



## Review Article

## American Journal of Medical and Natural Sciences

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## Impact of COVID-19 on Physician Daily Workflow – A Multispecialty Perspective

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Received: 13/05/2020; Revised: 26/05/2020; Accepted: 25/02/2020.

### ABSTRACT

The current COVID -19 pandemic has significantly changed the practice of medicine and made us reinvent the delivery of care. The United States has the highest number of cases and death due to COVID-19. Our moral obligation, combined with various ethical and practical issues on our day to day life, has been pushed to a level we have never seen before. In this article, we highlight various issues physicians are battling day in and day out, along with hardships physicians and administrators encounter during these unprecedented times. Physicians, administrators, and patients have been experiencing many challenges as we move through these difficult times. Helping people reintegrate back to new healthy life once the pandemic settles will be a significant healthcare task. It needs coordinated effort from the governments, administrators, healthcare personnel, and local communities.

**Keywords:** COVID-19, Pandemic, Health care professionals, Mental health, Physician perspective.

### INTRODUCTION

The current Corona Virus Disease (COVID -19) pandemic has significantly changed the practice of medicine and made us reinvent the delivery of care. Physicians are facing a constant battle about the moral and ethical aspects of patient care and have witnessed tremendous suffering and challenges with this pandemic (Cunningham *et al.*, 2020). Life is different from the days before coronavirus, which has given us an opportunity to reflect on the traditional ways we practiced medicine.

As a physician, we should take care and give our best to save the patient's lives. Our moral obligations can face a roadblock with various ethical and practical issues we face every day, and COVID has pushed this to a level we have not

seen before. At the current level, patient care is no more an obligation but a heroic task. Hospitals and various healthcare facilities are struggling to keep afloat from the unprecedented financial burden and increased responsibility to mitigate the risk to the staff. In this article, we highlight various issues physicians are battling day in and day out, along with hardships physicians and administrators encounter during these unprecedented times.

### PHYSICIAN PERSPECTIVE

#### *Duty to care for patients and obligations to the family*

Physicians have a duty to care for their patients' best, besides their responsibilities to their family (Matheny Antommara, 2020). Risk of exposure, limited supply of Personal Protective equipment

(PPE), fear of financial and emotional burden to their families taking a toll on their day to day decisions – all of these factors in the well-being of the Physicians as a professional. Incomplete bedside exams, less detailed patient histories challenge the ability to diagnose and treat patients accurately. This is more evident with critically ill patients, where we constantly worry about the exposure losing the rapport with our patients at their most vulnerable points (Cunningham *et al.*, 2020). While healthcare providers have an obligation to accept some risks, this duty is not unlimited. One way to mitigate this is by making hospitals, healthcare systems, and governments get creative and are collectively involved to make decisions transparently and getting public ready to accept these decisions as a society in these extraordinary times (Matheny Antommara, 2020).

#### ***Risk of transmission and exposure to self***

As coronavirus has gained community spread with documented spread to healthcare workers, the risk raises tenfold to the healthcare staff. One study in Italy states that the risk of healthcare workers testing positive is 8.3 % (Neto *et al.*, 2020). Not just the patient, but colleagues and other staff are a potential source of exposure making containment a Herculean task. The sensitivity of a single nasopharyngeal swab early in the course of the disease is only 70% (Corruble, 2020), raising the concerns of false-negative results with increased risk for exposure. Multiple reports already exist of delayed diagnoses leading to nosocomial transmissions (Klompas, 2020). Front line exposure of the emergency room staff puts them at increased risk warranting proper cohorting even before hospital arrival. Delay in nursing home transfers secondary to an unwillingness to admit COVID-19 positive patients, can lead to a prolonged hospital stay and increased risk of exposure to hospital staff. Lack of proper PPE and especially N95 masks and using the same N95 for all patient encounters during one shift, put the frontline workers at risk. Practical and staffing issues faced by the hospital also add to the threat by cross-contamination from isolating COVID positive and COVID rule out on the same floor. Concerns like these have led to

decreased staff morale. Some are angry and argue for their right to withdraw or resign (Corruble, 2020). One way to mitigate the anxiety and stress related to the limited supply of the PPE is by clearly educating about the proper use of PPE and conserve the limited amount and avoid overuse and wastage (Steuart *et al.*, 2020).

#### ***Ethical and emotional aspects of medicine***

Involving the family in patient care goes a long way in patient and family satisfaction and quality of care. As we know, it decreases the resource utilization and reduces the length of stay. Strict visiting restrictions have made it difficult for the current pandemic (Klompas, 2020), especially a terminal COVID-19 patient, not able to see family (Neto *et al.*, 2020). Lack of family participation, visitation privileges during hospice discussions, and end of life care question the emotional and ethical aspects of medical care. As we know, the COVID mortality is high with the elderly this has become a driving issue. Unable to provide non-invasive ventilation due to lack of negative pressure rooms that decrease the aerosol exposure, especially in Do Not Resuscitate patients, questions the adequacy of care and strain on the limited resources.

#### ***Disruption of work-life balance with stress-induced errors***

Overworked physicians and long hours spent in the hospital can lead to unintended consequences of increased errors at work and disturbed work-life balance. This increases the psychological burden of frontline health care workers (Lai *et al.*, 2020).

