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Original article

The Impact of Work Experience in a Dispensary Hospital during the COVID-19 Pandemic on the Emotional State of Medical Students: A Qualitative Study

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Abstract

The COVID-19 pandemic has affected the studies, daily life and mental health of medical university students, as confirmed by numerous studies. The lack of such research in Kazakhstan determines the relevance of our work. This study aims to analyze the opinions of 5th-year students of the "General Medicine" educational program at the West Kazakhstan Medical University named after Marat Ospanov regarding the impact of work in a dispensary hospital during the COVID-19 pandemic on their psychological state. The study design was qualitative. The analysis of responses to the task on the topic "Emotional burnout" was carried out during the elective cycle "Communication skills in clinical practice". A total of 217 students program participated in the study, including 159 women (73%) and 58 men (27%). The average age was 23.5 ±1.5 years. Of the presented number of respondents, 9% (20 students) had experience working as middle and junior health workers in a dispensary center. When processing the answers, 6 topics and 14 subtopics were identified, characterizing changes in the emotional, cognitive, motivational and personal aspects of the psychological state, as well as changes indicating an increase in the importance of interpersonal interaction and strengthening of communicative competence. Work in a dispensary hospital influenced the transformation of the emotional status of students who worked in the hospital from a state of denial of threat and rejection of the surrounding reality, through difficulties in communicating with patients and relatives in combination with emotional burnout to the formation of socially significant emotions of empathy and empathic care. The real result for these students was a rethinking of life values in relation to their personality, family and society.

Keywords: COVID-19, medical students, qualitative research, emotional burnout, personality, pandemic.

1. Introduction

Coronavirus disease 2019 (COVID-19) is a highly infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [1]. On January 30, 2020, the World Health Organization declared the outbreak of this novel coronavirus (2019-nCoV) a public health emergency of international concern (PHEIC), which subsequently led to a global pandemic [2]. Pandemics are known to cause widespread mental and emotional distress across populations, and COVID-19 has demonstrated both short-term and long-term effects on individuals' mental and physical health [3]. Healthcare workers, in particular, are disproportionately affected by mental health issues due to their direct exposure to the virus, stressful working conditions, and high-stakes medical decision-making, especially in acute care settings [4,5]. As a result, identifying mental health abnormalities among medical students, who represent the future healthcare workforce, becomes a priority. Early detection and intervention during undergraduate years can mitigate future professional hazards.

The COVID-19 pandemic has significantly impacted university students globally, affecting their studies, personal lives, and mental health. University education shifted abruptly to online formats, which reduced the effectiveness of learning for students lacking access to computers or reliable internet, as well as for teachers who were unprepared for online teaching. Research has shown that the pandemic has also negatively impacted students' mental health. For instance, a study conducted in France found that university students were at greater risk of developing mental illnesses during the COVID-19 pandemic [6].

For medical students, the challenges were more pronounced, given the limitations in practical training. Clinical practice, an essential component of medical education, was severely disrupted by the pandemic, leading to increased levels of anxiety, depression, and post-traumatic stress disorder (PTSD) [7–9]. These students faced additional burdens, including fears of contracting the virus in hospital settings and the concern of infecting loved ones. Additionally, the insufficient adaptation to online learning, lack of social interaction, and the pervasive media coverage of COVID-19 further exacerbated their anxiety and depression [10, 11]. Medical students, already at higher risk of stress due to their demanding academic environment, experienced heightened mental health challenges. Their studies are known to be long, academically intensive, and financially costly, and the pandemic's disruptions only intensified these stressors [12–14].

Numerous studies have explored how the COVID-19 pandemic affected various aspects of medical education. Researchers have examined students' attitudes towards key facets of their education and how the public image of the medical profession shifted during the pandemic [15, 16]. However, there remains a gap in understanding how the pandemic has impacted medical students in Kazakhstan, including how it affected their academic experience, daily life, and mental health. This gap underscores the relevance and importance of the current study.

This study aims to analyze the responses of fifth-year medical students enrolled in the General Medicine program at West Kazakhstan Medical University named after Marat Ospanov. Specifically, it examines the psychological impact of working in a temporary hospital during the COVID-19 pandemic on these students' emotional and mental states.

