Summer Training

at

JJIMS, Bahadurgarh, Haryana

(From 10th May 2021 to 2nd July)

A Report on

Stress amongst Frontline Workers of JJIMS, Bahadurgarh during the second wave of Covid-19

By

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TO WHOM IT MAY CONCERN

This is to certify that Mr. Varun Malik pursuing MBA in Hospital Mgmt.from IIHMR University, Jaipur has undergone Internship training in our hospital w.e.f. 02.05.2021 to 02.07.2021.

He has successfully completed his training in various Departments and was found to be punctual, disciplined and keen learner.

We wish him every success in his future endevours.

Anju Joon

Manager (HR)

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Varun Malik

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Abbreviations:

JJIMS	**Jeevan Jyoti Institute of Medical Sciences**
WHO	**World Health Organization**
SARS-CoV 2	**Severe Acute Respiratory Syndrome Coronavirus 2**
NTAGI	**National Technical Advisory Group of Immunization**
IDSP	**Integrated Disease Surveillance Programme**
ICMR	**Indian Counsil of Medical Research**
NEGVAC	**National Expert Group on Vaccine Administration for Covid-19**
MERS	**Middle East Respiratory Syndrome**

OBSERVATIONAL LEARNING

JJIMS, Bahadurgarh, Haryana

Jeevan Jyoti Institute of Medical Sciences, in Bahadurgarh, Haryana, is a super-speciality hospital. JJIMS ensures that patients and clients have a better quality of life by offering cost-effective, multidisciplinary, high-quality medical services that are given with a personal touch. JJIMS is dedicated to fostering, practicing and promoting high-quality, ethical and evidence-based medicine.

The JJIMS team works together in a collaborative manner, appreciating each team member's specific and important contributions. The team operates on a common set of values, with complete transparency on all fronts. Everyone is treated with civility and respect by the whole team.

Specific objectives:

(a) To provide world class treatment facility in Eastern Haryana at reasonable cost.
(b) To establish the hospital a center of excellence for patient care and training by becoming a leader in ART & tertiary care therapy.

Department-wise observations: I've worked in the following departments during my summer training at the hospital:

(i) Administration department
(ii) Billing department
(iii) HR department
(iv) Marketing department

(i). Administration department:

- The importance of clinical care cannot be overstated.
- Management meetings at regular intervals are critical to the department's and hospital's smooth operation.
- The relevance of accreditation applications was emphasized.
- Professional abilities were in high demand and valued.

(ii). Billing Department:

- It serves as a vital link between patients and hospital management, with the insurance and demographic information of patients being given top priority.
- Its crucial to keep track of the past records.
- During my internship, no penalty instances were discovered.
- The department requires more personnel.

(iii). HR department:

- Throughout my internship, I was given encouragement and motivation.
- Due to Covid-19, the recruitment procedure was a little sluggish.
- In the hospital, legal research is quite important.
- Throughout my tenure at the hospital, I received career planning and training.

(iv). Marketing department:

- Correct health ideas were taught so that we could properly communicate with patients and potential clients.
- Field visits were done on a regular basis to get practical experience.
- Keeping the hospital's official website up to date was demonstrated as a way to improve marketing skills.
- A strong emphasis was placed on communication skills.

General findings on learning: During my summer training, I learned the following things in these departments:

(i). Administration department:

- Learned enhanced negotiation and communication skills.
- Relationship building with the staff of the hospital and establishing the trust among the staff members.
- Taking responsibilities for my actions.
- Quick thinking: During my interning time, sometimes the decisions were to be taken very quickly by judging the scenario.

(ii). Billing department:

- Helped me filling the gap between the management and patients.
- Learned about various insurance programmes during my internship.
- Data compilation: It is a necessary step for smooth functioning of the department, maintaining the past records and accessing the errors, if found any.
- Learned the difference between ancillary charges and routine charges.

(iii). HR department:

- Learned about the employee contract and how the disputes can arise and how to manage the smooth functioning of the department.
- Trainings were given about job satisfaction and performance appraisal.
- Constructive criticism: Learned about my mistakes and how to take criticism in a positive way.
- Learned about the recruitment process.

