

Experiences of infected health care team during first wave of COVID-19 at Hilal-e-Ahmer Hospital, Faisalabad

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ABSTRACT

BACKGROUND & OBJECTIVE: COVID-19 has caused a very deep and intense effect on all persons irrespective of age and gender. It was especially a challenging fight for health professionals as they were dealing it from many aspects. All the infected health workers were facing many emotional and mental stresses, and at the same time, they were supposed to provide error free services at the hospital. To explore the experiences of infected Health Care Providers during COVID-19 pandemic.

METHODOLOGY: The interview based qualitative descriptive research was conducted at Hilal-e Ahmar hospital Faisalabad, Pakistan. To get an in-depth idea about different experiences of the professionals, 15 Semi structured interviews were conducted during the first wave of COVID-19 pandemic in Pakistan. Convenient sampling was done by inviting all the infected members for the interviews. Purposive sampling was done, and a total of 15 interviews were conducted till the data was saturated. Participants gave their convenient time keeping in mind their easy duty days for the study, and they were interviewed in their offices. Interviews were transcribed, rechecked, and analyzed. Thematic analysis was done with narrations.

RESULTS: 5 broader themes were generated with sub-themes. The themes were 1) Diagnosis of disease, 2) Disease impacts, 3) Social reaction, 4) Combating techniques for isolation period and, 5) Dilemmas during the quarantine period. The participants were diagnosed by PCR technique, and the diagnosis was associated with extreme feelings of denial, depression, anxiety, fear of the future and uncertainty. Most of the participants faced negative responses from society and experienced a social boycott.

CONCLUSION: The first wave of COVID-19 was a period of extreme stress and anxiety, especially for the health care providers working as the first line of defense against the disease. They not only suffer from the physiological effects of the disease but faced mental trauma and social stigmatization. Electronic media had a negative effect on the thought process of people.

KEYWORDS: COVID-19, Health care providers, Social impact, Emotional response.

INTRODUCTION

COVID-19 pandemic has caused a very deep and intense effect on all aspects of life. Being a very sudden global emergency, no country could prepare for this pandemic [1]. Everything was unique, and everyone suffered [2]. Dealing with the new disease was itself a challenge however, it has affected the economy, social and mental health badly [3]. So far, a lot of work has been done in exploring the nature of virus and disease patterns along with the development of vaccine. The patients have suffered a lot. Generally, but somehow the health care workers who were not only

servicing the patients as a first line fighter but were also facing many other affected by all other factors but were servicing the patients as a first line fighter. Their emotional and mental stress was many folds as compared to the general population. Somehow, in this whole process, their needs were not properly explored [4]. This study was planned to highlight those issues faced by the health care team of Hilal-e-Ahmer hospital in Faisalabad, which mainly serves in Maternal and child health services, during the initial first phase of a pandemic in Pakistan.



METHODOLOGY

An interview based qualitative study was planned to explore the deep hidden emotional and mental stresses of health care team working at Hilal-e-Ahmer Hospital. After getting ethical permission (530/HAHF) all the infected members (23) were contacted and requested to participate in the study. As a convenient sampling technique, appointments were booked with the volunteer members at their feasible duty days. 15 members agreed to contribute, and it was a sufficient number for any qualitative interview-based study. Semi structured interviews were planned. A total of 15 interviews were conducted with the Covid-19 infected team members (2 consultants, 6 post-graduate residents, 3 (LHV), and 4 midwives) in Hilal-e Ahmar hospital. Each interview lasted about 15-20 min. The study was conducted in the month of August 2020. Written consent was taken from the participants, and an interview was recorded on a voice recorder device, and participants were ensured about confidentiality.

Transcripts were prepared with all the due protocols and then were rechecked by the participants. A few things were corrected after receiving the feedback. Codes and themes were generated manually by the researcher and two other team members who are also a part of the medical education department. The final results are prepared as following.

RESULTS

There were total of 15 participants included in the study, and all of them were females as the study was conducted at Hilal-e-Ahmar hospital, which is a solely maternal and child health care center. 2 of the participants were consultants, 6 post-graduate residents, 3 lady health visitors (LHV), and 4 were midwives. Following themes and sub-themes emerged after data analysis:

(1) 'Experience of contracting disease' All of the people were diagnosed on PCR test. The participants were generally divided into two categories:

- a) Those who were screened due to contact history.
- b) Who went for the test due to the development of symptoms.

