Indian Journal of Psychological Science

Internationally

Indexed, Refereed and Peer Reviewed

Editor

Dr. Roshan Lal

Professor of
Psychology Panjab
University,
Chandigarh-INDIA

UGC Approved: Emerging Sources Citation Index:
https://mjl.clarivate.com:/search-results?issn=0976-9218

I J P S

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*

The official organ of:

National Association of Psychological Science **(Regd.)**

www.napsindia.org **Email: managingeditorijps@gmail.com, Phone: 9417882789**

**Dr. Shashi Rashmi* & **Mandeep*

Perceived Stress among Doctors amid COVID-19

*Dr. Shashi Rashmi **Mandeep

Abstract

Now a days stress is increasing day by day. This is one of the most common and serious health issues faced by many people. Although there is stress in almost all professions, but in the medical profession stress is very common. COVID-19 was considered a very tough time because of this infectious disease. During the COVID pandemic, the responsibilities of doctors became more challenging. There was no clarity regarding the treatment of coronavirus. This was the time when doctors were also at high risk of infection. This also increased the stress among doctors. Doctors had been deployed round the clock in order to save the lives of people. The purpose of the existing study was to examine perceived stress among doctors during COVID-19. A sample of 100 doctors (50 doctors deployed on corona duty and 50 doctors who were not deployed on corona duty) from Rohtak District with the age range of 25-30 years was taken for the present study. The Perceived Stress Scale was used to collect data from doctors through Google Forms. Results showed that 58% doctors have high level of stress, 40% doctors have moderate level of stress and 2% doctors have low level of stress. Results also revealed a high level of perceived stress was experienced by doctors who were deployed on COVID duty as compared to doctors who were not deployed on COVID duty.

Keywords: COVID-19, Doctors, Perceived Stress, COVID Centres

INTRODUCTION:

India's COVID-19 pandemic was part of the 2019 coronavirus disease pandemic (COVID-19).Coronavirus was such an infectious disease that had affected the whole world. It was a large group of viruses that causes mild to severe respiratory illness and is transmitted by contact with infected persons and material. Very quickly it became a long chain and this disease spread to the community. Firstly, Coronavirus disease was recognized in Wuhan (China) in Dec. 2019 and after that, this disease extended all over the world within a few months. In India, the first case of covid-19 was reported in Kerala. According to WHO (2020), this disease has turned into a global pandemic and infected more than 50 million people. Covid -19 was classified as a pandemic by WHO on March 11, 2020 and a global threat to the world (Ministry of Health &Family Welfare, 2020).

A number of challenges-medical, ethical, social, and organizational, etc. have been presented to us as a result of the global scenario that has been caused by the 2019 Coronavirus Disease (COVID-19) (Mukherjee, Bandopadhyay, & Chatterjee, 2020). Due to the extremely high rates of transmission and mortality as well as the lack of a reliable

About the authors:*Assistant Professor **Research Scholar, Dept. of Psychology, M.D. University, Rohtak

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*

vaccine or treatment, COVID-19 is regarded as a critical condition. During the COVID-19 pandemic the responsibilities of doctors became more challenging. Patients with COVID-19 receive direct care from frontline healthcare professionals (Lai, Ma, Wang, Cai, Hu, Wei, Wu, Du, Chen, Li, Tan, Kang, Yao, Huang, Wang, Wang, Liu, & Hu, 2020). In addition to the significant risk of infection, healthcare professionals are susceptible to psychological stress, worry, and other mental health problems. As we all know changes in circumstances and threatening situations related to COVID-19 cause stress.The demands placed on health services are huge. Vendegaard and Benros (2020) noted that a number of factors may be linked to a greater likelihood of psychological distress in medical practitioners. There was no clarity regarding the treatment of coronavirus also increased the stress among doctors. During the COVID pandemic, doctors had been deployed round the clock in order to save the lives of people. There was a time when the doctors deployed in the hospitals did not even have sufficient personal protective equipment. Stress among doctors is further exacerbated by stigma and unfavourable media portrayal (Malathesh, Chatterjee, & Das, 2020; Menon, Padhy, & Pattnaik, 2020). India was unable to control the spread of disease because of its numerous densely populated states, low levels of public awareness, a shortage of health clinics, insufficient medical staff, inadequate equipment, a lack of testing facilities, and a lack of spare surveillance (Kumar, Nayar, & Koya, 2020). All these conditions increase stress among doctors. Stress is somehow subjective and varies from person to person.

