WHAT IT TAKES TO BE A DOCTOR: THE WORK LIFE BALANCE OF DOCTORS DURING COVID-19- A QUALITATIVE STUDY

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ABSTRACT
The study is based on investigating the work life balance of the resident doctors during COVID-19.

Design: Focus group interviews with doctors, resident doctors and interns were conducted who were assigned duties in COVID 19 wards of the hospitals of Northern India.

Participants: The study was carried out on 97 doctors (Psychiatrists, radiologists, pediatricians, gynecologists and Medicine) who were posted in COVID 19 wards in some or the other shift. The doctors were assigned duties in the two COVID-19 hospitals of Northern India where the study was carried out. The long and tedious working hours in the hospital came with additional responsibility of maintaining and recording the data of COVID patients. After the 15 day long duty in the hospital these doctors were required to stay alone in a separate accommodation where they were quarantined for fourteen days. This long separation from family and friends disturbed their lives leading to immense stress. Their morale went down drastically. The issue of balancing work life was especially challenging for female doctors having young children.

Conclusion: poor work-life balance adversely affected the wellbeing of the doctors.

Keywords: work life balance, COVID-19, stress

INTRODUCTION
Treating patients infected with the deadly pandemic is an arduous task for doctors who are under immense stress of preventing themselves and at the same time have to work for long hours in hot and humid conditions when even the air conditioners have...
been put off for the fear of spreading the virus. They have to be compassionate in the face of high death toll around them
lack of work–life balance, long working hours, lack of job satisfaction, female sex and younger age are important predictors of burnout in doctors (Visser et al, 2003; Howe et al., 2012; Ishak et al., 2013, Mavor et al., 2014)
Medicine is a promising career but is nonetheless tough. The medical professionals work for very long hours, work during odd shifts and also take tough decisions during indecisive times of uncertainty. They are required to deal with death and distress at the maintain composure and compassion (Shanafelt, 2015; Balme ET AL., 2015)
During their study and training period also they undertake several challenging assignments and exams and at the same time maintain and fulfill their role obligations in hospitals (Gerada, 2015).
It is evident that the rigourous medical training is linked with mental health problems and stress as well which includes dealing with challenging issues like work—life balance, long tedious working hours, dissatisfaction with working conditions and burnout (Mavor et al., 2014).
(Amoafo, 2015) the well being of doctors has a significant impact on the healthcare sector and it also directly affects the patient care which includes patient satisfaction, and interpersonal relationship developed during the time of treatment with the patient.
Off late especially during the COVID-19 period, there have been cases of immensely high stress. (Scheepers, et al., 2015; Culture 2015; Francis, 2013). In medical profession, there have been serious concerns regarding the high levels of stress, emotional exhaustion and burnout and also lack of work life balance among the doctors. 13-15 female doctors were found to be prone to burnout and lack of work life balance as compared to their male counterparts.
Walsh (2003) in females, the rate of burnout increases by 12-15% with every 5 additional hours put in by them during the scheduled 40 hour per week work load and they feel that they have lesser control over their working environment.
McMurray et al. (2000) alongside the demand of time for professional responsibilities, female doctors have to meet domestic responsibilities as well. Although Drinkwater (2008) found that the stress of parenthood is equally borne by
both the parents. The studies conducted in the past studied the relationship between
work life balance and psychological health (Swanson et al., 1998; Cooper, 2006).
This paper examines the doctors and the interns perceive work life balance and its
impact on their career. A few studies which were carried out on psychological stress
of doctors working in COVID-19 hospitals have been summarized below:

