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Psychological aspects of the effects of COVID-19 on doctors

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Summary:

COVID-19 not only affects physical health, but also leads to mental health problems such as sleep problems, depression, feelings of anxiety, chronic stress. This also applies to doctors, because they too, or above all, are at particular risk. They are owed a lot of responsibilities, a new situation, a lack of adequate staff. They are surrounded by illness and death. They often

do not cope with the current situation. This results in a decrease in their productivity, lack of motivation to work, fatigue, and this, as a consequence, can lead to burnout.

Key words: COVID-19; doctors; stress; burnout

Introduction:

For years, the mental health of doctors and other medical professions has been the subject of numerous studies. The work of a doctor is primarily related to a sense of responsibility for the health and life of other people. The current situation with the COVID-19 pandemic increases stress levels in all medical professionals. Meeting patients' demands and adapting to very dynamically changing regulations makes stress resistance decrease and professional distance becomes impossible to implement [2,9,13]

Objective:

The aim of the work is to identify additional problems that doctors working during COVID-19 face on a daily basis.

Death

The image of people dying from COVID-19 is a cause for concern in doctors. As the statistics show, everyone can get sick, no matter what the profession is. The lack of adequate amounts of personal protective equipment makes the level of anxiety about the life and health of doctors and their families inevitable. All healthcare professionals who undertake direct clinical work, not only those with suspected or confirmed cases of COVID-19, are in a vulnerable group. In the UK, the majority of deaths among doctors were in these > 60 years. This suggests that it would be unwise to put doctors of this age range on the front line with infected or suspicious patients. Decisions should be made consciously regarding the placement of doctors' workplaces in hospitals, taking into account, in particular, age, gender and chronic diseases. This would minimise the risks of a pandemic. Unfortunately, doctors

have been missing for years, and excluding those over 60 from work, I still have them [11,12,3,7].

Mental disorders of patients

Patients with symptoms of COVID-19 unfortunately are not the only ones who need medical help at this time. Doctors now have to deal more than ever with patients who are mentally unable to cope in times of crisis. An increase in the number of patients with symptoms of the drug, depression, panic attacks and suicides has been observed, especially in people with chronic mental disorders. There has also been an increase in suicide attempts, domestic violence, mood disorders and behavioural changes (especially in children). The economic aspect, which has drastic consequences for many people, must also be taken into account. The pandemic has negatively affected the way patients with mental illness are treated. Not to mention the fact that there are even more of them in the last six months. As a consequence, the need for teleconsultation in the field of psychiatry has increased. Group, steam and individual telepores are practiced. The first country to start providing psychiatric services over the phone during COVID-19 was China. This type of advice has also been introduced in Italy, where more than 90% of patients treated on an outpatient course have been changed to telemedical sessions. Support through phone calls has also been widespread in the UK, including in rural areas with difficult access to health care. Mental support for patients, including those who have not yet had mental health problems, during the period of isolation is very important. Although undoubtedly, this form of treatment by doctors is very mentally burdensome for them, the use of psychiatric teleconsultations positively affects the well-being and life of patients, and for many of them it is something that helps them to survive[1,5,16,17].

Insulation

Self-isolation of doctors as a conscious prevention against COVID-19 among their family is a common phenomenon. Some healthcare professionals who come into direct contact with the infected or sick are isolated from their loved ones in order to reduce the risk of infection. This minimizes exposure to coronavirus, but destructively affects the psyche of each party. Such a situation triggers additional stress, anxiety, fear for their loved ones. This affects the productivity of doctors and the degree of involvement in their duties. Long working hours and inability to interact with people who, until the crisis, were next door, could have a negative impact on the capacity of the health system [12, 14]

