



The Impact of COVID-19 Pandemic on Doctors Lives: A Qualitative Study In Cirebon City, Indonesia

Witri Pratiwi^{1*}, Yogi Puji Rachmawan²

Universitas Swadaya Gunung Jati, Cirebon, Indonesia

Email: we3.borneo@gmail.com

ABSTRACT

Keywords:

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impact of pandemic

Background: The COVID-19 pandemic makes huge changes in human life, including doctors as frontliners in handling the COVID-19 patients. Studies about the impact of the COVID-19 pandemic on doctor lives are still limited. **Objective:** To understand and explore doctor experiences as the impact of COVID-19 pandemic to their lives. **Methods:** This study was a Qualitative study with phenomenology approach. It was carried out on doctors who worked in Cirebon City, Indonesia. Data was collected from 9 May 2020 to 25 May 2020 (almost 2 months after the Indonesian government declared COVID-19 as a national disaster). This study used purposive sampling technique and the number of samples was determined by snowball sampling. Data was collected through recorded in-depth interviews with participants agreement. The interview transcripts were analyzed using Colaizzi's method. The data validation was done through researchers' internal discussions and returning descriptions to participants. **Results:** There were 6 doctors (3 general practitioners, 1 pulmonologist, 1 internist and 1 cardiologist) participated in this study. The participants were 26-36 years old, mostly women (66.67%), married (66.67%) and lived with family members at home. All of participants were moslem. The workplaces of participants varied, including private practice, primary health care, clinic and hospital with 3-12 years of experience. Based on data analysis, there were 6 emergent themes (psychological effects, changes in social interaction, family bonding, finding and sharing information, hopes, and a meaningful Ramadan as a strength to fight). **Conclusions:** The COVID-19 pandemic affects the doctor lives in several aspects, including psychological, changes in social interaction, family bonding and religious aspects. Pulmonologist experiences a greater impact compared to other doctors. We recommend that doctors are given psychological assistance and support so they can adapt to life changes in this pandemic. Further researchs to explore the impact of the COVID-19 pandemic on elderly doctors are needed.

Correspondent Author: Witri Pratiwi

Email: we3.borneo@gmail.com

Artikel dengan akses terbuka dibawah lisensi



Introduction

The COVID-19 pandemic causes chaos and panic in all over the world. World Health Organization (WHO) states that mental health problems in this pandemic era are very serious things which fear, anxiety and stress are real threats that significantly change people's daily lives. The world faces a new reality from working from home (WFH), temporary unemployment, homeschooling of children, and lack of physical contact between family members, friends, and colleagues (World Health Organization, 2020a).

During this pandemic, doctors are front liners who are required to provide optimal health services even though they also face the same situation. We have learned from the 2003 SARS and 2014 Ebola virus disease outbreaks that health workers are a high-risk group for experiencing psychiatric disorders, such as depression, anxiety, and post-traumatic stress disorder.(Xianjung Ning, Fang Yu, Qin Huang, 2020) Based on the results of research conducted by Zhaorui Liu et al. (2020), the prevalence of doctors and nurses experiencing psychological distress, anxious symptoms, and depressive symptoms due to COVID-19 in China needs serious attention (Liu et al., 2020).

Research focusing on the specific impact of the COVID-19 pandemic on doctors' lives, particularly in Indonesia, is still limited. This study aims to fill this gap by exploring the multifaceted effects of the pandemic on the lives of doctors in Cirebon City, Indonesia. Specifically, this study provides new insights into the psychological, social, familial, and religious aspects of doctors' experiences during the pandemic, which have been overlooked in prior research. The novelty of this research lies in its in-depth qualitative approach, utilizing phenomenological methods to understand the nuanced experiences of medical professionals in a high-risk environment. Research on the impact of the COVID-19 pandemic on health workers, especially doctors, is still limited. Therefore, researchers are interested in exploring the impact of the pandemic on doctors' lives.