(iv). Marketing department:

- Patient relationship building: learned about proper communication skills and how to build a positive and professional relationship with the patients.

- Learned about the investment techniques and how it can be turned beneficial for the hospital.
- Regular field visits to the local doctors and potential clients to develop the professional relationship and increase the sales.
- Website management: Learned how important is internet and other social media platforms are and they are very beneficial for the healthcare and hospital industry.
- Public relations & speeches from time to time to build the relationship between doctors, patients and hospital management.

Introduction:

Coronavirus (COVID-19) is a life-threatening infection caused by a freshly discovered coronavirus. **SARS-CoV-2** is the virus that causes Covid-19. India has the highest number of confirmed cases in Asia at the moment. India has the second-highest number of confirmed Covid-19 cases in the world, with 29.3 million recorded cases and the third-highest number of Covid-19 deaths, with 367,081 deaths as of June 12, 2021.

The **2nd wave,** which hit in the month of March and April, wreaked havoc on the healthcare system, leaving it scrambling, seeking to endure deficit of oxygen and important drugs in short quantity. A 2nd wave originating in **March 2021** was much enormous than the 1st, with scarcity of oxygen supply, medicines, vaccines and hospital beds in many parts of the country. India reported over 40,000 fresh cases in a 24-hour span and became the first country to report so many cases on **30 April 2021**. Many health professionals conclude that the cases are still underreported and there can be various reasons for it.

Second wave: State-wide and localized:

Curfew restrictions and lockdown measures were implemented in Maharashtra cities such as Amravati and Nagpur in late February and early to mid-March 2021. Maharashtra implemented weekend lockdowns and night curfews, among other restrictions, on April 4th. 35 of India's 36 states and union territories had some type of state-wide or localized limitation by early to mid-May. There has been no statewide shutdown in India during the second wave of the pandemic. In Delhi, Tamil Nadu, Maharashtra, Uttar Pradesh, and a few other places, phased unlocking will begin in June.

Administration, committees and task forces:

A multitude of committees, empowered groups, advisory groups, and task teams are guiding India's coordinated response. The NTAGI, "India's premier advisory body on vaccination," and the IDSP, under the National Centre for Disease Control, were both established prior to the pandemic. IDSP was implemented on January 17, 2020. The ICMR COVID-19 Task Force, for example, was formed shortly after the pandemic broke out. The NEGVAC, which was established in August 2020, would be in charge of developing a nationwide vaccination delivery strategy. The development of a three-tier state level system for the implementation of the vaccine strategy was prompted by NEGVAC advise in October 2020. The development of a three-tier state level system for the implementation of the vaccine strategy was prompted by NEGVAC advise in October 2020. The Prime Minister and his office have spearheaded the entire response, holding at least 67 review meetings between January 2020 and May 2021.

Healthcare and Frontline workers:

The Indian Medical Association (IMA) reported on August 8, 2020 that 198 doctors had perished as a result of COVID-19. By October 2020, the number had risen to 515, and by February 3, 2021, it had risen to 734. However, the health ministry announced in the Rajya Sabha and Lok Sabha on February 2 and 5, 2021, that COVID-19 had killed 162/174

physicians, 107/116 nurses, and 44 ASHA workers/199 healthcare workers. The data come from the government's "COVID-19 Insurance Scheme for Health Workers." According to the IMA, there have been 747 deaths of doctors as of April 17, 2021. Covid has infected tens of thousands of doctors, nurses, and other health care workers. Starting on January 16, 2021, healthcare staff and frontline workers in India were given covid vaccines initially. This includes 9,616,697 healthcare personnel and 14,314,563 frontline employees, with the majority receiving their second dosage by May 2021.

Impact of COVID-19 Pandemic on Healthcare workers:

The COVID-19 pandemic has had a physical and psychological impact on healthcare personnel. Due to regular interaction with infected patients, healthcare professionals are more susceptible to COVID-19 infection than the general population. Workers in the healthcare industry have been forced to operate under stressful situations without sufficient safety equipment and make difficult decisions with ethical ramifications.