2. Materials and Methods

Study Design

This is a qualitative study analyzing responses related to emotional burnout. Data were collected as part of an elective course titled "Communication Skills in Clinical Practice," taken by fifth-year General Medicine students. The course was conducted online via the MOODLE platform during the pandemic, between September 2021 and May 2022.

Participants

A total of 217 fifth-year medical students participated in the study, 159 of whom were women (73%) and 58 were men (27%), with an average age of 23.5 ± 1.5 years. Among the participants, 9% (20 students) had prior work experience as mid-level or junior medical workers in a temporary center during the pandemic (Table 1).

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Table 1 – Demographic characteristics of study participants

Group	Age in years median (range)	Male, n (%)	Female, n (%)
Worked at dispensary	24.9 ±1.7	11 (55.0%)	9 (45.0%)
Did not work at dispensary	22.8±1.4	47 (23.9%)	150 (76.1%)
All participants (n=217)	23.5 ±1.5	58 (26.7%)	159 (73.3%)

These students had been assigned two tasks as part of the elective course, which aimed to capture their thoughts and feelings about their work in a temporary hospital.

Tasks: Students were assigned one of two tasks randomly. Each task included two open-ended questions:

Task 1: Students were asked to imagine that they had worked as a doctor in a temporary hospital during quarantine, a role associated with high emotional and physical stress. They were instructed to describe their emotional and physical state after a month of working in these conditions and to outline a recovery plan for returning to normal life.

Task 2: In this scenario, students were asked to assume the role of a department head at a regional hospital that had been converted into a temporary facility during the quarantine. Their task was to describe the changes observed in the emotional and physical states of their colleagues, the doctors working under stressful conditions for a month, and to suggest strategies as a manager to help improve their well-being.

The researchers reviewed and provided feedback on the students' answers. Based on the data obtained, major themes and subthemes related to the psychological state of students who had worked in temporary COVID-19 hospitals were identified.

Statistical analysis

After collecting data from the participants, the data was analyzed using the Statistica 10 and SPSS version 22 software. Descriptive statistics such as frequency distribution and median were used to summarize the data. Taking into account the distribution of data different from normal, statistical processing was carried out using nonparametric criteria. The chi-square independence criterion is used to establish a relationship between categorical variables. The significance level for all statistical tests was set at 0.05.

3. Results

Of the 217 participants, 127 responded to Task 1, with 12 of them (9%) having actual work experience in a temporary hospital during the pandemic. In contrast, 90 students completed Task 2, with 8 of them (9%) having similar work experience.

The analysis revealed that out of 197 of the students who had no direct experience working in hospitals during the pandemic 171 answered the questions by adhering closely to textbook content and lecture materials. Conversely, out of 20 students who had worked in hospitals 15 provided emotional, experience-based responses, vividly describing their psychological state during the pandemic (Table 2).

Table 2 – Analysis of students' responses to tasks 1 and 2

Group	The answer is based on personal experience	The formal answer	Total	x^2
Worked at dispensary	15	5	20	45.26
Did not work at dispensary	26	171	197	(p<0,05)
Total	41	176	217	

A total of six major themes and fourteen subthemes emerged from the qualitative analysis:

1. *Denial of the Threat*

Violation of quarantine measures

"At first, nobody believed that the disease even existed. Despite restrictions and quarantine, many residents did not comply with the regulations. As a result, the situation worsened in June and July, with many people being admitted with bilateral pneumonia and pulmonary edema."

Discrepancy between expectations and reality

"Many thought the disease was a lie, they didn't believe it until they saw for themselves how patients were suffering.

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It was a completely different reality, and it was far from easy to pull everyone out of a life-threatening condition."

New Challenges

Difficult working conditions

"We were not allowed to go home. We stood on duty day and night, forgetting about food and sleep. We missed our families, homes, and home-cooked meals. There was no time to wash, the plague suit was unbearably hot, and the ward was suffocating stuffy. There was hardly any air to breathe."

