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Chapter
The Well-Being of Doctors during the COVID-19 Pandemic

Dabota Yvonne Buowari

Abstract

The COVID-19 pandemic has ravaged the world, and the world is trying to adapt to the new world. Healthcare workers had to undergo stress in order to combat the pandemic. Doctors worked hard even with the several restrictions on movement, such as curfews and lockdowns. Doctors still had to go to work. The work of doctors is stressful, and this is made worse by the COVID-19 pandemic. The pandemic has led to a poor well-being of doctors. Doctors are now exposed to several mental health disorders such as depression, burnout, insomnia and poor physical, psychological, psychosocial, and mental well-being. Well-being of doctors during the COVID-19 pandemic is a study that deals with the well-being of health workers in general, and doctors in particular, and is important and original in the field. Hospital managers and employers should develop strategies to reduce burnout in doctors and improve their well-being. This includes provision of counseling services and vacation for doctors.

Keywords: well-being, COVID-19, physicians, mental health, psychological well-being

1. Introduction

The COVID-19 pandemic, which emerged in China in December 2019, has spread to several countries on every continent globally. Initially, several measures were taken to control the novel virus with continuous research and the invention of a vaccine. There has been a rise in the number of disasters that have occurred including epidemics and pandemics worldwide. When these occur, the worst affected professionals are healthcare workers as they are in the frontline fighting against emerging and reemerging diseases and microorganisms [1].

Healthcare workers including doctors are involved in combating the COVID-19 pandemic as the role they have been involved in cannot be overemphasized, and this has caused more burden for them in addition to their previous regular work [2–5]. Other categories of healthcare workers are also at the forefront in the fight to bring the COVID-19 pandemic to an end such as nurses, laboratory technologists, technicians and scientists, medical urologists, pathologists, medical microbiologists, pharmacists, hospital/health assistants, and orderlies, paramedic including other hospital support staff such as ambulance drivers, medical record officers. In recent times, one of the pandemics that has hit the human race with detrimental effects on healthcare and also led to a crisis in the economy of several countries is the COVID-19 pandemic [6, 7].
Since healthcare workers are at the forefront in the fight against the COVID-19 pandemic and they are also involved in the treatment of patients infected with the severe acute respiratory distress coronavirus-2, they are at the risk of being infected with the novel virus; therefore, they are at risk of losing their lives to this novel virus [3, 6, 8]. The outburst of the COVID-19 pandemic globally has impacted negatively on healthcare systems due to the challenges it has created in health care [9]. Before the COVID-19 pandemic, medical care is provided for individuals that are ill by healthcare professionals including physicians and nurses [10]. This care provided by doctors and nurses has continued during the COVID-19 pandemic. It can be stressful and sometimes terrifying as healthcare workers continue providing medical care for patients during a pandemic [4]. The occupation of medical practitioners is stressful and different doctors have diverse ways of coping [11]. Healthcare workers are exposed to several challenges during the COVID-19 pandemic [12].

Healthcare professionals may contract infections at the workplace (nosocomial infections) even during epidemics and pandemics, and they can also serve as carriers of such infections. Subsequently, psychological distress may occur [13]. Globally, the COVID-19 pandemic has impacted negatively on the well-being and mental health affecting emotions, and it is of great concern [14]. The stressful nature of providing medical care for patients infected with the severe acute respiratory coronavirus-2 lightens the already increased level of burnout and other psychological symptoms experienced by healthcare professional [15]. During this COVID-19 pandemic, healthcare professionals are risking their lives they are on the frontline in the fight against the pandemic as they are the first responders [6]. Several strategies are been taken to provide support for healthcare professionals during the COVID-19 pandemic at different levels both individually and also at the organizational level [15].

1.1 The COVID-19 pandemic

The COVID-19 pandemic started in the Wuhan town in the Hubei Province of China in December 2019. All the first set of patients who had the illness had visited an animal market; hence, it was relieved that the carrier of the causative virus was the fruit bat. There were speculations that the causative virus, which was identified to be a coronavirus, emerged from the animal market; hence, the market was later closed down. Before this time there have been outbreaks of disease caused by coronaviruses leading to the epidermis. In the twenty-first century, the pandemic caused by COVID-19 is the worst that has been experienced by mankind [6, 16].