Table 1: Summary of studies on psychological stress of doctors during COVID-19

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Area of study</th>
<th>Major findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lei et al</td>
<td>Mar, 2020</td>
<td>China</td>
<td>Physicians and nursing staff suffered from depression, anxiety and insomnia.</td>
</tr>
<tr>
<td>Badahdah et al</td>
<td>April, 2020</td>
<td>Oman</td>
<td>This pandemic affected the mental health of physicians especially young female doctors</td>
</tr>
<tr>
<td>Yang &amp; Ma</td>
<td>April, 2020</td>
<td>China</td>
<td>Perceived knowledge has indirect effect on emotional wellbeing of people.</td>
</tr>
<tr>
<td>Varshney et al</td>
<td>May, 2020</td>
<td>India</td>
<td>COVID 19 has a significant psychological impact on one third of the sample surveyed and factors like age younger people reported to be more impacted), gender (females were reported to be more impacted) and known physical co-morbidity.</td>
</tr>
<tr>
<td>Bansal et al</td>
<td>April, 2020</td>
<td>U.S.A</td>
<td>The paper addresses the various challenges ranging from social distancing to online education of children w.r.t the clinicians.</td>
</tr>
<tr>
<td>Shanker et al</td>
<td>Mar, 2020</td>
<td>U.S.A</td>
<td>The immunologists are forced to reduce direct face to face interaction with patients.</td>
</tr>
<tr>
<td>Blake et al</td>
<td>April, 2020</td>
<td>U.K</td>
<td>Using Agile technology, the authors developed a digital package for supporting the psychological wellbeing of healthcare workers during the course of COVID-19.</td>
</tr>
<tr>
<td>Puppo</td>
<td>2020</td>
<td>Colombia</td>
<td>There is high perceived stress related with COVID-19 due to inconsistent health care policies by the administrators. Also, the sample reported to be under high stress due to measures like quarantine, and fear of passing the disease to elderly in the family.</td>
</tr>
<tr>
<td>Adams &amp; Walls</td>
<td>Mar, 2020</td>
<td></td>
<td>The health care workers are undergoing severe anxiety and stress and frequent conversation can be useful in reducing the anxiety level.</td>
</tr>
<tr>
<td>Ferry</td>
<td>July, 2020</td>
<td>U.S.A</td>
<td>The governments and policy makers must assign utmost priority to the wellbeing of physicians during COVID-19</td>
</tr>
<tr>
<td>Brazeau et</td>
<td>June, 2020</td>
<td>U.S.A</td>
<td>COVID-19 pandemic has instilled the concept</td>
</tr>
</tbody>
</table>
al  2020  of wellbeing among people
Jordan et al  2016  Work performance of nurses is influenced by their stress and coping abilities and affect their performance.
Arslan  June, 2020  Stress due to COVID-19 has a significant influence on psychological inflexibility
Dhingra et al  Dec, 2020  The doctors were stressed out during this pandemic which adversely affected their work life balance and subjective happiness
Brooks et al,  2020  COVID-19 is an important stress factor affecting the mental well-being of people
(Statici et al; Gunnell et al  2020  Pandemic like COVID-19 leads to severe mental ailments
Kowal et al  June 2020  24 nations  High stress is faced by young people, by females, be single people and those having more number of children.

METHODS

Information regarding the living experiences of doctors were collected using qualitative approach which comprised of focus groups and one-to-one interview carried out in person using a semi-structured interview schedule. The interview schedule was pilot tested on ten junior doctors. Questions were designed to collect their negative and positive experiences. The doctors were asked to explain the times which taught them a lot and others which were negative. Issues related to work life balance emerged out of the data thus collected. Consent was taken from all the participants before initiating the interview. Participants were the doctors, residents and interns (Radiology, Surgery, Medicine, Psychiatry, Obstetrics and Gynecology) from the two COVID-19 hospitals of Northern India. We shortlisted doctors, interns and residents who were directly or indirectly involved in the COVID-19 hospital duties.

ANALYSIS

The interviews and focus groups were verbatim transcribed. The data thus collected was analysed with the help of QSR NVivo-10. The detailed framework of coding is described later in the paper. The doctors, residents and interns were not asked directly any question specifically related to work life balance but the codes related to this
emanated from the data. The transcript was shown to a linguist and a psychologist who assisted in the development of initial coding scheme required for proceeding with thematic analysis.

