

## Effects Of Lockdown In Qatar- An Awareness Based Survey Among Healthcare Professionals

<sup>1</sup>Saima Hafsah, <sup>2</sup>Abilasha R, <sup>3</sup>Lakshmi T.A

Saveetha Dental College and Hospital  
Saveetha Institute of medical and technical Sciences  
Saveetha university, Chennai - 600077  
Email: [saimahafsah16@gmail.com](mailto:saimahafsah16@gmail.com)

Reader

Dept of Oral Pathology  
Saveetha Dental College and Hospital  
Saveetha Institute of medical and technical Sciences  
Saveetha university, Chennai - 600077  
Email: [abilasha@saveetha.com](mailto:abilasha@saveetha.com)

Senior Lecturer

Dept of Oral Pathology  
Saveetha Dental College and Hospital  
Saveetha Institute of medical and technical Sciences  
Saveetha university, Chennai - 600077  
Email: [lakshmita.sdc@saveetha.com](mailto:lakshmita.sdc@saveetha.com)

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### ABSTRACT

**BACKGROUND:** The coronavirus pandemic resulted in lockdown and social distancing in Qatar enforced by the government. The aim of this study is to evaluate the effects of lockdown on healthcare professionals working in Qatar and its impact on their mental health and well-being.

**MATERIALS AND METHODS:** The study was assessed by a questionnaire made on google forms which collected data. A total of 16 questions were formulated. Responses were received from 100 healthcare professionals from Qatar. Statistical analysis like pie charts and bar graphs were generated using the software, spss version 23 and chi-square test.

**RESULTS:** In this study, it is seen that (48%) healthcare professionals said that they feel stressed during lockdown. (27%) healthcare professionals said that they are facing challenging family relationships during lockdown period. (75%) healthcare professionals had a fear of getting infected. (21%) healthcare professionals are suffering from psychological distress. (13%) healthcare professionals are suffering from covid insomnia (lack of sleep). (7.1%) healthcare professionals are suffering from alopecia (hair loss). ( $p < 0.05$ ) was considered significant

**CONCLUSION:** In conclusion, it is seen that there is an impact of the COVID-19 pandemic and the lockdown on the healthcare professionals working in Qatar. They have been experiencing psychological distress and poor well-being.

**KEYWORDS:** Lockdown, healthcare professionals, mental health, innovative technology

### INTRODUCTION

Since the beginning of the COVID-19 pandemic, the healthcare professionals were among the hardest hit from a working and psychological point of view. The disease represented a tough challenge for the healthcare professionals. Many of them have died from COVID-19. The WHO became more attentive

towards the general population and healthcare professionals on March 18, 2020(1). It is seen that the sanitary conditions of doctors are higher than healthcare workers.

It was concluded that other than the general population, healthcare professionals were at high risk of developing anxiety, depression and poor sleep quality. Young doctors who are parents of children experience more stress. It is believed that healthcare professionals are deeply affected by the COVID-19 pandemic and lockdown.(2)

Studies have also shown that many healthcare professionals find it difficult to tell their colleagues about their mental health difficulties(3). The WHO had recommended quarantine and isolation measures to limit the spread of the infection. It includes restricted movement and also separating individuals from the rest of the population. Healthcare services are put under more pressure than normal during an acute health crisis(4). Another risk factor is the increased risk of infection for the families of healthcare professionals(5)5). Previous research from pandemics or epidemic (SARS outbreak from 2013, MERS epidemic from 2012 or Ebola outbreak in West Africa) shows that healthcare professionals can experience a broad range of psychological disorders which includes trauma(6) and this can continue for several months after the outbreak(7)(8)

This research is needed to understand the effects of lockdown in Qatar on healthcare professionals and it is also needed to understand their well-being and psychological distress. This study will fulfil the anxiety and depressive symptoms and significant association between sleep and mental health of healthcare professionals. Our team has extensive knowledge and research experience that has translate into high quality publications (9),(10),(11),(12),(13),(14),(15),(16),(17),(18),(19),(20),(21),(22),(23),(24),(25),(26),(27),(28)The aim of this study is to evaluate the effects of lockdown in Qatar and its impact on the well-being and mental health of doctors working in Qatar.

## **MATERIALS AND METHODS**

The mode of asking questions was through a survey questionnaire. It was done on google forms. A total of 16 questions were made and 100 responses were received from healthcare professionals working in Qatar. Statistical analysis was done by bar graphs, pie square/diagrams, and association using chi-square test ( $p < 0.05$  was considered significant). Statistical software used was SPSS software version 23. It was a cross-sectional questionnaire based study.

The questionnaire which was made included the demographic and occupational variables, lifestyle and habits at the time of lockdown. This questionnaire helped to assess the well-being and psychological distress of healthcare professionals working in Qatar. This study included healthcare professionals and excluded individuals other than the healthcare profession.

The questionnaire included-

- Demography- Age  
Gender
- Do you think lockdown is a good idea?
- How stressed did you feel before the lockdown?
- How stressed do you feel at the moment?

- Have you faced any specific challenges during the lockdown period?
- Did many patients come to you during the lockdown?
- Did you have a fear of getting infected?
- How do you update the current medical guidelines?
- Have you reduced the number of appointments in a day?
- Have you rearranged your setup to maintain social distancing in your waiting area?
- How often do you dispose of your mask?
- How do you dispose of infectious medical waste after treatment of a patient?
- Are you suffering from covid insomnia (lack of sleep)?
- Are you suffering from alopecia (hair loss)?
- Are you suffering from psychological issues?