Research Method

Participants and sampling technique

Qualitative research with a phenomenology approach was carried out to obtain in-depth information about the impact of the COVID-19 pandemic on doctors' daily lives. The sampling technique used in this study was purposive sampling. The inclusion criteria were general practitioners or specialist doctors who were still working during the COVID-19 pandemic in Cirebon City, Indonesia. Exclusion criteria were not willing or unable to continue the next interview. The recruitment of participants was stopped when the information obtained through interviews has been saturated. Research data was collected from 9 May 2020 to 23 May 2020 (almost 2 months after the Indonesian government declared COVID-19 as a national disaster). This research was conducted when Muslims in Indonesia were fasting during Ramadan.

Data collection procedure

Data collection was carried out through semi-structured, in-depth interviews with subjects who fit the inclusion and exclusion criteria. The researcher contacted the subjects by telephone or personal chat to ask for their agreement to become participants. The informed consent form was sent by email and consisted of a self-introduction, background explanation, objectives, methods, and benefits of the study to prospective participants. Subjects who agree to participate will sign the form by email and make an appointment for an interview during their free time. Interviews were conducted by telephone or video call. Conversations in the interview were recorded with the participant's permission. The researcher and participant arranged further interviews if additional data or information validation was needed.

This study has received ethical approval from the Health Research Ethics Committee, Faculty of Medicine Universitas Swadaya Gunung Jati. All data is only used for research purposes. Participants were given a code (P1, P2, P3, etc) to maintain subject confidentiality.

At the beginning of the interview, the researcher asked questions about the subject's baseline characteristics. The information was explored using open-ended questions so participants could describe their feelings, thoughts, and experiences widely.

Data analysis

This study used Colaizzi's method with seven steps to analyze the collected data. The steps included listening to the recording several times and making transcripts, extracting significant phrases and statements, formulating the meanings and arranging them into theme clusters and emergent themes, and making a complete description of the themes. Validation was done through researchers' internal discussions and returning descriptions to participants.

Result and Discussion

There were 6 doctors involved in this study, including 3 general practitioners, 1 pulmonologist, 1 internist and 1 cardiologist. Participants were 26-36 years old, mostly women (66.67%), married (66.67%) and lived with family members at home. All of participants' religion were Islam. The workplaces of participants varied, including private practice, primary health care, clinic and hospital with experience as a doctor 3-12 years (Table1).

Table 1. Baseline characteristics of participants

Participant	Age (year)	Sex	Religion	Marital Status	Number of children	Family member living together	Position	Workplace	Working experience as doctor (year)
P1	26	Female	Islam	Single	-	Father, mother, young sister	General practitioner	Private practice	3
P2	27	Female	Islam	Married	-	-	General practitioner	Primary health care	4
P3	32	Female	Islam	Single	-	Father, mother	General practitioner	Hospital (Emergency room, ICU)	7
P4	36	Male	Islam	Married	2	Wife, children, nanny	Pulmonologist	Hospitals	12
P5	34	Female	Islam	Married	2	Husband, children, nanny, driver	Internist	Hospitals	11
P6	35	Male	Islam	Married	1	Wife, child, nanny	Cardiologist	Hospitals and Clinic	12

Based on data analysis, there were 6 emergent themes in this study (Table 2).

Table 2. Emergent themes and theme clusters

Emergent Theme	Theme Cluster
Psychological effects of COVID-19	<ul style="list-style-type: none"> • Anxious, afraid, shock, confused and uncertain feeling • Worried if they and their family members got infected • Face many challenges while working
Changes in social interaction during the COVID-19 pandemic	<ul style="list-style-type: none"> • Limitation of social interaction • Changing patterns of social interaction from direct to indirect using technological tools
Family bonding	<ul style="list-style-type: none"> • Most doctors have more quality time with family • Pulmonologist faces more workloads and lose time with family
Finding and sharing information about COVID-19	<ul style="list-style-type: none"> • Follow the news about COVID-19 • Updating knowledge about COVID-19 through webinars, journals and discussions with colleagues • Sharing information to colleagues
Hopes for the COVID-19 pandemic	<ul style="list-style-type: none"> • Pandemic ends soon and back to normal life • Improvement of COVID-19 health facilities • Between optimistic and pessimistic about the future
A meaningful Ramadan as a strength to fight	<ul style="list-style-type: none"> • Spiritual activities become more intense • Religious support provides great psychological support in facing COVID-19 pandemic

Psychological effects of COVID-19

The news about COVID-19 greatly influenced doctors psychologically. They felt anxious, afraid, shocked, confused and uncertain about what will happen in the future.