The majority of the patients were diagnosed on screening because they were the close contacts of some COVID -19 positive health personal. So, they were a group of people who were diagnosed on the basis of contact tracing. Most of them were facing only minor symptoms like flu or body aches at the time of screening, but they were not thinking about the disease as the symptoms were very mild. A few of them were totally asymptomatic when they were screened due to contact history. 2 out of all participants were those who have a history of contact in the family rather than at working place and were screened and tested positive and they both had mild symptoms present. Few participants went for the PCR test on the basis of the development of symptoms without any history of contact. Most of them were having minor symptoms like diarrhea, fever, flu, and

mild pain in the throat, but the symptoms were persistent and not responding to treatment, so they went for the test. 1 participant had severe pain in the nose and throat with fever and was tested positive when tested. All the participants quarantined at home. Only 1 participant has to go to the hospital but not due to her own condition. Her father was infected after her, and he became serious and there was no one else to look after him in hospital except her.

(2) 'Disease impacts': All of the participants go through depression and described it is a "very traumatic" and "extremely shocking and depressing" event. A direct relation was seen between the level of depression and marital status of the participants, with married ones showing more depression, insecurity, fear and uncertainty about the future as compared to those who were unmarried.

(1b) The first sub-theme identified was the "Personal feelings" with depression, shock, fear of death, and uncertainty about prognosis were present in nearly all the participants. One of the participants described it as "I became completely silent. Asked my family to leave me alone as nothing could be done now, and I will not survive as evident from the circumstances".

(2b) The 2nd sub-theme was "Fear of transmission." The participants were majorly concerned about the fear of transmission of disease to their family members. Married ones were concerned about their children and spouses more as compared to other family members, while unmarried were worried about transmitting the disease to their parents. "I was afraid of transmitting the disease to my husband and children" quoted by one and another described it as "father was Diabetic and hypertensive, what if he became positive too after me?".

(2c) The 3rd sub-theme was "Uncertainty," and married females were worried about their children if something happens to them. "In that phase, we didn't think about ourselves, but the first thing was that will happen to our children and who will look after them? We all assumed that we are going to die," as narrated by one of the participants to which majority of the participants agreed.

(3) "Social reaction". There was a fear in the community about the pandemic, and the uncertainty associated with it leads to many social issues. Most of the participants hide this from their neighbors and some even from their close family members because of

(3a) "Stigmatization". The social boycott was faced by majority of the participants, as described in these words "The greengrocer told everyone that we are positive and after that, no one even came near our house, the garbage collector also stopped to collect garbage from our main door". One of the participants was forced to locked down along with her family in her house, and the whole neighborhood boycott her, "it was like a circus. All the village gathered outside our house, and a poster was pasted outside our home that everyone should boycott the residents of this house. My brother's shop was forcefully closed and we went in to financial crisis".

(3b) The 2nd important thing was the "Reaction of family"

where support was shown by spouses and parents in all the cases but majority faced isolation and discouraging attitude from other family members especially the in-laws, “Are there any such relatives?” said one of the participant in a very disappointing tone. 2 out of all 15 participants had husbands who panicked more than them and increase the stress level and depression of the participant “My husband was very worried which make me more stressed and sad”. Relatives who were living abroad had a positive attitude and were considered a great help and support by the participants during the quarantine period.

(4) The 4th theme was “Combating techniques for isolation period,” and participants share what they did in those day when they have to be isolated from any other person due to the disease and they were alone for many weeks.

(4a) “Inclination towards the religion” was shown by all the participants. All the participants belonged to the religion Islam, and they all spent time in praying and reciting Quran.

(4b) “Role of Social media”. Social media was used by the majority of participants to spend their time. A WhatsApp group was made by the doctors suffering from the disease where they share their experiences and was great support for them during those days. On the other hand, fake news and misconceptions were also spread through different social media forums, which leads to an increase in anxiety level and depression, “There were fake news as well. One news came that our consultant has been on a ventilator. It was very dramatic and a very bad day. Negative impact was generated by social media”.