A coronavirus is a group of viruses that belong to the family *Coronaviridae*. They infect both animals and humans [3]. The causative coronavirus of the COVID-19 pandemic when it was reported first in Wuhan, China, was named 2019 novel coronavirus (2009-nCoV) in December 2019 [17]. The virus was later renamed severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and the disease coronavirus disease 2019 (COVID-19) [18]. Within a very short time due to the interaction between human beings, migration, and travels, the virus spread to several countries on every continent worldwide [2, 8, 17, 18].

It was declared a pandemic and a public health emergency of international concern by the World Health Organization in January 2020 [18–20]. Pandemics consume the time of healthcare professionals as they care for their patients, hence leading to a global crisis [21]. Before the emergence of SARS-CoV-2, three other deadly outbreaks have been experienced by mankind in the twenty-first century caused by novel coronavirus [22]; the novel viruses are the Severe Acute Respiratory Syndrome...
Coronavirus (SARS-CoV) and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) [3, 18, 22]. These novel coronaviruses attack the respiratory system leading to acute respiratory infections and are contracted by close human-to-human contact since they are contagious, hence leading to the death of a large number of people in a very short time [3, 8, 22].

1.2 What is well-being and its importance

There is no definitive definition for well-being [21, 23]. There are different forms of well-being, which include physical, psychological, and mental well-being. Therefore, every employer must provide a safe workplace for the employees to be of good well-being. Also, individuals to some extent are responsible for their well-being as negative well-being will affect the health of the person; strategies that support the psychological well-being are beneficial to physicians, and it is necessary for them to feel safe at all times, especially during an epidemic or pandemic [24]. Poor well-being can lead to burnout and distress. Good well-being is also necessary as it helps healthcare workers against nosocomial infections to improve the psychological well-being of doctors, they must be supported continuously, especially by their managers. The well-being of doctors has been investigated in several publications. The term “well-being” is often used to illustrate the state of a person or group of people concerning their financial resources, psychosocial, psychological, and spirituality [25]. The well-being of doctors is important, that is why it is stated in the physicians’ pledge, which every doctor recites at the time of induction into medical practice. The physician’s pledge states that “I will attend to my health, mental well-being and abilities to provide care of the highest standard” [26]. This means that the mental health and well-being of the physicians are very important; the physicians need to have stable mental well-being to function effectively. The word “well-being” is also included in the definition of health by the World Health Organization, which defines health as a state of complete physical mental and social well-being and not merely the absence of disease or infirmity [27]. The components of well-being are physical, mental, emotional, cultural, psychological, and psychosocial health. The occupation of physicians is stressful, and they sometimes work under pressure beyond their control [28]. There is a positive relationship between well-being and quality of life in addition to job satisfaction [10, 25], especially psychological well-being; therefore, all aspects of the well-being of doctors need special attention [1, 28]. To understand it better and identify critical areas of utmost need. Burnout is an outcome of poor well-being.

1.3 Impact of the COVID-19 pandemic on doctors

The COVID-19 pandemic has impacted negatively on every aspect of life and professions including healthcare [16]. It has several impacts on healthcare professionals and their well-being. This is worsened by the risk of contracting the novel virus in the medical workplace because of the health problems caused by the SARS-CoV-2, which has led to increased stress levels in healthcare workers including doctors [2, 6, 8, 15, 29–33]. The mental health of physicians who have been affected by the COVID-19 pandemic needs to be identified by employers [29]. The mental health of physicians has been affected by the COVID-19 pandemic [16].