Changing jobs

It was necessary to transfer many young doctors to those specialties that became most needed. The preferences of residents, trainees and doctors during specialisation have become irrelevant. The time of the pandemic wrote a script for them all. Young doctors have faced the most difficult personal and professional conditions of their careers, such as working for hours in personal protective equipment, trying to protect themselves and their families from potential infection, adapting to new working conditions and previously unknown ways. All this in the increasing number of patients and deaths surrounding them, not only unknown to them, but also health professionals. How does this affect young doctors? Over the past few years, there have been surveys of trainee doctors in the UK. The questions relate to burnout. Studies conducted before the outbreak of the coronavirus pandemic show. Almost a quarter of all trainees reported feeling burnout to a high or very high degree, more than half of whom

always or often felt exhausted at the end of the day. What is the result of this? Could the reason be insufficient length of service, which, among other things, allows you to adapt to the profession of medic? Or is the salary inadequate to the effort? Or perhaps both, which, combined with the overwhelming number of duties and lack of free time, leads to burnout in a profession where trainees have not really started working for good. The period of pandemic will allow to verify the strength and willingness of young doctors to work in the face of a difficult to predict situation. [4,7]

Feeling hopeless and helpless

Information from young doctors only expresses despair at the current situation. There is a common feeling of hopelessness, helplessness and nervous anticipation of what might happen next. Hopelessness is "the feeling that any effort to constructively change is doomed to failure before it is even made" (Shea and Hurley, 1964). Helplessness, on the other hand, is defined as "the belief that everything that can be done has been done, resulting in an inability to mobilize energy and effort" (Shea & Hurley, 1964). Doctors comply with the recommendations, follow governmental recommendations, but despite this, the number of cases continues to grow and the number of staff is decreasing. [6,12]

Lack of staff and pay cuts

Currently, the largest world "leader" in terms of the number of cases of illness and deaths is the United States. With only 4.25% of the world's population, they account for as much as 30% of cases and 28% of deaths worldwide. How is it possible that such a result applies to the richest country in the world, where the annual income of a doctor is on average \$ 287,049.3? The answer to this question is: burnout. The first national study on burnout was conducted there six years ago, when both the economy, medicine and society itself had significantly lower levels of stress than today. Even then, however, burnout was a problem. With over 7,000 of physicians who completed the Maslach inventory of burnout, 45.8% reported at least one symptom of burnout. Significant differences were observed in the degree of burnout depending on the specialization. The highest rates were recorded in family medicine, internal medicine and emergency medicine doctors. Doctors showed symptoms of burnout and dissatisfaction with work-life balance much more often than other working Americans. Another study in the United States found that 52.3% of hospital doctors and 54.5% of outpatient internists reported burnout. Rising spending due to COVID-19 spending is causing rapid cuts in hospital spending. There are also staff cuts in large hospitals and the total collapse of entire rural hospitals because they do not generate income. [11,12]

Feeling anxious

Research conducted among 512 anesthesiologists in India indicates a serious problem of anxiety among doctors who come into direct contact with patients suffering from COVID-19.

The fear of the study participants was assessed using the GAD-7 scale. It is a 7-point scale that is used as a screening tool to measure the severity of anxiety. Regarding the severity of anxiety, 32% had mild anxiety, 26% had minimal anxiety, 25% had moderate anxiety, and 17% had severe anxiety. [5] (Fig. 1)