## **RESULTS AND DISCUSSION**

(80.2%) think that lockdown is a good idea, whereas, (18.81%) think that lockdown is not a good idea as shown in Figure 1. (27%) healthcare professionals said that they faced challenging family relationships during the lockdown period. (25%) did not face anything. (22%) felt depressed. (18%) felt anxiety and panic and (8%) felt financial stress and pressure as shown in Figure 2. (43.56%) healthcare professionals update themselves about the COVID-19 guidelines through webinars. (28.71%) update themselves through news. (19.8%) update themselves through medical literature. (6.93%) update themselves through others as shown in Figure 3. (44.5%) healthcare professionals dispose off their masks every day. (37.62%) dispose off their mask once in a few hours. (12.87%) dispose off their mask after every patient. (3.96%) dispose off their mask rarely as shown in Figure 4. (51.49%) dispose off medical waste in double layered yellow medical bags. (26.73%) dispose of waste in black plastic bag. (11.88%) dispose of waste in white plastic bag. (7.92%) dispose of waste in green bags as shown in Figure 5. (70.3%) healthcare professionals said that not many patients came to them during lockdown. (28.71%) said that many patients came to them during lockdown as shown in Figure 6. Majority of the male healthcare workers felt neither stressed nor calm compared to the female healthcare workers as shown in Figure 7. Majority of the male healthcare practitioners update their knowledge with the help of webinars and the majority of the female healthcare practitioners update their knowledge with the help of news as shown in Figure 8. Depression is high in females as compared to males. Males face more challenging family relationships as compared to females as shown in Figure 9. Majority of the males dispose in double-layered yellow medical bags. Majority of the females dispose of the medical waste in double-layered yellow medical bags but lesser in number compared to females as shown in Figure 10.

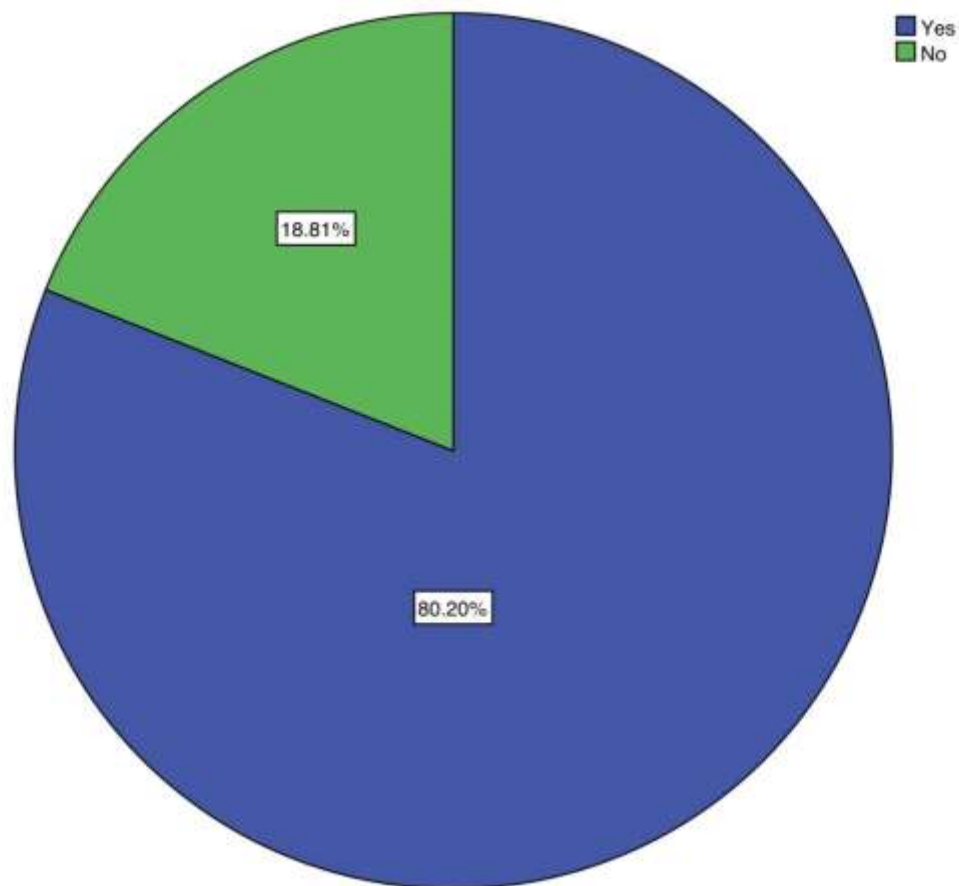


Figure 1: Pie Chart showing responses of whether lockdown is a good idea or not.(80.2%-blue) think that lockdown is a good idea, whereas, (18.81%-green) think that lockdown is not a good idea. Majority of the participants think that lockdown is a good idea.