“When I heard the news about the first COVID-19 case (in Indonesia), I felt anxious and scared. I wondered what would happen if the number of the cases increased and expanded.” (P6)

“I am afraid and worried when this pandemic will end because I have very little knowledge about COVID-19.” (P4)

“Every time I think of it. The first week I could not sleep well.” (P1)

“Initially, I did not believe the news I heard because I thought this virus could not live in a tropical area like Indonesia. I cannot describe my feelings at the time.” (P5)

Negative news about COVID-19 made them feel even more anxious. Some health workers in Indonesia have been infected with COVID-19, and some have even died.

“All day, I searched for information about COVID-19, the mode of transmission, death rates in various countries and others. I got sick with a fever, coughing, and shortness of breath in the middle of the night because of excessive anxiety. Finally, I limit myself to searching the news about COVID-19, so I do not feel too worried.” (P2)

“Some doctors and nurses were infected, some even died. I feel more anxious when working.” (P6)

“When I heard that some of my colleagues died because of COVID-19, I became worried.” (P3)

The doctors worried if they and their family members got infected.

“I am afraid of bringing the virus to my home, infecting my wife and children through my clothes and cellphones. As a pulmonologist, I have direct contact with suspect and positive COVID-19 patients.” (P4)

“Some of health workers have been infected by COVID-19. I am the head of the family. What would happen to my family if I get infected. I maybe get the infection from patients, nurses and other doctors.” (P6)

“I worry if I can spread the virus to my parents at home.” (P1)

Doctors face many challenges while working in this COVID-19 era. They were afraid of being infected while working. There were some patients who lie about their traveling history from COVID-19 red area and contact history with positive patients. The doctors have to adapt to the new conditions while working, including lack of personal protective equipment (PPE), limited diagnosis and care facilities for COVID-19 patients, a significant increase of suspect COVID-19 patients and changes in standard operating procedures in hospitals.

“When examining the patients, I always worry that this patient may be COVID-19 positive.” (P4)

“I feel anxious and afraid when examining suspect COVID-19 patients. Moreover, many patients lie about the history of travelling to COVID-19 alert areas.” (P5)

“... the lack of PPE while the number of patients is increasing. I feel anxious when treating suspect COVID-19 patients.” (P2)

“At present, only a few hospitals have CT scan facilities, and the results of nasopharyngeal swab examinations in the central laboratory came out in 2 weeks. While waiting for the results, the patient was discharged and would infect many people.” (P4)

“I also had to adapt to the new standard operating procedures set by the hospital. (P3)

Changes in social interaction during the COVID-19 pandemic

The COVID-19 pandemic has had a big impact on the social life of doctors. They have limitations for social interaction with closely related persons.

“Now I never meet my friends. Previously, I often met with friends to chat, went to the mall, watched a movie in the cinema or ate in a cafe, about 2-3 times a week.” (P1)

“When I meet neighbours, only say hello and keep my distance.” (P1)

“Usually, we often gather with our parents on the weekend, but now never at all.” (P6)

The government's suggestion to conduct social and physical distancing changes the pattern of social interaction from direct contact to indirect through digital technology, such as telephone, video calls, social media and others.

“I have not seen my parents for almost 2 months. We are only connected by telephone and video call.” (P6)

“... meetings with colleagues and hospital officers are conducted online.” (P5)

During this pandemic, digital technology plays an important role in facilitating social interaction and buying daily necessities.

