

Challenges And Concerns of Health Care Professionals Working in Clinics During COVID-19 Phase

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DOI: <https://doi.org/10.52403/ijhsr.20221108>

ABSTRACT

Background: Covid-19 is a pandemic, with severe clinical manifestations and high lethality. It has led to numerous problems involving public, administrative and health care sector and thus has become the global issue. In this pandemic situation the healthcare worker strives to provide high quality healthcare to the patients. However due to contagious & close proximity to patients, there is always a risk of infection. Enormous literature is available on impact of COVID 19 on physical and mental health of frontline doctors. But no review is available on impact of Covid-19 on health care professionals who work in private clinics and mostly rely on clinical practice for their income. By knowing their concerns and challenges, specific policies and programs can be made for health, safety and wellbeing of health professionals.

Objective: To identify the challenges and concerns faced by healthcare professionals practicing in private clinics during COVID-19.

Methodology: A questionnaire comprising of domains namely precautionary concerns, financial concerns, psycho-social concerns and other related concerns was designed and validated. It was circulated using Google forms among Healthcare Professionals practicing in private clinics via electronic media. Data was then collected over a period of 3 months; it was then analyzed and represented as descriptive statistics.

Results: Total of 114 Healthcare Professionals (HCP) participated in the study of which 101 met the inclusion and exclusion criteria and their concerns were identified during COVID-19 phase. In precautionary related concerns, for 30% of HCP cost of PPE and for 11% of HCP availability of PPE was the concern while 35% said both were the problems for them. 92.07% and 86.13% HCP reported decrease in patient flow and income respectively. 52.47% reported they had fear and anxiety while 42.57% had depression sometimes during the course of time. 13% always avoided their family members. 23.76% sometimes felt insecure about society's negative attitude. 1% always and 3% often were threatened by the society.

Conclusion: From the study it was concluded that Healthcare Professionals who are working in private clinics faced numerous challenges and were concerned about precautionary, financial, psycho-social issues at varying levels.

Keywords: [COVID-19, Concerns, Healthcare Professionals, Private Clinics]

INTRODUCTION

Novel Corona virus (COVID-19) is an infectious disease having maximal human to

human transmission. ¹ A wave of acute pneumonia emerged in Wuhan City of China in December 2019. It was confirmed

that the emergence of this respiratory disease is from a novel corona virus (SARS-CoV-2). On March 12th 2020, the World Health Organization (WHO) declared the outbreak of this virus a “global pandemic”.² Corona viruses belong to a large family of viruses (Coronaviridae), which are mRNA in structure with glycoprotein cover and a spike protein on the surface.³ The potential modes of transmission of COVID-19 can be either by direct contact, as a result of a cough or a sneeze with droplets (Flugge’s droplets), greater than 5µm in diameter produced by an infected individual at close proximity (less than 1 m)⁴

When aerosols or droplets containing the virus are inhaled or come directly into contact with the eyes, nose or mouth the person gets infected or indirect contact when the patient becomes in contact with infected surfaces and then touches the mouth, nose or eye without cleaning hand where the virus is ultimately transmitted through these gates to reach the upper respiratory tract.^{4,5}

The spread of virus is also seen in crowded indoor settings and poorly ventilated area where people tend to spend longer periods of time.¹

Asymptomatic patients who are either in the incubation period or in the recovery phase are considered an uncertain threat in spreading the virus.^{4,6} In this context, it has been estimated that the virus incubation period is between 5 and 6 days, but the evidence is currently adopting the 14 days policy for medical observation and quarantine of the exposed subjects.⁷ On this note, the clinical presentations of COVID-19 patients range from asymptomatic to severely symptomatic, in which fever and dry cough are considered mild and where dyspnoea is associated is considered moderate to severe. Additionally, atypical symptoms have been reported such as fatigue, muscle pain, confusion, headache, sore throat, diarrhea and vomiting.⁸