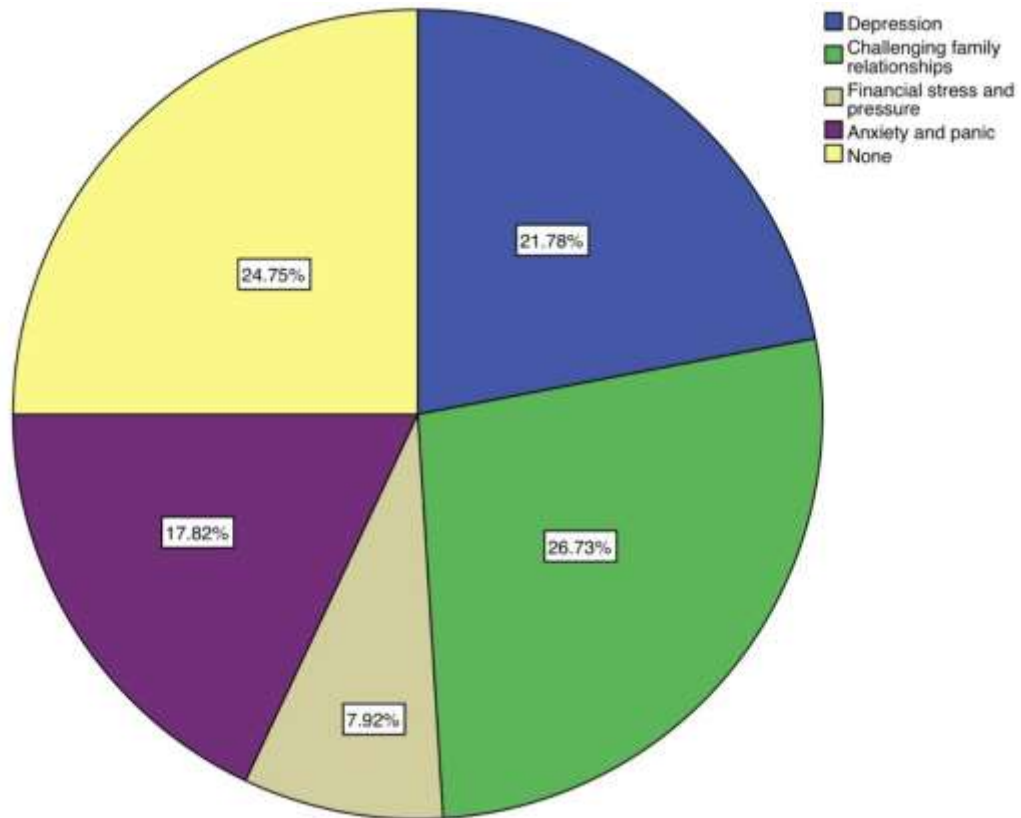


Figure 2: Pie Chart showing responses of how stressed they felt. (21.78%-blue) healthcare professionals face depression. (26.73%-green) face challenging family relationships. (24.75%-yellow) do not face anything. (17.82%-purple) face anxiety and panic. (7.92%-brown) face financial stress and pressure. Majority of the participants faced challenging family relationships.

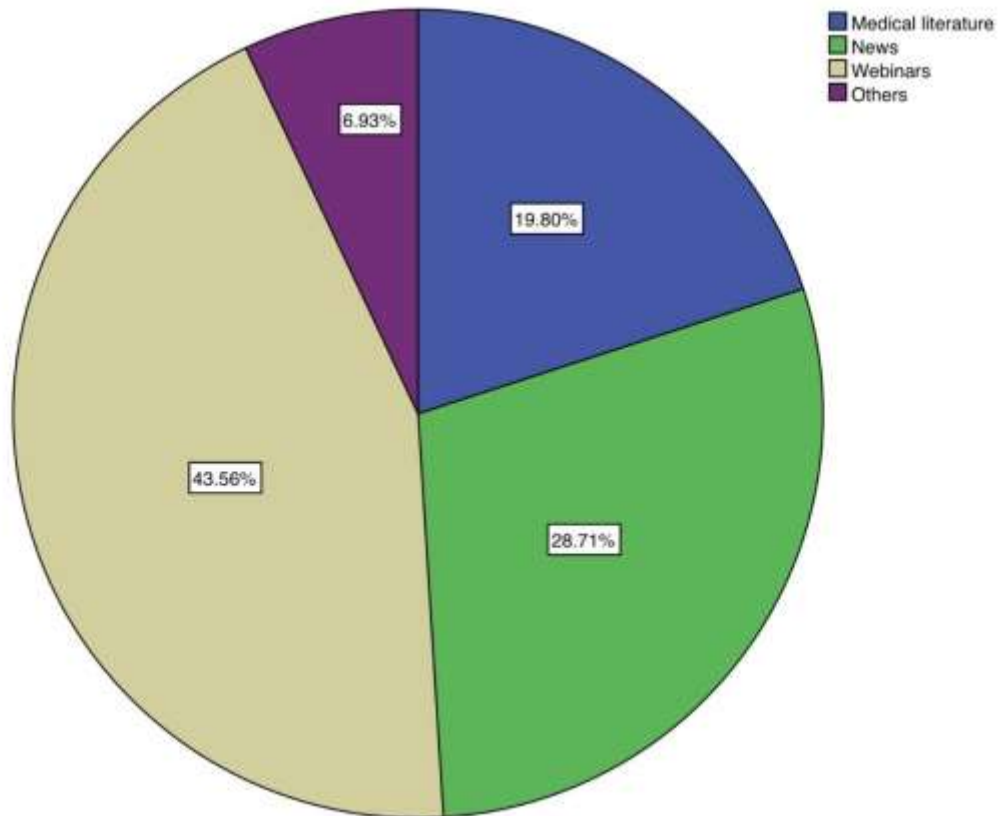


Figure 3:Pie Chart showing responses of how they updated themselves with the current medical guidelines. (43.56%-brown) healthcare professionals update themselves about the COVID-19 guidelines through webinars. (28.71%-green) update themselves through news. (19.8%-blue) update themselves through medical literature. (6.93%-purple) update themselves through others. Majority of the participants updated with the current medical guidelines through webinars.

