Exploring the Psychological Experiences of Frontline Healthcare Providers Dealing with Covid Patients

a Muhammad Azeem, b Waqas Hassan, c Malik Mureed Hussain, d Tahira Rafiq

a Assistant Professor in Psychology, Govt. Civil Lines College, Multan, Pakistan
   Email: mazeemq1203@gmail.com
b Lecturer in Psychology, Govt, M.A.O College, Lahore, Pakistan
   Email: waqashm31@gmail.com
c Multan Post Graduate College, Multan, Pakistan
   Email: mpgclion@yahoo.com
d PhD Scholar, International Islamic University, Islamabad, Pakistan

ARTICLE DETAILS

ABSTRACT

People’s physical and mental health have been severely affected by the COVID-19 pandemic. Medical and psychological preparedness of the emergency healthcare workers (HCWs) is critical during a continuing outbreak of Ebola virus disease. An investigation of the psychological impact of the COVID-19 pandemic on emergency health care providers (EHCPs), as well as their methods to cope with stress or the causes which can protect them, and obstacles they face while caring for COVID-19 patients will be conducted. From April 2, 2020 to April 25, 2020, 15 frontline emergency healthcare workers (HCWs) dealt with coronavirus patients. In person or via phone, semi-structured interviews were done. Analysis was conducted utilizing a thematic approach to data collection. A number of key findings focused on coping strategies for dealing with stressful situations, including: limiting media exposure; sharing duty details on a limited basis; religious coping; altruism as a fallback strategy; and, dealing with challenges, including: psychological responses and noncompliance with the public/denial by religious scholars. The COVID-19 pandemic-related stress and anxiety were discussed and various coping mechanisms were practiced and advised. Stress and worry in the population are often attributed to the media. Coping mechanisms included religious faith and a desire to serve humanity and their country.

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Corresponding author’s email address: mpgclion@yahoo.com
1. Introduction

Coronavirus illness (2019) presented a new problem for mankind at the beginning of 2020. (COVID-19). Since its inception in the city of Wuhan, China, this virus has rapidly spread throughout the country and is now a major public health concern. The COVID-19 outbreak is the largest atypical pneumonia outbreak since the SARS epidemic in 2003, according to experts (Wang et al., 2019). Unlike SARS, the COVID-19 outbreak had a substantially greater mortality toll and overall number of patients beyond the original outbreak (Hawryluck et al., 2004). At the beginning of December 2019, the epidemic was first revealed when a huge number of cases having unique and unspecified pneumonia-like fever were found to be linked market place which involved seafood in Wuhan, Hubei Province while the contacts which spread it could never be traced (Nishiura et al., 2020). By the end of January, 2020, illnesses and deaths related to COVID-19 increased dramatically within Wuhan city and outside it. Soon the disease spread to all 34 provinces of Wuhan. In response to this soaring condition, World Health Organization declared COVID-19 an epidemic and a health emergency. First case of COVID-19 was reported in Karachi, Pakistan on February 26, 2020. Previous research have examined the epidemiology and clinical characteristics of infected patients, (Chen et al., 2020; Huang et al., 2020) the genomic aspects of the virus (Lu, 2020), and the concerns for global health governance (Chen et al. 2020; Hyang et al., 2020; Rubin & Wessely, 2020). We don't know anything about how the COVID-19 affected people's psychological well-being or health. With so much mystery surrounding an outbreak of this magnitude, knowing this is very important.

An investigation into the psychological responses and related issues in the general public in the start of COVID-19 exposed moderate to severe mental illness including symptoms of depression and anxiety as well (Wang et al., 2020).

Precautionary steps and efficient updating procedures regarding health information have been demonstrated to decrease the negative psychological implications of the epidemic and also significantly reduced the anxiety, stress and depression in the patients and their caregivers (Wang et al., 2020).

There is a lack of attention provided to mental health issues during epidemics since public health authorities primarily focus on biological and physical implications of the outbreaks. Despite this, need for better mental health services has increased as a result of the COVID-19 epidemic's growing mental health impact. In China, for example, the National Health Commission established comprehensive guidelines for emergency psychological crisis intervention for those influenced by COVID-19 on 27 January (NHC China, 2020). Medical professionals and patients can benefit from mental health care provided by multidisciplinary teams (HCW).

A medical and psychological response is essential while the outbreak continues (Patel & Jenigan, 2020). This is expected since people are more anxious and fearful about getting infected when there's a higher chance of exposure. As a result, there may also be a concern of spreading the disease to their loved ones. Due to balancing professional responsibilities, compassion, and personal dread for oneself and others, tensions and dissonance were found in the majority of healthcare workers (McAlonan, 2007).