Doctors and nurses on the front lines of the pandemic say they were pushed to physical and mental weariness as they tried to keep their patients alive after a harrowing month in which Covid-19 overwhelmed the country's ailing health system.

Continued high-risk virus exposure, an endless stream of patients and deaths, and long hours in sweat-soaked PPE kits made even bathroom breaks difficult. It is causing exhaustion, anxiety, and insomnia among India's 1.3 million doctors, complicating efforts to curb the world's biggest coronavirus outbreak.

Methods and Materials:

This was a descriptive, cross-sectional type of study carried out as a survey amongst the doctors, nurses and support staff of JJIMS, Bahadurgarh, Haryana.

An online Google form was developed along with a consent note for voluntary participation, the questionnaire was forwarded through means of WhatsApp, Email and other social media platforms.

The study began on May 22, 2021 and the responses were collected till June 10, 2021. The questionnaire had three sections, in the first section, the participants were asked to fill their sociodemographic details like age, sex, position at the hospital, the names of the participants were excluded in order to maintain anonymity and after giving their consent to proceed with the survey, they were directed to the questions which were in the same section, to know the stress level of the participants while treating the patients in the last two months, while patients were suffering, what effects it had on the doctors, nurses and the support staff mentally/emotionally, and if the increased work load made them feel anxious or depressed. Other questions include, about the stress the participants had when they did not had access to appropriate protective gear/PPE kits, and if the participants were worried about taking the infection home to their loved ones, shortage of resources added additional stress to them or not and due to this shortage how much it affected the staff seeing the condition of their patients.

The second section consisted of 10 questions which were aimed to access under how much stress the participants were in, by asking them about the unexpected things happened at the hospital in the last 2 months, and how often they handle their personal problems in a positive manner.

The third and last section had 4 questions, which were aimed at knowing how the participants coped with their stress in the last two months and what helped them during these two months, and how the JJIMS helped them during this stressful period.

Study Question:

What are the factors associated with the 2nd wave of Covid-19 that are causing anxiety symptoms in healthcare personnel at JJIMS?

Broad Objective:

To investigate the psychological distress, sadness, anxiety, and stress experienced by doctors, nurses, and support workers during the 2nd wave of Covid-19.

Specific Objectives:

- To track anxiety symptoms in general during the outbreak.
- To gain access to the pandemic's harmful mental health effects, as well as the healthcare personnel opinions of mental health and its current need.

Results:

The study was conducted through an online survey related to the impact of second wave of Covid-19 on mental health of doctors, nurses and support staff of JJIMS, Bahadurgarh. An overall of 95 responses were collected and all the respondents were above the age of 18. Out of 95 responses recorded, 94 participants agreed to take part in the survey. The mean age of participants was found to be 32.72 ± 5.16 with minimum age being 20 years and maximum age respondent is 59 years.

Among the participants 58.5% accounted to be male and 41.5% female. Majority of the respondents i.e., 44.7% were Doctors, 18.1% were nurses and 37.2% were accounted to be the support staff. 77.7% of the participants were found to be stressed in the last two months, 9.6% were found to be fine and 12.8% were not sure.

These sociodemographic details were part of section I of the questionnaire:

