The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 11, Issue 3, July- September, 2023
DIP: 18.01.196.20231103, DOI: 10.25215/1103.196
https://www.ijip.in

Research Paper

Experiences of Frontline Healthcare Workers during COVID-19 in India

Chawla Harshita[1]*, Golchha Moulika[2], Rupani Niharika K.[3],
Sharma Tejasvini[4]

ABSTRACT

Frontline healthcare workers (F-HCWs) have been one of the most important pillars of our battle against the virus since the beginning. The present study is exploratory qualitative research that tries to understand the challenging experiences of frontline healthcare workers (F-HCWs) during the three waves of the pandemic across the different states of India. The data is collected using a semi-structured interview schedule followed by thematic analysis. The results indicated that the F-HCWs had varied experiences during the pandemic, ranging from challenging episodes to positive changes and self-growth. Findings suggested that F-HCWs received psychological support from their families and colleagues and tangible support from their organizations. Their physical health and mental health deteriorated but the sense of responsibility and feelings of satisfaction motivated them despite experiencing dejection. Dissemination of false information by the media, the stigma attached to getting tested, educating the public, and the shortage of resources were the major challenges faced by the F-HCWs.

Keywords: *COVID-19, Frontline Healthcare Workers, Experiences, Mental and Physical Health, Qualitative*

The Covid-19 pandemic was a product of globalization that escalated from Wuhan. It continued to spread with calamitous consequences. These consequences affected people who dealt with the virus on the front foot. Not only did the virus impact the economies drastically, but it also challenged the basic infrastructure of the developing nations. The healthcare infrastructure also faced an unprecedented toll during the pandemic. The tireless and persistent efforts of frontline health care workers (HCWs) are aiding the safety of the citizens (Javed et al, 2020). The pandemic's need for immediate consequent responses strained the public health administration in India. It led to an overburdening system, with additional responsibilities getting added to the existent unmet needs.

[1]Ramanujan College, University of Delhi
[2]Ramanujan College, University of Delhi
[3]Ramanujan College, University of Delhi
[4]Ramanujan College, University of Delhi
*Corresponding Author

Received: June 26, 2023; Revision Received: August 08, 2023; Accepted: August 13, 2023

The frontline workers were responsible for tackling a hitherto unseen situation. The mechanism of the virus, its effects, and the need for adequate resources were all unknown during the first wave of the pandemic. There was a sudden requirement for an additional workforce leading the retired medical staff and those engaged in medical research to join the frontline in this calamity. Although the government worked on building infrastructure urgently and amassed nearly 2000 COVID-19 dedicated facilities all over the country over a short period, a lack of medical professionals could not be made-up overnight.

The whole system was burdened with new responsibilities and the requirements of basic equipment for the protection of frontlines were also unmet. Two of the biggest challenges faced by frontline workers during the early phases of the pandemic were the inadequacy of protective gear and deficient infrastructure to support the patients effectively (Gupta & Sahoo, 2020). Another major challenge in India's fight against COVID-19 was the ever-increasing population. The scenario potentially worsened due to the country's population density making social distancing extremely difficult. Unfortunately, the attitudes and actions of some of the citizens like occasional reports of civilians hiding travel history to escape quarantine or participation in otherwise forbidden massive gatherings were adding fuel to the fire.

The frontline workers are still facing extremely challenging situations. They have to make impossible decisions and are under extreme pressure. Stressful conditions and scarce resources affect the personal and family life of the HCWs immensely. Additionally, it also places the frontline workers in a situation of moral injury, causing mental health problems. These symptoms can lead to mental health problems, including depression, post-traumatic stress disorder, and even suicidal ideation (Cheng et al., 2004; Duan & Zhu, 2020; Greenberg et al., 2020; Litz et al., 2009; Williamson et al., 2018).

The frontline healthcare workers are working under constant threat to their own and their family's physical safety. The mental stress of working in such high-pressure environments with a deficiency in equipment (PPE) and infrastructure becomes overwhelming. There were a lot of instances when they did not have anyone to look after their families during their mandatory self-isolation or quarantine periods (Urooj, 2020). They also feared transmitting the disease to their family members, especially the elderly suffering from chronic illnesses who have a much higher risk of falling prey to the virus (Shreffler, 2020; Urooj, 2020).

A study by Dubey et al. (2020) suggests a sense of vulnerability among HCWs, during the initial phases. It was due to the lack of definitive treatment and preventive measures, the uncertain incubation and isolation period of the virus, and its possible asymptomatic transmission. The deficiency of PPEs, mandatory isolation, and lack of training in proper infection-control procedures, were major stressors that caused significant burnout and withdrawal symptoms among a few HCWs. That resulted in increased substance-dependence behaviors and, in some situations, functional impairment.

It becomes essential to learn and understand the factors that keep the frontline workers motivated and drive them to perform their duties diligently in these difficult times. A majority of the frontline healthcare workers were intrinsically motivated to take up the work owing to a sense of professional duty. One prominent guiding factor noted was their ethical principles and professional responsibilities that establish the importance of providing care to their patients, even when situations are inconvenient or risky. These include maintaining a fiduciary relationship with their patients, a duty to care, and the principles of beneficence and

non-maleficence. (Bakewell, 2020). Helping patients recover and leave the wards and the declining mortality rates were said to make their work more rewarding and enjoyable (Andertun, et al. 2017). Gratitude from patients, their families, and society also provided a sense of fulfillment (Rubin, et al. 2016). Many of them also reported a greater sense of professional confidence and competency when they fought over the challenges.