Most people infected with the COVID-19 virus will experience mild to moderate

respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness. SARS-CoV-2 has left a long lasting impact on everyone worldwide and specially the medical fraternity, which is using the most cutting edge ways to treat the patients.⁹ Given the boundless transmission of SARS-CoV-2 and reports of its spread to health care services providers, health care professionals are at high risk and can become potential bearers of the infection. These risks include patient examination, proximity of the health care provider to the patient and surgical interventions.¹⁰ So if adequate precautions are not taken, OPD (outpatient department), IPD (in-patient department) and OR (operating room) can potentially expose patients as well as health care providers to cross contamination. The Covid-19 has affected healthcare workers badly all over the world. The overall infection and death trends among HCWs followed that of the general population. Infections were seen more in nurses, deaths more in doctors. GPs were the highest risk speciality for deaths among doctors. All above mortality is mainly due to higher pathogen exposure.¹¹ Despite following all the guidelines by Centre for disease control and prevention (CDC) and WHO to manage the patients, still the health care workers are affected in this crisis.¹² The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease, it causes and how it spreads. Currently, the universal approaches to COVID-19 containment and prevention or reduction of the risks of transmission are: controlling the source of infection, employing cross-infection control measures like wearing masks, washing hands frequently, maintaining social distancing, build up capacity to provide an early diagnostic test to detect the virus, isolate the suspected subject, provide healthcare for the affected patients and vaccination.¹³ In this

pandemic situation the HCW strive to provide high quality healthcare to the patients. However due to contagious & close proximity to patients, there is always a risk of infection. Enormous literature is available on impact of COVID 19 on physical and mental health of frontlines doctors. But no review is available on impact on HCP who work in private clinics and mostly rely on clinical practice for their income. Hence the need to identify the challenges and concerns faced by healthcare professionals practicing in private clinics during COVID-19.

MATERIALS & METHODS

- Study Design: Observational Survey based study
- Study Setting: Various healthcare professionals working in clinics in Pune
- Study Population: Healthcare professionals (working in clinic)
- Sampling Method: Convenience sampling
- Sample Size: 101

Inclusion Criteria:

1. Healthcare professional working in a clinic i.e. medical doctors including specialists
2. Both male and female

Exclusion Criteria:

1. HCPs like nurses, pharmacist and social worker.
2. HCPs whose clinics are closed or Non-functional during COVID-19 phase
3. Subjects not willing to participate in study

Institutional Ethics committee clearance was taken before implementing the study. A questionnaire comprising demographic data along with 4 domains comprising of precautionary concerns, financial concerns, psycho-social concerns and other related concerns was designed and validated. It was then circulated using Google forms. All questions were both close and open ended and framed using simple English language,

the answers to which were either binary (Yes/No) or with choice to select multiple options.

A 24-item questionnaire was distributed to 360 contacts using whatsapp and LinkedIn over a period of 3 months starting from April 2020 to June 2020 during first strict lockdown phase of Covid-19. The form was circulated to 360 HCP's practicing in private clinics of which 101 completed the entire set of questions and were included according to inclusion & exclusion criteria. The first domain included questions pertaining to precautionary concerns i.e. change and disinfecting the PPE's every day, disinfecting or sanitizing the equipment after every patient use, any barriers for accessibility of PPE's, checking temperatures and respiratory symptoms before actual consultation, providing PPE's to patients when they didn't get their own PPE's. The second domain included questions pertaining to the flow of patients, the fluctuation in income and any additional sources of income. The third domain emphasized on questions relating to psycho-social concerns of Healthcare Professionals namely fear and anxiety, depression, insecurity, threatening behavior of society. The fourth domain was targeted towards availability of assistance or helper at the clinic and tele-consultation concerns which was adopted by the HCPs as an alternative method for consultation.

STATISTICAL ANALYSIS

Excel Office -Version 2019 was used to analyse the data. Categorical variables were expressed in terms of frequencies and percentage.