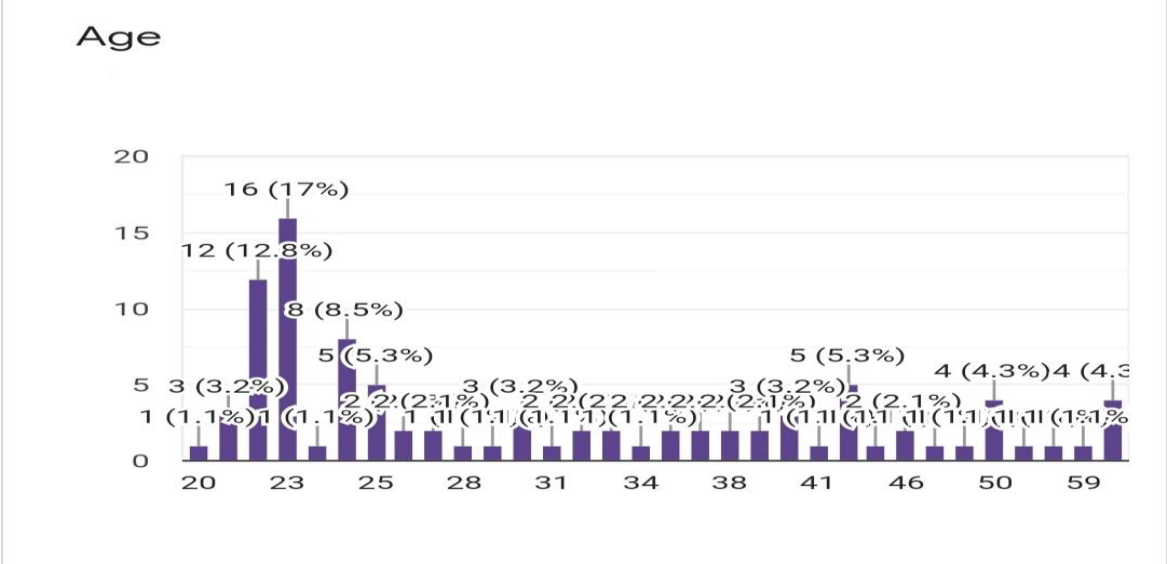

Fig. 1 Age of the participants

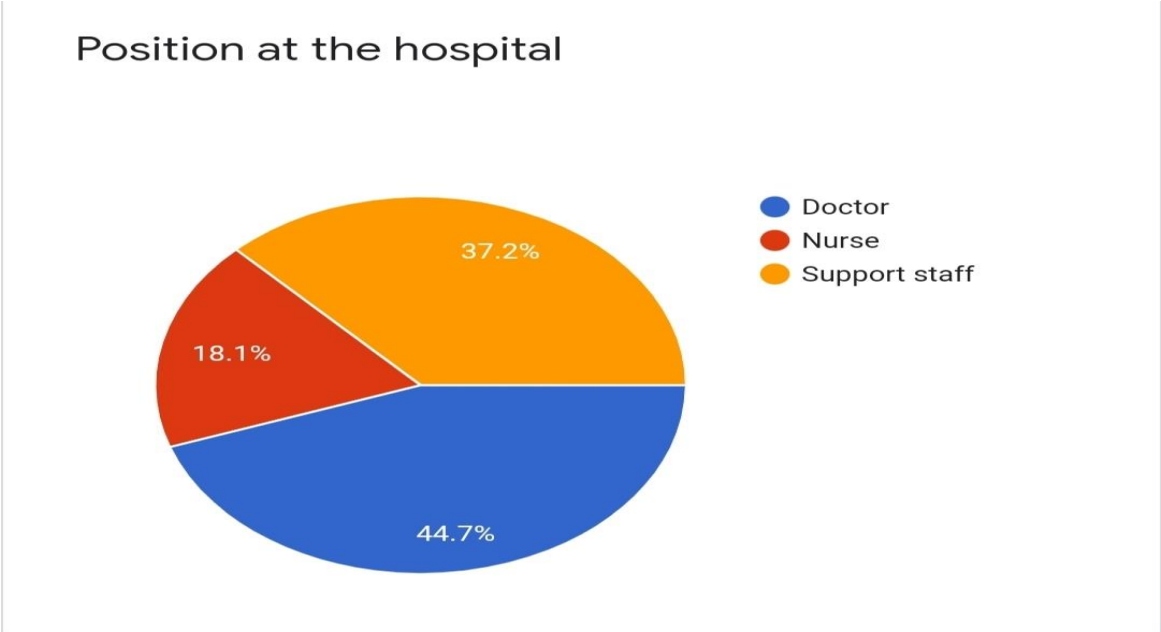

Fig. 2 Position of the participants at JJIMS

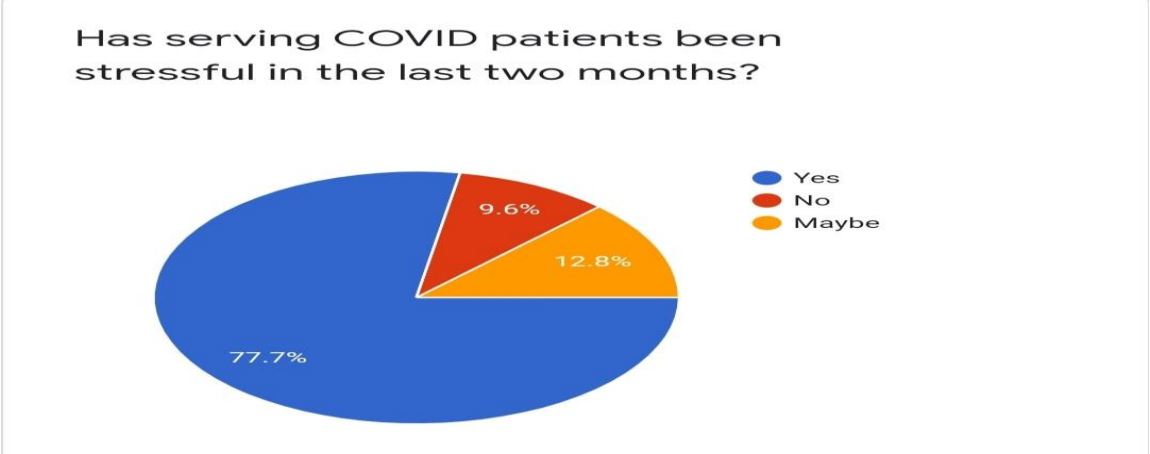

Fig.3 Responses of the participants regarding stress conditions

Section II: Accessing the amount of stress of the participants:

Most of the participants i.e., 47.9% were found to be under stress or upset sometimes if anything happened unexpectedly at the hospital in the past 2 months, 14.9% were upset/stressed very often and 25.5% were upset/stressed fairly often.

On asking the participants about their ability to handle their personal problems confidently, out of 94 respondents, 20.2% were found to handle their personal problems confidently very often, 36.2% fairly often and 33% sometimes.

On being asked, how often the participants got angry because of the things that were outside their control, 8.5% opted for very often, 20.2% opted for fairly often and 55.3% opted for sometimes.