"There were too many patients arriving day after day, many of them severely ill. They couldn't breathe on their own, and most of them died. There weren't enough ventilators or antibiotics, and we didn't know what to do or how to move forward."

Emotional burnout

"Due to the circumstances, many doctors were exhausted, their sleep patterns were disrupted, and their nutrition worsened. All of this affected their work, as they began to feel insecure, lose motivation, and vent their frustrations on others."

"After a month of working in intensive care on an every-other-day schedule, I felt like a robot. Detachment, loneliness in this world, a sense of unfulfilled duty, indifference, fatigue, and disrupted sleep."

"Doctors in the 'red zone' become emotionally drained. The endless stream of patients of all ages, from young adolescents to the elderly, is especially hard in intensive care. The constant chaos, the rush of medical staff, the groans of gasping patients, and the screams drive even the most experienced and resilient healthcare workers to madness."

"Without even realizing it, you become a victim of emotional burnout. The work that used to have meaning now feels pointless. You wake up in the morning, and in the race to save someone's life, you lose your own energy and will to fight in this confusing and difficult world."

"There were specialists eager to fight, but they grew tired nonetheless. They couldn't come to terms with the fact that they couldn't help everyone, sitting in despair."

"Working in quarantine conditions drains any specialist, any professional. I can say this as someone who worked in a provisional hospital and saw the burnout of doctors and nurses with my own eyes. When there are too many patients, not enough staff, no available beds, and many people dying, it takes a toll on the psyche. Medics, who have devoted their lives to saving others, feel extremely discouraged when they realize they can't help everyone. Seeing someone die in another room while saving one patient deeply affects them. Due to the extreme workload, they forget about other responsibilities like filling out medical records."

Difficulties in communication with patients and relatives

"The hardest part is the psychological toll when you have to inform a patient's relatives of their death, and they blame the doctors, causing an uproar. We have to endure a lot of harsh words and accusations, which greatly affect our emotional state and mood."

"Every day is the same – explaining to the deceased's relatives that it was impossible to help, and inevitably, the doctors are accused of negligence."

"The medical staff faced a high number of deaths and distraught relatives of the deceased. There were numerous conflicts due to the lack of beds in dispensaries."

2. *Empathy and a Sense of Helplessness*

First experience of patient death

"Elderly people and those with chronic diseases died right in front of me. I couldn't save them. Life changed in an instant. I was so exhausted that I forgot about myself."

Suffering from helplessness

"It was hard to stand by and watch as someone was in pain, knowing that I couldn't help them at that moment."

"But the most disheartening part was the helplessness. Seeing people die every day in agonizing pain and not being able to help them tore me apart."

"The feeling of not being able to help someone is incomparable. In such moments, you feel helpless and miserable."

"Working in a provisional hospital is emotionally challenging. It's a completely different experience when you see a patient with your own eyes, struggling for air."

Displaying empathetic care

"It was hard to pinpoint the moment a patient became upset, but caring for them day and night, monitoring equipment, providing timely help during complications, and calling the necessary doctors—all while adjusting to the high number of cases—made it

emotionally challenging. There were many times when the patient's mood affected me directly."

3. Reevaluation of Life Values

Self-awareness

"My recovery period wasn't long, but I didn't even notice when I came out of that state. Eventually, I realized that the most important thing is to be aware of your own state. Recognize your emotions, take the right step at the right time, because failing to do so can lead to serious problems. For some, a short rest is enough, while others might need to change professions. Some may prefer solitude, but for me, feeling loved and supported is essential."

"I realized that I need to spend more time with family and friends. It helped me not to keep everything inside, but to share and talk about what was troubling me. In such situations, the most important thing is to understand and start correcting things in time, to fill up spiritually and not burden yourself, because the most valuable thing we have is ourselves."

The value of time

"As for me, I realized that no matter what position you hold, you can't buy your life with money, and with this illness, the value of everything diminishes. I began to feel a greater sense of responsibility. I understood the role that even a tiny second can play."

"Before, I always felt like I didn't have enough time for anything, that I was always behind. But then I thought, and I was surprised—how do I waste my precious time when I could manage everything if I wanted to?"

