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# Mental Health And Self-Efficacy Among Doctors During COVID-19 Pandemic

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## Abstract

A pandemic cannot be stopped without the help of health professionals. The medical community should be supported when they take the lead in fighting COVID-19. The goal of this research is to better understand the factors that have an impact on the confidence and well-being of medical professionals amid the current COVID-19 outbreak. The sample consisted of 113 practising medical professionals from the Ernakulam region of Kerala, Indian Union. The purpose of this study was exploratory, and it looked at how social constructivism can be used. Information was gathered through semi-structured telephone interviews. To kick off data gathering, the researcher requested and received a directory of doctors' numbers from the state health mission's district office. A total of 113 medical professionals were interviewed via phone. In order to collect information, the researcher held 15- to 20-minute semi-structured interviews with all of the participants. Using content analysis, we learned that the following factors affect physicians' emotional well-being. Some of these are time management, family life, communication, travel, workplace, public knowledge, paperwork, encounters with COVID-19-positive patients or coworkers, and COVID-19 updates. There is a risk to doctors' mental health, the study found, but personal, societal, and cultural factors are essential for protecting doctors' well-being during the COVID-19 pandemic. The findings of this study will aid authorities in handling problems that have an effect on the confidence and well-being of medical professionals. COVID-19 provides an opportunity for the medical community to discuss topics that have an effect on doctors' emotional well-being and confidence in their own abilities.

**Keywords:** Covid-19, Pandemic, Mental Health, Self-Efficacy.

## **Introduction**

When interacting with patients, doctors and other medical professionals must be in excellent mental health. Healthcare workers' mental health can suffer from occupational stress just as much as that of professionals in other areas. Unique stresses that do not exist at other times are presented by pandemics. Stress management techniques that are routinely utilised are useless during a pandemic. The COVID-19 pandemic has also made medical staff members more cautious. The rate of increase in casualties and suffering is horrifying. At these times, doctors are capable of performing their tasks and are completely functional. Maintaining momentum depends on a variety of individual, social, and societal factors (Ammentorp Jette, Sabroe Svend, Kofoed Poul-Erik, 2007). Fostering qualities like a high IQ, emotional maturity, and spiritual awareness might improve a doctor's mental health. Doctors can be inspired to fight the COVID-19 epidemic by societal factors like a positive work atmosphere, responsible residents, energetic volunteers, and a trustworthy governmental system. Cultural aspects are at the forefront of attempts to lessen the consequences of the epidemic, including emergency responses, access to current information from overseas (particularly if at least one family member lives abroad), a strong communication infrastructure, concerned leaders, and well-known figures. Kerala's healthcare system has undergone significant and broad improvements (Huang et al., 2020). The majority of global health metrics are equivalent to those of industrialised, high-income countries (Soman C.R, 2007). Kerala is able to produce a large number of qualified medical professionals. There are currently 34 medical schools in Kerala offering MBBS degrees, with a total intake capacity of 4,050 students, according to the Medical Council of India. Although it is home to only about 3% of India's population, it is also home to about 8% of the country's medical schools (WHO, 2017).

The World Health Organization's declaration of a pandemic due to the spread of the COVID-19 virus illustrates the seriousness of the problem. During a pandemic, there isn't enough time for the accountable medical system to take the necessary steps. Together, all of the systems are working around the clock to protect things from getting any worse. As a result, it is imperative that all efforts taken to combat COVID-19 be taken more quickly and methodically. Results can be improved with increased speed and coordination, and the study of COVID-19 is a novel addition.

Professional medical personnel are essential to any group battling a pandemic like COVID-19. The psychological well-being of doctors and their sense of competence are two important areas for research. This research was borne out of a federal/state joint endeavour to improve the mental health of medical workers. Knowing what makes doctors feel more confident in their abilities and emotionally healthy can pay huge dividends. The health care system in Kerala is widely considered among the best in the country (Liang et al., 2020). What makes this research special is that it is the first of its kind to focus on the mental well-being and confidence levels of health care providers in a single state. As opposed to other methods of gathering information, surveys have proven to be more effective in closed cultures. In-depth

knowledge about the situation was gained through in-depth telephone interviews. Afterwards, the collected information was analysed using a content analysis technique(Liu et al., 2020). The unique combination of these features makes this study the first of its type in the field of contemporary research and an early warning sign.