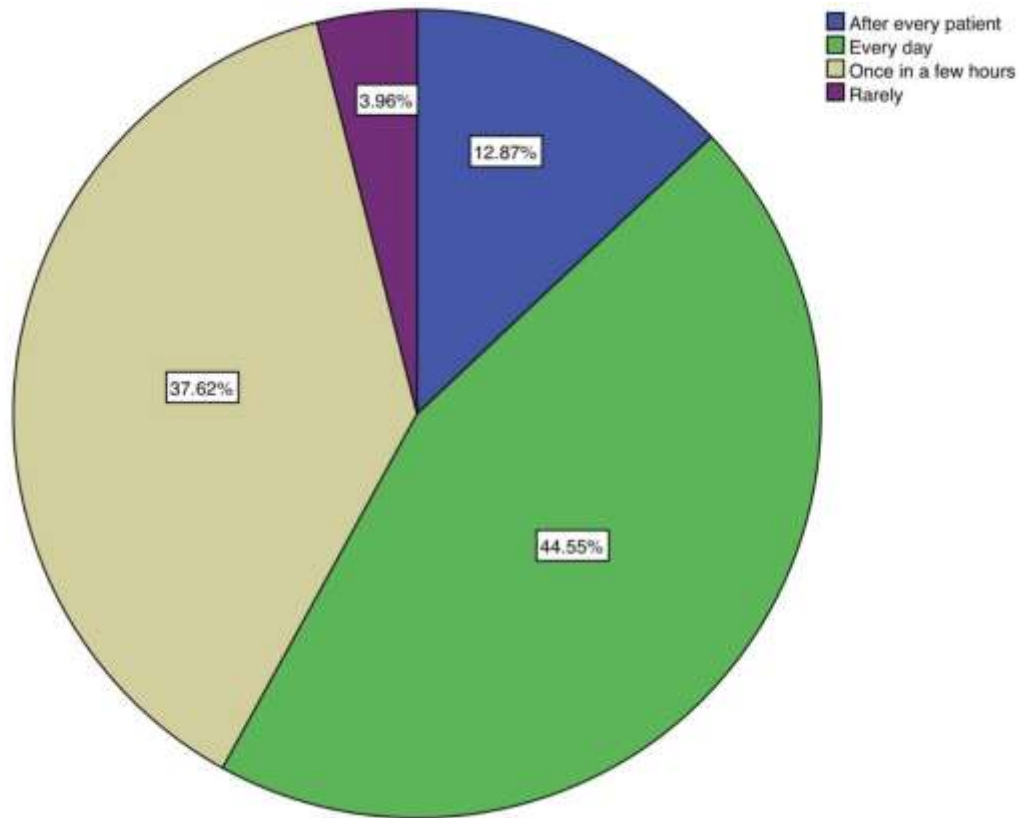


Figure 4: Pie Chart showing responses of how often they disposed of their masks. (44.5%-green) healthcare professionals dispose off their masks every day. (37.62%-brown) dispose off their mask once in a few hours. (12.87%-blue) dispose of their mask after every patient. (3.96%-purple) dispose of their mask rarely. Majority of the participants disposed of their masks everyday.