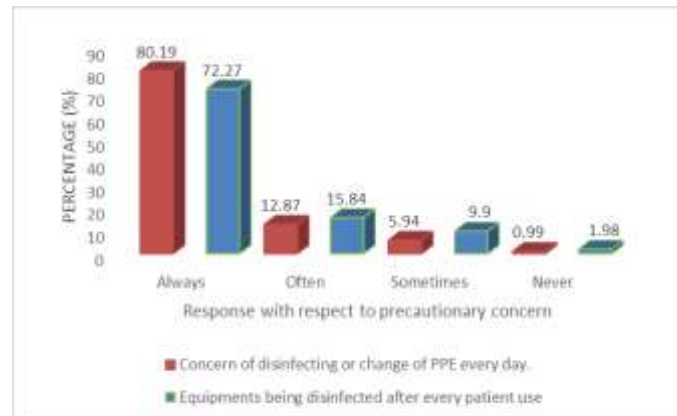
RESULT

101 Healthcare Professionals (HCP'S) working in private clinics participated in this study. Out of the total participants 83 (82.17%) were females and 18 (17.83%) were males. Majority of the HCP's were Physiotherapists i.e., 84 (83.16%) followed by General Practitioners; 5 (4.95%),

Dentists; 5 (4.95%), Homeopaths; 4 (3.96%), Ayurveda Practitioners; 3 (2.97%).

Precautionary concerns domain

The responses of the study participants regarding the precautionary concerns during the pandemic are demonstrated in Table 1 & 2 and Graph 1



Graph 1: Distribution of responses with respect to precautionary concerns

Precautionary Concerns	Cost of PPE %	Availability of PPE%	Cost + Availability of PPE %	No concern %
Related to Accessibility of PPE	30	10	35	25

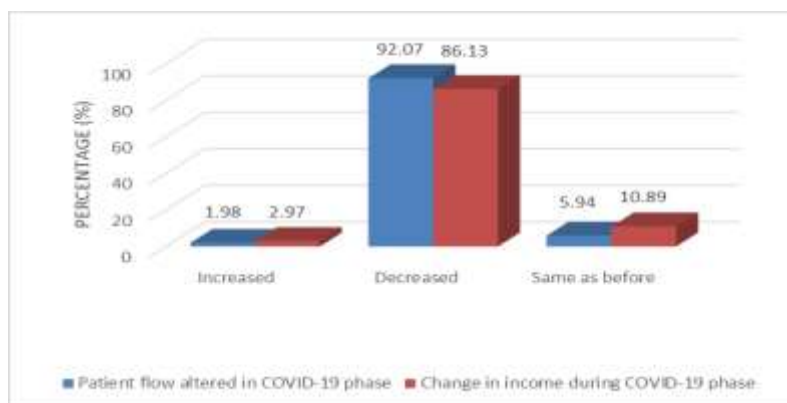
Table1. Distribution of responses with respect to accessibility of PPE

Precautionary domain	Yes (%)	No (%)
Patients screened for fever at the time of consultation	89 (88.11%)	12 (11.89%)
Patients screened for respiratory symptoms at the time of consultation	75 (74.2%)	26 (25.8%)
Essential PPE's provided to patient at clinic	46 (45.54%)	55 (54.45%)

Table 2: Distribution of responses regarding precautionary measures

Financial Concerns domain

Graph 2 displays the distribution of responses with respect to financial problems faced by the participants.