HCWs deputed in emergency rooms, medical ICUs, and quarantine wards had a higher possibility of developing mental health problems than HCWs in other departments, possibly as a result...
of their greater exposure to infected patients and the more difficult nature of their jobs (Naushad et al., 2019).

Medical officers and other single specialists were shown to be more susceptible to mental health difficulties than married professionals or nurses (Chan & Huak, 2004). The lack of social support and communication, maladaptive coping, and lack of training were found to be prevalent risk factors for developing psychiatric disorders among healthcare workers in a recent comprehensive study (Naushad et al., 2019).

Despite the widespread use of isolation measures (such as social distancing) in an attempt to curb the spread of the COVID-19, these tactics are only serving to keep people safe. Stress and psychological difficulties can be exacerbated by isolation (Rhodes et al., 2001). Evidence from the CBT paradigm stresses the importance of building resiliency (Padeski, et al., 2012). The ability to bounce back quickly from adversity is referred to as resilience, and resilient people are those who are able to maintain a positive outlook in the face of adversity (Nishiura et al., 2020).

People with high levels of emotional resiliency cultivate their positive feelings to help them cope with life's ups and downs, such as stress, boredom, and change. People who have a high level of resilience might avoid developing mental health problems in the face of adversity, since it helps them cope with both mental and physical health challenges (Tiong and Koh, 2013).

Additionally, a review found that resilience and prevalent psychological disorders are negatively correlated and also discovered that resilience is highly related to healthy behaviors and better quality of life. There is, however, a lack of information about factors that can mitigate the detrimental effects of apparent rigorosity on the psychological health of frontline emergency HCWs. People's ability to control their thoughts and actions, as well as their ability to resist the negative impacts of the COVID-19 and mental health issues, may perform as a buffer against the negative effects of the perceived severity of the COVID-19 and mental health issues, according to the risk-resilience model (Tiong and Koh, 2013).

COVID-19 has had a devastating effect on the health, mental well-being, and lives of people. Various mental health disorders have resulted, such as panic disorder and anxiety and sadness. Even though COVID-19 has been linked with an increase in confirmed cases and deaths in Pakistan, no studies have yet evaluated the psychological impact of the virus on emergency healthcare professionals (Nishiura et al., 2020).

Pakistani health care workers are also said to be unprepared for the COVID-19 (Abid et al., 2020). In order to better comprehend the challenges faced by emergency healthcare workers, their coping mechanisms and also to understand the dynamics of their psychological health in dealing with coronavirus patients, this study aims to gather information from emergency healthcare workers in the field. As a result, this research will serve as a solid foundation for developing and implementing mental health intervention strategies that are both efficient and effective in the face of this issue. As regarding to the COVID-19 eruption in Pakistan and other areas of the world, this could help government organizations and healthcare providers maintain the psychological well-being of HCWs.
2. Method

2.1 Research Design

Framework thematic analysis was employed in this initial investigation of COVID-19-related protective variables and coping methods among Pakistan’s emergency front-line healthcare workers. It is via the systematic examination of data and the identification of patterns that the phenomenon can be better understood through a process known as thematic analysis (Mahase, 2020). By using this technique, you can generate interesting and relevant ideas without having to create a theory first. There are many complex occurrences that may be explained using this strategy (McAlonan, 2007). For the sake of extracting themes, all authors read and re-read the data many times, independently.

2.2 Participants

Between April 2, 2015, and April 25, 2020, a convenience sampling strategy was used to gather data on 15 emergency medical technicians (EMTs) who worked with COVID-19 patients on a daily basis. Participants were encouraged to post recruitment ads across a variety of social media platforms. There were two types of participants in the study: first were emergency workers who worked as a frontline force and they had direct interaction with coronavirus patients (i.e., they helped in relocating the patients from their homes, local hospitals, and other places to COVID-19 wards/centers), and volunteers. Participants who didn’t give consent to be the part of the study and those who left the study due to one or other reason were excluded from the study. A total of 20 volunteers initially agreed to participate in the study, however five of them opted out for personal reasons and did not participate. Confidentiality and anonymity were guaranteed for the 15 participants in the final sample sharing the study’s goals with participants before conducting interviews helped create rapport.

