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Subjective assessment of the impact of COVID-19 on life aspects of healthcare workers in the emergency internal medicine clinic – case study

Subiektywna ocena wpływu COVID-19 na aspekty życia pracowników służby zdrowia w klinice medycyny ratunkowej i chorób wewnętrznych - studium przypadku

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STRESZCZENIE

SUBIEKTYWNA OCENA WPŁYWU COVID-19 NA ASPEKTY ŻYCIA PRACOWNIKÓW SŁUŻBY ZDROWIA W KLINICE MEDYCYNY RATUNKOWEJ I CHORÓB WEWNĘTRZNYCH - STUDIUM PRZYPADKU

Cel pracy. Zbadanie wpływu COVID-19 na życie pracowników służby zdrowia zaangażowanych w leczenie, opiekę i diagnostykę pacjentów z wynikiem pozytywnym.

Materiał i metody. Badanie opiera się na jakościowej metodzie badawczej – studium przypadku. Przeprowadzone zostały częściowo ustrukturyzowane wywiady z trzema pracownikami kliniki medycyny ratunkowej i chorób wewnętrznych.

Wyniki. Dane uzyskane z badań można podsumować w 3 kategoriach: wpływ COVID-19 na życie zawodowe i prywatne oraz wpływ COVID-19 na osobowość i zmiany wewnętrzne. W ramach kategorii opracowano kolejne 14 podkategorii. Pandemia COVID-19 negatywnie wpływa na wszystkie aspekty życia pracowników służby zdrowia i generuje negatywne emocje. Najczęściej wyrażaną emocją jest strach; przede wszystkim strach o innych, o byt i przyszłość. Wynikiem epidemii był również brak możliwości zaspokojenia podstawowych potrzeb ludzkich respondentów.

Wnioski. W celu zmniejszenia negatywnego wpływu pandemii na pracę, należy przeprowadzić dodatkowe badania oceniające jej wpływ na pracowników. Badania sugerują uwzględnienie wsparcia psychologicznego, a także szerszej edukacji pracowników w celu zmniejszenia ryzyka wypalenia zawodowego, lęku, depresji i obaw o byt.

Słowa kluczowe: **pandemie, życie, strach, miejsce pracy, medycyna ratunkowa**

ABSTRACT

SUBJECTIVE ASSESSMENT OF THE IMPACT OF COVID-19 ON LIFE ASPECTS OF HEALTHCARE WORKERS IN THE EMERGENCY INTERNAL MEDICINE CLINIC – CASE STUDY

Aim. An aim was to study the impacts of COVID-19 on the lives of healthcare workers involved in treatment, care and diagnosis of positive patients.

Material and methods. The research was based on a qualitative research approach – a case study. Semi-structured interviews were performed with three healthcare workers from the emergency internal medicine clinic.

Results. The data obtained from the research can be summarized in 3 categories: the impact of COVID-19 on professional and private life and the impact of COVID-19 on personality and internal changes. Within the categories, another 14 subcategories were structured. The COVID-19 pandemic negatively affects all aspects of the lives of healthcare workers and generates negative emotions. The most commonly expressed emotion is fear; where fear for others, for existence and the future prevails. The epidemic also reflected on the inability to meet the basic human needs of the respondents.

Conclusions. To reduce the negative impact of pandemic on work, additional research is needed to assess its influence on employees. The research suggests the inclusion of psychological support as well as more extensive education for employees to reduce the possibility of burnout in the workplace, anxiety, depression and worries about existence.

Key words: **pandemics, life, fear, workplace, emergency medicine**

INTRODUCTION

The pandemic caused by the SARS-CoV-2 virus in 2019/20, briefly stopped the world and made a series of changes in the lives of people around the world. Symptoms and clinical pictures of COVID-19 range from asymptomatic to severe pneumonia (can lead to death). Mild symptoms are dry cough, sore throat, myalgia, fever and diarrhoea; they most often pass without complications. Some groups of patients may develop complications, including organ failure, sepsis and septic shock, acute renal damage, pulmonary oedema, severe pneumonia, and acute respiratory distress syndrome, which can be fatal [1]. Severe complications are more common in elderly patients, patients with high comorbidity, immunocompromised, haematological, oncological, endocrinological patients, and patients in intensive care units [2]. The estimated mortality from COVID-19 according to some studies is approximately 3.4% compared with 9.6% for SARS [3] and 34.4% for Middle Eastern Respiratory Syndrome (MERS) [4]. The WHO and the CDC (Centres for Disease Control) have issued guidelines on key clinical and epidemiological findings indicating COVID-19 infection [5].