The pandemic had taken a toll on the physical and psychological health of frontline healthcare workers as they had been experiencing burnout, physical exhaustion, higher levels of mental stress, and emotional exhaustion. In times like these, it becomes necessary to provide them with both physical health support and psychological support systems to aid them in their duties. In a study by Arnetz et al. (2020), nurses expressed fear and lack of trust at the workplace regarding their physical safety. It also suggested that social distancing and lockdowns deprived the nurses of their highly-needed social support. Family and friends are considered an important source of psychological support that comforted the frontliners but also a source of emotional stress for them. Psychological support from the organization was most appreciated when it was available onsite, was flexible, informal, and when offered individually or in small groups to the workers. But, it has also been found that when formal support was provided, healthcare workers were reluctant to participate. Other researchers have found that those who had access to psychological services spoke positively about them but not many healthcare workers felt that they needed psychological support or were not aware that psychological support was available to them (Billings, et al., 2021).

A conducive working environment that involves emotional and practical support is the need of the hour. Provision of basic requirements like hot food and short breaks between work, having someone who listens to their grievances, provides financial support, and helps with other personal needs has indeed increased the sense of trust and self-efficacy among healthcare workers (Gupta & Sahoo, 2020). Access to social support had various complexities involved. The mandatory self-isolation after their work hours kept them away from their families. Studies also suggested a constant sense of dilemma faced by the frontline HCWs. They either compromised their own need for emotional support or chose to not overburden their loved ones in addition to the already existing stress and fear, who otherwise are their primary support system (Billings et al. 2021; Gupta & Sahoo, 2020). This was because they often felt that their friends and family weren't able to relate to what they were going through. This compromised use of social support further brought long-term adverse impacts on their psychological well-being. This is where peer support systems and emotional guidance from co-workers became an integral alternative and were appreciated (Billings et al., 2021).

HCWs have been one of the most important pillars of our battle against the virus since the beginning, their knowledge and perception about the pandemic became a crucial aspect. Initially, there was an overall lower level of knowledge which could have been due to the continuous revision of guidelines from the advisory bodies, and the workload, which would have made it difficult for them to keep up with changes. The levels of knowledge varied among the HCWs in terms of different aspects of the disease but, there was no stark difference present. This could be because the source of knowledge was the same for most healthcare professionals. An important driving factor to keep themselves updated in that situation was the gravity and the fear of being infected. The HCWs agreed to the fact that knowledge was the key to enduring the pandemic (Unnikrishnan et al., 2021).

Thus, critical preparedness, readiness, and knowledge regarding COVID-19 are traits required in healthcare workers on the front line. Elhadi et al. (2020) have also addressed the overall concerns of preparedness of the healthcare systems for COVID-19, especially in developing countries, with limited resources and facilities.

The secondary epidemic that followed COVID-19 in India, where there was an already existing gap between knowledge of disease transmission and misinformation among the general population, was the social outcasting and stigmatization of the frontline workers. The frontline HCWs have been working and battling the epidemic and providing care to those in need. In scenarios like this, these warriors had become prey to discrimination given heightened fear among the public and society, making them socially secluded (Yadav, 2020).

The mass media has played a crucial role in the dissemination of COVID-related information among the general public. They also encouraged them to follow all COVID-19 protocols, recognizing and appreciating the efforts of the frontline workers. It helped both government agencies and frontline workers. However, every coin has two sides, the outburst of COVID-19 cases was outpaced by the misinformation related to the pandemic spread among millions of people. The false information adversely affected the already difficult situation through social media platforms that spread like wildfire. Exaggeration of news related to COVID in television news and social media created a sense of panic among the public at large, which made matters worse for the frontline workers. Nevertheless, mass media is the most powerful source of information. On the bright side, this tool can help spread awareness of safe practices to contain the disease (Garg et al., 2021).

To sum up, the contribution of all the frontline workers is unmatched. They have played a vital role in controlling the disease outbreak by identifying new cases, implementing public health measures, and educating the public. Words fall short to appreciate their role in this pandemic. Effective and responsive duties carried out by the frontline workers, well-put-out pandemic guidelines, and collaborations with primary health care, are all encapsulated in the systematic implementation of provided protocols.

METHOD

The present study interviewed eight frontline healthcare workers using a semi-structured interview schedule to explore their experiences across the three waves of the pandemic. The analysis of the data was guided by the process of thematic analysis.

Participants

The sample consisted of 8 participants who were recruited through purposive sampling, also known as judgemental sampling. The sample was spread across different states of India. It was ensured that the participants had worked in at least two waves of the pandemic.

Measures Used and Procedure

For the study, a semi-structured interview schedule was constructed containing questions related to various dimensions that explored the different experiences and challenges faced by the F-HCWs through the three waves of the pandemic. Some of the participants were interviewed using telephonic interviews while others were interviewed using face-to-face interviews. Further, they were recorded and transcribed after getting informed consent.

Data Analysis

The data was transcribed to derive the various themes with the help of thematic analysis. These themes were used to understand the experiences of the participants.

RESULTS

Themes
Life Affected: Physical and Mental
Family: Support and Apprehension
Support at Work: Psychological and Tangible
Frontline Workers' Challenges
Perseverance: Dejection and Motivation
Experience: Trends through the three waves
Role of Media: Frontliners' Perception

The above themes were derived by analyzing the data.