**RESULTS**

The transcripts were discussed in the light of suggestions that came from pilot study. We coded all the transcripts thereafter. A total of 392 doctors, residents and interns were shortlisted for interview. 136 out of them gave their consent to be interviewed. The demographic statistics of the sample is presented in Table 1 below. Five themes were revealed which have been described in detail in the subsequent section. The first and the second theme reflect the important contributors of work life imbalance. The respondents agreed that they have to put job over home in priority as the demand of medical profession is very stringent. They have to work for long shifts and during odd hours. Their personal relationships and family life is adversely affected due to high demand at work. This leads to immense stressful situation at times. All this impacts their motivation. The subsequent next two themes describe the impact of lack of work life balance in life. The respondents feel that they face shortage of time for coping up with family responsibilities along with their hospital duties which affects their morale and motivation to work. At times they feel exploited, as reported by a few doctors. The fifth theme explains the effect of work life issues on the lives of female doctors. The females are expected to give priority to family over work which creates undue pressure and stress especially for doctors who have to manage emergency calls and at times have to work in odd shifts or during odd hours of the day. The long working hours as demanded by medical profession at times leave little or no time for the family and children due to which they also suffer from the feeling of guilt. Long working hours along with flocking patients, necessitates sacrificing the weekends or evening plans of outing with friends and family. The social life gets badly affected. The work life balance is distorted not only due to long working hours but also due to the strenuous nature of work. Patients don’t appreciate a doctor always. Infact receiving appreciation is a rare instance (Resident, Surgery, male). During COVID-19 duties the doctors had to work in highly poorly organized set-ups, there was lack of sufficient training which affected the confidence level of doctors. During COVID-19 duties, rendering of service was put on priority over the working hours, stress and
disturbance in work life balance of the doctors involved. This stressful environment caused long lasting impact on the psychological thought process of doctors. The young interns and residents underwent immense pressure of work. They worked during night shifts and at times 12 days continuously and 72 hours in a week. They reported that they were dead tired to learn anything new (Doctor, Medicine, Female). “We didn’t have office staff, registrars, and support staff. We had to manage all documents ourselves.” Managing high volume of work has been the order of the day especially after the onset of this pandemic.

Table 2: Profile of participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor (MD, General Physician)</td>
<td>12</td>
<td>12.37</td>
</tr>
<tr>
<td>Doctor (MD, Psychiatry)</td>
<td>3</td>
<td>3.09</td>
</tr>
<tr>
<td>Doctor (MS, Obs and Gynae)</td>
<td>6</td>
<td>6.18</td>
</tr>
<tr>
<td>Doctor (MS, Orthopedics)</td>
<td>6</td>
<td>6.18</td>
</tr>
<tr>
<td>Doctor (MS/DMRD, Radiology)</td>
<td>5</td>
<td>5.15</td>
</tr>
<tr>
<td>Doctor (ENT)</td>
<td>4</td>
<td>4.12</td>
</tr>
<tr>
<td>Residents (Doctors pursuing PG)</td>
<td>13</td>
<td>13.40</td>
</tr>
<tr>
<td>Interns (Pursuing Internship as a part of their MBBS program)</td>
<td>48</td>
<td>49.48</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>100</td>
</tr>
</tbody>
</table>

(Obstetrics and Gynecology, Female) frequent duties during odd hours amidst stress of COVID-19 led to undue stress in the family also. It appears that I am forced to put all my plans on hold due to these circumstances. (Resident, Pediatrics) Being separated from my family for a long period gives rise to emotional stress. I couldn’t meet them even during festivals as I was under the fear of infecting my family. The cold corridors of the COVID-19 hospitals, patients clad in white sheets, uncomfortable PPE kits, nothing appeared to be good. (Doctor, Surgery, Male) there was nobody whom we could turn to for emotional support during all these strenuous months. Being separated from family and friends for such long duration has not at all been easy. (Doctor, Medicine, female) although I was allowed holiday of 15 days in
between my duties but I didn’t went home due to the fear of passing on any type of infection to my younger brother and elderly parents at home. (Resident, Orthopedics, male) since I am from South India, I couldn’t go to my house during this period as the flights were non operational and few which were continuing, were way too risky to board. I wish all this gets over soon and we may resume our normal hospital functioning.(Doctor, Psychiatry, female) we in psychiatry department struggle everyday to counsel our colleagues, patients, their relatives to not to succumb to the blues of this deadly pandemic. For this we have to motivate ourselves and recharge everyday to take up the challenge. (Doctor, Radiology, female) we lacked energy and time to cope up with our personal commitments with friends and family. Dealing with all this emotional stuff has not been easy and moreover the kids back home suffered a lot due to the emotional stress they underwent when they came to know that their parents were deployed in COVID-19 hospital ward duty. Since radio diagnosis played an important role in diagnosing Corona, a number of patients underwent chest CT scan which was not easy for technicians as well as radiologists on duty. Sanitizing the machine and bed patient after patient and at the same time taking care of avoiding infection ourselves was not easy. (Intern, female) the general morale across the hospital is low and one has to push oneself hard every morning to attend the hospital duties. There is deadly silence in the wards.

Separation from friends and family
The doctors and interns engaged in hospital duties during COVID-19 were not permitted to meet anyone especially for a fortnight they had to observe strict discipline. That actually made them mentally tired and stressed out. During all these months taking any major family decision like marriage, children, buyng a house etc. were put on hold.