“I more often buy daily necessities through online ordering because I don't have to go out and meet people.” (P1)

“I mostly use shopping applications and online transactions.” (P6)

Family bonding

Most doctors had more time for family at home during the COVID-19 pandemic. They usually returned home immediately after work. They felt family relations were closer than before.

“...but with my family, I become more often chatting and joking. In the past I spent more time with my friends and working.” (P1)

“I feel the relationship with my wife and children is getting tighter and more frequent.” (P6)

“Now I spend more time at home. When the work is finished, I go straight home.” (P3)

“My children learn from home, so I have more time with my family.” (P5)

The situation was different for pulmonologists. In the COVID-19 era, pulmonologists became busier. They had more workload than before. More time was spent on patients, thereby disrupting quality time with family.

“With my family at home, I rarely meet them. I spend more time in the hospital because the number of patients is increasing significantly. Now, other colleagues more often consult their patients with pulmonologists. My sleep time is disturbed.” (P4)

Finding and sharing information about COVID-19

Doctors routinely searched for information about COVID-19 through various sources, such as TV, social media, scientific journals, and discussions with colleagues. They needed more information to manage the patients well.

“I follow the news about COVID-19 on television and online media. I also often follow webinars about COVID-19 or read in the doctor's application, about 1-2 times a week.” (P1)

“...often follow COVID-19 information via Instagram and Twitter. Sometimes I read journals. I want to know how long this outbreak will end” (P3)

“I read journals about COVID-19 every day. I also often share information with my pulmonologist colleagues through the WhatsApp group.” (P4)

“My knowledge about COVID-19 is still limited, so I have to look for much information. I always follow news about COVID-19 on TV, read journals, and take webinars about 3 times a week. I also often discuss with colleagues.” (P6)

Doctors also shared information about COVID-19 through webinars with colleagues.

“I give and share information about COVID-19 through webinars with colleagues.” (P4)

“I became the speaker at webinars that talked about the effect of COVID-19 in the cardiovascular system. I want to share information with my colleagues.” (P6)

Hopes for the COVID-19 pandemic

Doctors hoped that the pandemic would end quickly because they wanted to return to normal lives.

“I hope this pandemic ends soon. I also hope that the public will understand this condition and obey the government's recommendations.” (P1)

“I hope that this condition is fast resolved. I want to hang out with my friends and has a normal life like before.” (P3)

“I hope that the facilities for diagnosing COVID-19 are improved soon.” (P4)

“...this pandemic soon end, vaccines and drugs are soon discovered and we can return to normal life as before.” (P6)

Uncertainty about the future makes doctors feel they were between optimistic and pessimistic.

“All people should follow the government's advice to restrict going out of the house and wearing masks. We can get through this situation if we are together.” (P2)

“I am optimistic that this pandemic can end if all people follow the government's recommendations.” (P5)

“I am pessimistic this pandemic can end quickly. Especially now there are many cases with milder symptoms and extra-pulmonary manifestations. Experts also predict a second-wave outbreak. We must not be careless because new cases could emerge again with more numbers.” (P4)

A meaningful Ramadan is a strength to fight

This research was conducted in the month of Ramadan when muslims were fasting. They felt that this year's Ramadan was more meaningful. They became more focused on worship and became closer to God. Relationships with God give them more strength to face this pandemic.

“I feel the time that I spend with my family is getting better, especially in this Ramadan month because I can break the fast with my family at home.” (P3)

“During this Ramadan, I feel more focused on worship because I have more free time. (P1)

“I have more time for praying. I get the strength to face these big changes in my life.” (P6)

“.. I need to be closer to God. I often felt anxious before. With prayer and worship to God, I become calmer and less stressed.” (P2)

Discussion

The result of this study showed that the COVID-19 pandemic has a great psychological impact on doctors. It confirmed several previous studies regarding the impact of COVID-19 on health workers' mental health. Doctors are a potential group to experience psychological problems, such as fear, anxiety, and depression, that affect their overall well-being.(Liu et al., 2020; Waleed Rana, Sonia Mukhtar, 2020)

COVID-19 is a novel virus that it is pathomechanism, and the incubation period and definitive therapy are not known clearly yet. No one can be sure when this pandemic will end.(World Health Organization, 2020b) This virus is very contagious and has a case fatality rate higher than seasonal influenza.(Monica & Corporation, 2020) Individuals can also transmit it without any symptoms.(Gandhi et al., 2020; Monica & Corporation, 2020) As the frontline who come into contact many patients every day, it is understandable if doctors feel worried and afraid of being infected or transmitting the virus to their loved family members.