DISCUSSION

Theme 1: Life Affected: Physical and Mental

The pandemic, being unprecedented, led to several mental and physical health problems, especially among the F-HCWs. They were working in environments that were facing rapid changes, such as the introduction of new safety protocols, or dealing with redeployment (Liu et al., 2021). Though they eventually adapted to those hectic and risky working conditions their experiences had taken a toll on their health. Long working hours led to an increase in workload (Elbay et al., 2020). The increase in working hours and continuous exposure to stressful environments deteriorated their physical health significantly leading to weakness and tiredness in a lot of cases:

"..in case someone is really sick the manpower decreases even more and for others the duty hours increase and then makes us also susceptible to the infection…"

These tough times demanded supreme sacrifices from the F-HCWs, continuous working hours hampered their food and sleep cycles along with dehydration which also led to unhealthy patterns of weight loss. Stress caused HCWs to experience reduced sleep, altered sleep cycles, and overall poor mental well-being (JICA).

Continuous exposure to the virus also led to a lot of F-HCWs getting infected which affected their health post recoveries.

"The only thing that got affected was my health. Post recovery I felt fatigued and extremely weak. I felt very sleepy and it was difficult for me to work. My concentration levels also got affected. That was the time my mental and physical health was severely impacted."

They also experienced sleeplessness, nightmares and dreams about the situation and the conditions of their patients:

"Yes yeah the second wave I can never forget in my entire life even sometimes I think about that scenario and I got Goosebumps or something else ki mujhe Kabhi Kabhi Aisa mentally bahut Issue Aata Hai nightmares bhi Aane Lag Gaye the raat mein Nind nahin aati Thi bahut bar aur aur Main hi nahin Mere Sath ke colleague bhi bahut Baar depressed ho gaye the…"

The need to wear protective gear and PPE kits brought another set of challenges for the HCWs. There was a feeling of breathlessness and suffocation. Some also suffered from rashes and irritation in the skin. The commonest found complaints include exhaustion, dizziness, and breathlessness along with tiredness, exhaustion, sweating, suffocation, headache, dehydration, rashes and skin damage (Zhang et al., 2020; JICA).

"My first experience in PPE kits was very bad, it was extremely suffocating, I had trouble breathing….I was sweating profusely because it was the month of April and May. I had a severe respiratory distress because that room was already low on oxygen and the PPE kit."

Despite being at the rock-solid forefront of the crisis, the HCWs were not immune to the psychological consequences of the virus. The high levels of stress and self-risk behaviors led to anxiousness. Anxiety was regarding their own as well as their family's well-being (Nemati et al., 2020; Marton et al., 2020; Kramer et al., 2021; Liu et al., 2021). Most of the HCWs were initially apprehensive about being infected by the virus and infecting their families but got used to it gradually.

"I mean, people were having corona-phobia initially and we as a nurse were also scared that we might get positive too."
"We were also scared about our parents…"

Sleepless nights, fear of dying, and traumatic experiences caused nightmares and even depression. F-HCWs were experiencing burnout, depression, anxiety, or other mental health conditions due to COVID-19-related factors (BMA, 2020) along with distress, anger, fear, insomnia, and post-traumatic stress disorder in the HCWs (Shaukat et al, 2020):
"Often, it was understood that the patients in the ICU are in serious condition but mostly they were all expiring, and that is what made us feel bad. Daily, in every shift, 2-3 dead bodies were going out from the ICU."

Theme 2: Family: Support and Apprehension

As a result of the COVID-19 pandemic, the lives of F-HCWs have been impacted tremendously in different ways. They went through difficult times, but the unwavering support of their families sustained them throughout. Different levels of social support for medical staff have been significantly correlated with self-efficacy and sleep quality and negatively correlated with the degree of anxiety and stress (Dong et al., 2020). Support specifically from family and friends during the COVID-19 pandemic appeared to have been helping people feel sustained and share their feelings. (Zhang & Ma, 2020).

"My family was really supportive. My wife, children, mother, everyone motivated me to go and do my duty and they all supported me 100% that you have to save the people and as a doctor, it is your duty so you should definitely do it."

It is important to note that although families were very proud of the contribution that the F-HCWs had made, they also felt a sense of apprehension for their loved ones working in such proximity to COVID patients. The F-HCWs did not only miss their family members due to minimal contact but also, they were concerned about their families coming in contact with the infection and the potential of comorbidities to arise. Certain specific reasons for their fears were family and childcare responsibilities during times of self-isolation or quarantine, the risk of carrying the infection to loved ones, and the lack of specific treatment and vaccines.

(Khurshid et al., 2020) *lots of thoughts about our work only when we were at home and sometimes, we get irritated as well because we can't focus on our family life."*

Even though they were on the front lines, there were instances when they were unable to transcend help to their loved ones. They became agitated by it as a result of their incapacity to concentrate on their family. The amount of respect and acknowledgment that the frontline workforce had gained through their humane contribution to society made people grateful. There have been no signs of social exclusion faced by the frontline workforce since 50% had been living in the government premises and hostels and did not have many interactions with the general public.

"During those times, we went out really less in public places but whenever we had to, people were always thankful for what we did. Most of our time is spent in the hospital with the patients and they were mostly cordial and grateful to us. They also knew somewhere that we are trying and doing our best."

