WORK LIFE BALANCE OF DOCTORS DURING COVID-19: AN ORIGINAL RESEARCH

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ABSTRACT

Aim: This study was conducted to understand the changes they underwent both at home and professional front with a hypothesis that physical and mental health, activities, relationship status, and workplace influence the work-life balance.

Methodology: A pre-validated questionnaire survey was done on 500 doctors across India. Structural Equation, Modelling and path analysis were applied to the data collected. Survey gathered information about their demographic details, to determine changes in their activities during the lockdown period, details regarding work status and preventive measures followed, and also assessed their awareness about COVID-19 prevention.

Results: Around 57.2% (n = 103) of doctors responded to have altered sleep and 25.6% (n = 46) expressed to be in an anxious state during the lockdown. 36.1% (n = 65) of participants admitted to having changes in their mental health more than physical health, whereas 28.3% (n = 51) responded to have no changes in both.

Conclusion: In order to prevent burnout and allow them to continue the vital provision of patient care as the COVID-19 pandemic continues, it is vital that such supports be put in place for hospital doctors and other healthcare workers.

Keywords: Work –Life Balance, Work- life conflict, Service Sector, Health Care Sector

INTRODUCTION

When opposed to any other profession in the country, the practice of medicine is exceptional and overwhelming. This is not only characterized by an immense level of personal and professional fulfillment, but also with a enormous degree of work anxiety psychological distress. Studies worldwide indicate that health care workers, particularly physicians, are

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vulnerable to developing mental health issues.\(^1,^2\) In addition, workplace tension has been found to be linked with emotional fatigue as well which can result in loss of motivation for work, feeling powerless, depressed and defeated.\(^3\) Those that are inherent to the task, those related to patient needs, feeling overburdened, related to roles within the organization and those related to working relationships and career development are commonly reported occupational stressors among medical professionals.\(^4,^5\) Among professionals, emotional exhaustion is generally known as burnout. Healthcare professionals (doctors) are subject to extra pressures in addition to the psychological impact of the social crisis due to active involvement in the treatment of infected patients and heightened risk of illness, fear of transmission to their relatives, anxiety for themselves and the wellbeing of loved ones, feeling stigmatized and isolated and operating under extreme pressure. At the other hand, the number of cases and illness-related deaths, excessive workload for an extended period of time and the loss of workers safety equipment was exacerbated by mental and physical burnout over time (PPE). Stress response symptoms such as anxiety, depression, somatization, and aggression have been identified in around 10\% of health care staff during and after recent outbreaks.\(^6\) During a recent SARS epidemic hospital response, a study from Taiwan suffered stress and 5 percent registered acute suffering stress disorder, 20 percent stigmatization and 9 percent avoidance had succeeded or considered resignation.\(^7\) In another study exploring, in a 3-year follow-up, 23 percent of workers were observed to have moderate to severe effects of the long-term psychological effect of SARS on health staff.\(^8\) More recently, the prevalence of depression, anxiety and stress-related symptoms in Chinese health care employees during the Covid-19 pandemic was found to be 50.7 percent, 44.7 percent and 73.4 percent respectively.\(^9\) However, the information is still scarce and nothing is known about the psychological needs of healthcare workers coping with this environmental catastrophe. Therefore, to evaluate the psychological influence of the Covid-19 pandemic on health care personnel and related risk and protective factors, more extensive research is strongly advocated. Health professionals are also likely, through the use of narcotics, to abuse multiple drugs and to develop diseases. A high prevalence of nicotine dependency and use of other drugs such as alcohol, cannabinoids and benzodiazepines has been seen in research.\(^10,^{11}\) Medical practitioners (faculty and resident doctors) need to recognize psychological problems in view of inconsistent findings from India and rapidly increasing mental issues within the medical fraternity. Improving understanding of medical professionals of mental health concerns would help to strengthen policies on resident duty hours and training. Several reviews have already been conducted on healthcare workers’ mental health in the covid-19 pandemic, with search dates up to May 2020. Pappa et al. identified thirteen studies in a search on 17 April 2020 and pooled prevalence rates; they reported that more than one of every five healthcare workers suffered from anxiety and/or depression; nearly two in five reported insomnia.\(^12\) Vindegaard and Eriksen Benros review, searching on 10 May 2020, identified twenty studies of healthcare workers in a subgroup analysis, and their narrative summary concluded that healthcare workers generally reported more anxiety, depression, and sleep problems compared with the general population.\(^13\) Based on this viewpoint, we sought to examine physicians' rates of anxiety, stress and depression during the Covid-19 outbreak and investigated related factors at both the clinical and general sites.

**AIM OF THE PRESENT STUDY**

This study was conducted to understand the changes they underwent both at home and professional front with a hypothesis that physical and mental health, activities, relationship status, and workplace influence the work-life balance.