It means that some doctors may have stress or some may not while doing their job in various setups. Rose, Hartnett, and Pillai (2021) revealed that health care workers at high risk of exposure experienced significant emotional distress during the first wave of the COVID-19 pandemic. 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. During this infectious disease, healthcare workers were at high risk of infection and psychological distress. Simonds and Sokol (2008) indicated that healthcare workers were at greater risk than the general population. Still, there may be a difference in perceived stress. Therefore, the current study's objective was to compare the perceived levels of stress among doctors deployed to COVID centres and those who were not deployed to COVID centres during COVID-19.

Objectives:

1. To assess the level of perceived stress among doctors during COVID-19.

2.To find out the difference in levels of perceived stress among doctors deployed on corona duty and doctors who were not deployed on corona duty.

Hypotheses:

1. There would be a significant difference in levels of perceived stress between

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*

doctors deployed on corona duty and doctors who were not deployed on corona duty.

Sample:

A sample of 100 doctors from different institutes of Rohtak district with the age range 25-30 years mostly doing post-graduation was selected for the present study. It consists of 50 doctors deployed on corona duty and 50 who were not deployed on corona duty.

Tools used:

Perceived Stress Scale (PSS-10): To achieve the purpose of this study Perceived Stress Scale-10 developed by Cohen and Williamson in 1988 was used. It is a 10 item instrument designed to measure an individual's perception of stress. Each item is rated on 5-point scale varying from 0 (never) to 4 (very often). Higher scores indicate greater perceived stress.The Perceived Stress Scale has been shown to have good reliability with an internal reliability coefficient of 0.78. The criterion validity of the perceived stress scale was found to be strongly correlated with only the mental component of health status as measured by the Medical Outcomes Study-Short Form 36 (Ware, Snow, Kosinski, & Grandek, 1993).

Procedure:

Firstly, contact with doctors was done through online mode. Then the purpose of the study was explained to the doctors which helped to establish a good rapport with them. After obtaining consent from doctors the instructions were given to doctors regarding the questionnaire. Because of the covid-19 pandemic, a Google form of the perceived stress scale was developed for the data collection. The instructions about the scale were added in this form. This scale consists of 10 items which have to respond on 5 pointLikert scale, which the subject has felt during the last month. The subject has to select the response which fits him/her best. This Google form also collected the demographical details of the subjects. After the completion of the data, thanks were given to them for their cooperation. In this way data of 100 doctors was collected and scoring was done with the help of manual and after that the mean, standard deviation and t-value was calculated using SPSS software.

RESULTS AND DISCUSSION

The results of the present study are as follows:

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*

Table1-1: Level of perceived stress among doctors deployed on COVID duty and not deployed on COVID duty (N=100)

Level of Perceived Stress	Doctors deployed on COVID duty	Doctors not deployed on COVID duty
High Stress	58%	50%
Moderate Stress	40%	32%
Low Stress	2%	18%

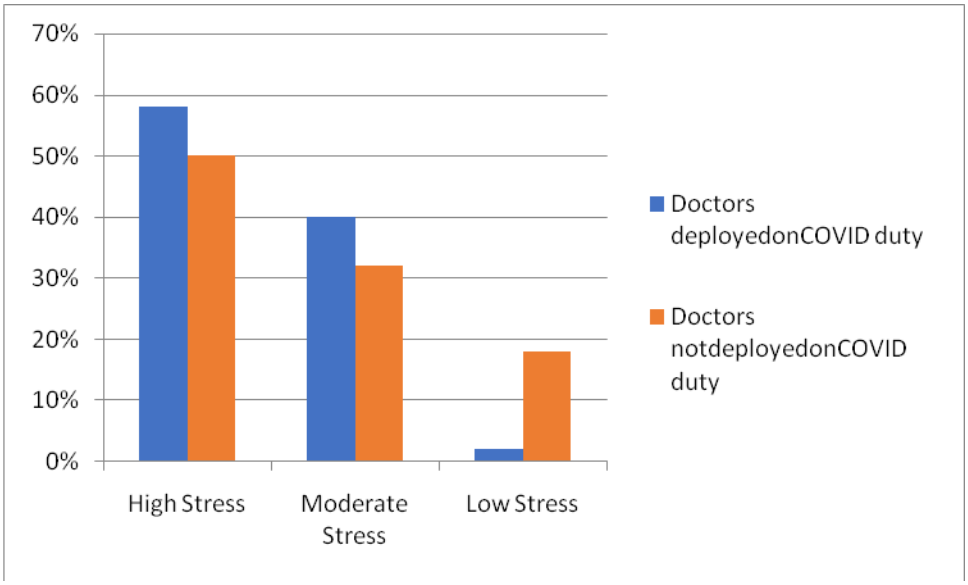

Figure 1 Level of perceived stress among doctors deployed on COVID duty and not deployed on COVID duty (N=100)