The pandemic is a threat, but also a challenge for the whole world [6], that has globally changed the current way of life, movement, travel, and economy. It affected all people and all aspects of life, but still the most vulnerable group involved those suffering from COVID-19, those suffering from other diseases that required health care, and healthcare workers who cared for all groups of patients. In Croatia, the first case of COVID-19 disease was registered on February 25, 2020 in Zagreb. Prevention and fight against the pandemic was immediately raised to the national level (National Crisis Headquarter and Crisis Staff of the Ministry of Health) and with clear recommendations, procedures and daily public information, the spread was soon brought under control [7]. During the pandemic, healthcare workers were more exposed than usually to stress, physical, mental, and emotional effort [8] in fight to prevent the spread of infection to themselves and others and to provide the best possible care for patients. In their struggle and care for others, some health workers fell ill, and a large number unfortunately died as a result of COVID-19 [9]. Experiences with SARS have shown a large impact of work on the mental health of healthcare workers in the form of fear, anxiety, depression, psychophysical symptoms, and stress [10]. Working in high-risk wards, in isolation, and with infected people are common causes of trauma [11]. Work-related stress is a potential cause of concern for healthcare workers and is therefore an important indicator of mental exhaustion. Those involved in the diagnosis, treatment, and care of patients with COVID-19 develop predispositions to pain, psychological suffering, and other mental health symptoms [12] that can significantly affect all aspects of their lives.

The aim of this research was to: (i) investigate the subjective experiences of the impact of the COVID-19 pandemic on the work of healthcare workers; (ii) describe the impact of the pandemic on their private lives; (iii) identify their biggest fears related to the term COVID-19.

MATERIAL AND METHOD

In the research, a qualitative research approach was used – a case study, with the help of which, we studied subjective assessments of the impact of COVID-19 on the lives of employees in the emergency clinic.

In data collection and analysis, we used a combination of deductive and inductive approaches and combined the collected data into categories and subcategories [13], following the Consolidated criteria for reporting qualitative studies (COREQ) [14].

The research was conducted by a RN, MSN, the head nurse for prevention and control of nosocomial infections of the Special Hospital for Medical Rehabilitation Krapinske Toplice, lecturer in nursing at the Undergraduate Professional Study of Nursing, University North, University Center Varaždin. She has been employed as a head nurse for nosocomial infections for 25 years. Moreover, she has 28 years of work experience.

The persons interviewed were employees of the emergency internal medicine clinic and gave informed consent to participate in the research. We provided them with all the guaranteed rights of the respondents regarding protection of their identity, the possibility to withdraw or interrupt the conversation at any time when they feel the need for it, without any additional explanation and not to answer awkward questions.

In a non-randomized sample, we included three employees of the emergency internal medicine clinic who came into contact with a SARS-CoV-2 positive patient during their work. Other demographic data, included in the survey, are shown in Table 1.

Tab. 1. Basic demographic data

	N1	N2	N3
Gender	Female	Male	Female
Age	49	26	32
Work experience	27	4.5	3
Profession	Registered nurse	nurse	MD, resident
Marital status	Married	Lives with partner	Not in partnership, not married
Number of children	2 adults	Expecting	No children

The time and place of the interview were agreed with the respondents; we then explained the purpose of the research and obtained consent to record the interview with a camera, which they turned on by themselves when they felt ready to start the interview. We conducted a partially structured interview in which we asked 5 main questions and 4 sub-questions. We formulated the questions based on a study of relevant literature and in an informal interview with employees in May 2020.