The impact of the pandemic is worst on healthcare professionals including doctors because they are on the frontline and as such are exposed directly to the virus in the
course of their work [3, 6]. Besides stress, other impacts of the COVID-19 pandemic on doctors are [3, 6, 7, 13, 16, 21, 30, 33–35]:

1. Anxiety
2. Exposure to the severe acute respiratory distress syndrome coronavirus-2 (SARS-CoV-2)
3. Long working hours
4. Psychological problems especially distress
5. Tiredness and fatigue
6. Burnout
7. Stigmatization
8. Violence at the workplace can be physical or psychological
9. Depression
10. Disturbance in sleep pattern
11. Panic
12. Isolation and seclusion
13. Exhaustion especially emotionally [34]
14. Poor job satisfaction [34]

The pandemic has also affected healthcare financial and resources [2]. All professions related to healthcare are stressful, and this has been made worst by the COVID-19 pandemic [15]. According to the British Medical Association (BMA), 45% of physicians previously diagnosed with depression, stress, anxiety, and burnout, and other mental health disorders before the COVID-19 pandemic have developed worsened symptoms [36].

Worldwide, there has been a notable burden of the COVID-19 pandemic [32]. Fear of contracting the COVID-19 pandemic is highest in the health sector [35]. Therefore, healthcare professionals need to be supported to ameliorate the impact of the COVID-19 pandemic [37]. As some of these impacts of the COVID-19 pandemic can affect the well-being of doctors leading to medical errors, litigation, consideration of exiting the medical profession and even mental and physical ill-health.

1.4 The well-being of doctors before the COVID-19 pandemic

Meeting full potential and having the feeling of a positive nature make up for well-being. Their well-being is very important for their mental health and physical health [23]. Well-being affects the quality of life; therefore, well-being of doctors’ affects job
satisfaction, the prognosis of a patient’s illness, and the physicians’ health [38]. This is because the well-being of a doctor will affect the way they relate to their patient and also carry out their work. The improvement of well-being is necessary for every workplace [39]. Poor well-being of doctors can lead to burnout, which in turn leads to medical errors, poor job satisfaction, poor quality of the care rendered, and increased cost of well-being [39]. This exposes the physician to litigation as the clients/patients will not understand the stressful nature of the doctor’s work.

Doctors are trained not to care for themselves, even their well-being but to care for their patients in times of emergencies [35]. Doctors’ well-being has been investigated globally even in times of crisis and health emergencies [32], and it has been found that doctors have poor well-being. The risk factors that can lead to poor well-being of doctors can be divided into two, which can be due to the individual or occupational factors. The individual risk factors include personality traits and psychological and psychosocial factors; psychological distress can occur when the individual factors interact with occupational factors. The occupational risk factors are doctors directed related to the work, which can be the various aspects of the healthcare job, which may be clinical or structural [28].

1.5 Impact of the COVID-19 pandemic on the well-being of doctors

The COVID-19 pandemic has created a lot of negative impacts on medical doctors and also on other categories of healthcare professionals. It has led to poor well-being of physicians evidenced by several studies conducted on the impact of the COVID-19 pandemic on the mental health and well-being of doctors before the pandemic, doctors have suffered burnout and stress due to the nature of their work [33]. This is now worse than the COVID-19 pandemic. Doctors and medical students must be supported as this will improve their psychological, psychosocial, mental, and physical a minority as long as the COVID-19 pandemic lasts [36, 37]. There have been an exacerbation and dilemma between the ethics guiding the medical profession and the pressure caused by the COVID-19 pandemic [37]. Doctors need to know their breaking point and limitations so that they do not develop symptoms of burnout at their workplace [7, 37].

Besides poor well-being, other impacts of the COVID-19 pandemic on doctors are anxiety, burnout, depression, distress, exhaustion, and sleep deprivation [21]. During the outbreak of infectious disease, either as an epidemic or pandemic, the way doctors respond to it psychologically is complicated, and it also varies [40]. The healthcare profession is the worst hit among all professions by the COVID-19 pandemic because healthcare professionals come directly in contact with individuals infected with SARS-CoV-2 [16, 31, 41]. The COVID-19 pandemic is a cause of anxiety, stress, burnout, and depression among physicians [4, 16, 41, 42]. This is because the work of physicians involves caring for sick persons. Even during health emergencies, epidemics, and pandemics, physicians continue in their job as there is no half despite the pandemic caused by an infectious disease [4]. Globally, the physical and mental well-being of physicians is challenged by the coronavirus disease-2019 (COVID-19) pandemic [43].

