and managers should be aware of the potential for the COVID-19 outbreak to elevate the risk of psychological distress and suicidal ideation in doctors. The literature shows that, although healthcare professionals place high value on provision of training and equipment during such pandemics, effective leadership and managerial support for clinicians and their families are also highly protective against negative psychological outcomes. One of us (T.H.) is involved in setting up a support network of psychiatrists with the sole aim of supporting all physicians during this unprecedented event. Managers and clinicians might also remember that many doctors are reluctant to reveal their difficulties even when experiencing significant psychological distress. Workplace interventions that reduce mental health stigma and promote sharing and support for colleagues with psychological difficulties might improve helpseekingbehaviour and attitudes. Training them to be emotionally intelligent can help the doctors address these areas with focus on self-emotions. Mindfulness practice has versatility and a strong evidence base in workplace stress reduction and is therefore a viable technique for groups or individual clinicians to manage stress during the COVID-19 outbreak.

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