Theme 3: Support at Work: Psychological and Tangible

The F-HCWs received different proportions of organizational support concerning psychological support and tangible support. 50% of the F-HCWs informed that the respective organizations had tried to provide tangible resources like PPE kits, facemasks, gloves, and other resources to the medical staff for their safety to use them in a structured manner such that their physical health would not be impaired:

"*There was no shortage of the PPE kits. It was easily available to us in as many shifts as we are doing. And similarly, the masks and all were also available."*

Less patient load, enough isolation wards, good training in handling COVID-19, adequate supply of PPE, healthy food, and sufficient rest are all measures that hospitals ought to take to improve the working conditions for healthcare professionals (Suryavanshi et al., 2020). 12.5% of the medical staff were provided secondary relief, such as limiting the number of duty hours each day to alleviate the workload:

"*Our night duties used to be 12 hours before but our organisation has divided it into 6-6 hours duty… They have done this for us so that we can eat something and use the washroom if we need to after the 6 hours duty.*"

However, they were unable to provide professional psychological assistance to the healthcare workers. 75% of the participants reported that the organisations did not provide any psychological aid even when it was needed:

"*We? We were not provided any such support. The hospital just told us that providing the rooms and other basic medical supplies was the best that they could do, so expecting psychological support was far-fetched for us.*"

"*No, the hospital has not provided any psychological aid. In fact we were pressurised instead because whenever someone died due to covid, we got another hypoxic patient immediately after that, so we used to take care of them"*

In times of emotional breakdown or the need for mental support, they could reach out to their colleagues, who provided them with emotional support by listening to and understanding each other. 87.5% of HCWs reported that their colleagues were very supportive, mentally and emotionally, which motivated them to move forward during the nerve-wracking situation of the pandemic. 62.5% of the participants informed that talking and discussing cases with

colleagues was very helpful to them as it was quite evident that many of them were traumatized by witnessing numerous patient fatalities and suffering:
"We share everything with each other and that is the one of the biggest factors that is keeping us going and helps us get over the tough experiences that we face at work."
"Yes yes, we talked to each other, discussed our problems and we understood each other so there was a kind of mental support since we all were going through the same situation."

While some lost members of their own families, others were on the brink of breaking down:
"Some of my colleagues were on the verge of breaking down, some had deaths in their family but irrespective of everything we had to keep working so after a point it becomes very difficult."

There were diverse recommendations given by the F-HCWs regarding the kind of psychological help they would provide to their team members. 12.5% of the F-HCWs suggested offering support groups, 12.5% suggested a helpline number, 25% asked for at least someone they could talk to about their feelings since the pandemic scenario was so demanding, and some advised setting up psychiatric counseling for individuals who lost loved ones:
"*Mostly, it will be for people who lost their family members, someone close to them like their father, mother or some of their family. For all those people we have to arrange psychiatric counseling or meeting something like that.*"

In addition to them, studies suggest keeping an eye on the well-being of the healthcare personnel and their families, hospitals should also promote encouragement through pep talks, broadcasts, and other means. Furthermore, healthcare professionals should have access to a helpline in hospitals for psychological first assistance (Rajhans & Godavarthy, 2021).

Theme 4: Frontline Workers' Challenges
The experience in this crisis was full of challenges. It did not end with the struggles faced in the hospitals and COVID wards but went till educating the general public and fighting the stigma attached to getting tested, the lack of which, was creating a burdensome workload for them due to continuous spikes in cases from time to time.

The cases were continuously rising in India owing to a lot of factors. Due to the constant rise, there was an exhaustion of resources and manpower. India faced an acute shortage of hospital beds, oxygen supply, medicines, and ventilators across the country for COVID-19 patients (Jain et al., 2021). The lack of manpower forced the F-HCWs to put in extra hours and work even when they tested positive amidst restricted travel that posed major difficulties.

"...as of this moment almost everyone where I work is positive and it is the very first time we are supposed to work while we are positive, this is what the case is…"

In the absence of clear guidelines for quarantine and isolation, the F-HCWs had to continue working after testing positive in cases of asymptomatic infections ("As healthcare workers test", 2022). Shortages of resources also posed major difficulties for the F-HCWs since they had to switch to wearing surgical gowns instead of PPE kits which caused greater exposure to the virus and lack of oxygen supply and beds causing an inability to save the patients. Lack of resources posed a major threat to India, where 65–68% of the population lives in rural areas and has the highest overall burden of disease globally. Rural India has 3.2 government

hospital beds per 10,000 people. Many states have a significantly lower number of rural beds than the national average (Kumar et al., 2020).

"There were instances where there was a sudden deterioration in patient's health and we had only 12 CCU beds in the hospital, it wasn't even like we could shift all the patients there so all that became really tough. So many deaths were due to shortages of beds only but then there was nothing we could do. Oxygen supply was also severely disrupted at that time."