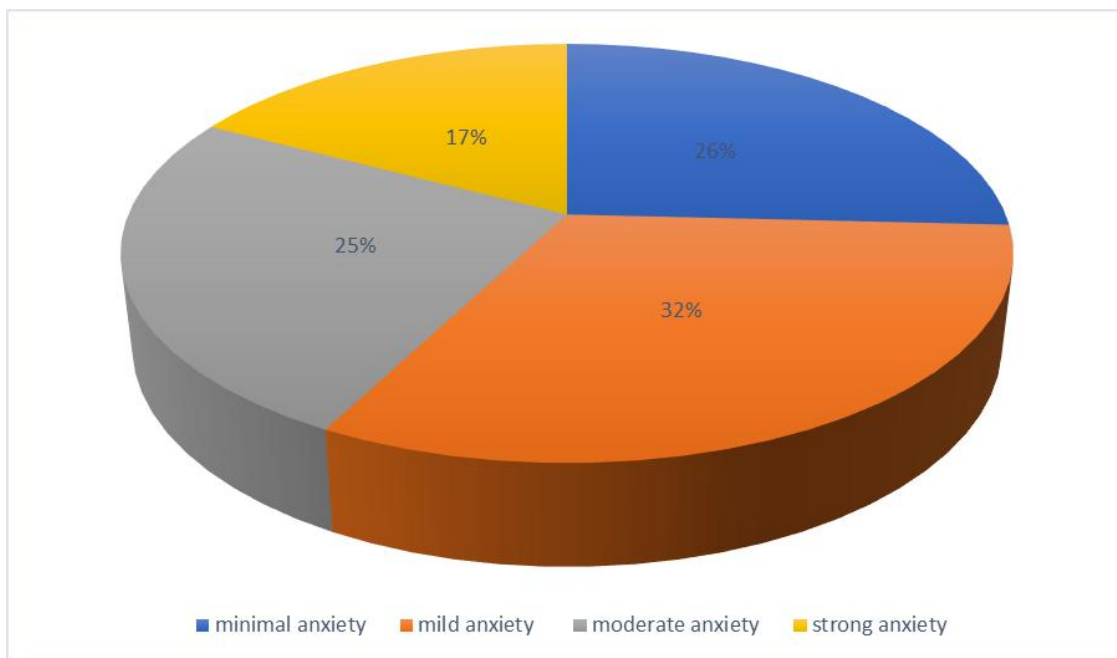


Figure 1. Worsening anxiety

Based on the results on the GAD-7 scale (anxiety level), it should be stated that anxiety was the most common among anesthesiologists under the age of 30. Anxiety was definitely the least common in physicians aged less than 50 [5]. (Fig. 2)

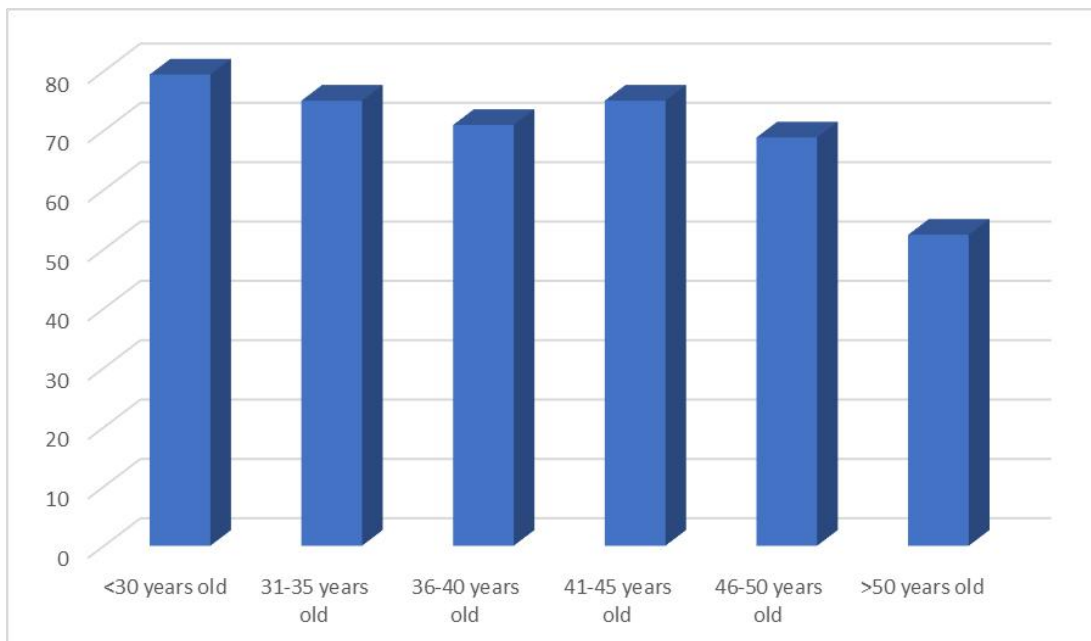


Figure 2. The presence of anxiety due to age.