Prevention and reduction of psychological stress on health professionals play an essential role in maintaining the health system's functionality (Petzold *et al.*, 2020). Clinicians can leverage easily accessible tools, including the Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation (SMART) approach, wellness apps, mindfulness, and gratitude. Realizing early warning signs of anxiety, depression, substance abuse, and post-traumatic stress disorder is essential to access safe and confidential resources. Implementing wellness strategies can improve

flexibility, resilience, and outlook (Bansal *et al.*, 2020). The acceptance of violent emotions, the maintenance of health behavior, and successful coping strategies, as well as social contacts, the consideration of basic needs and support in a team or by professionals, play a role for the health professionals themselves.

Health care executives can play an important role in reducing mental stress on their employees. Conveying appreciation, taking psychological stress seriously, creating a trustful atmosphere, promoting self-care, collegial exchange, and professional support offers, being available as a role model for self-care, and establishing clear communication and clear responsibilities a role (Petzold *et al.*, 2020).

#### ***Inadequate care***

The absence of timely consultations and elective procedures associated with aerosol exposure lead to delayed care. Cancellation of elective procedures, mainly Electroconvulsive therapy (ECT) and missed long-acting injectable medications, has led to a significant increase in the exacerbation of underlying psychiatric issues, causing a strain on already overstretched health systems. Missed continuity of care and delayed medication refills has led to an exacerbation of chronic underlying conditions. Loss of insurance due to job loss also adds to late care. One study estimates that 1.553 million newly unemployed persons will lose health coverage, and this figure excludes their family members (Woolhandler *et al.*, 2020).

#### ***The financial burden to hospital and practices with risk to the sustainability***

Rural hospitals and small physician practices are the hard-hit from this pandemic. Hospitals are facing a constant battle to keep the hospital command system healthy and from burning out while preserving staff morale and providing access to mental health counseling and group therapy sessions for frontline staff. One of the biggest struggles is in keeping the supply chain open. Leadership is continuously working on the best strategies to preserve and recycle PPE when necessary, ensuing access to PPE and other critical

supplies (Klompas, 2020). They are working around the clock to protocols to deal with critical resource allocation appropriately, maintaining health systems independence and profitability in the absence of elective surgeries (Corruble, 2020). Maintaining financial viability while addressing these issues has forced many hospitals to consider furloughing employees, reduce work hours, mandatory pay cuts, and continued discussions about production-based physician compensation. One way to address this is to leverage telemedicine to support their patients, protect their clinicians, and conserve scarce resources, and improve financial viability (Bansal *et al.*, 2020).

#### ***Administrative and leadership burdens***

Staying in touch with local, statewide authorities and advising politicians on policy changes and community-wide challenges needs more effort and personal. Considering shift works to shorter shift time and more time to rest makes scheduling difficult. Providing workmen's compensation for work-related injuries, short-term disability, and unemployment benefits for staff that are being laid off or working reduced hours needs sound financial planning. Creating dedicated COVID-19 helpline, ensuring access to a 24/7 crisis line, creating policies to decrease nosocomial outbreak in the facility, and making strict infection control strategies needs high-end vigilance (Klompas, 2020).

#### ***Community burden with social isolation and delay in getting back to normal***

COVID-19 is becoming the theme of regular anxiety and sometimes psychotic disorders in patients. Mass hysteria and anxiety are inevitable consequences. Increasing concerns of family members with demented loved ones stranded in the nursing homes and decreasing care for the elderly due to decreased home health services lead to increased anxiety. The impact of social media and news media overuse on the public, in general, has led to the constant fear of exposure, leading to voluntarily delaying needed care. Continued social isolation has led to increased domestic violence, alcohol, and drug abuse. Loss of work, revenue, insurance during the pandemic adds to

medical and psychological stress (Corruble *et al.*, 2020).

Multiple countries had announced guidelines to lift lockdown measures, while the rules varied from place to place, depending upon the state or region's incidence. It would be a hard act of balancing health, human rights perspective, as well as economic implications during these unprecedented times. We advise people to maintain social distancing along with using face masks at public places, gradually lifting restrictions at an institution-level while also having measures in place to assess the situation on a day-to-day basis and to provide counseling to the staff as needed at the institutional level if possible. There are multiple clinical trials globally to find effective pharmacological therapy for treating COVID-19 and invent an effective vaccine, which, if successful, can lead to a permanent lifting of lockdown measures.

## Conclusion

Coronavirus pandemic has brought many changes to healthcare delivery in the United States. Physicians, administrators, and patients have been experiencing an extraordinarily difficult time. Helping people reintegrate back to new healthy life once the pandemic settles will be a significant healthcare task. It needs coordinated effort from the governments, administrators, healthcare personal and local communities.

## Declaration of Conflicting Interests

None Declared.

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## Cite this article:

Chetan Brahma K, Subba Rao D, Narayana Murty K, Sreedhar A, Venu Madhav K. Impact of COVID-19 on Physician Daily Workflow-A Multispecialty Perspective. *Amer J Med Nat Sci.* 2020; 1(2): 1-4.