Table 1. Sample characteristics

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Education (in years)</th>
<th>Category</th>
<th>Experience (in medical field, in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Female</td>
<td>24</td>
<td>16</td>
<td>EMT</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Female</td>
<td>25</td>
<td>16</td>
<td>EMT</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Female</td>
<td>22</td>
<td>14</td>
<td>Volunteer</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>Female</td>
<td>21</td>
<td>14</td>
<td>Volunteer</td>
<td>0</td>
</tr>
<tr>
<td>5.</td>
<td>Male</td>
<td>25</td>
<td>16</td>
<td>EMT</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Male</td>
<td>25</td>
<td>16</td>
<td>EMT</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Male</td>
<td>26</td>
<td>16</td>
<td>EMT</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>Male</td>
<td>28</td>
<td>18</td>
<td>EMT</td>
<td>6</td>
</tr>
<tr>
<td>9.</td>
<td>Male</td>
<td>26</td>
<td>16</td>
<td>EMT</td>
<td>5</td>
</tr>
<tr>
<td>10.</td>
<td>Male</td>
<td>24</td>
<td>16</td>
<td>EMT</td>
<td>2</td>
</tr>
</tbody>
</table>
11. Male 22 14 Volunteer 1
12. Male 24 16 Volunteer 2
13. Male 22 14 Volunteer 3
14. Male 21 12 Volunteer 1
15. Male 20 14 Volunteer 1
Mean 21.13
SD 1.40

2.3 Interview Outline
A thorough review of the literature, consultations with qualitative research experts, and a few pre-interviews with front-line healthcare workers were all used to develop the interview protocols for this study. For the actual question (ie, how do you see the COVID-19 in Pakistan/what is your perspective of the COVID-19 in Pakistan), the interview procedures contained probes. Pakistani native language (Urdu) was used to conduct the interviews, which made it easier for both the researcher and the participants to express themselves.

2.4 Data Collection
At first the participants were asked to read the instruction and get answers of any queries and then they were given written informed consents, and then the data was analyzed qualitatively. Having a PhD in Psychology, the interviewer had extensive expertise conducting qualitative interviews and has worked on multiple qualitative research projects on resilience and protective variables in different communities. Because of this, the researcher was able to carry out this investigation.

Interview sites were selected based on the comfort and ease of each participant. An informal sitting environment was designed where each participant and interviewer were made to sit facing each other on comfortable chairs and a small table between them. Discreet recordings of the interviews were made and kept private. In addition, participants' privacy was protected so that their voices could be heard clearly without being intruded upon. Interviews were place in a quiet area with low distractions, enough lighting, and a comfortable temperature. Data saturation had been reached after 15 interviews; hence no additional interviews were undertaken. About one hour was spent on each interview.

Participants were also instructed to stop the interview and take a break if they felt emotionally distressed or uncomfortable during it, and to refrain from participating in any subsequent interviews. The participants were given an opportunity to avail free of charge counseling services in the event that they were experiencing emotional distress. However, distress was not reported by any of the participants. Participation in the current study was volunteer, and no one was obligated to do so. Depending on when the study started, or even during the data collection period (which may be up to a week later), they could use the information acquired. During the interviews, the researchers maintained a neutral attitude and a friendly relationship with the subjects. Each participant underwent one or two sessions of relationship building prior to the actual interview.
4. Data Analysis

Data were analyzed using a thematic approach after the interviews were recorded and transcripts were completed following the transcribing process.

4.1 Transcription

Methodological approaches have influenced Braun and Clarke (2006)'s recommendations for transcribing. A "verbatim" account of all spoken and non-spoken expressions was provided in an orthographic transcription. As a result, every answer, both verbal and nonverbal, was documented. Both authors worked separately on the analysis. Multiple readings of the record yielded relevant statements, which they then distilled into themes and sub-themes. Through mutual conversation and agreement, the differences between the two authors might be resolved. This procedure was carried out without reference to any prior research. Each participant was given a unique number to help with data analysis while also protecting their privacy.

4.2 Ethical Review

According to the 1964 Helsinki Declaration and its later amendments or comparable ethical standards, the study was conducted in conformity with the findings. All participants were given written informed consent, as well as permission to publish their findings. Furthermore, the data collection was given the go-ahead in writing by the relevant authorities. That plagiarism, data fabrication, falsification and republishing did not occur was a top priority for all the writers.

Table 1 shows the demographics of the 15 participants (N = 15). Identifying Information for the Participant Gender Disciplinary Measure For a long time in service.

5. Results

Participants had to have completed at least their high school diplomas to be eligible to participate. The characteristics of the participants are shown in Table 1.
In understanding the emergency care workers’ reaction to coronavirus pandemic, the focus of this qualitative investigation was stress coping techniques and shielding measures against the stress produced by working with coronavirus patients. Figure 1 depicts the most recurrent topics gleaned from participant replies.

