

Commentary

Covid-19 and its Psychological Impact on Healthcare Professionals in India as Compared to General Population

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For the past three years, the world has been shaken by the sudden and unprecedented outbreak of Covid-19 viral pandemic, causing extreme conditions of deprivation, crisis, morbidity, financial losses, and burnout. Irrespective of the country, age, gender, education, social status, occupation, or area of residing, each and every individual was impacted adversely by this calamity. In India, the magnitude of this impact on physical and psychological health of general population was considerable and functionally disabling. Mental health parameters especially took a significant toll on the common Indian man who was unprepared to brace himself.

Traditionally, society has faced large-scale outbreaks of other micro-organisms like influenza, Ebola or even plague. The typical emotional response during massive infectious outbreaks have been fear, secondary to the unknown course and outcome of illness, as well as restriction of daily life and isolation from loved ones. During the recent pandemic, a survey of mental health consequences in general population in India show significant prevalence ranging between 46.96 and 53.3% adverse psychological impact, mainly worry and depression¹⁻⁴. 'Corona phobia' had spread as widely as the corona virus itself, owing to its innate nature of novel virus, with uncertain outcomes⁵. Besides the other contributory factors for the health anxiety caused during the period, a major reason for poor mental health was misinformation from the authorities and media. While many believe that use of media helped them to cope with the fear of uncertainty, many others chose to ignore forwarded messages or

reminders of deaths due to Covid⁶.

Detailed analysis of psychological health consequences in India was conducted by few researchers, who found that most common effect of this stress amongst citizens was health anxiety, more so in younger population. This worry was not only for themselves but even more so for their loved ones⁶. The fear of contracting illness, potentiated other psychological adversities like obsessive cleaning, compulsive washing, disinfecting and ruminating over catastrophic possibilities. Thus, the infective pandemic carried along with itself a mental health pandemic.

This after-effect was even more pronounced in the subset of population pertaining to healthcare workers – including doctors, nurses, technicians and allied non-medical staff. The frontline warriors braved all odds to treat the infected, despite personal limitations, and a few even succumbed to occupational hazard.

Healthcare by itself is a stressful and demanding professional, and the unique challenges of Covid era made this line of work even more draining and life threatening. Indian studies focusing on adverse consequences of pandemic on healthcare workers depict significant levels of anxiety, more commonly in young, female doctors who did not have adequate access to PPE (personal protective equipment). This figure ranged between 48.5 and 55.6%. Another most common finding in healthcare workers was sleep deprivation, which significantly impaired their physical health and work productivity. This was an issue in 38-47% of healthcare personnel^{7,9}. These findings were in

addition to the already prevalent negative realm of health anxiety, depression, loneliness and health anxiety, as with the layman.

What seems to be evident is that the workforce dedicated to treat the majority of the population itself suffered from similar or even more serious psychological ailments secondary to the pandemic. While the latter is entitled to immediate and quality care provision, there must also be equally available services and standard care for the former set of population, i.e., the healthcare workers. Growing data on health consequences of Covid has continually guided policy makers to strengthen healthcare delivery system and communication to reduce health risks for the common man. However, there is dire need for paying more attention to at-risk health workers and create specific mitigation strategies for early identification of their ailments and their alleviation of serious health sequelae in the long run. This article intends to highlight this psychosocial gap between covert mental health ailments amongst doctors, nurses and allied health professionals, and need for interventional check-points for monitoring their health towards optimization.

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