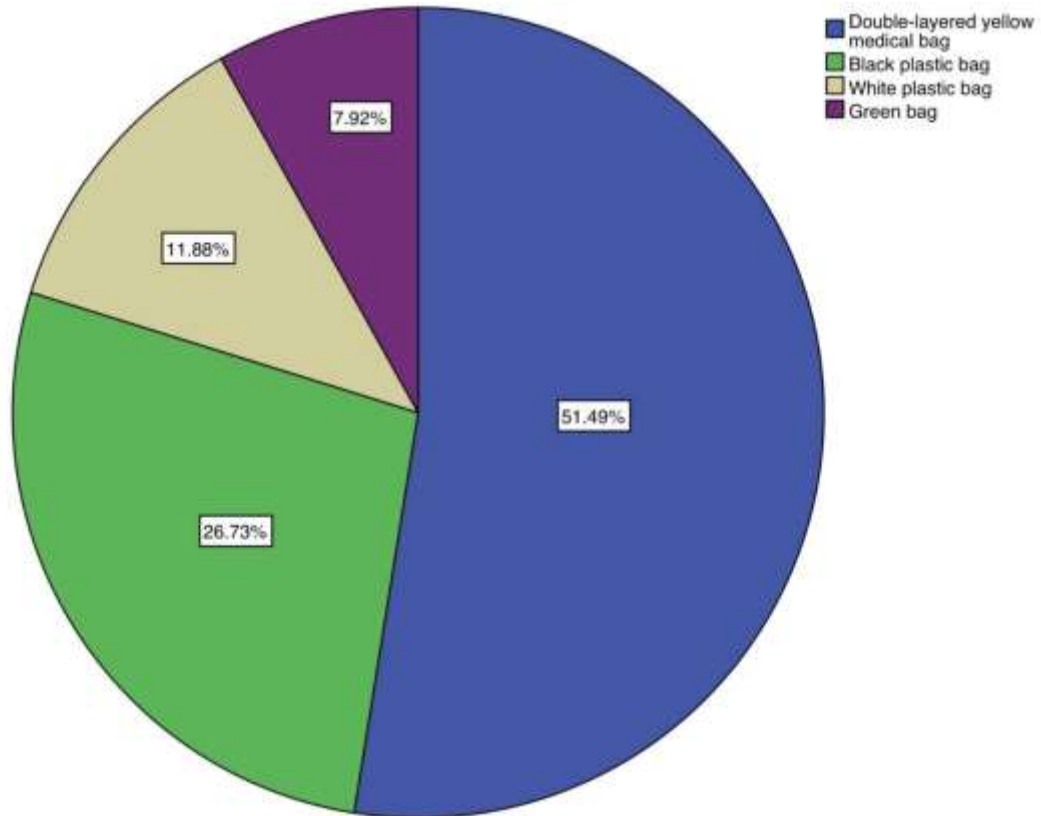


Figure 5: Pie Chart showing responses of how they disposed of infectious medical waste after treatment of a patient. (51.49%-blue) dispose of medical waste in double layered yellow medical bags. (26.73%-green) dispose of waste in black plastic bags. (11.88%-brown) dispose of waste in white plastic bag. (7.92%-purple) dispose of waste in green bags. Majority of the participants disposed of in double layered yellow medical bag.



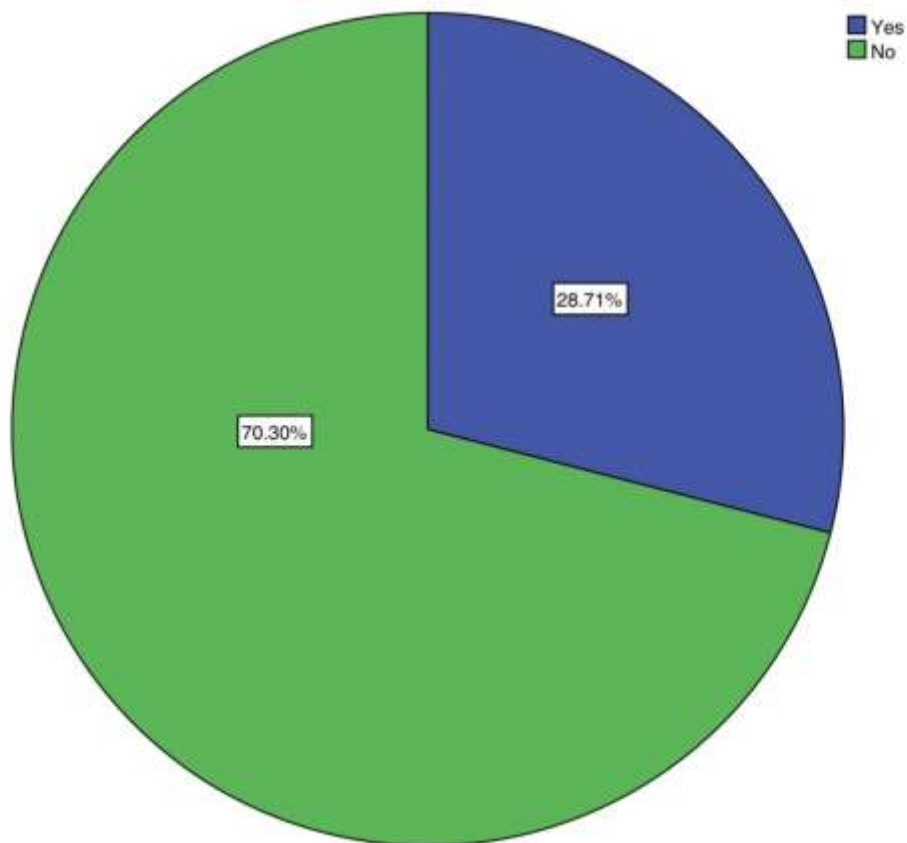


Figure 6: Pie Chart showing responses of how many patients came to them during lockdown. (70.3%-green) healthcare professionals said that not many patients came to them during lockdown. (28.71%-blue) said that many patients came to them during lockdown. Majority of the participants agreed that not many patients came to them during lockdown.