Due to the negative impact of the COVID-19 pandemic on the well-being of doctors and other healthcare professionals, the World Health Organization (WHO) compiles healthcare workers to safeguard their well-being especially their mental health and psychological well-being [19]. Therefore, it is necessary that physicians and their employers take steps to improve the well-being of physicians. Physicians
must take several precautionary measures at their workplace in order not to contract the SARS-CoV-2, it is also that they also manage their mental health and psychological well-being [19].

Helpful coping strategies should be adapted, and unhelpful ones should be discarded such as recreational drugs, alcohol, and tobacco [19]. This is because these harmful substances will cause addiction and affect physical health. They will also worsen mental health. It is necessary to identify and protect the various causes of poor well-being of doctors during the COVID-19 pandemic to combat and mitigate them [8, 43].

However, there is a lack of interventions that protect the well-being, especially the mental health of physicians during the COVID-19 pandemic that is evidence-based [19]. Some coping strategies that can be adopted to protect and preserve the well-being of doctors during the COVID-19 pandemic are self-assistance, self-belief ability to cope, and support from the employer and organization [41]. Physicians will teach their full potential and carry out their work dutifully during the COVID-19 pandemic when their mental health is preserved, and they are prevented from anxiety, stress, and depression during the health emergency [19].

1.6 Factors and sources of poor well-being of doctors during the COVID-19 pandemic

Poor well-being at the workplace leads to several consequences, and this has been made worst by the COVID-19 pandemic [43]:

1. Stigmatization

2. Discrimination from family members because the doctors may be a source of infection [31, 38].

3. Working on the frontline: This is a challenge because they are in direct contact with patients who are already infected with the deadly virus [5, 38, 40–44]. It is evidenced by a study by Veeraraghavan and Srimivasan [42].

4. Change in work schedule: The COVID-19 pandemic has led to the disarray of the work schedule of doctors. They are now working long hours, and they are also burdened with increased workload [5, 7, 13, 38, 40, 42]. These increased working hours have led to sleep deprivation and work-life imbalance [16] and a heavy workload [5].

5. Shortage of medical supplies: The COVID-19 pandemic has led to a shortage of medical supplies globally [38, 42].

6. Lack of training on the use and availability of personal protective equipment: Personal protective equipment is very important during the COVID-19 pandemic to protect doctors and other healthcare professionals. It is supposed to be worn during the pandemic, but this is not the case in all medical settings sometimes when it is available, the doctors are not trained on how it should be used properly. This is a source of poor well-being during the COVID-19 pandemic [8, 16, 38, 44]. The personal protective equipment causes dehydration and tiredness when it is worn [2].
7. Female gender: From various studies, the mental health of female healthcare workers is the worst affected [7, 8, 39].

8. Lack of incentives: Some governments gave financial incentives to their healthcare workers during the COVID-19 pandemic because of the risk and exposure while caring for the sick during the COVID-19 pandemic [8, 38].

9. Fear of contracting SARS-CoV-2: There is great fear of contracting the novel SARS-CoV-2 during the COVID-19 pandemic [2, 5, 7, 40, 44]. This is worst in doctors who work in the frontline or are of the female gender. This fear in female doctors is also attributed to the fear of infecting members of their families as they are always concerned about their relatives [5, 39].

10. Lack of communication within the health sector: There has been a lack of communication within health systems during the COVID-19 pandemic [2].

Healthcare workers must protect themselves and observe infection, prevention, and control measures to protect themselves from being a source of infection to their family and friends [32]. Employers and managers and management of hospitals need to provide strategies and support doctors, especially those working in the frontline during the COVID-19 pandemic [24, 32].

1.7 Literature review

Several studies have been conducted on the impact of the COVID-19 pandemic on the mental physical and psychological well-being of doctors. These studies have revealed that as long as the COVID-19 pandemic exists, the healthcare provider will continue to experience mental health illnesses including survivors of the SARS-CoV-2 infection [42].