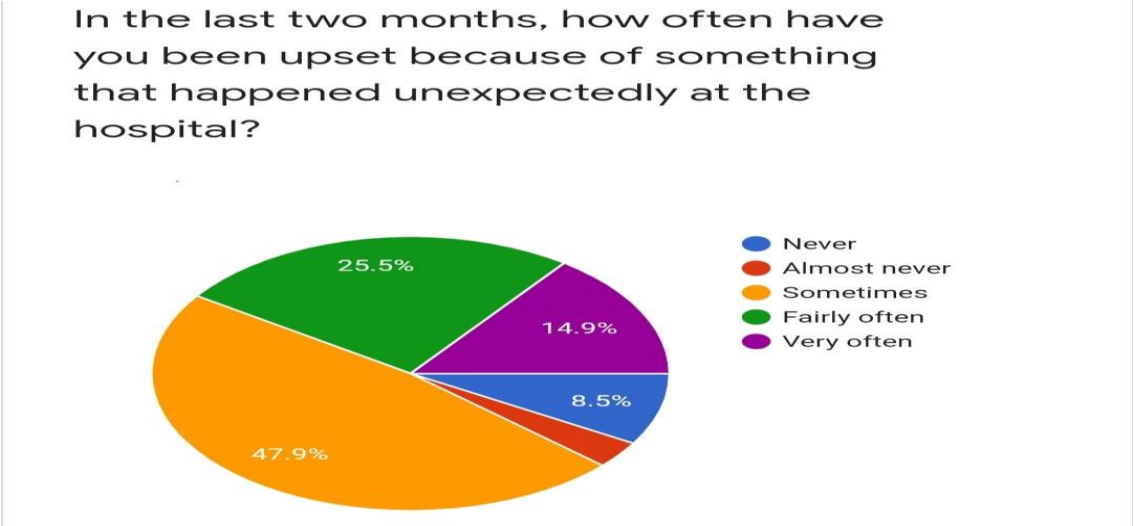

Fig.4 Stress level of the participants

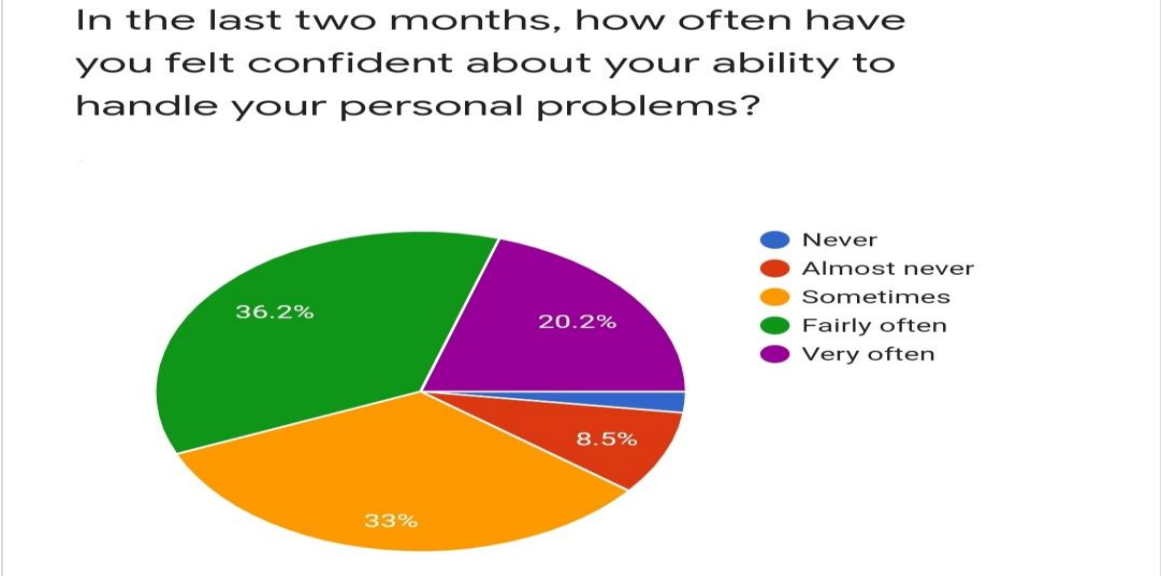

Fig. 5 Ability of the participants to handle their personal problems

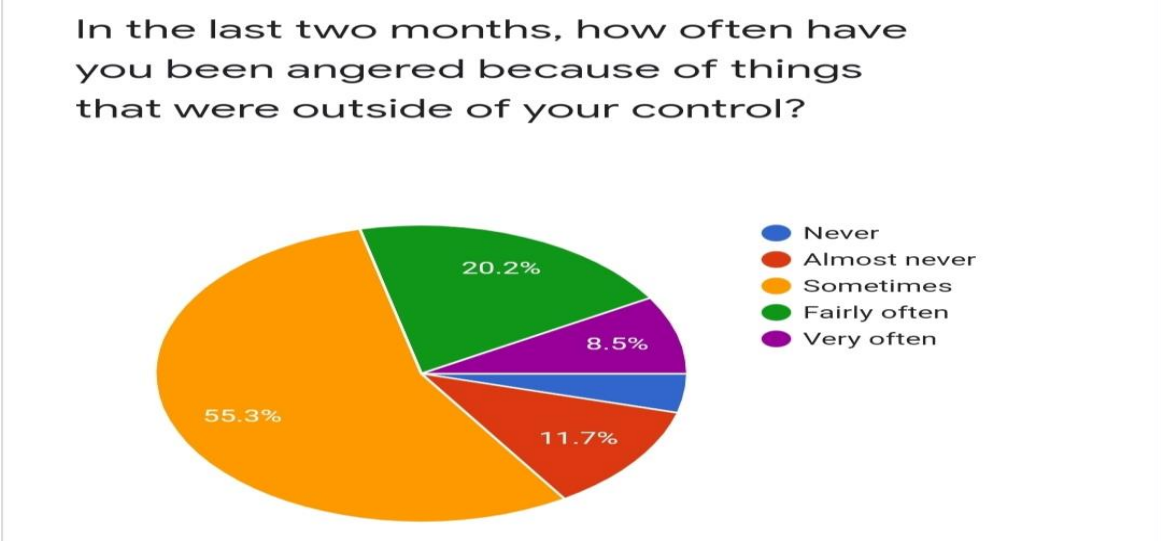

Fig. 6 Responses of the participants about how angry they got if the things were not in their control

Section III: Coping with the stress:

Participants were asked, on a scale of 1 to 10 about the stressful the conditions has been in the last two months, about 33% of the participants were highly stressed by the conditions around them at the hospital, and about 8.5% - 19.1% were found to be mild to moderately stressed.

On being asked on how the participants coped with their stress and anxiety, we got variety of answers, 39.8% coped by talking to their friends and family, 28.4% coped by taking proper

diet and doing proper exercise, 21.6% coped by doing meditation and 9.1% coped by being updated by the knowledge and information regarding the second wave of Covid-19.

On being asked that if JJIMS helped their staff members during this difficult time, the responses were positive, that the hospital tried to help each and every member of their staff to cope up with their stress/anxiety.