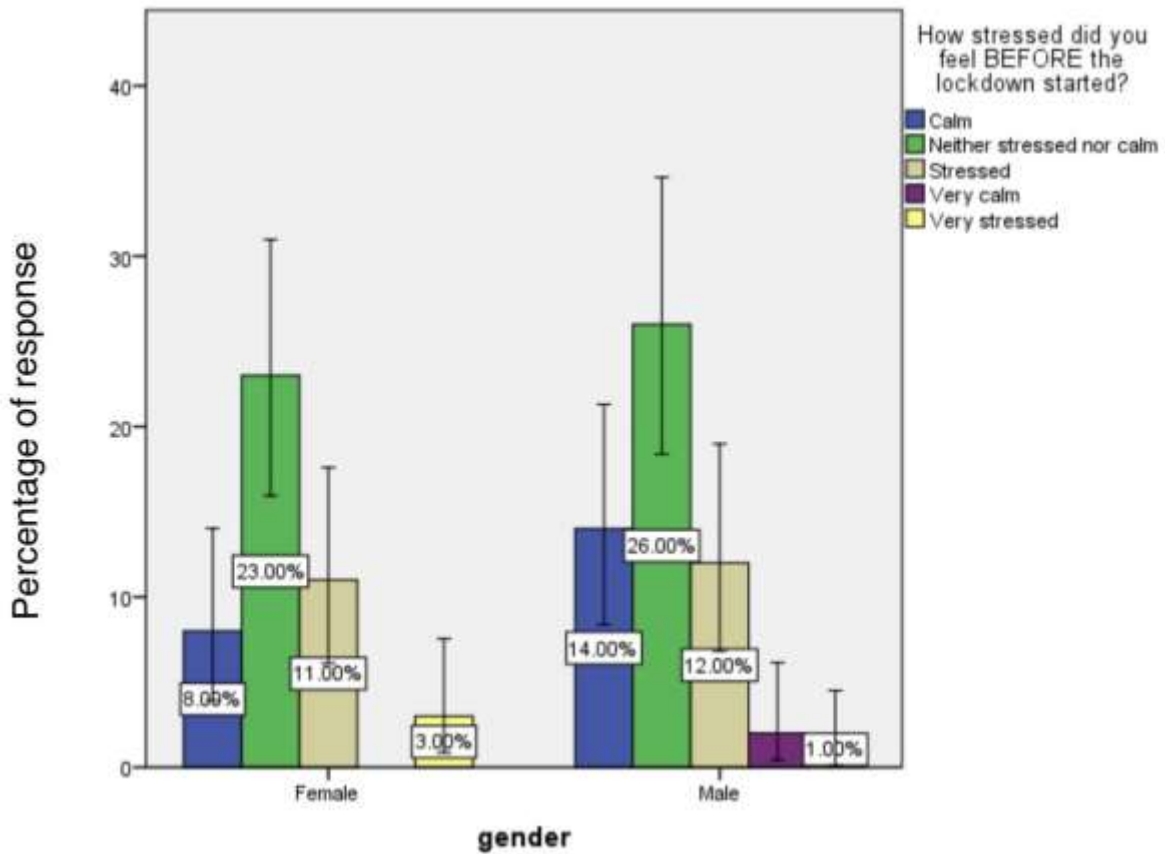


Figure 7: Depicts the bar chart showing association between healthcare workers' responses based on gender. The X axis represents the gender and the Y axis represents the percentage. Blue represents calm, Green represents neither stressed nor calm, Beige represents stressed, Purple represents very calm, Yellow represents very stressed. Majority of the male healthcare workers felt neither stressed nor calm compared to the female healthcare workers. p value is 0.102 ( $p > 0.05$ ) it is not significant

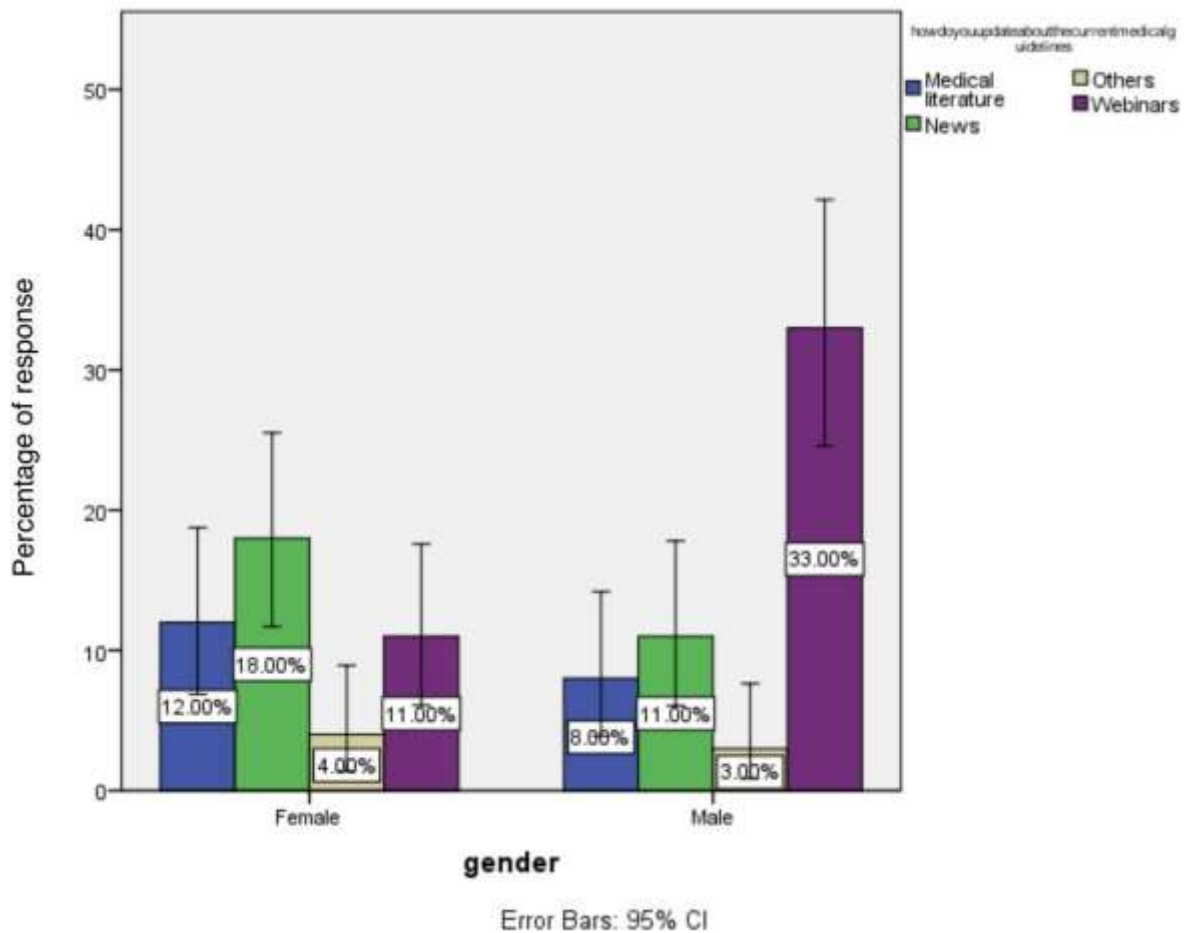


Figure 8: Depicts the bar chart showing association between healthcare workers' responses based on gender. The X axis represents the gender and the Y axis represents the percentage. Blue represents medical literature, Purple represents very webinars, Beige represents others. Majority of the male healthcare practitioners update their knowledge with the help of webinars and the majority of the female healthcare practitioners update their knowledge with the help of news.  $p=0.02$  ( $p<0.05$ ) it is significant