## **Review of Literature**

To introduce a problem for examination or to highlight gaps and inadequacies in earlier study, researchers often compose reviews of the literature. The study provides a literature review that may be used to learn more about the topic and provide backing for further research. It's a guide to what's been accomplished and what's still up for debate and conjecture(Yao et al., 2014).The purpose of this research was to examine doctors' senses of competence and emotional well-being during the recent COVID-19 pandemic.

(Liu and et. al., 2020)For COVID-19, 230 members of the medical staff at a tertiary infectious disease hospital completed a survey on their emotional well-being. The purpose of this study was to examine the mental health of clinical frontline medical personnel during the COVID-19 outbreak and develop a theoretical basis for psychological intervention(Nørgaard et al., 2012). The cluster sample investigation of 246 healthcare workers involved in COVID-19's care yielded 230 responses. The Self-Rating Anxiety Scale (SAS) and the Posttraumatic Stress Disorder Scale (PTSD-SAS) were used to collect the data (PTSD-SS). Anxiety and stress disorders were shown to be highly prevalent among healthcare personnel.

(Zhang W and et. Al., 2020)Concerns about the mental health and well-being of medical and healthcare professionals in China amid the recent COVID-19 outbreak. One reason for conducting this research was to see if medical health workers had more psychological problems than other health care employees did during the COVID-19 pandemic. There were 2,182 Chinese respondents to the online survey, which ran from February 19 to March 6, 2020. In this study, we used the Insomnia Severity Index (ISI), the Patient Health Questionnaire-4 (PHQ-4), which included a 2-item anxiety scale and a 2-item depression scale, and the Symptom Check List-revised (SCL-90-R) (PHQ-2). The study found that medical professionals had preexisting psychological problems and were at risk for developing new ones during the COVID-19 pandemic.

(Yingjian Liang et.al., 2020) Screening for Chinese Medical Staff Mental Health by SDS and SAS was a study undertaken by SDS and SAS during the COVID-19 outbreak with the intention of learning more about the mental health of the Chinese medical staff. Instruments used included the Zung self-rating depression scale (SDS) and the Zung self-rating anxiety scale (SAS)(Soman, 2007). There were 36 nurses and 23 physicians involved in the study. The study shows how important it is to remember the mental health of other medical department employees, especially younger medical professionals, throughout the epidemic.

## **Studies about Self-Efficacy among Doctors**

(Yao et.al., 2014) Researchers in China looked at the relationship between doctors' sense of general competence and their stress levels and job happiness. The purpose of this research is to examine how doctors' general self-efficacy (GSE), aggression at work, and job satisfaction are related to one another. The research employed a cross-sectional survey approach. The doctors at 9 different hospitals in Zhengzhou, Henan Province, China were polled between June and October of 2010. Health care workers may be able to recover from the effects of workplace violence if they are taught stress management techniques and taught to believe in their own ability to succeed at work.

(Norgaard et.al, 2012) A study that discovered "that finding" is described in the article "Communication Skills Training Increases Self-Efficacy of Health Care Professionals." The goal of this study was to determine how the training programme improved participants' confidence in their capacity to interact with patients and coworkers in an effective manner. With a total of 181 participants, the staff members took part in a three-day training course in patient-centered communication and interpersonal communication (Zhang et al., 2020). To evaluate the effectiveness of the training, questionnaires were completed before, during, and six months following the session. Researchers discovered that completing a lesson on effective communication increased emotions of competence. This result was shared by all medical staff members, including doctors, nurses, assistants, and secretaries.

(Ammentorp et.al., 2007) The objectives of this study were to: (1) ascertain whether or not medical professionals' self-efficacy increased as a result of communication skill training; (2) ascertain the extent to which training courses influenced participants' initial experience of self-efficacy; and (3) identify self-efficacy determinants. For the study, a randomised trial format was employed. Clinicians in the intervention group participated in a five-day communication course while those in the control group received no intervention at all. Researchers discovered that communication skills training increased doctors' assessments of their own competence in speaking with patients. Medical practitioners might better handle the demanding linguistic demands of their daily work by taking communication courses.

## **Method**

This chapter lays out the methodology in detail. It details the procedure for selecting the sample, the equipment needed, how to collect the data, and how to analyse it statistically.

## **Sample**

113 practising doctors from Kerala's Ernakulam district, which is a member of the Indian Union, made up the study's sample population. Kerala is a state in the Indian Union. This study set out to determine how far social constructivism could be developed. An over the phone, semi-structured interview was used to collect the data. Contact information for doctors was first gathered for the study via the state health mission district offices. For this

study, 113 doctors were surveyed. The researcher spoke with each participant for roughly 15 to 20 minutes during the semi-structured interview. A medical expert was thanked for their efforts in quickly responding to the epidemic at the beginning of each call. Following that, questions were posed regarding work-life balance, family life, knowledge sharing, commute times, workplace location, general public awareness, paperwork, work experience with COVID19-positive cases or coworkers, COVID-19-related news, and confidence in one's own ability to combat the virus. In order to shed more light on the matter, content analysis was used to the collected data.