(4c) “Chatting with family and friends” was another thing with which the participants got support. It was also a pleasant feeling for them talking with close relatives and friends and gave them hope, as described by one of the participants as “My brother was the biggest support during this duration. When I get up in the morning, I call him immediately and discuss my symptoms. He is a physician and lives abroad, and he consoles me that nothing will happen to me”.

(5) “Dilemmas during the quarantine period, “where participants share the major problems they faced during the quarantine period.

(5a) “Managing house-hold chores” was faced by the majority because, being females, they were primarily involved in the cooking and maintenance of house. After diagnosis, they have to isolate themselves, and the biggest problem was who will look after them and house? Mostly the things were managed by the husband or mother. In a few cases the participant has do everything as there was no other option available and do it themselves by taking full precautionary measures.

(5b) “Looking after children and elderly” was also a major issue because most married females have very young children and the parents were old who have to be taken care of.

(5c) “Impact of media,” especially the electronic media, was very negative and disastrous. “There were news coming that an asymptomatic patient suddenly expired due to corona, such news causes negative wave and were very depressing”.

(5d) “Effect of profession”. As the participants were health professionals who were dealing with corona patients daily and seeing the complications, this caused a lot of pressure and stress to the patients when they themselves become negative. One participant said, “A layman was not taking it as seriously as we were due to our profession. We were applying each and every symptom and complication on ourselves because we have seen it.”

DISCUSSION

PCR was the main diagnostic test used for the detection of disease in our participants. PCR is considered the gold standard for diagnosis of COVID-19 in other countries also [5]. All over the world, most patients were presented with upper and lower tract symptoms, and it appeared to be rapidly spreading within the close contacts of the patients on exposure [6,7]. Like our study, Contact tracing is used for diagnosis and considered important for the prevention of the spread of disease in the local community and globally [7].

The immense emotional response was shown by the participant when they were diagnosed and were mostly in shock, denial, and faced depression. A study in Columbia showed increased stress levels in people suffering from COVID-19 infection [8]. Weekly mood assessment in the United Kingdom shows an increase in stress from 41 to 48% and increase in feeling scared from 11 to 34% after COVID-19 pandemic [9]. Fear and uncertainty about future is found common in our study and other studies conducted all around the world related to emotional response following COVID-19 pandemic [10,11]. The parents with smaller children were more concerned, scared, and faced depression due to the fear of impact of disease on their children [12]. Most of the support during the isolation period was provided to our participants by their spouses, parents and close friends. A study conducted in Liaoning province China shows that 57.8–77.9% of participants received increased support from spouses, friends, and family members [13].

As shown in our study, working at health centers had a negative impact on health professionals. The level of fear, depression and feeling of uncertainty was higher in people working in a medical environment as compared to those who were not working in health centers [14,15]. There was fear of transmission of disease to close family members present among the participants of our study, and similar results were shown by other studies where the health care workers were worried and stressed about transmitting the disease to their family members due to their job [16].

The participants of our study also faced social stigmatization and faced a lot of difficulties during their disease days and in isolation. Social stigma and harassment were faced by people suffering from COVID-19 infection. In Mexico, health professionals were not allowed to use public transport, while in India social boycott of health care professionals was observed, and they were outcasted [17]. Social avoidance, violence, and denial of basic life facilities were faced by patients by the community which had a very negative impact on their physical and emotional health [18]. The participants

also faced problems in managing their homes and other family members during quarantine time, and it leads to increased stress and anxiety. A study conducted in China also shows that home lives were greatly disturbed during the quarantine period [19].

Social media was used by patients all over the globe to pass their time during the quarantine period. Where on one hand it was a support system for people living in isolation, it was a major cause of misconceptions and the spread of misperceptions among the people [20,21]. News and electronic media has negative impact as it was spreading fear and disastrous news, which leads to panic and stigmatization in communities [22].

CONCLUSION

The first wave of COVID-19 was a period of extreme stress and anxiety, especially for the health care providers working as the first line of defense against the disease. They not only suffer from the physiological effects of the disease but faced mental trauma and social stigmatization. Electronic media had a negative effect on the thought process of people.

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Authors' Contribution:

Sumera Ehsan: Conception of idea, interview conduction, transcripts writing, and review.

Nuzhat: Ethical approval and interview arrangements, data collection, and write up.

Ayesha Ayub: Getting permissions from admin for the interview, inviting and organizing interviews, data collection.

Tehseen Aslam: Final approval of the version to be published.

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