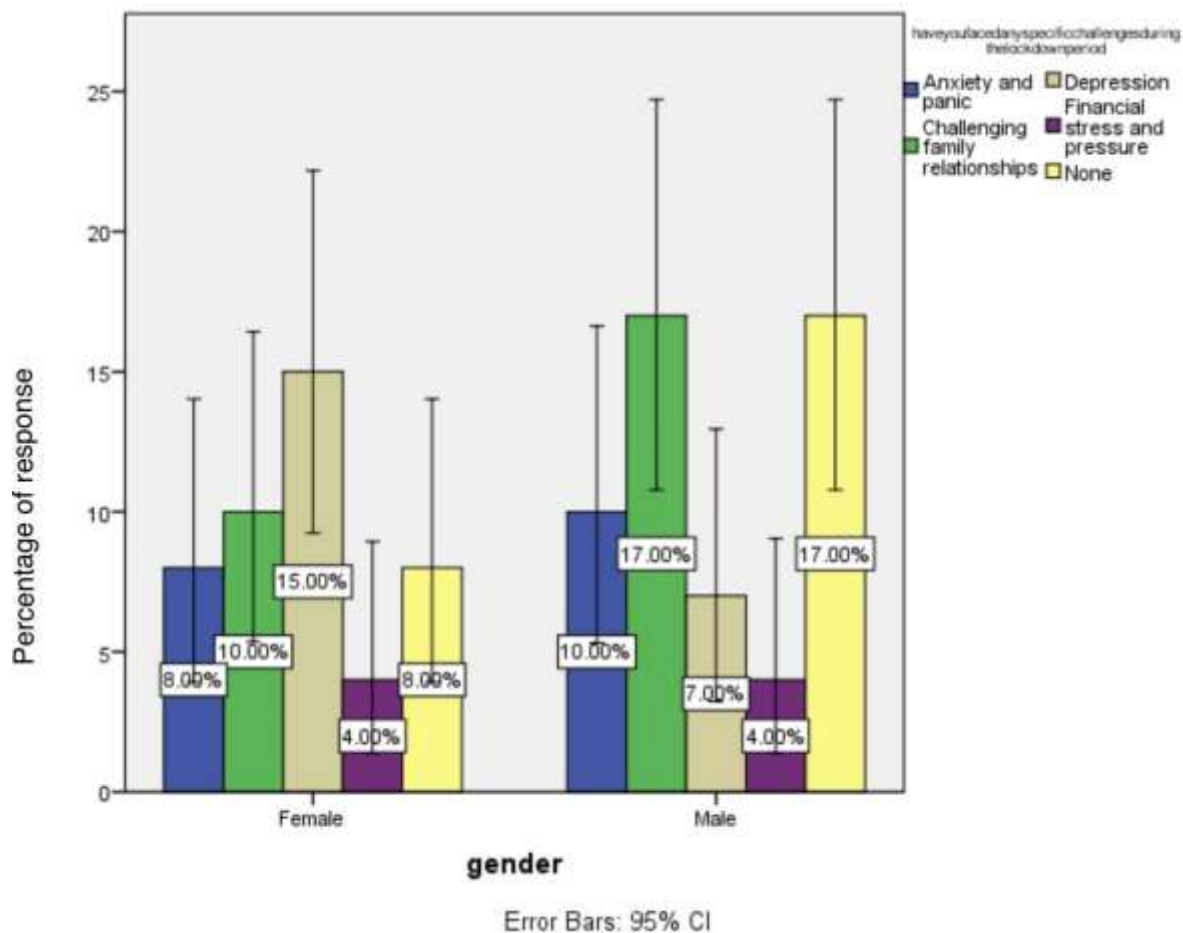


Figure 9: Depicts the bar chart showing association between healthcare workers’ responses based on gender. The X axis represents the gender and the Y axis represents the percentage. Blue represents anxiety and panic, Green represents challenging family relationships, Beige represents depression, Purple represents stress and pressure, Yellow represents none. Depression is high in females as compared to males. Males face more challenging family relationships as compared to females.  $p=0.046$  ( $p<0.05$ ) it is significant