A study conducted in South India among doctors showed that there was a higher prevalence of anxiety and depression among physicians who attended to patients infected with SARS-CoV-2 and were working on the frontline [42]. It was high among primary healthcare doctors compared with doctors working in medical colleges or private hospitals. This may be since doctors working in medical colleges and private hospitals do not have much contact with patients suspected or confirmed with SARS-CoV-2. In this study, doctors work in the primary health center. Since the COVID-19 pandemic does not have enough hours to sleep, they are now working long hours with a heavy workload. In this study, low anxiety was experienced by 86% of the doctors while low and moderate anxiety was experienced by 40% of the respondents [42].

In a study conducted by Lai et al., in China, in 2020, psychological distress occurs in healthcare professionals who have been exposed to COVID-19 including doctors [40]. In this study, the mental health symptoms experienced by the respondents are depression 50.4%, anxiety 44.6%, insomnia 34.0%, and psychological distress 71.5% [40].

A study conducted among junior doctors working at a tertiary London hospital revealed that 34% had concerns relating to their health while 71% and disruptions in their sleep patterns and lifestyle [24].

A systematic review conducted on the impact of the COVID-19 pandemic on the wellness of health professionals revealed that burnout, stress, and emotional burden arise from the task healthcare workers are assigned to taking care of ill patients
occurred even before the COVID-19 pandemic [32]. Therefore, doctors and other categories of healthcare workers need to take work-life and work-family life seriously and personally to achieve good mental health.

A study carried out in central, eastern, and western regions of Saudi Arabia, among different categories of healthcare workers and also those working in the ministry of health-owned centers, revealed that 26–19% of the respondents experienced normal depression while 50–83% experienced normal depression [39]. The mental health symptoms experienced by the healthcare workers are anxiety, depression, and insomnia. These symptoms were worst among the female healthcare workers compared with their male counterparts. However, males suffered more psychological distress than female healthcare workers. Therefore, the mental health of healthcare workers at the workplace needs to be addressed. This can be achieved by healthcare workers themselves and also their employers and managers of healthcare [39].

The British Medical Association (BMA) conducted a survey on the well-being of healthcare workers. The result of this survey revealed that one in five doctors revealed that access to the help that is required is lacking [31]. The British Medical Association also conducted a national study in 2018. This 2018 study showed that about 80% of physicians, mainly junior and middle-grade doctors, experienced burnout, which manifests as exhaustion, depersonalization, and reduced personal efficiency [34]. High-stress levels were experienced by junior and middle-grade doctors working in a district general hospital in Southeast England while investigating the relationship between the COVID-19 pandemic and work-life balance and physical and mental burnout. Three-quarters of the respondents in this survey experienced stress, but hardly accessed support at the workplace [34]. In another survey conducted by the BMA, on the effect of COVID-19 pandemic had on the well-being of doctors [45]. COVID-19 has caused a lot of anxiety, emotional exhaustion, and distress among doctors. Some of the factors that led to this change in work schedule are fear of contracting the SARS-CoV-2 as a nosocomial infection, concerns about personal protective equipment and anxiety over contracting the SARS-CoV-2 and passing it to family members, high mortality of COVID-19 patients, and watching patient caregivers grieve over the loss of their loved ones. Results of this BMA study revealed that 41% of doctors experienced anxiety, burnout, depression, stress, emotional distress, and other symptoms of mental health disorders, which have been worsened by the work of medical practitioners. In this survey, the symptoms of mental health disorders became worst by the COVID-19 in 29% of the doctors surveyed [45].

In an Ireland study, there was a decline in the mental well-being of doctors who experienced anxiety, emotional exhaustion, guilt, isolation, and less support. The respondents had poor well-being [43].

In the United States, there was 49% abnormality in the perceived stress score PSS-4 score in a study on the effect COVID-19 had on the mental health of healthcare workers [6]. In this study, more female respondents (69%) experienced more stress compared with their male counterparts. Depression was experienced by 49% of the healthcare workers surveyed [6].