Insomnia

Insomnia is the result of a feeling of anxiety. Factors that predispose its occurrence are, among others, fear of COVID-19 infection, the risk of infecting one's relatives, fear of lower remuneration, loneliness, problems with food and accommodation, long shifts and lack of sufficient personal protection measures. All these aspects make the problem of insomnia very big and only 39% of respondents do not report symptoms of insomnia. [5] (Fig.3)

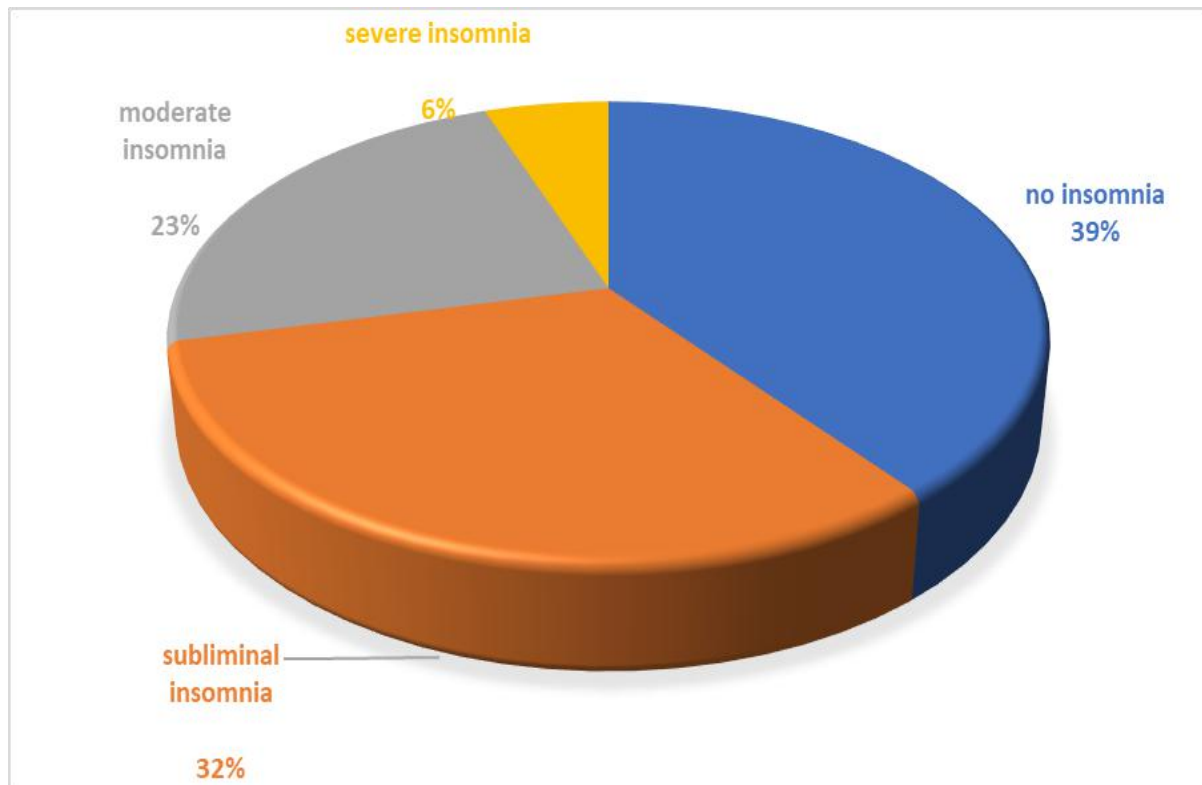


Figure 3. Insomnia severity index.