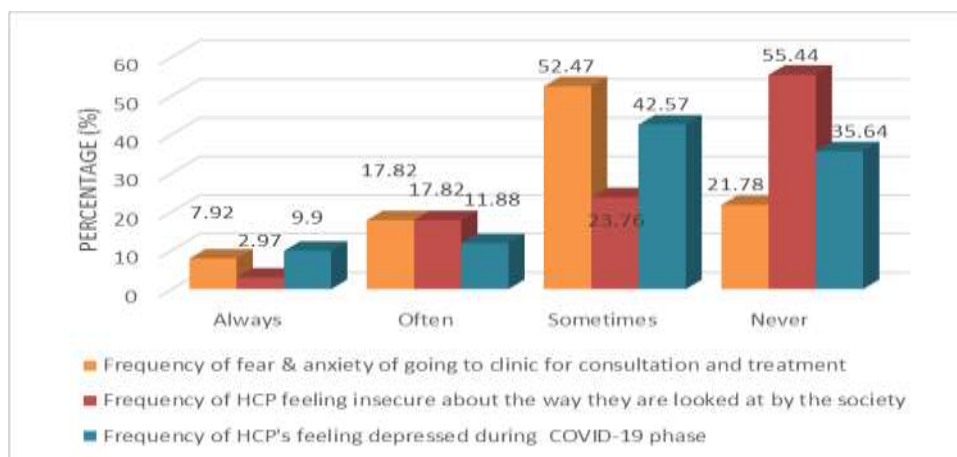


Graph 2: Distribution of responses with respect to financial concerns

32.67% had no other source of income whereas 46.53% of HCP'S relied on home visits as other source of income. Apart from these, 8.9% were affiliated to Hospital and Institution, while 2.9% of HCP's were dependent on other sources.

Psycho – Social Concerns domain

The responses of study participants pertaining to this domain are illustrated in graph 3 and Table 3.



Graph 3: Distribution of Responses with respect to Psycho-Social concerns

Psycho social domain	Always (%)	Often (%)	Sometimes (%)	Never (%)
HCP's were threatened by the people living in society	1 (0.99%)	3 (2.97%)	13 (12.87%)	84 (83.16%)
HCP's avoiding family members & vice versa because of job	13 (12.87%)	22 (21.78%)	43 (42.57%)	23 (22.77%)

Table 3: Distribution of Responses regarding Psycho- Social concerns

Other Concerns

Table 4 explains the concerns of availability of helper & assistance in the clinic.

Other domain	Yes (%)	No (%)
Assistant available for managing the clinic in COVID-19 phase	46 (45.5%)	55 (54.5%)
Helper available for cleaning and disinfecting the clinic	72 (71.28%)	29 (28.72%)

Table 4: Distribution of responses related to availability of helper/ assistance in the clinic.

87 (86.13%) used Tele-consultation as an alternate approach for patient consultation. It was found out that 28.71 % had not paid for teleconsultation whereas 30.69 % paid always, 17.82 % and 22.77 % of patients paid often and sometime respectively.

DISCUSSION

Our survey was carried out among Healthcare Professionals (HCP's) practicing in private clinics amid Covid-19 phase to identify their challenges and concerns. The survey was completed by 83 female and 18 male health professionals accounting to total number of 101.

Among the respondent majority i.e. 84 (83.16 %) were physiotherapists. This may be because the form could have been circulated mostly amongst them. There were 5(4.95 %) General Practitioners, 5 (4.95%) Dentists; 4 (3.96%) Homeopaths; and 3 (2.97 %) Ayurveda practitioners.

There was a need to change the Personal Protective Equipment (PPE) on a regular basis as per the necessity and required extra attention to do so. The accessibility of PPE

was a major concern due to cost as there was increased demand which led to shortage during peak times of COVID 19. A similar study was done which showed that 80% doctors experienced difficulties in stocking PPE.¹⁴

The need to change the Personal Protective Equipment (PPE) and disinfecting the equipment's on a regular basis was a concern as Corona virus can spread directly through coughing or sneezing and indirectly through contacting the infectious surface & then touching nose, mouth or eyes.

Due to the widespread contagious corona virus, there was a need to screen the patients for fever and respiratory symptoms before actual consultation which took extra time and arrangements.

Negligence was observed in patients for not getting their own PPE's during visit to clinic (42.5%). The reasons could be due to lack of awareness, cost, false beliefs etc. As a result around 54.45% of Healthcare Professionals had provided PPE's to the patients at the time of visit to clinics leading to increase in clinical expenditures.