This research showed that since the pandemic, doctors deal with greater burdens and responsibilities at work. The number of patients is increasing while the number of PPE is limited, even though PPE is essential in ensuring the safety of doctors while working.(Jecek Smereka, 2020) The diagnostic and patient care facilities of COVID-19 in Indonesia are also very limited.(Djalante et al., 2020) The negative social stigma of COVID-19 causes patients to be dishonest in conveying their health information during history taking.(IFRC, UNICEF, 2020)

The news about health workers who were infected and died from COVID-19 adds to the doctor's fear. According to the Indonesian Medical Association (IDI), until 20 May 2020, 27 doctors died from COVID-19 throughout Indonesia. The head of the Indonesian Nurses Association (PPNI) stated that there were 64 medical staff infected and 20 nurses dying from Covid.(Apriadi Gunawan, Asip Hasani, 2020) The same situation also occurs in the United

States. At least 9,282 healthcare workers were diagnosed with COVID-19 through 2 April 2020, of which 723 were hospitalized, 184 were in the ICU, and 27 died (Sepkowitz, 2020) .

The pandemic of COVID-19 has influenced changes in the pattern of social interactions among doctors. They are limited to meeting and interacting directly with others. Digital technology facilitates their interaction even indirectly. In this pandemic era, doctors prefer to use online applications to purchase their goods (Dany, 2020).

The pandemic influences the family bonding of doctors. Most felt that the relationship with families who lived in one house had become closer due to more time together. However, pulmonologists feel different things, and they become busier, so their time with their families is reduced. In Indonesia, pulmonologists are the primary physicians in charge of COVID-19 patients (Pebrianto, 2020). It makes their workload heavier than other doctors.

The doctors' curiosity about COVID-19 was great. They tried to access various media information and discuss it with peers in order to provide optimal patient management. This is supported by many free-to-open journals about COVID-19 (Yasinski, 2020). They also tried to share their information and experience handling COVID-19 patients with other colleagues through webinars.

The doctors hope that this pandemic will quickly end and they can carry out their normal activities. Some feel optimistic, but others are pessimistic. Some people do not obey the government's recommendations. The Indonesian government issued regulations of "Social Distancing on a Large Scale (PSBB)" to break the chain of COVID-19 transmission. They are the closure of schools and workplaces encouraging work from home, restrictions related to religious activities, limitation of socio-cultural activities in public areas, restrictions on modes of transportation, and restrictions on other activities related to defence and security aspects.(Embassy of The Republic of Indonesia, 2020) This outbreak will not end if all people do not comply with the government's call.

This pandemic gives a different religious experience for doctors who are Muslims because it happened during the month of holy Ramadan. They feel more focused on worshipping and getting closer to God. Fasting helps Muslim doctors to reduce stress, anxiety and excessive fear.(Verma et al., 2016) It gives them religious support to deal with this pandemic.

The limitation of this study is that all participants were less than 60 years old. Doctors over 60 years of age may have special experience, especially in the psychological aspect. We suggest that further research explore the impact of the COVID-19 pandemic on elderly doctors.

Conclusion

The COVID-19 pandemic has had an impact on doctors' lives, including psychological effects, changes in social interactions, family bonding, and religious aspects. Pulmonologists have a greater impact than other doctors because of the heavy workload and lack of time to gather with family. The doctors hope this pandemic will end soon so they can live as before. We recommend that doctors be given psychological assistance and support so they can adapt to life changes in this pandemic.

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