Undoubtedly, the dynamic spread of COVID-19 gives rise to numerous symptoms of mental stress. Fatigue, fear and responsibility are constantly growing. Steps are needed to mentally support health care professionals in the fight against COVID-19.

Literature:

1. Corruble E. A viewpoint from Paris on the COVID-19 pandemic: a necessary turn to telepsychiatry. *J Clin Psychiatry*. 2020;81(3):20com13361.
2. Holmes, E.A.; O'Connor, R.C.; Hugh, P.; Irene, T.; Simon, W.; Louise, A.; Clive, B.; Helen, C.; Silver, R.C.; Everall, I.; et al. Multidisciplinary research priorities for the

- COVID-19 pandemic: A call for action for mental health science. *Lancet Psychiatry* 2020, 7, 547–560.
3. Gandhi M, Yokoe DS, Havlir DV. Asymptomatic transmission, the Achilles' heel of current strategies to control COVID-19. *N Engl J Med.* 2020; DOI: 10.1056/NEJMe2009758. [Epub ahead of print].
 4. Guy's and St Thomas' NHS Foundation Trust. Guys' and St Thomas' staff encouraged to take regular breaks in new HALT campaign. 2017 [online]. Accessible at: <https://www.guysandstthomas.nhs.uk/news-and-events/2017news/march/20170317-halt-campaign.aspx> (accessed 20 April 2020).
 5. Jain, A., Singariya, G., Kamal, M.: COVID-19 pandemic: Psychological impact on anaesthesiologists. *Indian Journal of Anaesthesia.* 2020; 64(9): 774-783.
 6. Lai CC, Wang CY, Wang YH, et al. Global epidemiology of coronavirus disease 2019 (COVID-19): disease incidence, daily cumulative index, mortality, and their association with country healthcare resources and economic status. *IntJ Antimicrob Agents.* 2020;19:105946.
 7. Majeed A, Asanati K. Improving workplace health in the NHS. *BMJ* 2020; 368: m850.
 8. NHS England. NHS staff & wellbeing: CQUIN 2017-19 indicator 1 implementation support. 2018 [online]. Accessible at: <https://www.england.nhs.uk/wp-content/uploads/2018/05/staff-healthwellbeing-cquin-2017-19-implementation-support.pdf> (accessed 20 April 2020).
 9. Pfefferbaum, B.; North, C.S. Mental health and the Covid-19 pandemic. *N. Engl. J. Med.* 2020.
 10. Rich A, Viney R, Needleman S, et al. 'You can't be a person and a doctor': the worklife balance of doctors in trainingda qualitativestudy. *BMJOpen*2016;6:e013897.<http://dx.doi.org/10.1136/bmjopen-2016-013897>.
 11. Schwartz, S.A.: Covid-19 and the documented failure of the American illness profit system — We have to stop treating our doctors, nurses, healthcare workers, and ourselves this way. *Explore.* 2020; 16(4): 210-213
 12. Shah, N., Raheem, A., Sideris, M., Velauthar, L., Saeed, F.: Mental health amongst obstetrics and gynaecology doctors during the COVID-19 pandemic: Results of a UK-wide study. *European Journal of Obstetrics and Gynecology and Reproductive Biology.* 2020; 253:90-94.
 13. Shanafelt, T.; Ripp, J.; Trockel, M. Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA* 2020, 323, 2133–2134.
 14. United Nations. Policy Brief: COVID-19 and the Need for Action on Mental Health. Available online: <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf> (accessed on 30 June 2020).
 15. 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(2):taaa020
 16. World Health Organization. ICD-11 international classification of diseases 11th revision [online]. 2018. Available at: <https://icd.who.int/en> (accessed 16 April 2020).
 17. Zhou X, Snoswell CL, Harding LE, et al. The role of telehealth in reducing the mental health burden from COVID-19. *Telemed J E Health.* 2020;26(4):377-379.