**METHODOLOGY**

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A cross-sectional online survey was conducted amongst 500 medical practitioners after the approval from the Institutional Ethics Committee. A self-administered questionnaire was designed on Google Forms. The questionnaire was framed based on information from the previous pandemic, COVID-19, and its effects. The participation was voluntary and participants had to consent for the same by selecting the consent form before answering the questionnaire. The sample size was calculated based on the structural equation model analysis planned for the study. The survey tool consisted of few major sections, which gathered information about their demographic details, to determine changes in their activities during the lockdown period, details regarding work status and preventive measures followed, and also assessed their awareness about COVID-19 prevention. Descriptive Statistical analysis was carried out with the help of SPSS 25.0.

RESULTS
Out of 500 medical practitioners approached with the questionnaire, 180 responses were obtained (response rate 37.5%) with 127 female doctors and 57 male doctors. The majority of the participants belonged to the age group of 25–30 years (50.3%), 31–40 years (35.8%), 21–50 years (12.8%). The majority of the participants (65%) had inculcated a new hobby during the lockdown period. The duration of involvement in physical activity during lockdown increased compared to before the lockdown. Around 57.2% (n = 103) of doctors responded to have altered sleep and 25.6% (n = 46) expressed to be in an anxious state during the lockdown. 36.1% (n = 65) of participants admitted to having changes in their mental health more than physical health, whereas 28.3% (n = 51) responded to have no changes in both. However, 21.7% (n = 39) reported only physical health to be affected with p=0.264. 38.3% (n = 69) of participants reported to have changes in relationship status with their family members and 23.9% (n = 43) of them reported improvement in relationship status with their spouse. When questioned about their work and workplace, a striking observation was that a majority of doctors felt like resuming work 83.4% (n = 156), 91.4% (n = 171) reported adequate availability of PPE at their workplace. 43.4% (n = 81) also felt safe going to the workplace with p =0.022. (Table 1) Preventive awareness measures, like cross-checking the authenticity of the messages received on social networks, following hand hygiene routinely at home during the lockdown, and making COVID-19 awareness-related phone calls, are positive significant contributing factors influencing work-life balance (5% level of significance). However, no significant evidence to support the influence of physical health factors, like energy level, sleep duration, and overall health status on work-life balance was seen.

Table 1- Statistical analysis of the study

<table>
<thead>
<tr>
<th></th>
<th>Original Sample (O)</th>
<th>Sample Mean (M)</th>
<th>Standard Deviation</th>
<th>t-statistics</th>
<th>p-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>-0.024</td>
<td>0.015</td>
<td>0.059</td>
<td>0.400</td>
<td>0.689</td>
</tr>
<tr>
<td>Physical Health</td>
<td>0.079</td>
<td>0.075</td>
<td>0.071</td>
<td>1.118</td>
<td>0.264</td>
</tr>
<tr>
<td>Preventive Measures for working in covid pandemic situation</td>
<td>0.133</td>
<td>0.125</td>
<td>0.067</td>
<td>1.990</td>
<td>0.047</td>
</tr>
<tr>
<td>Work Place</td>
<td>-0.184</td>
<td>-0.158</td>
<td>0.080</td>
<td>2.288</td>
<td>0.022</td>
</tr>
</tbody>
</table>
DISCUSSION
For an employee, Work Life Balance would indicate an equilibrium between responsibilities at work and on his/her front. Work life Balance initiatives include those policies and plans of the organisation which allow flexibility of work in terms of hours spent physically at the work place, those strategies which enhance quality of work life and help the employee to manage work family conflict. Many doctors and nurses and paramedical staff are required to work long hours, night shifts and this causes a conflict between their personal and professional roles. The natures of work at hospitals demand that the doctors, nurses and paramedical staff are present at the workplace at odd hours. This also has a toll on the employee’s ability to take care of his own health; the employee is constantly juggling to ensure a balance between the care he gives to his patients and the care he gives to himself and his family. Hospitals today are managed like a business and are no longer dull and morose places. However, this hasn’t taken away the critical importance of dedicated medical and paramedical professionals. Neither has it made any change in the stress that these categories of employees face because of the long and unearthly hours’ they have to put in. This is especially true for the nursing staff. In terms of doctors’ quality of working life, it highlights how the pandemic impacted on their ability to experience safe and healthy working conditions; their opportunity to develop and use their skills and capacities; their social integration; and the recognition of their total life space. The experiences described underscore the need for doctors to have sufficient time away from work to protect their own health and well-being and also the need for appropriate space (physical and metaphorical) to make use of this time, which was often difficult during the first wave of COVID-19. They draw attention to the range of emotions associated with providing patient care during a global pandemic, and how negative emotional stressors might be buffered. They underline the multifaceted human needs of doctors negotiating work–life balance and work–family conflict issues which were intensified during the pandemic. Finally, it was examined how psychological and practical supports might better address doctors’ needs in the times of COVID-19 pandemic.

CONCLUSION
The doctors in this study shoulder a double burden in events like COVID-19, facing the same societal changes and emotional stressors as everyone, alongside greater risk of exposure and additional work pressures. Their risk of COVID-19 also affected these doctors’ families, causing further anxiety. In order to prevent burnout and allow them to continue the vital provision of patient care as the COVID-19 pandemic continues, it is vital that such supports be put in place for hospital doctors and other healthcare workers.

REFERENCES