The value of family

"And in that moment, you think about your loved ones and realize that life is unpredictable, and you start to value life. After work, I began to see life through new eyes. I tried to spend more time at home, helping my parents."

4. Role of Leadership, a Model for Subordinates

Importance of teamwork

"If I were the head of the department, the first thing I would do is provide psychological support, because many wanted to share what they had seen, to feel understood, and to know that their work wouldn't go unnoticed. I would avoid pointing out their mistakes because it's human to err, and in the conditions of a provisional hospital, I wouldn't humiliate or criticize already depressed people for minor things like filling out journals (and there were no fewer than five, if not more).

I would also make sure that in their rare free moments, they could relax. I would organize team games and training sessions to help bring the staff together. And most importantly, I'd ensure proper nutrition, even if it meant three or sometimes four meals a day, because given the heavy workload, many didn't have the energy to cook meals at home to bring to work. They would leave, sleep, and return the next day to work again."

"Colleagues need to not only know but also feel that the leader isn't just a 'boss,' but a person who will always support their staff."

Psychological support

"We hold 'five-minute' meetings where I remind everyone that we are doing everything we can, even if we don't fully know how to fight this 'enemy.' It's not our fault that patients are dying. I repeat again—we are doing our best."

"Recently, we lost a doctor and a nurse to COVID. We were in mourning. We support each other however we can. I urge everyone to remain human. Any of us could be in the patient's place tomorrow. And the motto 'If not us, then who?' still stands!"

"Of course, it's very hard to encourage someone after such exhausting work. After all, doctors are people too, and their well-being after such work will be the same as anyone else's—fatigue, depression, irritability, and a host of physical and psychological challenges."

Leadership behavior

"After such work, in my opinion, the best remedy is rest. But as their leader, I must support them morally. Words like 'We're doing great,' 'We're handling it well,' and 'I'm proud of my team' help a lot in general meetings. But we mustn't forget the personal experiences of each team member. I believe that a leader's job is to truly empathize with each team member's state."

"As the head of the department, I always encourage them not to stress and praise them for even small successes. This is the time when our country must be strong, no matter what."

"Everyone can look a patient in the eye. They look at each of you with hope, hoping to recover and return home to their children, their parents.

Some of them may have plans for the future. We need to give them that chance. Our parents, friends,

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spouses, and, finally, our children are counting on us. Perhaps before, they thought of Superman or Spider-Man as heroes. But now, they see us as heroes. We must not miss this chance. So, let's be heroes, at least for them."

5. Belief in the Future

"Soon, the day will come when this virus retreats, and we will live as we did before. I miss those days when we were all happy and carefree. Simple things, simple actions have become so impossible and unattainable. But there is still hope."

"In any situation, you must not lose hope or your sense of purpose. Even if it seems like nothing depends on you. Since we are here at the hospital, I will seek solutions here. First, I will try to communicate with patients, because when you communicate with people, there is an exchange of energy. And hearing that they still believe in us gives me hope that it's not over yet. And it won't be over as long as we can help people.

3. Discussion

The COVID-19 pandemic has had a profound effect on the personal and professional identities of medical students. Previous research suggests that the pandemic led students to reconsider their views on the medical profession, medical education, and their roles in healthcare. For instance, a qualitative study from the United States showed that students admired the professionalism and altruism of physicians, which reinforced their commitment to their career choices [17]. Similarly, a study in Austria found that many students developed a deeper appreciation for the medical profession during the pandemic [18].

Understanding the psychological responses of medical students to the COVID-19 outbreak is crucial for several reasons. First, medical students are integral to healthcare systems and will eventually assume the role of healthcare providers responsible for managing future crises. Studying their experiences during this pandemic can guide the development of training and support programs that better prepare them for public health emergencies. Second, their emotional well-being is essential for their personal development, resilience, and ability to provide high-quality patient care. Recognizing the factors that influence their mental health can lead to initiatives that enhance their well-being and reduce stress and burnout [19].