The country witnessed many instances of patients trying to flee isolation wards in government hospitals and also tried to hide their travel history. Many with suspected contact with COVID-19-positive or infected persons had also tried to dodge the mandatory home quarantine with the hope of escaping quarantine and isolation (Chetterje, 2020). The in effectiveness of lockdowns and insincerity on the part of the general public was leading to the spread of the virus at an unimaginable rate making their jobs even more difficult:
"*Basically, the lockdowns are not working. People are in a relaxed state, everyone is roaming around, travelling. So. it is spreading very easily."*

Spreading awareness and educating the public was one of the biggest challenges faced by healthcare workers. Lack of awareness and reduced fear of the virus caused a spur in the number of cases. A huge chunk of the public, especially the lower socio-economic strata, was either unaware or not willing to get tested. Many episodes of social distancing violations were reported across the country since the restrictions started to relax. ("Coronavirus: Social Distancing", 2020). Noncompliance with wearing face masks was another major issue faced by the country. A survey conducted in over 18 cities found that 90% of the people were aware but only 44% of Indians were wearing a face mask (Alves, 2020). With the cases already on the rise, flouting of social distancing norms was worsening the situation. The people were not realizing the importance of getting vaccinated and following social norms like proper usage of masks and social distancing in making the virus less effective, breaking its chain of spread and their safety.

"There should be some social distancing which is non-resistant and despite telling them to follow the social protocol like to follow social distancing and all, nobody ever listens even wearing of masks is a very big problem, patients aren't compliant to wear masks all day."

Stigma was a huge catalyst in worsening the situation. There was a sense of fear among the people of getting infected and getting tested due to the mandatory isolation. COVID-19 test hesitancy had its roots in psychological distress associated with getting infected with the virus. Distress triggered negative emotions of fear and anxiety, anger, sadness, shame, and embarrassment ("What Explains COVID", 2021). People were afraid of getting blamed, isolated, and taken from their family members (Pragholapati, 2020).
"The main reason behind this stigma is that people still treat COVID as something very different. It is very infectious but people avoid getting tested because they're scared about the fact that they would be isolated."

Many chose to self-medicate themselves a lot were misguided or in the dark. This practice increased due to the influence of social media regarding misinformation about medications. Suggestions for medication during the pandemic also came from friends, family, neighbours, pharmacists, previous prescriptions, and the media (Malik et al., 2020). This led to a lot of problems, from a lack of drugs to severe cases of overdosage and drug-drug combinations

(Ray et al., 2022). Irrational beliefs like denial of COVID's existence, social seclusion, and isolation added fuel to the fire making matters worse:
"The idea of self medicating was becoming very common…..we actually saw people taking it on their own thinking it would prevent covid, they weren't realising the amount of side effects HCQ has."

The shortage of resources worsened the situation because it led to using surgical gowns instead of PPE kits causing additional fear and in some cases using ventilators that consumed less oxygen:
"We were using gowns and covering ourselves with double wear of our own clothes and everything because of a cut short supply of PPE kits for a while but we never re used them."

Theme 5: Perseverance: Dejection and Motivation
The tenacity displayed by the F-HCWs is outstanding despite the multiple challenges they have faced during the surge in COVID-19. Even they experienced dejection from time to time when they could not save lives. They developed a sense of powerlessness after witnessing numerous deaths caused by their inability to identify where their efforts fell short. As COVID-19 seemed to be under control, the public became complacent in contemplating the end of the pandemic (Choudhary, 2021). F-HCWs widely held the opinion that the rise in COVID-19 cases was mostly caused due to disregard for standards including social distancing and adequate mask usage.

"umm, people, the main problem was that once the symptoms go off they are negative and they start roaming around, spreading the virus further which isn't the right thing. The people should get tested and stop the spread but then this is what it is and we can't really change this."

Although, 37.5% of F-HCWs reported no such feeling of dejection:
"Umm, I didn't get dejected as such. We knew that it would come to a stop once the government imposed lockdowns and all. We could see the changes within a day or two. The no. of patients getting admitted started to decrease and all. We didn't feel dejected as such but ya it did feel bad when the cases kept rising and the government did nothing for around 15-20 days. We were planning to send official notices to the government via proper channels because the situation was getting out of hand and we didn't have supplies but then the government did act swiftly and promptly and then everything settled down and so."

Despite the various shortcomings, the sense of responsibility, and constant guidance helped the F-HCWs to work in high spirits. In addition, supportive and unified co-workers, family members and the level of satisfaction and acknowledgment felt after treating a patient were significant motivating factors:
"My family was always very supportive and encouraged that I have to do my duty and should got to work, they were always there to motivate me."
"Basically, when a patient gets treated the satisfaction you get is probably unmatched. People do reciprocate when they get treated, they come and thank you and the feeling is really really surreal and that really keeps us motivated."

Furthermore, the feeling of responsibility towards patients despite the challenging circumstances made them contribute to society in unimaginable ways.

Volunteers in the Ebola epidemic described values such as altruism with an intrinsic desire to help others, giving back to society and a sense of moral duty as healthcare workers as their main motivating factors as values (Scanlon, 2010).

Theme 6: Experience: Trends through the three waves

The F-HCWs had varied experiences through the three waves of the COVID pandemic. 37.5% of the participants that worked during the first wave had reported that it was very new for them and they had been trying out different treatments to cure patients since a standard procedure of treatment was not yet communicated to them.

"In the first wave, it was all very new and we were also trying and seeing what medicines and treatment approaches work. So, we were just figuring out the best treatment approach. "

Healthcare staff were given confusing messages in other nations as well and the lack of prior experience was a source of distress to them (Grailey et al., 2021; Jackson et al., 2022). They were also scared of getting infected with the virus and similar experiences of fear of exposure have been shared in studies conducted in the Indian subcontinent (Roy et al., 2020; Sunil et al., 2021).