In Wuhan, China, 522 healthcare workers were surveyed in Fangcang shelter hospitals in 2020, on the effect of the COVID-19 pandemic. Posttraumatic stress disorder, anxiety, depression, insomnia, and distress were experienced by a high rate of the respondents [12]. In this study symptoms of mental health disorder experienced were 25.3% posttraumatic stress disorder, 51.0% anxiety, 58.0% depression, 14.8% insomnia, and 39.1% distress [12].
In a survey conducted in Toronto, Canada, at two different sites of Sinai Health Centre in 2020, there was an increased burnout and psychological distress experienced by the healthcare workers [15]. Among nurses, 54.3% experienced severe emotional exhaustion, and among other healthcare workers severe exhaustion. Results of the study necessitate the need that the provocative and protective factors should be identified [15].

Khoodoruth et al. studied the effect of the COVID-19 pandemic on the mental health of medical residents [9]. In this study, mental health symptoms were experienced by 42.5% depression, 41.7% anxiety, and 30.7% stress. The impact of the COVID-19 pandemic on the mental health of junior residents was worst affected by the negative impact of the COVID-19 pandemic on mental health [9]. Healthcare administrators and managers need to provide support for their employees.

An Australian and New Zealand study investigated the well-being of critical care health professionals during the COVID-19 pandemic [1]. Three themes were identified to improve the well-being of the healthcare professionals, which include providing enough resources to achieve their job role, continuous provision of uncomplicated and comprehensive instructions, and provision of well-being and mental health support services [1].

Physicians’ experience during the COVID-19 pandemic was studied, in Lahore, Pakistan. The physical and psychological stress associated with caring for patients infected with SARS-CoV-2 was identified as a challenge the physicians experienced, physicians working in hospitals dedicated to the management of COVID-19 patients were studied [2]. In another study also conducted in Lahore, Pakistan, on the challenges female healthcare workers encounter during the COVID-19 pandemic, some of the challenges experienced by the female healthcare workers were anxiety in caring for patients infected with SAR-CoV-2, empathy toward COVID-19 patients [8]. Female healthcare workers who were not quarantined or isolated after they had contact with COVID-19 patients were more afraid of contracting the novel virus and transmitting it to their households. This is because of the roles assigned to women by their families; therefore, there is a conflict between their family and work life [8].

Junior doctors working in St. George's Hospital London, which is a tertiary health facility in London, were studied in 2020 to access the impact of the COVID-19 pandemic on the training and well-being of the doctors [24]. In this study being healthy was a cause of concern for 34% of the junior doctors studied. There was a change in the sleep pattern of 70% of the juniors and became the worst as the pandemic progressed on 67% of the doctors. The junior doctors were more anxious about transmitting the infection to their household than contracting the SARS-CoV-2 itself [24].

In Oman, a study that investigated the mental health of healthcare professionals revealed that severe anxiety was experienced by the younger ones and women compared with the men and older healthcare workers [16]. The healthcare workers in Oman experienced high-stress levels during the COVID-19 pandemic, which were higher in women, younger healthcare professionals, and healthcare workers working directly involved in the treatment of patients infected with SARS-CoV-2. This is expected as anyone who comes directly in contact with a person infected with the novel virus is at risk of contracting it although the risk is reduced if the healthcare workers use the appropriate personal protective equipment correctly [16].

In Bangladesh, during the COVID-19 pandemic, healthcare workers encountered anxiety, depression, insomnia, and fear of contracting the novel virus and losing their lives to it [35]. Worsened mental stress on the healthcare workers was them infecting members of their families than them contracting it. A contributor to insomnia
experienced by some of the healthcare workers in Bangladesh was watching other healthcare workers who contracted the novel virus die. The psychological pressure was caused by ingratitude by other health care workers. The healthcare workers prioritize their patients’ health to their well-being. Therefore, the healthcare workers as much as possible practiced infection prevention and control to prevent them from contracting the COVID-19 infection in the medical workplace. In addition, families and friends provided support to improve their mental health [35]. The mental and physical health of healthcare workers must be preserved during the COVID-19 pandemic.

Saeed et al. investigated anxiety and stress among physicians working in the Erbil, Iraqi, Kurdistan region of Iraq in 2020 during the COVID-19 pandemic. In this study the stress level was perceived as 15.4% low stress, 67.3% moderate stress, and 17.3% high stress; there was a significant relationship between the female gender and moderate stress. Physician in this Iraqi study did not experience any form of anxiety was 9.5% while 28.4% severe anxiety [13]. General practitioners and physicians working in health facilities dedicated to the treatment of COVID-19 patients exhibited a higher level of moderate and severe anxiety. Strategies must be taken to decrease the risk at which physicians experience anxiety and stress during the COVID-19 pandemic [13].