## Result and Discussion

**Table shows the percentage of doctors reported following factors as threat to mental health during COVID-19 pandemic**

Sl.No.	Challengesfaced	Percentage
1	Workforcemanagement	60%
2	Familyrelations	11%
3	Knowledgeacquisitionandsharing	2%
4	Worklocation	1%
5	Transportation	1%
6	Publicawareness	5%
7	Documentation	10%
8	Continuousduty	3%
9	Workhistorywithpositivecolleagues/cases	6%
10	News	1%

### Workforce management

Every hospital's medical officials were given special assignments related to the outbreak of the rare virus. In an effort to better carry out their duties, officers have made an effort to learn more about the pandemic and become more aware of their obligations. Greater internet access, the widespread availability of smartphones, and the proliferation of employee social media groups are just a few examples of how 21st-century technology has facilitated workforce management. Some higher-ups, including doctors, stayed late to help out with the night's work of the lesser employees after they'd finished their own shifts.

### Family relations

Family is very important to doctors, and nearly all of them (98%) have spouses, children, and/or parents. It has been found that the old and young people are at a higher risk from contracting the COVID-19 virus. A lot of professionals and workers reported feeling down when they got home from work. As a general rule, homes with children or the elderly tend

to be more stressed than those without. Concern about the health of their loved ones, who may be more vulnerable to the epidemic, grows when they get home from work. It was also found that health care workers found it challenging to be away from their families while living in the quarters. For healthcare workers stationed in one place, the stress level might rise when relatives — especially children who are away at school or who live in another state — are unable to leave due to a lockdown.

### **Knowledge acquisition and sharing**

Health care providers may find relief from their anxiety caused by a lack of accurate information if they have access to credible sources of information. The scientific findings on COVID-19 have not yet trickled down to the level of entrance for the medical community. Exposure to false information about COVID-19 is inevitable in today's interconnected digital environment, and this might increase anxiety. Working with those who had a shallow understanding of COVID-19 was more challenging. An understanding of COVID-19 always paid dividends in terms of improved labour management.

### **Work location**

A group of doctors and nurses were dispatched to the Ernakulam district's busiest airport to conduct thorough health checks on all arriving passengers. After positive traveller tests, medical personnel, especially doctors, became more vigilant. Since this is a specialised unit, its members come from local medical professionals. The crew had to make adjustments after having to move their operations due to the COVID-19 outbreak. Perhaps the office had been labelled a "hot zone," prompting the new policies to be implemented.

### **Transportation**

Getting to work on time and in comfort was not an issue before the COVID-19 epidemic or shutdown. People's normal routines had to be adjusted as a result of the pandemic, which caused disruptions due to the lack of experience with this virus among medical professionals. Health professionals, such as doctors, who lived in different districts or different parts of the same district, found it difficult to drive their own cars long distances to work. More effort was needed because of the long commute to and from work each day. When taking advantage of the hospital or community group's transportation service, staff members had to be ready for the automobile ahead of time. Those who needed to use this mode of transportation had to rearrange their schedules to meet its precise time constraints.

### **Public awareness**

Since prevention is so crucial in containing COVID-19, it is crucial that the public be made aware of the pandemic. The program's acceptance and the nature of awareness efforts were better understood thanks to the public's diversity. In order to effectively combat COVID-19, public education about the disease and how it is spread is crucial. The population's reliance

on rumours makes it difficult for the medical community to promote preventative measures. Prominent local figures' messages have been well-received.

### **Documentation**

Record-keeping was crucial in halting the spread of COVID-19. As a constructive reaction to the government agencies' pandemic preparedness efforts, health care providers were requested to share data concerning patients at risk from COVID-19, including those who had recently travelled either locally or abroad. Having to rush to get the necessary information to each division was an added burden due to the urgency of their requests. By using data from the internet that had been filtered in the right way, a successful strategy for combating the epidemic was devised.

### **Continuous duty**

As the volume of work grew, so did the need for adjustments to the regular workweek. Most of the staff members were required to continue working online after their shift ended. Management of personnel, reports of completed work, and assignment of upcoming assignments were all handled online. When additional considerations, such as being away from family, entered the picture, the health professionals ran into trouble. There was a strict timetable that everyone in the medical field had to adhere to, and it included plenty of downtime. The crew was asked to come in for an emergency despite the short notice. However, due to the workers' commitment to the job, everyone was readily available when needed.