Our study aimed to explore how working in a temporary hospital during the COVID-19 pandemic affected the personal development and reassessment of life values among medical students. Using thematic analysis and a basic interpretive qualitative approach, we analyzed students' written reflections. Reflective writing is a cost-effective method for gaining insights into the personal growth of medical students over time. Reflection has long been associated with the development of professional identity, and unprecedented events like the COVID-19 pandemic offer students the chance to reflect on their experiences, solidify their learning, and understand the ways in which these experiences shape their current and future identities as healthcare professionals [17].

The results confirmed that working in a temporary hospital significantly impacted the psychological state of the students. The qualitative analysis of their responses highlighted key themes and subthemes, showing changes in emotional, cognitive, and motivational aspects of their psychological states, along with an increased importance placed on interpersonal relationships and communication skills.

One notable finding is the transformation in students' emotional states. Initially, many students exhibited denial of the threat posed by the pandemic and struggled with communication challenges, compounded by emotional burnout. However, over time, these feelings gave way to socially meaningful emotions such as empathy and compassionate care. For many students, the experience led to a reevaluation of life values, particularly in relation to their personal, familial, and societal roles.

By identifying changes in medical students' behaviors and thought processes, our study provides valuable insights into their experiences. These findings can inform the development of targeted support programs aimed at enhancing their mental health and resilience, ultimately promoting their well-being and professional growth as healthcare practitioners.

To our knowledge, this is the first study to explore the impact of the COVID-19 pandemic on medical students in Kazakhstan using qualitative methods. However, the study has limitations. It was conducted at a single university, and further research is needed to include students from other medical universities.

The emotional and psychological strain on students/healthcare workers during the pandemic could have influenced their reports, potentially leading to an exaggeration of certain experiences or underreporting of others. The article may rely primarily on qualitative descriptions and narratives, lacking quantitative data to provide measurable comparisons or outcomes.

In summary, understanding medical students' psychological responses to the pandemic is essential. They represent the future of healthcare, and their experiences during this crisis can guide the development of training programs to better prepare them for future public health emergencies. Additionally, their emotional well-being is vital for both their personal development and their ability to deliver high-quality patient care. Identifying the factors that affect their mental health can lead to interventions that foster resilience and prevent burnout [19-22].

Our study revealed that working in temporary hospitals during the pandemic had a significant impact on medical students' psychological well-being. The thematic analysis of their reflections demonstrated changes in emotional, cognitive, and interpersonal competencies, as well as a reassessment of life values. The students' responses illustrated a progression from denial and burnout to empathy and personal growth, highlighting how the pandemic reshaped their perceptions of themselves and their roles within society.

This research contributes to our understanding of how medical students in Kazakhstan experienced the COVID-19 pandemic. While the findings align with those of studies conducted in other countries, this study provides unique insights into the emotional and psychological challenges faced by students in Kazakhstan, filling an important gap in the existing literature.

4. Conclusions

The pandemic, like any crisis, not only negatively impacts all areas of life but also presents opportunities for personal growth, reevaluation of life values, and fosters increased empathy, gratitude, faith in the future, and societal unity. The COVID-19 pandemic significantly affected the psychological and emotional well-being of medical students, particularly those who worked in temporary hospitals. This study offers valuable insights into how students managed the unique challenges of the pandemic, underscoring the importance of mental health support and training programs specifically designed for future healthcare professionals.

To promote the well-being and professional development of medical students, educational institutions should implement programs that address the emotional and psychological challenges they encounter. This is crucial not only for the students' mental health but also for the quality of care they will provide as future physicians.

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COVID-19 пандемиясы кезінде провизорлық ауруханадағы жұмыс тәжірибесінің медициналық студенттердің эмоционалдық жағдайына әсері: Сапалы зерттеу

Миралеева А.И. [1], Dariusz Walkowiak [2], Дильмагамбетова Г.С. [3], Кононец В.И. [4], Книсарина М.М. [5]