Table no. 1 shows the level of perceived stress among doctors deployed on COVID duty and not deployed on COVID duty in Rohtak District. Results clearly indicated that 58% doctors had high level of stress, 40% doctors had moderate level of stress and 1% doctors had low level of perceived stress among doctors deployed on COVID duty. Whereas 50% doctors had high level of perceived stress, 32% doctors had moderate level of stress and 18% had low levels of perceived stress among doctors who were not deployed on COVID duty.

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*

Table-2: Mean, S.D. and t-value on perceived stress among doctors deployed on COVID duty and not deployed on COVID duty (N=100)

Variables	N	Mean	S.D	t-value
Doctors deployed on covid duty	50	29.82	3.76	8.55**
Doctors not deployed on Covid duty	50	21.24	6.01	

**Significant at .01level

Table 2 shows the mean and S.D. value on perceived stress among doctors deployed on COVID duty and not deployed on COVID duty in Rohtak District. The mean value on perceived stress among doctors deployed on COVID duty was 29.82 and the mean value for doctors who were not deployed on COVID duty is 21.24. The t-value was 8.55 which is statistically significant at 0.01 level. The result shows high perceived stress among doctors who were deployed on COVID duty (29.82) as compared to doctors who were not deployed on COVID duty (21.24). It clearly indicates that doctors deployed on COVID duty had perceived more stress. This may be due to this infectious disease in which they had to take care of others as well as protect themselves. The non-clarity of the treatment of coronavirus may be responsible for the increase in stress among doctors. The critical condition leading to the inevitable death of the patient is another main reason for stress among doctors.

There was a time when the doctors deployed in the hospitals did not even have sufficient personal protective equipment. One of the major reasons may be that during COVID pandemic doctors have been deployed round the clock in order to save the lives of people. The lack of availability of oxygen cylinders, beds, ventilators, etc is the major contributor to their helplessness. Even the absence of facilities in hospitals was considered the major factor of stress. All these conditions are responsible for increasing stress levels among doctors. The findings of the present study are also supported by Chatterjee, Chakrabarty, Banerjee, Grover, Chatterjee, and Dan (2021). Due to COVID-19, they discovered serious mental health issues. The findings revealed that doctors had

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*

the highest level of anxiety and stress during COVID-19. The perception of irritation was higher among doctors and nurses than among other healthcare professionals. The result is consistent with Garg, Singla, and Garg (2021). They found that 27.6 % of doctors had high stress. The majority of clinicians were discovered to experience stress when working in the COVID-19 wards during the epidemic. Stress levels are higher for residents, younger doctors, and healthcare professionals who spend more time with patients. Similar trends of results are also reported by Saeed, Shabila and Aziz (2021). They reported that 67.3% of physicians had a moderate level of stress, 17.3% had a high level of stress and 15.4% had a low level of perceived stress. Spoorthy, Pratapa, and Mahant, (2020) supported the findings and revealed the significant amount of stress, worry, sadness, and insomnia being experienced by healthcare personnel as a result of the COVID-19 pandemic. Kulkarni, Khasne, Dhakulkar, and Mahajan (2020) revealed that 52.8% of Indian healthcare personnel were reported to suffer burnout connected to the COVID-19 epidemic. Laiet al. (2020) found that a lack of personal safety equipment makes severe stress among doctors. The results are also consistent with the study done by Pappa, Ntella, Giannakas, Giannakoulis, Papoutsi, and Katsaounou (2020) that a significant number of healthcare professionals have reported emotional and psychological distress as a result of the COVID-19 outbreak. The results implicate that the level of stress experienced by doctors deployed in COVID duty not only influences their mental health but also affects their work efficiency. It is important to organize stress management programs to address their mental health issues.