The interview was conducted in the premises of the Special Hospital for Medical Rehabilitation in Krapinske Toplice. The first interview with 2 respondents was conducted on the eve of 03.05.2020, one at the end of the day shift and the other at the beginning of the night shift. The choice of room was based on the proximity of

the emergency internal medicine clinic. The room, where the interview was conducted, was large, bright, quiet, airy, pleasant interior, but without a view. Both respondents ended their 14-day work period that day, without a break or rest in between. The third interview was conducted on 05.05.2020. in the room located in the attic of the institution. The room was small, bright, quiet, airy, pleasant interior with skylights. The interview was conducted around noon, the respondent had previously been on days off for a week and came to the interview in his spare time. All three interviews lasted for an average of about 30 minutes. During the first 2 interviews there were no interruptions, while during the third interview there were 2 interruptions (the camera that recorded the interview was turned off, a wasp flew into the room). During all three interviews, nonverbal cues (gestures, loss of eye contact, hand and foot movements, redness in the neck area, watery eyes from excitement) were observed and noted. All interviews took place in a pleasant atmosphere.

At the end of the interview, a video was sent to them via WhatsApp application.

Within 24 hours of the interview, we re-examined the recordings of the interview and made literal transcripts which we then typed into an Excel spreadsheet for easier later analysis. Details related to non-verbal communication were once again reviewed and recorded in detail. Analysis, coding and data were not done in data analysis programs, but manually.

Ethical approval for the study was given by the Ethical Committee of Special Hospital for Medical Rehabilitation Krapinske Toplice.

RESULTS

We formed three main categories: (1) the impact of COVID-19 on professional life, (2) the impact of COVID-19 on private life, and (3) the impact of COVID-19 on personality and 14 subcategories.

Category 1: Impact of COVID 19 on the professional life

Subcategory 1.1.: Fear of the unknown

N1: „… I never thought it would come to us ..."; „… I feel some discomfort, fear that we can't master all these protocols ..."; „... information changes every day, in the beginning new protocols every day ...„

N2: „…it affected me quite badly, you are the first to be hit, you don't know what you will come to work to, you are not comfortable…"

N3: „… fear, honest fear, I didn't have a problem with going on duty before, now I really feel nervous because I don't know what will happen after 24 hours ..."; „... that for the first time I can say fear, the biggest fear that I will be the first person to let Covid19 into the hospital…"; „… it's great during the day, but during the night I'm just waiting for my cell phone, it automatically means a cycle that lasts again ..."

Subcategory 1.2.: Distrust of colleagues from the Emergency Medical Service

N1: "…the next day it was found out that the patient was positive. Had we believed and not checked, the patient would not have been taken care of well, and we would have endangered ourselves and the hospital ...„; „… The team went to get dressed in front of our emergency clinic…"; „… fear, the discomfort after we found out the results..."

N2: „... contact with a positive patient, I did everything according to the protocol… measured temperature 39, after which the doctor and driver were rude to me…"; „I did care, she had a high temperature and symptoms of COVID-19,…the emergency room doctor was not educated… They were awkward, and rude, they rubbed me..."; „… I did care, the next day it came to be positive, … I did care, at first I just sat for half an hour, I have a pregnant woman at home... I measured my temperature 2-3 times every day and checked for symptoms…"; „... you can't hide your fear from yourself ..."

N3: „…It was the most stressful situation because the ambulance doctor was rude."; „… The doctor was rude, fighting about she has temperatures, has no temperature…"; „… It was very tense because of her, who didn't give up on handing us the patient over to the Covid Patients' Department…"; „.. after this, I am much more careful with them ..."; „…It was a big stress, what's next, it was a big stress…"; „… I was so angry… I never reacted like that, this is to be remembered, I learned to be more careful with them."

Subcategory 1.3.: Dissatisfaction with the new way of work

N1: „Working 2 weeks in one piece, the first round we still endured, but the second, I feel more tired, it's hard for me."

N2: „…it's hard, working 14 days, that's over 150 hours a week without a break, you're the first to be hit."

N3: „...I just wanted to return to work in the hospital after a week."

Subcategory 1.4.: Fear for yourself

N1: „… the next day it was learned that the patient was positive, ... and we would have endangered ourselves and the hospital."

N3: „I'm not afraid for myself, I'm young ... it's our job"

Subcategory 1.5.: Fear for others

N1: „... I have old parents, I'm afraid for my children as well…"; „... had we believed and didn't check we would have endangered ourselves and the hospital."; „We waited for one finding until 11 pm, we stayed at work, and we sent the team that arrived at work for their 7 pm shift to a clean room until the findings arrived. Thus, we made sure that at least they were protected."