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Түйіндеме

COVID-19 пандемиясы көптеген зерттеулермен расталғандай, медицина студенттерінің оқуына, күнделікті өміріне және психикалық денсаулығына әсер етеді. Қазақстанда ұқсас зерттеулердің болмауы жұмысымыздың өзектілігін айқындайды. Марат Оспанов атындағы Батыс Қазақстан медицина университетінің «Жалпы медицина» білім беру бағдарламасының 5 курс студенттерінің COVID-19 пандемиясы кезінде провизорлық стационарда жұмыс істеудің психологиялық жағдайына әсері туралы пікірлерін талдауға бағытталған. «Клиникалық практикадағы коммуникативтік дағдылар» элективті циклынан өту кезінде «Эмоционалды күйзеліс» тақырыбы бойынша тапсырмаға жауаптарға талдау жүргізілді. Зерттеуге 217 студент қатысты, оның ішінде 159 (73%) әйелдер, 58 (27%) ерлер. Орташа жасы 23,5±1,5 жасты құрады. Ұсынылған респонденттердің 9% (20 студент) провизорлық орталықта орта және кіші медицина қызметкерлері болып жұмыс істеген. Жауаптарды өңдеу кезінде психологиялық жай-күйдің эмоционалдық, когнитивтік, мотивациялық және тұлғалық аспектілеріндегі өзгерістерді сипаттайтын 6 тақырып және 14 тақырыпша, сонымен қатар тұлғааралық өзара әрекеттестік маңыздылығының артқанын және коммуникативті құзыреттіліктің нығаюын көрсететін өзгерістер анықталды. Провизорлық стационарда жұмыс істеу ауруханадағы жұмыс істейтін студенттердің эмоционалдық жағдайына ықпал етіп, қауіп-қатерді жоққа шығару мен шынайы жағдайды қабылдамаудан бастап, пациенттер және олардың туыстарымен коммуникация орнатудағы қиындықтар мен эмоциялық күйзеліс кезеңі арқылы әлеуметтік маңызы жоғары сезімдер – жанашырлық пен эмпатиялық қамқорлықтың қалыптасуына алып келді. Бұл студенттер үшін нақты нәтиже олардың тұлға, отбасы және қоғамға қатысты өмірлік құндылықтарды қайта қарау болды.

Түйін сөздер: COVID-19, медицина студенттері, сапалы зерттеулер, эмоционалды күйзеліс, тұлға, пандемия.

Влияние опыта работы в провизорном стационаре в период пандемии COVID-19 на эмоциональное состояние у студентов-медиков: Качественное исследование

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Резюме

Пандемия COVID-19 повлияла на учебу, повседневную жизнь и психическое здоровье студентов медицинских университетов, что подтверждается многочисленными исследованиями. Недостаток подобных исследований в Казахстане обуславливает актуальность нашей работы. Целью данного исследования является анализ мнения студентов 5-го курса образовательной программы «Общая медицина» Западно-Казахстанского медицинского университета имени Марата Оспанова о влиянии работы в провизорном стационаре во время пандемии COVID-19 на их психологическое состояние. Был проведен анализ ответов студентов на задание по теме «Эмоциональное выгорание» во время прохождения элективного цикла «Коммуникативные навыки в клинической практике» В исследовании приняли участие 217 студентов, в том числе женщин – 159 (73%), мужчин – 58 (27%). Средний возраст составил 23,5±1,5 года. Из числа респондентов 9% (20 студентов) имели опыт работы в качестве средних и младших медработников в провизорном центре. При обработке ответов были выделены 6 тем и 14 подтем, характеризующих изменения в эмоциональном, когнитивном, мотивационно-личностном аспектах психологического состояния, а также изменения, указывающие на возрастание значимости межличностного взаимодействия и усиления коммуникативной компетентности. Работа в провизорном стационаре повлияла на трансформацию эмоционального статуса работавших в стационаре студентов от состояния отрицания угрозы и непринятия окружающей действительности, через трудности коммуникации с пациентами и родственниками в сочетании с эмоциональным выгоранием к формированию социально значимых эмоций сопереживания и эмпатической заботы. Реальным результатом для этих студентов явилось переосмысление жизненных ценностей в отношении своей личности, семьи и общества.

Ключевые слова: COVID-19, студенты-медики, качественное исследование, эмоциональное выгорание, личность, пандемия.

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