Expectation that doctors prioritize hospital duties over anything else in life
Work life balance was disturbed not only on account of expectation of giving priority to COVID-19 ward duties rather it was the stressful nature of duty which had a far more significant impact. The working conditions in the wards added to the woe. The night shifts and working during odd and long hours took a toll on the mental and physical health of the doctors.

Low level of motivation at work and further impeded well-being
The morale of doctors ran low as they felt that they are being exploited by the rigid policies of the hospital during the pandemic and also the strictness of the government. The uncertainty that loomed large during this pandemic badly affected their mental well being.

**FINDINGS**

Findings suggest that the doctors lacked work life balance which adversely affected their personal and social life. The morale also ran very low during the period of this pandemic. They were expected to prioritize hospital duties over anything else- be it any family or personal issue requiring urgent attention. Long work hours added further to the already mounting stress. Working in a new kind of hospital environment where every person was covered and was avoiding meeting the other was scary during the initial months of this pandemic especially during March and April 2020. Then the doctors started getting accustomed to it. The impact of work life imbalance was more severe on those having children. The female doctors reported to be more stressed out than their male counterparts and faced severe work life balance issues. Long and extended working hours were very strenuous and unbearable. The suffocating PPE kits were uncomfortable to put on in the humid, non air-conditioned environment.

F1: Personally I have started feeling during all these months as to where my medical career is heading. At times I feel like quitting this profession (General Physician, male).

F2: Whatever I am earning now or will be earning in the future, can be also be earned by pursuing any other profession which is comparatively more comfortable or atleast less strenuous (Resident, Orthopedics, male).

F3: Morale has never been so low in my entire life and have started feeling why am I bearing all this. I also feel that one cannot be a human being and a doctor at the same time (Resident, Orthopedics, male).

Female doctors especially those with children, felt the lack of work life balance and those who were not married or didn’t have children felt that how will they be able to manage this additional responsibility of children and family. Few of them were looking for options where they could work on part time basis as they didn’t want their
families to suffer. Many female doctors, interns and residents said that they are actually planning to shift to part-time mode as they cannot work full time without compromising their family responsibilities. One of the doctor who had joined just after maternity leave was of the opinion that her child is her priority and unless there is a safe provision for work place nursery, she won’t be considering to continue with her job, especially during this pandemic when the chances of passing on the infection to her child are very high.

In addition to this, the doctors described the attitude of their seniors very negative towards pregnancy, or maternity leave and were not at all considerate. Such kind of negative attitudes were prominently reported from senior male doctors (Resident, surgery, female) There was an instance when I felt that being on family is a crime. The attitude of my senior colleagues in the department was very hostile when they came to know about my pregnancy. There was intense desire among the female doctors for having flexibility in working hours. They were almost not bothered about earning overtime compensation as their male counterparts.

**DISCUSSION**

The doctors, residents and interns, all opined that the work life balance is missing in their lives. There morale and well being is significantly affected during this pandemic since the time they have been involved in COVID-19 hospital duties. They have to give priority to work over family which leads them to stress. Lack of appropriate training during COVID-19 lead them to face difficult situations ranging from handling PPE kits for a long duration of time, skipping meals due to heavy work load, long working hours, night shifts, dearth of proper sleep- all these forced them to give a second thought as to whether they are in the right profession. Adding to their woes was separation from their families, many of them being quarantined after their hospital duties. They couldn’t meet their personal commitments. They felt like being exploited and dehumanized, with no holidays in between and with long working hours. The impact of imbalance of work life was reported to be higher among those with children. Dhingra & Dhingra (2020) perceived stress leads to low psychological well-being among health care workers engaged in COVID-19 hospital duties. The frontline health care workers are undergoing high level of stress and depression which
is influencing their normal life. The rate of anxiety and depression was very high among the doctors during the pandemic COVID-19 (Dua et al., 2000; Xua et al., 2020).

LIMITATIONS
The study was confined to the doctors, residents and interns working in a COVID-19 Medical College Hospital of Northern India. The sample for conducting interviews comprised of the doctors, the PG residents and UG Interns. The doctors and residents were from different specialties. A vast study needs to be carried out covering more doctors in more such hospitals. The sample did not represent all the specialties uniformly. There was wider representation of General Physicians as compared to Radiologists (4) and ENT specialists (4). A comparative study can also be conducted in the future among the work life balance of doctors belonging to different specialties. The mood of medical fraternity should not be overlooked or underestimated. Measures should be taken by the government to address to their woes and induce their morale. The work life balance issues arising out of rigid and tough hospital duties during this pandemic need a softer treatment.

REFERENCES