N2: „I don't even think, I get dressed right away ... if you get sick and you're not at work, who will work with patients…"

N3: „...parents, first of all it is important for me not to infect them ..."

Subcategory 1.6.: Connectivity and support

N1: "my colleague from work who I work with on the same team of 14 days..."

N3: "we are more connected, communicate more."; „We… have a support group in which we discuss how was work …"

Category 2: Impact of COVID 19 on private life

Subcategory 2.1.: Fear for parents

N1: „... my private life is affected by the fact that I hardly see my family. One daughter does not live with me, I do not see her. …"; „... I don't see my friends and relatives ..."; „While I work, I don't think about it, I come home tired, take a shower and go to bed, I don't see them…"; „When I'm home, I panic, when and if it will end."; „… I haven't been to the store yet, it's a horrible thought to wait in line with a mask…"

N2: „I don't help my parents with their work anymore, we've done it all together before, that's what I miss…"; „... something that was beautiful and good and that we did together, there is no such thing anymore, I really miss that."

N3: „… I haven't been with my family for 4 weeks…"

Subcategory 2.2.: Negative impact on relationship with friends and family

N1: „I miss coffee with people I like...";"I feel bad when I'm at home and not working… you can't go anywhere, have coffee with anyone, I miss it all very much…"; „I'm talking to my neighbour over the fence."; „You can't even hug anyone anymore."

N2: „It had a pretty bad effect on relationships with friends, we used to see each other twice a week, I often miss that."; „I avoid contacts, I just go to see my parents, I hear from friends…"; „Corona is a bad thing that has happened, it will leave a mark on people in the long run."; „… I miss doing sports with friends… you give up everything."

N3: „I avoid any social contacts in private life because of work and family."

Subcategory 2.3.: Fear, worry, bad mood

N1: „It's different in the village, I have a family, I see the neighbours around me, it's not like there is nobody."; „I'm home, but I'm not home the way I've been so far, I can't go anywhere or to anyone…"; „I'm afraid people won't visit again."; „Sometimes I get sad because of it, sometimes I feel angry about it, I get nervous, and disbelief, is it really like this..."; „Disbelief, that Corona, can it stop us so much, you don't see it, you don't hear it, and the world has stopped."

N2: „… this situation will have long-term consequences on people's behaviour and their lives"; „I'm afraid I'll lose my job and I won't be able to eat and pay for everything I need, that's what I'm most afraid of."

N3: „I miss my friends, I have a few of them, but they are full of understanding for me and my job. I miss them so much…"

Category 3: Impact of COVID 19 on personality and internal changes

Subcategory 3.1.: Changes while falling asleep and while sleeping

N1: „… otherwise I'm slightly impacted by insomnia… maybe PTSD (joke), insomnia may be bigger now…"

N2: "…The only change for me is when we work a 14-day shift that after the night shift, I lie down and lie for 3 hours, and maybe fall asleep for 30 minutes. It's like I'm having some bad thoughts, bad dreams, otherwise I fall asleep like a baby, I think it's a result of fatigue."; „… After those night shifts I sleep in a light half-sleep for a day or two, with some nightmares, it's usually very rare, when there would be some great trauma, otherwise it didn't happen before this."; „It came out of nowhere, in my opinion unprovoked, as far as COVID-19 is concerned, there were no nightmares. „It happened to me a couple of times in these 2 months."

N3: „I usually sleep for 5 hours; nothing has changed there…"; „I even dream every night, I know my every dream, sleep has been normal during these 2 months."

Subcategory 3.2.: While they are not at work, there is sometimes the possibility to relax (not to think about anything)

N1: „Yes, I rarely manage to relax, it's when with my loved ones, I make tea, sit on the terrace, my cats around me, flowers, so yes, sometimes I can relax."

N2: „… to turn myself off, I have 2 games I play with people from all over the world, every day 30 min-1 hr", I don't think about anything at that time"; „When I'm home and there's no stress from work, then there is no effect on sleep."

N3: „At no point did I manage to relax myself or my brain…"; „... and when I'm not working, I'm in contact with someone every day, what are the patients like..."; „... but my brain is half in the hospital anyway, unrelated to Corona."; „... I watch Turkish soap operas, I have no idea what they are about, but I watch because it's the only time and way I don't think about anything, it's funny, but that's the way it is."; „... Only music, with music I work and function normally."