The second wave was "unforgettable" for the F-HCWs since they encountered a high patient load and an increase in duty hours. NHS UK healthcare workers were also shocked by the physical and psychological brutality of the virus (Bennett et al., 2020).

"Ya, during the waves, peaks of the waves the duty hours increase drastically because the no. of patients increases drastically and then we have to segregate patients…"

Due to the high incidence rate, the non-COVID wards were also changed to COVID wards to cater to the high number of patients and newspaper reports from different states have also reported an increase in COVID beds and wards (Dutt, 2021; Mitra, 2022). 25% of the participants stated that the situation was dangerous as well as new for them which made the experience during the second wave quite difficult and different:
"It was obviously difficult and different than usual. So, in the beginning, we did not know what we were facing and that it would spread so widely."

50% of the participants reported that they had a lack of resources and equipment during the peak of the second wave. With limited resources, an increasing number of patients and work in an unfamiliar environment, life-saving decisions had to be made that resulted in huge mental stress (Gupta & Sahoo, 2020; Das et al., 2020). They were also not mentally prepared to face the high-risk and unpredictable situation that prevailed during the second wave. The F-HCWs were equipped with better knowledge about the virus and the treatment during the second wave but also encountered patients with serious morbidities:
"*As the second wave came, we were more equipped with better knowledge than before, but this time we got more patients who were seriously affected due to the delta variant."*

Inadequate knowledge in the initial stage was one of the factors for infection transmission (Guo et al., 2020) but later frontline healthcare workers were reported to have adequate knowledge (Adhikari et al., 2021).

The third wave was mild and manageable and the fear among the F-HCWs had reduced owing to better organisational support and a higher recovery rate among the patients. The

transmission rate of the Omicron variant is higher than the Delta variant but its severity is low when compared to the Delta variant and this has been reaffirmed through case fatality rate and case hospitalisation rate (Ranjan, 2022).

"*Omicron is a mutated coronavirus variant; it isn't that serious in comparison to the 1st and 2nd wave… It spreads faster than the other two but the severity is very less."*

62.5% of F-HCWs reported that they felt bad because they could not save their patient's lives and the death of young patients was especially traumatic for them:
"*We feel bad whenever we see young patients dying in front of us be it due to covid or any other disease and we can't even express our grief, we can't cry or even discuss it with anyone because we are in front of the attendants and we have to stay strong…"*

Further, dealing with the patient's family was also a difficult ordeal for them.
"*Koi scenario Hota Tha Toh Jo unke family members hote to unko dekhna bahut jyada Mushkil ho jata hai tha unko Samjhana unko clearly batana ki kya ho gaya hai."*
25% of the participants stated that nurses were more exposed to the virus than doctors and this was reported across countries (Lai et al., 2020).

"We have to first go on a round with the doctor. We wore a kit, came out, it's all well. Then, next time we have to go to provide the treatment that the doctor has prescribed. And the third time, we had to go again to check if there were any changes after the previous round. So, staff nurses had the most pressure and it was a huge problem"

Despite the circumstances, they had worked wholeheartedly and it made them feel good that they had contributed to society.
"We feel really good about actually contributing to society which in hindsight to me is a very good feeling."
"There was also a heavy patient load in the hospitals but since it's our work and duty, we have to do it, wholeheartedly."

COVID duties had become a daily routine for the F-HCWs and during the third wave, they had an optimistic approach towards the COVID pandemic:
"*The third wave, however, is quite mild. The Omicron variant causes symptoms just like normal flu or viral fever, so it has not caused much panic. The quarantine period is just half from before and they are getting cured without getting hospitalised in most cases, so yes, it is a manageable wave."*

Theme 7: Role of Media: Frontliners' Perception
A consistent audience uses television, newspapers, and social media to learn about the disease, its spread, the response of the government and the accessibility of food or markets. Furthermore, the media had a big impact on how healthcare professionals were seen globally. Since the onset of the pandemic, 12.5% of participants felt that the news channels were disseminating false information about the virus and its prevention:
"*Media is bullshit. They didn't know even a single, about a single information, they just had their own science. Never trust them. They provide only fake news with a lot of publicity stunts and advertisements just like entertainment only.*"

While some media outlets, especially news channels, appropriately depicted the reality, and challenges faced by the medical staff, others were spotlight-seekers. Most news outlets were disseminating misleading data, which led to people's feelings of fear, grief, and dashed hopes.

> "*The way the media portrayed the health care workers was quite good but the media created an atmosphere of fear and panic among the people.*"

The WHO dubbed COVID-19 an "Infodemic", a situation in which information is abundant, some of it accurate and some of it not, making it difficult for people to find credible sources and reliable guidance (Hao & Basu, 2020). The fear of a pandemic and its related factors stimulated anxiety and emotions of anger and helplessness, which are aggravated by constant media coverage relating to deaths, new victims, lockdowns, and the fear of the impending future (Kanozia et al., 2021). It had a detrimental impact on people's mental health.

"*It was good that the media was urging people to follow social norms and to get tested. Along with it, they also showed lots of sad news about the condition of hospitals and patients which brought down the morale of the people.*"

CONCLUSION

The F-HCWs were exposed to stressful and challenging environments in all three waves of the pandemic which led to severe mental and physical health issues. But, the constant support from their families, colleagues, and the organization helped them to cope with the dejections they had to face with the rising rate of infection and mortality despite their relentless efforts.