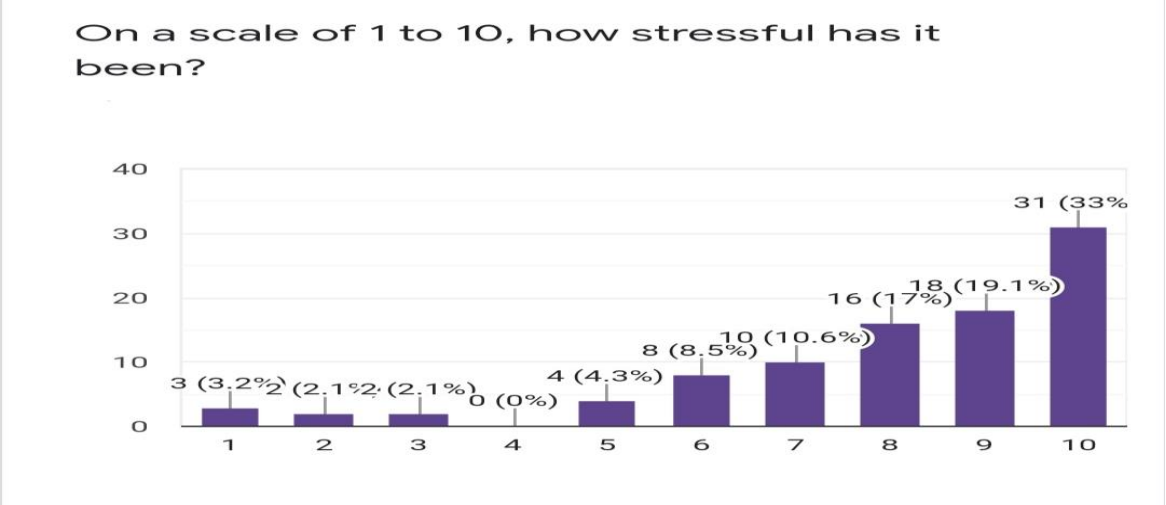

Fig 7. Stressful conditions on a scale from 1 to 10

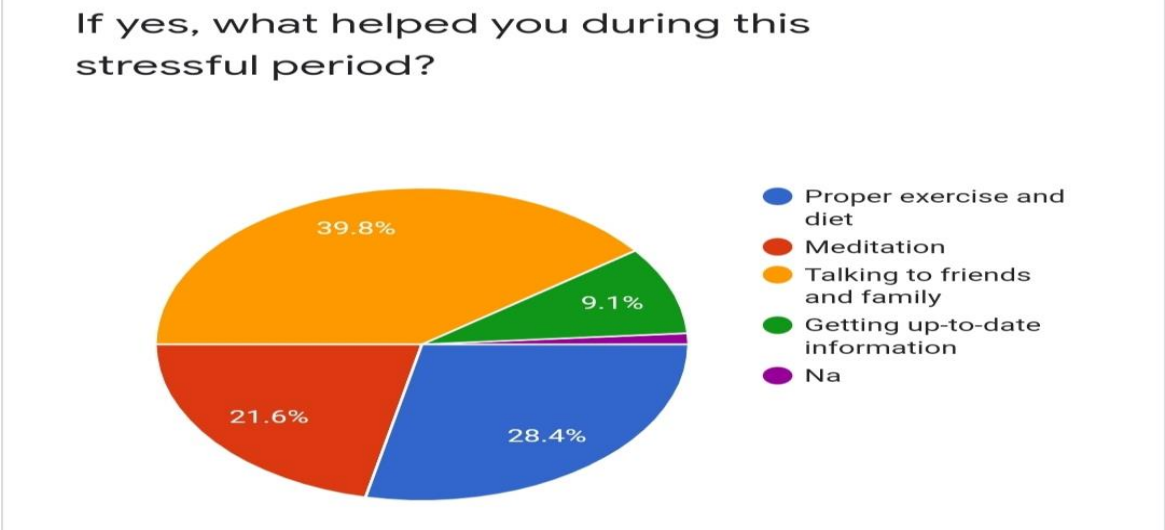

Fig 8. Responses on how the participants coped with their stress/anxiety

Fig 9. Responses on how the hospital supported their staff members

5.Discussion:

Covid-19 has spread panic and terror over the world. We've seen pandemics and epidemics before, such as SARS, the Cholera pandemic, MERS, and the Spanish flu, but Covid-19 is on a whole new level. All of these disasters have one thing in common: they have broken the planet and left a trail of destruction in their wake. The second wave of Covid-19 has caused widespread worry, fear, and disorientation, but those most affected by the epidemic are healthcare and frontline workers, who have had several psychological difficulties. As a result, this research looked into the impact of the pandemic on the mental health of healthcare and frontline employees at JJIMS.

(Wang et al., 2020) performed an online survey in China to better understand the peak of worry, tension, and psychological impact during the early stages of a pandemic. The survey received 1210 responses. The psychological impact was described by 52.8 percent of respondents as moderate to severe anxiety and moderate to severe depression.

The majority of those who took part in our survey were concerned about infecting their family members rather than themselves. Our study participants are mildly stressed, but there are many more that require assistance and care for their mental health. Along with being virus-aware, bettering mental health care options, such as virtual consultations and web-based services, are the requirements of the hour.

Limitations:

Because the poll was conducted using convenience sampling, the results cannot be applied to the entire population. Participants in the study include healthcare workers who are well aware of the epidemic yet, their stress and anxiety levels are not comparable to the broader population. The study was done entirely online, and the questionnaire was only available in English.

Conclusion:

The pandemic, particularly the 2nd wave of Covid-19, has created a lot of panic and fear among the public and healthcare workers; there is a lot of trauma and emotions that the entire country is going through; the government has taken the necessary steps to prevent the virus from spreading; and healthcare experts have been fighting the epidemic on the front lines and are under a lot of mental stress. There are no good mental health facilities, therefore the healthcare professionals are under a lot of stress and depression.

This issue must be brought to the forefront; effective and timely communication is critical; psychological crisis management should be included in pandemic preparedness measures; and online counselling should be established. As the pandemic progresses, greater mental health difficulties must be addressed.

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Annexure:

• https://docs.google.com/forms/d/1tphiTiXXXkH_c1-bts8fOhGtMMsGAN5BnlVyBUL4x5Y/edit?chromeless=1