REFERENCES

Aggarwal, N., Sharma, H., Dabas, A., & Mishra, A. (2021). Perceived stress among medical students and doctors in India during covid 19 pandemic. *MAMC Journal of Medical Sciences*, *7*(1), 14-20.https://doi.org/ 10.4103/mamcjms.mamcjms_17_21

Chatterjee, S. S., Chakrabarty, M., Banerjee, D., Grover, S., Chatterjee S. S.,& Dan U. (2021). Stress, sleep and psychological impact in healthcare workers during the early phase of COVID-19 in India: A factor analysis. *Frontiers in Psychology,12*.https://doi.org/10.3389/fpsyg.2021.611314

Cohen, S., & Williamson, G. (1988). Perceived stress in probability sample of United States. In S. Oshamp (Ed.*), The social psychology of health: Claremont symposium on applied social psychology* (pp. 31-67). Sage.

Garg, R., Singla, A., & Garg, J. (2021). Perceived stress among doctors working in a dedicated COVID-19 hospital in North India, *Indian Journal of Medical Sciences*, *73*(2),155-158. https://doi.org/10.25259/IJMS_94_2021

Kulkarni, A., Khasne, R. W., Dhakulkar, B. S.,& Mahajan, H. C. (2020). Burnout among healthcare workers during Covid-19 pandemic in India: Results of a questionnaire-based survey. *Indian Journal of Critical Care Medicine,24*,664-671.https://doi.org/10.5005/jp-journals-10071-23518

Kumar, A., Nayar, K. R., &Koya, S. F. (2020). COVID-19:Challenges and its consequences for rural health care in India. *Public Health in Practice*, *1*.https://doi.org/10.1016/j.puhip.2020.100009

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei,N.,Wu,J.,Du,H., Chen, T.,Li,R.,Tan,H.,Kang,L.,Yao,L.,Huang,M.,Wang,H., Wang, G., Liu, Z.,&Hu,S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease.*Journal of the American Medical Association*, 3(3), Aricle e203976. https://doi.org/10.1001/jamanetworkopen.2020.3976

Malathesh, B. C., Chatterjee, S. S., & Das, S. (2020). Overview of mental health issues of COVID-19:Need of the hour. *General Psychiatry,33*, Articlee100233. https://doi.org/10.1136/gpsych-2020-100233

Menon, V., Padhy, S. K., &Pattnaik, J. I. (2020). Stigma and aggression against health care workers in India amidst COVID-19 times: Possible drivers and mitigation strategies. *Indian Journal* of *Psychological Medicine*. *42*, 400–401. https://doi.org/10.1177/0253717620929241

Ministry of Health and Family Welfare, Government of India (2020). *COVID-19,India*. https://www.mohfw.gov.in/

Mukherjee, A., Bandopadhyay, G., &Chatterjee, S. S. (2020). COVID-19 pandemic: Mental health and beyond - The Indian perspective. *Irish Journal of Psychological Medicine,21*, 1–5. https://doi.org/10.1017/ipm.2020.63

Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V.G., Papoutsi, E., & Katsaounou P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior*, and *Immunity,88,* 901–907.

Rose, S., Hartnett, J., & Pillai, S. (2021). Healthcare worker's emotions, perceived stressors and coping mechanisms during COVID-19 pandemic. PLoS O NE, 16(7). Article e0254252. https://doi.org/10.1371/journal.pone.0254252

DOI: *https://doi-ds.org/doilink/1(*

Saeed, B. A., Shabila, N. P.,& Aziz, A. J. (2021). Stress and anxiety among physicians during covid 19 outbreak in the Iraqi Kurdistan Region: An Online Survey, *PLoS ONE*,*16*(6). Article e0253903. https://doi.org/10.1371/journal.pone.0253903

Simonds, A. K.,& Sokol, D. K. (2008). Lives on the line? Ethics and practicalities of duty of care in pandemics and disasters. *European Respiratory Journal*, *34*, 303-309.https://doi.org/10.1183/09031936.0004160

Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review. *Asian Journal of Psychiatry*, *51*, Article e102119. https://doi.org/10.1016/j.ajp.2020.102119

Thomas, L.R., Ripp, J.A., &West, C.P.(2018). Charter on physician well-being. *Journal of the American Medical Association*,*319*(15), 1541–1542.

Vindegaard, N.,& Benros, M.E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior, and Immunity, 89, 531-542.*

Ware, J.E., Snow, K.K., Kosinski, M., &Gandek, B. (1993). *SF-36 Health Survey Manual and Interpretation Guide.* New England M Centre, the Health Institute.

Note: The author having sole responsibility for the genuineness of the contents of this manuscript.

Conflict of Interest: The author(s) declared no conflict of interest.

Received: 28th February, 2022; **Revision** Received: 24th April, 2022;

Accepted: 22th May, 2022

DOI: *https://doi-ds.org/doilink/10.2023-59953631/IJPS/NAPS*