### **Work history with positive cases/colleagues**

Medical professionals are making tremendous efforts to control the spread of COVID-19. Overall, the system achieves some of its goals. Everyone who is linked to the system is on high alert, which has caused this. Fear of having their own lives changed was reported by doctors who had dealt with successful cases or colleagues. Professional medical personnel at the airport and elsewhere raised the alarm. They knew what was expected of them, and they had the support of their superiors, their peers, and society at large, so they worked with unwavering commitment.

### **News**

Maintaining the format of the news is helpful to readers. To the extent that a news item goes above and beyond anyone's wildest dreams, audiences will suffer. The spread of good news, such as successful medical treatments for COVID-19 patients, increased civic engagement, generous giving, and proactive government action. There were some negative news reports reported by doctors, but they were exaggerations of very isolated cases.

### **Table shows the factors indicating self-efficacy of doctors**

Sl.No.	Opportunities
1	Divisionoflabour
2	Familysupport
3	Hospital/owntransportation
4	Acquiredknowledgegotshared
5	Assumingitasresponsibility
6	Concernfromimmediatesuperiorshelped
7	ExperiencewithNipahvirus
8	Supportinggovernment
9	Nearbyemployeescontributedmore
10	Appreciationdemandedmorecommitment

### **Divisionoflabour**

The cooperative nature of the staff at each organisation allowed for quick and effective assignment of duties. Task backlogs were never an issue when healthcare staff were prepared to put in extra hours. Workers' cooperation and commitment to their duties were on display as they divided up the workload. Ninety-eight percent of medical personnel surveyed expressed satisfaction with the new timeline, suggesting they are prepared to stem the spread of the pandemic. To replace the old method of communication, a new one was implemented, and it proved to be rather effective. A small percentage of hospitals (1%) kept managing COVID-19 at the national level despite having insufficient personnel.

### **Getconnected**

Members of the household helped ensure that the hygiene protocol was followed to prevent the spread of the COVID-19 virus. A newfound sense of assurance among medical staff was attributed to the support of patients' loved ones. Family bonds are held in higher regard and are mutually beneficial in Kerala. Family is vital in functioning in an emergency condition like the COVID-19 pandemic, according to 100% of health workers. Further, employees ensured that each patient got at least one daily video or voice communication with loved ones. The bonds formed through such care for loved ones can be invaluable in times of illness.

### **Acquiredknowledge gotshared**

The knowledge of the pandemic gathered by medical professionals was widely disseminated. Doctors needed to know the mode of transmission in order to create countermeasures. Recent investigations of COVID-19 provided medical professionals with the data they required to enhance their skills. Doctors who are also talented artists have been given a platform to showcase their talents in the name of public education. To educate the public,



other departments' personnel, such as police, fire, and rescue, and administrative staff, doctors with competence in teaching were brought in.

### **Taking it as responsibility**

When other professionals stayed at home during a lockdown, patients can't wait for doctors and nurses to get back to work. In this situation, medical professionals had a firm grasp on their roles as first responders in a pandemic catastrophe. When doctors felt optimistic about their ability to handle their workload, they were more effective. A medical emergency is a situation in which no one else can take over for the doctors. All of the necessary steps were taken seriously in order to keep COVID-19 under control.

### **Hospital own arrangements**

There was concern among doctors who drove or took public transportation to get to work. Sensitive officials, though, came up with a variety of solutions to the issue. Using such unconventional setups revealed a lot about the health care system at the time. Self-driving doctors reported more fun on the roads than those who relied on others during the lockdown. Self-arranged travel time for doctors was longer than that of other medical professionals.

### **Concern from immediate superior helped**

An uptick in morale was guaranteed whenever a doctor received a call from above during this epidemic, and this was especially true when the contact came from an immediate supervisor. The improved performance was the outcome of management's decision to monitor or confine employees. An engaged health practitioner, supported by their employers' concern, could handle the trying quarantine or observation period. Supervisors' anxiety during shift scheduling was similar to that they felt during members' quarantine or observation.

### **Experience with Nipah virus**

The situation presented by COVID-19, a novel virus to the medical world, was similar to that caused by the Nipah virus. Doctors in charge of preventing a pandemic could relate to public reaction, administrative staff's response, and patient behaviour during the Nipah catastrophe.