Limitations

The present study had a qualitative method research design which limited the study to not being generalized to the whole population since it included subjective responses from the participants. The study may have been impacted by researchers' bias, since it was a qualitative study that involved interviews with the participants, so the conclusions could be influenced by the bias. The sample size was small and not entirely representative of the population though it included doctors, nurses, and interns in the sample for F-HCWs. The study could not be replicated on account of the variability of researcher bias and informational bias on the part of the participants.

REFERENCES

Adhikari, U. R., & Das, S. C. (2021). Knowledge, attitude and practice regarding COVID-19 among frontline workers attending selected vaccination center of West Bengal, India. International Journal of Community Medicine and Public Health, 8(9), 4345.

Alves, G. (2020, September 25). Survey says 90% Indians aware, but only 44% wearing a mask; discomfort key reason for non-compliance. The Economic Times. Retrieved from:https://economictimes.indiatimes.com/magazines/panache/survey-says-90-indians-aware-but-only-44-wearing-a-mask-discomfort-key-reason-for-non-compliance/articleshow/78315069.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

As healthcare workers test positive, lack of guidelines hurts the system, say doctors. (2022, January 18). The Hindu. Retrieved from: https://www.thehindu.com/news/national/tamil-nadu/as-healthcare-workers-test-positive-lack-of-guidelines-hurts-the-system-say-doctors/article38284527.ece

Bennett, P., Noble, S., Johnston, S., Jones, D., & Hunter, R. (2020). COVID-19 confessions: a qualitative exploration of healthcare workers experiences of working with COVID-19. BMJ open, 10(12), e043949.

British Medical Association. (2020). Stress and burnout warning over COVID-19. BMA.

Chetterje, P. (2020). Gaps in India's preparedness for COVID-19 control. The Lancet Infectious Diseases, 20(5), 544.

Coronavirus: Social distancing violations increase as India eases lockdown restrictions. (2020, June 3). India Today. Retrieved from: https://www.indiatoday.in/india/story/coronavirus-scare-social-diatancing-norms-flouted-india-1684913-2020-06-03

Das, Anupam, Abheek Sil, Saurabh Jaiswal, Rahul Rajeev, Akhilesh Thole, Mohammad Jafferany, and Syed Naiyer Ali. "A study to evaluate depression and perceived stress among frontline Indian doctors combating the COVID-19 pandemic." The primary care companion for CNS disorders 22, no. 5 (2020): 26168.

Dutt, A. (2021, April 09). Delhi govt orders private hospitals to increase beds for Covid-19 patients. Hindustan Times. Retrieved from: https://www.hindustantimes.com/cities/others/delhi-govt-orders-private-hospitals-to-increase-beds-for-covid-patients-101617905507404.html

Elbay, R. Y., Kurtulmuş, A., Arpacıoğlu, S., & Karadere, E. (2020). Depression, anxiety, stress levels of physicians and associated factors in Covid-19 pandemics. Psychiatry research, 290, 113130.

Elhadi, M., Msherghi, A., Alkeelani, M., Zorgani, A., Zaid, A., Alsuyihili, A., ... & Amshai, A. (2020). Assessment of healthcare workers' levels of preparedness and awareness regarding COVID-19 infection in low-resource settings. The American journal of tropical medicine and hygiene, 103(2), 828.

Garg, D. H., Chauhan, A., Bhatia, M., Sethi, G., Chauhan, G. (2021). Role of mass media and it's impact on general public during coronavirus disease 2019 pandemic in North India: An online assessment. Indian J Med Sci 2021;73(1):21-5.

Grailey, K., Lound, A., & Brett, S. (2021). Lived experiences of healthcare workers on the front line during the COVID-19 pandemic: a qualitative interview study. BMJ open, 11(12), e053680.

Guo X, Wang J, Hu D, Wu L, Gu L, Wang Y, et al. Survey of COVID-19 disease among Orthopaedic surgeons in Wuhan, People's Republic of China. J Bone Jt Surg. 2020; 102:847–54.

Gupta, S., & Sahoo, S. (2020). Pandemic and mental health of the front-line healthcare workers: a review and implications in the Indian context amidst COVID-19. General Psychiatry, 33(5).

Hao, K., & Basu, T. (2020, February 12). The coronavirus is the first true social-media "infodemic". MIT Technology Review

Jackson, C., Manley, K., Webster, J., & Hardy, S. (2022). A thematic analysis of system wide learning from first wave Covid-19 in the East of England. BMC health services research, 22(1), 1-19.

Jain, V. K., Iyengar, K. P., & Vaishya, R. (2021). Differences between First wave and Second wave of COVID-19 in India. Diabetes & metabolic syndrome, 15(3), 1047.

Kalmoe M.C., Chapman M.B., Gold J.A., Giedinghagen A.M. (2019) Physician suicide: a call to action. Mo. Med.; 116:211

Kanozia R., Kaur S., & Arya R., (2021) Infodemic during the COVID-19 lockdown in India, Media Asia, 48:1, 58-66, DOI: 10.1080/01296612.2021.1881286

Kramer, V., Papazova, I., Thoma, A., Kunz, M., Falkai, P., Schneider-Axmann, T., ... & Hasan, A. (2021). Subjective burden and perspectives of German healthcare workers during the COVID-19 pandemic. European archives of psychiatry and clinical neuroscience, 271(2), 271-281.