6. Challenges/Issues:

Emergency responders were likely to be particularly vulnerable to psychological effects from this pandemic because of their close contact with infected individuals. When it came to dealing with COVID-19 patients, the participants’ perspectives were diverse. Some said they had overreacted to the stress, while others showed resilience and were able to regulate their emotions appropriately, as discussed previously. All of the participants agree that being afraid and anxious are common symptoms of being in an unknown environment.

It’s clear that stress affects everyone, not just the stars. P5 agreed, saying, "Obviously, stress is far more frequent among all." My main worry is that I will bring the virus to my family and spread it to my children. I am taking all the necessary precautions, but I am also concerned about the quality of the personal protective equipment (PPE) given."

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Sub themes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological issues</td>
<td>Feelings of anxiety depression</td>
<td>Low mood, restlessness, irritation, sweating, muscle tension</td>
</tr>
<tr>
<td></td>
<td>Extreme Hopelessness</td>
<td>Feeling that situation is out of control, being unable to save the lives of critical patients</td>
</tr>
<tr>
<td></td>
<td>Insomnia</td>
<td>Good written expression, Smart work rather than hard work, Conceptual study, Availability of good teacher</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
<td>Tired all the time</td>
</tr>
<tr>
<td>Work-related issues</td>
<td>Extra duty timings</td>
<td>Huge number of patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less staff</td>
</tr>
<tr>
<td></td>
<td>Over burdened</td>
<td>Always feel doing more than I actually can</td>
</tr>
<tr>
<td></td>
<td>Lack of infrastructure</td>
<td>Govt. doesn’t have funds and ventilators, oxygen etc. it handicaps the health workers.</td>
</tr>
<tr>
<td>Coping strategies</td>
<td>Religious practices</td>
<td>Offering prayers more often, seeking help from religious mentors</td>
</tr>
<tr>
<td></td>
<td>Escape</td>
<td>Just avoiding the thoughts of this situation</td>
</tr>
<tr>
<td></td>
<td>Rationalization</td>
<td>It happens in the world. It is natural. It has happened in the past as well.</td>
</tr>
<tr>
<td></td>
<td>Acceptance</td>
<td>We should accept it and should just try to devise best plans to combat it.</td>
</tr>
</tbody>
</table>
7. DISCUSSION

In order to better understand how Pakistani HCWs working with COVID-19 patients interpret their experiences and how they cope with stress, he performed a study in Pakistan. To cope with stress and worry caused by the COVID-19 epidemic, participants used and advocated a variety of coping mechanisms. Participants, for example, agreed that the media was a major source of public tension and anxiety. A further source of concern about the spread of this pandemic was the inability to verify the veracity of the information being circulated through various media. The media's influence in aggravating mental health problems has been demonstrated in previous studies as well (Chen et al., 2020; Hyang et al., 2020; Rubin & Wessely, 2020).

It's also been proven in studies that those who watch television are more likely to suffer from distressing psychopathology after a traumatic event (Nishiura et al., 2020). Participants, on the other hand, revealed only a few details about their job schedules in order to avoid causing any distress or anxiety to their loved ones. Studies on HIV patients confirmed the importance of keeping one's innermost thoughts and feelings private in order to spare the feelings of those closest to one's heart from embarrassment (Nishiura et al., 2020; Patel & Jenigan, 2020).

Religious coping, a desire to help others, and patriotism were other common coping mechanisms.

8. Limitation

This study has some drawbacks. In order to avoid distracting participants from their critical
work, we conducted the study while the epidemic was still going on. As a result, the interviewers had to halt the process of interviewing many times and had to wait until the study participants would get free from emergency calls and other sudden assignments. The findings are not generalizable because of the qualitative nature of the study, which only focuses on the perspectives of emergency front-line HCWs.

9. Conclusion

An in-depth look at how the medical professionals working in emergency sector dealing with coronavirus patients strive to save themselves from mounting stress and what preventive measures they adopt was presented in this study through thematic analysis. People’s anxiety and stress levels rose throughout the pandemic, in part because it was impossible to verify the accuracy of the information they were receiving from the media. Religious coping, the desire to assist others, and the belief that this epidemic was an emergency all helped to strengthen their resilience and coping mechanisms during the pandemic. According to the findings, extensive and long-term public awareness campaigns aimed at improving public knowledge about transmission mechanisms and situation-specific prevention techniques, as well as efforts to dispel myths and misconceptions, should be launched. It is imperative that frontline health care workers (HCWs) receive the information they need about the wide range of mental health services accessible to them in order to boost their self-esteem, mental toughness, and preparedness in the event of a pandemic.

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