### **Supporting government**

A government that takes its responsibilities seriously would have made it easier for doctors to stop the spread of this pandemic. The propagation of the COVID-19 virus was fought through collaborative departments. The government's assistance to the medical community was evident in the form of strict enforcement of the law. The administration took swift action

to prevent further incidents of public disorder near medical workers. Aid gifts for medical staff and others helped in the fight to control COVID-19.

### **Nearby employees contributed more**

The travel time between doctors' residences and offices may have had an impact on their output. Doctors were more effective when they were located in the same panchayths (or comparable) or municipality (or corporation). According to research, these doctors are more effective at raising the public's awareness of the pandemic. Due to their near proximity to the workplace and ability to arrive early and stay late, the doctors were able to work longer hours. These medical professionals were available and prepared to act right away in the event of an emergency.

### **Appreciation demanded more commitment**

Doctors' passion to their work was bolstered when they received public and institutional recognition for their achievements. Support from many quarters has been useful, despite doctors' general lack of interest in the topic. These kind of recognitions were especially useful when working irregular hours or in an infectious environment. Praise for doctors is common in a civilised culture, but hearing from even one patient who has made a full recovery after contracting the COVID-19 pandemic is priceless.

## **SUMMARY AND CONCLUSION**

This section provides a brief overview and final thoughts on the study. The purpose of this study was to gain a better understanding of medical professionals' senses of competence and emotional well-being prior to, during, and after COVID-19. The information gathered was shown for the purpose of content analysis. Work force management, family relationships, knowledge acquisition and sharing, workplace location, transportation, public awareness, paperwork, continuous duty, a work history with favourable coworkers/cases, and news are all elements that might have a negative impact on doctors' mental health. Division of labour, family support, hospital/own transportation, sharing of acquired knowledge, assumption of responsibility, assistance from immediate superiors, prior experience with the Nipah virus, government support, assistance from nearby employees, and appreciation necessitating greater dedication all contributed to doctors' feelings of self-efficacy. This study concludes that during COVID-19, factors related to mental health and self-efficacy affected physicians' mental health and self-efficacy.

## **References**

1. Ammentorp Jette, Sabroe Svend, Kofoed Poul-Erik, & M. (2007). The effect of training in communication skills on medical doctors' and nurses' self-efficacy - A randomized controlled trial. Patient education and counseling.
2. Huang, J. Z., Han, M. F., Luo, T. D., Ren, A. K., & Zhou, X. P. (2020). Mental health survey

of medical staff in a tertiary infectious disease hospital for COVID-19. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi = Zhonghua Laodong Weisheng Zhiyebing Zazhi = Chinese Journal of Industrial Hygiene and Occupational Diseases*. <https://doi.org/10.3760/cma.j.cn121094-20200219-00063>

3. Liang, Y., Chen, M., Zheng, X., & Liu, J. (2020). Screening for Chinese medical staff mental health by SDS and SAS during the outbreak of COVID-19. In *Journal of Psychosomatic Research*. <https://doi.org/10.1016/j.jpsychores.2020.110102>
4. Liu, Z., Han, B., Jiang, R., Huang, Y., Ma, C., Wen, J., Zhang, T., Wang, Y., Chen, H., & Ma, Y. (2020). Mental Health Status of Doctors and Nurses During COVID-19 Epidemic in China. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3551329>
5. Nørgaard, B., Ammentorp, J., Ohm Kyvik, K., & Kofoed, P. E. (2012). Communication skills training increases self-efficacy of health care professionals. *Journal of Continuing Education in the Health Professions*. <https://doi.org/10.1002/chp.21131>
6. Soman, C. . (2007). Fifty Years of Primary Health Care: The Kerala Experience.
7. Yao, Y., Wang, W., Wang, F., & Yao, W. (2014). General self-efficacy and the effect of hospital workplace violence on doctors' stress and job satisfaction in China. *International Journal of Occupational Medicine and Environmental Health*. <https://doi.org/10.2478/s13382-014-0255-y>
8. Zhang, W. R., Wang, K., Yin, L., Zhao, W. F., Xue, Q., Peng, M., Min, B. Q., Tian, Q., Leng, H. X., Du, J. L., Chang, H., Yang, Y., Li, W., Shangguan, F. F., Yan, T. Y., Dong, H. Q., Han, Y., Wang, Y. P., Cosci, F., & Wang, H. X. (2020). Mental Health and Psychosocial Problems of Medical Health Workers during the COVID-19 Epidemic in China. *Psychotherapy and Psychosomatics*. <https://doi.org/10.1159/000507639>