In the United Arab Emirates, a study was conducted in three health facilities among healthcare workers at the peak of the COVID-19 pandemic to access their level of anxiety and psychological distress [4]. In this study moderate/severe psychological distress was experienced by 37% of the healthcare workers. Moderate and severe anxiety was experienced by 32.3% of the healthcare workers with 36% of the healthcare workers working on the frontline experiencing a higher anxiety level. The prediction of anxiety and psychological distress was not affected by the wealth of knowledge of COVID-19 the healthcare worker had. The mental health symptom was worst in healthcare workers who had disbelief about the treatment of COVID-19. There was a positive relationship between symptoms and the fear of infecting family members and stigmatization. Psychological distress was exhibited more by healthcare workers who desired psychological support at the workplace. Two-thirds of the healthcare workers in this study experienced anxiety and about 50% had psychological distress and significant numbers both had anxiety and psychological distress. Women healthcare workers in this study were more worried about contracting the novel virus than the men. The factors that affected anxiety and psychological distress in this study are the female genders, transmitting the novel virus to members of their household, stigmatization, and isolation [4].

A systematic review was conducted to investigate the well-being of general practitioners during the COVID-19 pandemic and identified some sources of stress that are affecting physicians [44]. The stressors include altered work schedule, exposure to the SARS-CoV-2, therefore, leading to the increased risk of contracting it, information about COVID-19, lack of organizational and national preparedness, communication gap, lack and shortage of medical supplies and personal protective equipment (PPE), lack of mental support [44]. The mental health problems experienced during the COVID-19 pandemic are stress, anxiety, burnout, fear, depression, and post anxiety, burnout, fear, depression, and posttraumatic stress disorder [44]. The pandemic has also caused job dissatisfaction among physicians. Female doctors have experienced a higher level of mental health symptoms than male doctors. In this review, anxiety and depression were noticed in the younger doctors while stress was experienced more in the older doctor. This increased perceived stress in older healthcare workers was linked to the addition of assigning roles to them, which may include managerial tasks [44].
Steps needed to be taken to reduce mental health symptoms among doctors. The medical workplace should be safe at all times for physicians to work efficiently. The well-being of the populace and especially healthcare workers is threatened by an outbreak of an infectious disease [13]. Poor well-being of healthcare workers including doctors leads to emotional exhaustion. This in turn gives rise to medical errors and litigation, lack of compassion toward patients, low productivity, and increased rate of turnover and work-life imbalance. Patients may also be dissatisfied as they face the reality of the COVID-19 pandemic [33]. Before the COVID-19 pandemic, doctors experienced job stress and this was predicted by job dissatisfaction and poor mental health. The physical and mental well-being of doctors including their mental health of doctors needs improvement by the provision of essential resources and supplies in regard to food at the workplace, which should be without or reduced charge, training on the use of personal protective equipment, child care services, a means of transportation to the hospital during restriction of movement due to the COVID-19 [29], and clear and regular communications. The physicians can be provided with mental and psychological support through telephone calls, telepsychiatry, and provision of mental health insurance and relief for those working in the frontline in the frontline, especially in isolation centers and hospitals dedicated to the treatment of patients with COVID-19 [29].

2. Conclusions

Several changes have been caused by the COVID-19 pandemic. It has affected the mental and physical well-being of doctors negatively. Doctors have developed poor well-being, which has also affected their work. The work of the medical practitioner is a stressful one, which has been made worst by the COVID-19 pandemic. Some of the effects of the pandemic on the mental well-being of doctors are anxiety, burnout depression, distress, and posttraumatic stress disorder. Hospital administrators and managers need to regularly provide mental health support services to physicians as long as the COVID-19 pandemic lasts. Female physicians and physicians working in the frontline are the worst affected.

Conflict of interest

There is no conflict of interest to declare.
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