Kumar, A., Nayar, K. R., & Koya, S. F. (2020). COVID-19: Challenges and its consequences for rural health care in India. Public Health in Practice, 1, 100009.

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA network open, 3(3), e203976-e203976.

Li, Z., Ge, J., Yang, M., Feng, J., Qiao, M., Jiang, R., ... & Yang, C. (2020). Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. Brain, behaviour, and immunity, 88, 916-919.

Liu, J. J., Nazarov, A., Plouffe, R. A., Forchuk, C. A., Deda, E., Gargala, D., ... & Richardson, J. D. (2021). Exploring the well-being of health care workers during the COVID-19 pandemic: protocol for a prospective longitudinal study. JMIR Research Protocols, 10(9), e32663.

Malik, M., Tahir, M. J., Jabbar, R., Ahmed, A., & Hussain, R. (2020). Self-medication during Covid-19 pandemic: challenges and opportunities. Drugs & Therapy Perspectives, 36(12), 565-567.

Marton, G., Vergani, L., Mazzocco, K., Garassino, M. C., & Pravettoni, G. (2020). 2020s heroes are not fearless: the impact of the COVID-19 pandemic on wellbeing and emotions of Italian Health Care Workers During Italy phase 1. Frontiers in Psychology, 11, 2781.

Mitra P. (2022, June 13). Hospitals get Covid-ready after rise in cases in West Bengal. The Tiimes of India. Retrieved from: https://timesofindia.indiatimes.com/city/kolkata/kolkata-hospitals-get-covid-ready-after-rise-in-cases/articleshow/92168236.cms

Nemati, M., Ebrahimi, B., & Nemati, F. (2020). Assessment of Iranian nurses' knowledge and anxiety toward COVID-19 during the current outbreak in Iran. Archives of Clinical Infectious Diseases, 15(COVID-19).

Pragholapati, A. (2020). Mental health in pandemic covid-19. Available at SSRN, 3596311.

Rajhans P.A., Godavarthy P. (2021) COVID-19 Combat Fatigue among the Healthcare Workers: the Time for Retrospection and Action. Indian J. Crit. Care Med. Peer-reviewed. Crit. Care Med. 25, 3.

Ranjan, R. (2022). Omicron Impact in India: An Early Analysis of the Ongoing COVID-19 Third Wave. MedRxiv.

Ray, I., Bardhan, M., Hasan, M. M., Sahito, A. M., Khan, E., Patel, S., ... & Swed, S. (2022). Over the counter drugs and self-medication: A worldwide paranoia and a troublesome situation in India during the COVID-19 pandemic. Annals of Medicine and Surgery, 103797.

Roy, A., Singh, A. K., Mishra, S., Chinnadurai, A., Mitra, A., & Bakshi, O. (2021). Mental health implications of COVID-19 pandemic and its response in India. International Journal of Social Psychiatry, 67(5), 587-600.

Shaukat, N., Ali, D. M., & Razzak, J. (2020). Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. International journal of emergency medicine, 13(1), 1-8.

Sunil, R., Bhatt, M. T., Bhumika, T. V., Thomas, N., Puranik, A., Chaudhuri, S., & Shwethapriya, R. (2021). Weathering the storm: psychological impact of COVID-19 pandemic on clinical and nonclinical healthcare workers in India. Indian Journal of Critical Care Medicine: Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine, 25(1), 16.

Suryavanshi N., Kadam A., Dhumal G., Nimkar S., Mave V., Gupta A., Cox S.R., Gupte N. (2020) Mental health and quality of life among healthcare professionals during the COVID-19 pandemic in India. Brain Behav. ;10: e01837. doi: 10.1002/brb3.1837

Unnikrishnan, B., Rathi, P., Shenoy, S. M., Nandan, G., Sanil, M., Saxena, S., & Rai, H. R. (2021). Knowledge, Awareness and Perception of COVID-19 Pandemic Among

Health Care Workers in a Tertiary Care Teaching Hospital in Coastal South India. The Open Public Health Journal, 14(1).

Vasudevan, M., Mehrolia, S., & Alagarsamy, S. (2021). Battle fatigue of Covid 19 warriors–Heal the healers. Journal of Affective Disorders, 294, 477.

What Explains COVID Testing Hesitancy in India: Distress, Trauma and Fear of Social Stigma. (2021, June 11). News 18. Retrieved from: https://www.news18.com/news/opinion/what-explains-covid-testing-hesitancy-in-india-distress-trauma-and-fear-of-social-stigma-3834806.html

Yadav, K., Laskar, A. R., & Rasania, S. K. (2020). A study on stigma and apprehensions related to COVID-19 among healthcare professionals in Delhi. Int. J. Community Med. Public Health, 7, 4547-4553.

Zhang, B., Zhai, R., & Ma, L. (2020). 2019 novel coronavirus disease epidemic: skin protection for healthcare workers must not be ignored. Journal of the European Academy of Dermatology and Venereology: JEADV, 34(9), e434–e435.

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Chawla, H., Golchha, M., Rupani, N.K. & Sharma, T. (2023). Experiences of Frontline Healthcare Workers during COVID-19 in India. *International Journal of Indian Psychology, 11(3),* 2098-2113. DIP:18.01.196.20231103, DOI:10.25215/1103.196