The patient flow was decreased which could again be due to fear of cross infection, financial restraints etc. As the inflow of patient reduced, so did the HCP income. 32.67% of therapist had no secondary source of income, 46.53% relied completely on home visits which was also limited during pandemic due to the fear of cross contamination. Similar results were obtained in a study done by Natalie L. Demirjian which stated that doctors had experienced a decrease in overall income (56%). A small percentage (11%) reported experiencing partial or complete layoff due to the outbreak.¹⁵ It was found that General Practitioners (3%) reported increase in income during the pandemic with increase flow of patients. This may be due to, the patient wanted to get themselves checked for corona virus infection and also for fever, respiratory symptoms and any other symptoms similar to corona virus and to rule out the condition.

In present study most of the clinician had fear, anxiety, and depression at different levels. The reasons could be getting infected and so can infect their family members, the insecurity due to society's negative behavior, decreased patient flow and thus reduced income, increase expenditure etc. These findings were in accordance to a study done by Jianbo Lai in 2020 where doctors had fears and perceptions regarding pandemic. They feared wellbeing of their families and contacting COVID 19. Our findings were in conjunction with the study which assessed the magnitude of mental health outcomes and associated factors among health care workers treating patients exposed to COVID-19 in China.^{16, 17}

Most of the clinicians avoided their family members due to the infectious and contagious situation though it was varying in nature.

In the present study we found out that 54.5 % of Healthcare Workers were managing their clinics by themselves as they did not have assistance for recording of patient's data, sanitization, patient assessment i.e. screening for temperature and respiratory

symptoms etc. before actual consultation. This could be due to fear of infection among helpers or assistance, not quite aware of the preventive measures, not prepared for such a situation as they had never faced it before or it could be due to less patients and low income by the HCW.

There was a drastic change in the consultation pattern as 86.13 % of HCP's had started tele-consultation services as the flow of the patients was decreased and as a mean to reach the patient in a safe way.

The concerns of HCP faced for tele-consultation were related to the payment of fees. As reported, only 30.69% of patients actually paid the fees while 28.7% of patients had not paid the fees at all. Wrong conception about payment for online consultation e.g. for few minutes of consultation fees is not required, no means of online transaction, thus conveniently avoiding to pay or patient not satisfied with online consultation could be few of the reasons.¹⁸

CONCLUSION

From the study it was concluded that Healthcare Professionals who were working in clinics faced numerous challenges and were concerned about precautionary, financial, psycho-social issues at varying levels.

CLINICAL IMPLICATIONS

By identifying the concerns and challenges specific policies and programs can be made for health, safety and wellbeing of health professionals. Ensuring availability of PPE at all times as relevant to role and task performed in adequate quantity. Providing access to mental wellbeing and social support services. Spreading awareness regarding the alternate method of consultation i.e. Teleconsultation and its acceptance which would limit the covid-19 spread and treat the patient at the same time.

LIMITATIONS

- Small sample size

- Study population were mostly physiotherapists

FUTURE SCOPE

- Study could be conducted in different phases of COVID-19 to see the changes in various domains and changes in practice.
- Study can be done to identify problems and issues with respect to other medical professionals' i.e. dentists, general practitioners etc.

Acknowledgement: We would like to thank all our study participants who have participated in the study for filling up the form by managing time from their busy schedules and helping with the inputs and data collection. I would like to thank the faculty of our institution for their constant support and guidance.

Conflict of Interest: None

Source of Funding: None

Ethical Approval: Approved

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How to cite this article: Ashwini O. Kamble, Manav Rajpurohit. Challenges and concerns of health care professionals working in clinics during COVID-19 phase. *Int J Health Sci Res.* 2022; 12(11):49-56.

DOI: <https://doi.org/10.52403/ijhsr.20221108>