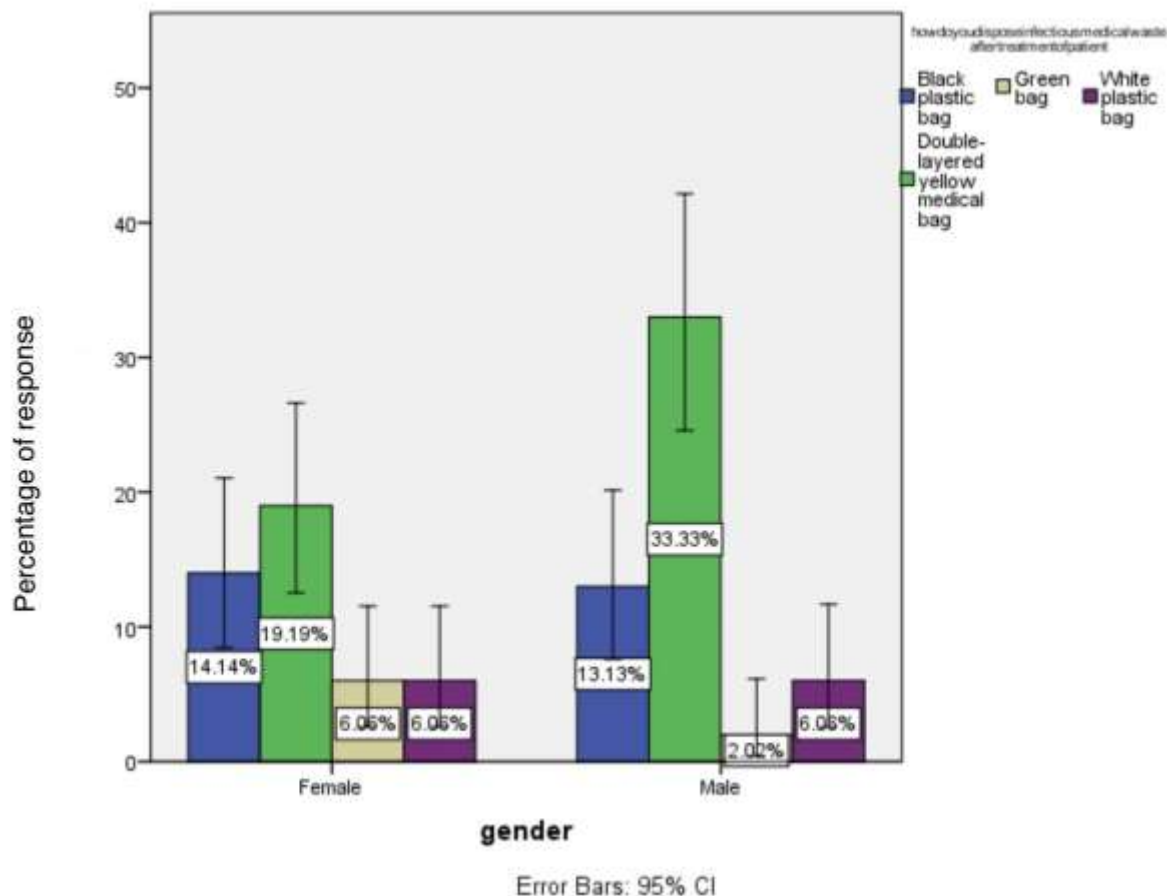


Figure 10: Depicts the bar chart showing association between healthcare workers’ responses based on gender. The X axis represents the gender and the Y axis represents the percentage. Blue represents black plastic bag, Green represents double-layered yellow medical bag, Beige represents green bag, Purple represents white plastic bag. Majority of the males dispose in double-layered yellow medical bags. Majority of the females also dispose of the medical waste in double-layered yellow medical bags but lesser in number compared to females.  $p=0.064$  ( $p>0.05$ ) it is not significant.

In this study, it is seen that (48%) healthcare professionals said that they feel stressed during lockdown. In a previous study conducted in 2020, it is seen that (93.8%) doctors face psychological distress whereas, (58.9%) face poor well-being.(29) Thus, it is concluded that majority of the doctors face stress during the lockdown. In another study conducted on the long term psychological effects of the SARS outbreak on healthcare workers, (23%) of staff had moderate or severe depressive symptoms on a 3-year follow up(30).

In this study, (21%) healthcare professionals said that they are suffering from psychological distress. A previous study done in 2020 shows that (93.8%) doctors are suffering from psychological distress.(31) In this study, it is seen that (22%) healthcare professionals faced depression during lockdown and the COVID-19 pandemic and that it was higher in females as compared to males. (18%) faced anxiety and (23%) faced stress. In a previous study conducted in 2020, it was seen that (64.7%) faced depression, (51.6%) had anxiety and (41.2%) stress. It was also seen that females who are young, single, having less work experience, working in the frontline were associated with higher scores.

Previous literature study on lockdown studies showed that among 1257 healthcare professionals working in different hospitals in China, (50.4%) reported symptoms of depression, (44.6%) anxiety and (71.5%) reported distress(32) In another study conducted on the psychological impact of SARS outbreak on healthcare workers, the younger participants or those who worked in high risk locations like the SARS wars were more prone to having high PTSD symptoms(33). A few other studies conducted on the SARS and Ebola epidemics, the onset of a sudden life threatening illness could increase the chances of extraordinary amounts of pressure on healthcare workers(30)

In this study, it was also seen that a few healthcare workers faced covid insomnia (lack of sleep). A previous study conducted in 2020 found that healthcare workers experience sleep and mood disturbances during this pandemic(34) The limitations of this study were lesser time available to conduct this research, could not include all the questions, avoided a certain set of people due to certain reasons. The future scope involved in this study is to bring awareness about the mental health of healthcare professionals in Qatar.

## **CONCLUSION**

The amount of impact of the COVID-19 pandemic and the lockdown on the healthcare professionals working in Qatar. have been experiencing psychological distress and poor well-being. Hence in this pandemic situation it is important to maintain the mental peace and well being of healthcare professionals to ensure proper functioning of the medical system and thus eradicate the covid-19 pandemic.

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**Conflict of interest-** nil

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