Subcategory 3.3.: Self-analysis of oneself and one's business and personal actions

N1: „... I know how to think about how we have to work, whether we did everything well, that we didn't let anything slip, again I turn everything around and analyse…"

N2: „I basically think about myself every day, and well, that has not changed, I am reviewing my actions."; „Before going to bed, I always think about all my past actions…"; „I always analyse and think about myself if my actions are correct, I always try to do the right thing, and many times you can't do the real thing…"; „As far as I'm concerned, nothing has changed for me."

N3: „… By the way, half of my brain is always in the hospital, no matter where I am or what I am doing…"

Subcategory 3.4.: They notice changes on a psychophysical level

N1: „When I'm home, I panic, when and if it will end."; „I'm home, but I'm not home the way I've been so far, I can't go anywhere or to anyone."; ...I exercise less, I'm tired and I don't feel like doing anything, I eat more, I don't drink alcohol."; „I miss a hairdresser and a beautician, look what I look like."

N2: „… I don't practice, I've trained football with friends before… you give up everything."; „I lost 2 kilos because of Corona" (laughs)."; „I usually drink alcohol only occasionally with friends, now I drink much less because it does not relax me to drink alcohol without friends and company."; „I'm all hairy, let them open the hairdressers ..."

N3: „...I shake my leg, I can't control my legs, so I work with my hands non-stop…"; „I'm more nervous, I can't control it, I'm restless, I'm not like that otherwise, it's something new to me."; „... I can't function like this, I bite my nerves inside, I work on myself…"; „… I don't usually drink, I rarely and occasionally drink, but now when you ask, I drink Gin tonic with my people at home more often; yet it's different than 2 months ago."; „... I can't wait for the hairdressers to open; I have an appointment today at 12 o'clock."

Subcategory 3.5.: Self-analysis and making new decisions

N1: „I didn't make any big decisions, I'll hang out with friends and relatives even more, enjoy life…"

N2: „Every kuna I can, I set aside for the, black fund'; these are the changes for me."; „I spend more rationally, I watch what I buy in the store, I buy what I need and how much I really need ..."

N3: „… I learned to appreciate friendship more… from now on coffee 5 min, 5 min. without, Coffee is worth more than anything…"; „I will work more on friendship and my private life…"; „I will give myself the opportunity to meet someone, to get started, that work is not everything as it has been for me so far, but that there is something else outside of work."

The results of the study showed that Covid-19 affected not only the professional life of the respondents, but also their private life. Fear of the unknown prevailed in professional life, as health care professionals were exposed to a highly contagious disease and new ways of treating patients for the first time. Patient treatment protocols and work organisation changed daily, causing dissatisfaction among employees due to the daily changing information. Due to direct contact with Covid-19 positive patients, the fear of infecting themselves or transmitting the infection to healthy patients and family members was prevalent among respondents. Concerned about their family, they temporarily cut off contact with their closest family members and friends. Due to the new working hours (14 days without a break), they became exhausted and in a bad mood, which affected their sleeping and falling asleep rhythm, the appearance of restlessness and nervousness. In the situation they found themselves in, they began to analyse themselves, making new decisions for life in the future.

DISCUSSION

In our study, we examined a subjective assessment of the impact of COVID-19 on life aspects of three healthcare workers of the emergency internal medicine clinic of the Special Hospital for Medical Rehabilitation. We summarized the data obtained by this research into 3 categories and 14 subcategories. The subcategory of fear appears in different forms in two categories. If we compare the data of this study with the study of Sun et al. [15], we come across different categories, but similar subcategories such as: fear of viruses, fear for family members, team support, professional responsibility, self-reflection. Employees in the emergency unit, as well as in intensive care units or employees in COVID-19 wards are at higher risk compared to other employees who are not exposed to the possibility of contact with a COVID-19 patient on a daily basis [16]. The same author [16] points out that they will be 1.4 times more likely than other employees to feel fear, twice as likely to be anxious and depressed [16]. Neto et al. [12] also believe that fear is present due to both, high morbidity, and mortality rates, and is associated with the risk of infection by non-health and healthcare workers.

At the beginning of the pandemic, the biggest impact on business life was the fear of the unknown because new information, requests, organization, education came every day, which according to some respondents, brought relief over time after knowing the exact rules, protocols for all procedures and 24-hour availability and the support of the team, responsible for infections and healthcare. It can be said that the experience has brought partial relief during work. Further negative experiences concerning work relate to daily stress due to distrust towards colleagues of the Emergency Medical Service, which brought additional burden, restlessness, and discomfort during daily work.

Part of the employees showed great fatigue with the new way of working, that is 12 hour-days for fourteen days without a break, and 14 days of rest at home, which is in line with the research of Sun et al. [15]. Fear is one of the most frequently mentioned emotions in this research. We have noticed that the fear for others, the fear that an infection will be transmitted to others or that an epidemic will occur in the institution is greater than the concern for one's own health. As in some surveys, most employees stressed the importance of peer support in the form of understanding, mutual support, trust; some have developed their own support group through social networks which is consistent with other research [17].

High work overload, both physical and mental, also has a negative effect on private life. The fear of transmitting the infection onto the family requires special, additional treatment of the already overworked employee when he comes home (showering, changing clothes, special treatment of clothes and shoes). Frequent fatigue after work does not leave them time to socialize with family members.

As a very important aspect of their lives, respondents pointed out family and friends relationships that are negatively affected by the force of physical distance, ban on socializing, inability to visit each other, closed public spaces and ban on being in groups; all this creates additional frustrations. The most common emotions when talking about the need for contact with family and friends come down to the fear, worry, and bad mood that occurs in them. Assessing the extent to which healthcare workers are emotionally affected by a pandemic is extremely difficult, and the Center for Disease Control and Prevention and the World Health Associations have not yet published any data globally [12].

The study also highlighted the impact of COVID-19 on employee personality change. All respondents made a self-assessment of their actions, most on a daily basis, and accordingly made some new decisions regarding their future lives. In contrast to some research, the possibility of relaxation in leisure time is almost non-existent or very

difficult [15], and this combination provides an additional basis for stress and burnout in the workplace. Most respondents noticed changes related to their personality. Some characterized it with changes in behaviour, and some with physical negative changes (shaking of the feet, uncontrolled gesturing with the hands, restlessness, difficulty controlling emotions) that were not present before the pandemic. During the self-analysis, all respondents gained certain knowledge about themselves and their previous lives and made new decisions related to the future.

Unlike some research [15], with the most common negative effects of a pandemic on their lives, workers work hard to find some of the positive sides of a pandemic such as team support and making new decisions for later life. When the word COVID-19 was mentioned, the first association of all respondents was fear. When verbalizing, the six biggest fears were fear for others, fear of death and disability, fear for existence, fear that the pandemic will not end for a long time; that is that we will not return to the life we were used to for a very long time. At the end of the interview, the spontaneous reaction of all respondents was relief that they spoke about a topic that burdened them, verbalization of relationships and procedures, which individuals described as a form of psychotherapy, which indicates the need to involve psychologists into the working environment in departments critical for contact with COVID 19 patients, which agrees with other studies [18].

There are limitations in this research, such as the small number of respondents, all respondents are from the same institution and work in the same emergency department, the results are therefore a subjective perception and cannot be replicated to a larger population.

CONCLUSIONS

Research by the method of qualitative analysis has shown that the pandemic has affected all aspects of the lives of healthcare workers who are in contact or at risk of contact with a person suffering from COVID-19. During the pandemic, we discovered a generalization of negative emotions in all aspects of lives of the healthcare workers who participated in the interview. The most commonly associated emotion with the term COVID-19 is fear; and of all fears, fear for others, for existence, and the future prevails. In order to reduce the negative impact of pandemic on work, additional research is needed to assess its impact on the health system and on employees; and therefore take appropriate measures and decisions to reduce the negative impacts leading to overload and possible errors. We also found that the epidemic significantly affected the inability to meet the basic human needs of the individual as a whole; physiological needs were met, and others were partially or not met. The research suggests the inclusion of psychological support and financial reward for employees who, during the work epidemic, are at an increased risk of coming into contact with a COVID-19 patient, to reduce the possibility of burnout in the workplace, anxiety, depression and worrying for existence.

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