

THE PSYCHOLOGICAL EFFECT OF COVID-19 AMONG HEALTH CARE WORKERS IN DEPARTMENT OF OBG AND ITS ALLIED BRANCHES AT R L JALAPPA HOSPITAL AND RESEARCH CENTRE.

Sheela S.R, S.N.Srujana lakshmi, Vishnu Priya K, P.N.Sree Ramulu

Department of Obstetrics & Gynaecology, Sri Devraj Urs Medical College, Kolar, Karnataka ,India

ABSTRACT

Introduction: COVID-19 (Coronavirus disease 2019), an acute respiratory disease caused by Novel coronavirus (SARS-CoV-2) is declared to be a public health emergency of international concern by WHO and declared COVID-19 as a pandemic on March 11, 2020. Health care workers on the frontlines are vulnerable to infection and heavy stress.

Objective : Assessment of psychological status in Health care workers in Department of OBG and its allied branches at RLJH and Research centre during COVID-19 outbreak.

Methods: The study population included Health care workers in Department of OBG and its allied branches at RLJH. The study tool included questionnaire of 2 sections with 40 questions filled by staff mentioned above and stress levels were evaluated accordingly.

Results: A total of 271 participants involved in this study completed the questionnaire which included various factors causing stress and also factors that helped to reduce stress.

Conclusion:

Covid- 19 outbreak was a stressful experience for healthcare workers. The preventive measures implemented by our Hospital administration as described in our study were useful to reduce stress among them. The experience of Healthcare workers can be enhanced by hospitals on targeting the present aspects in this study during future outbreaks.

Keywords-Covid-19, psychological stress, healthcare workers

COVID-19 (Coronavirus disease 2019), an acute respiratory disease caused by Novel coronavirus (SARS-CoV-2) is declared to be a public health emergency of international concern by WHO and declared COVID-19 as a pandemic on March 11, 2020. A large number of pneumonia cases caused by newly identified coronavirus in December 2019 in Wuhan, China. It was initially named as 2019-novel coronavirus (2019-nCoV), later officially named as SARS-CoV-2 by WHO on 11 February 2020. The Chinese scientists rapidly isolated this virus from a patient on 7 January 2020. It is a beta coronavirus, enveloped non segmented positive-sense RNA virus. Human to human transmission occurs mainly between family members, including relatives and friends who had contact with patients or incubation carriers. ACE2, Angiotensin converting enzyme 2 found in lower respiratory tract of humans acts as receptor for virus and regulates human to human transmission.⁸ The clinical diagnosis method of COVID-19 is nucleic acid detection in nasal and throat swab sampling by PCR and further confirmation by next generation sequencing.⁷ The rapid and extensive spread of COVID-19 has become major cause of concern for the healthcare profession about their personal safety, transmission of disease to family members, stigmatisation and interpersonal isolation.¹ The outbreak of COVID-19, caused not only extraordinary public health concerns but also tremendous psychological distress particularly among health care workers. Health care workers on the frontlines are vulnerable to infection. It is a life threatening and life altering event is considered traumatic enough to elicit post traumatic stress disorder.

COVID-19 is transmitted mainly by respiratory droplets during human to human contact. It has become hazard for healthcare system, including

pathogen exposure, long working hours, occupational burnout, stigma, physical and psychological stress, fatigue.² The differences in working conditions in hospital has lead to differences in psychological behaviour of health care workers. The present scenario of COVID-19 and its effect on health care workers psychology has become critical, this study assessed psychological status of health care system in Department of OBG and its allied branches at RLJH HOSPITAL AND RESEARCH CENTRE.

Methods

Study site-

The study was conducted among Health care workers in Department of OBG and its allied branches at R. L. Jalappa Hospital and research centre, a tertiary care hospital in Kolar, Karnataka.

Subjects-

All health care workers including Consultants, postgraduates, house surgeons, Nursing staff, Operation theatre staff and technicians, house-keeping and security members who worked during COVID-19 outbreak in Department of OBG and its allied branches.

Study tool-

The study tool included questionnaire derived data filled by staff mentioned above. It is derived and modified from MERS COV staff questionnaire. It consisted of 2 sections with 40 questions. Participation included voluntary staff worked in OBG department and allied branches during covid-19 outbreak.

The first section consists of 20 questions related to factors causing stress. Each question required yes or no answer. Those who answered yes were further evaluated the severity of stress factor (0-minimal, 1-mild, 2-moderate, 3-severe)

The second section consists of 20 questions regarding factors which helped to reduce stress either provided directly or indirectly by hospital. The responses include how effectively these factors helped to reduce stress (0-not effective, 1-mildly effective, 2-moderately effective, 3-extremely effective)

Results

Section 1 which was related to factors causing stress among the staff yielded the results as shown in table 1. No adequate protective measures, stress among colleagues, infection from patients, emotional exhaustion, increased number of new cases, lack of treatment were major factors causing Moderate stress.

Transmission of disease to family and friends, colleagues with respiratory symptoms, shortage of staff, time of exposure to patients, chances of infection due to lack of concentration were identified as Mild stress factors among the staff.

Section 2 dealing with factors reducing stress were analysed in table 2.

Colleagues getting better, sharing jokes among colleagues, chatting with family and friends, by understanding mechanism of transmission and prevention were proved to be moderately effective in reducing stress. Protective measures and strict guidelines from hospital for infection prevention, personal safety, support from colleagues, reduction of working hours, minimal exposure to public places, improvement in patient condition were mildly effective to relieve stress in our staff.

Discussion

Health care workers are the one who risk their lives as they are on the frontline during any epidemic. They are facing an unprecedented workload in stressful and frightening work environments, inspite of which they continue to work due to professional obligation. The dedication and selflessness behaviour of heathcare system allow the rest of world a degree of reassurance that outbreak can be controlled.⁶

The Covid-19 pandemic, very rapid in its transmission has caused many deaths across the world. The incidence was greater in China, European countries, USA, Russia, India. In India the attack rate was slow initially. The first case reported in India was on January 30, 2020 in Kerala. The diagnostic measures gradually increased leading to faster rate of case detection. The government of India took appropriate preventive measures such as quarantine, social distancing and complete lockdown from March 22,2020. As per 8 May 2020, total number of 56,342 people were confirmed positive for COVID-19 in India. The highest incidence reported in Maharashtra followed by Gujarat, Delhi, Tamilnadu, Rajasthan, Madhyapradesh, Andhrapradesh. 16,540 people had recovered whereas 1,886 deaths occurred. In our hospital, 11 suspected cases got admitted, out of which 7 were confirmed as positive cases for which isolation measures were strictly followed .

Findings

The factors such as physical stress, shortage of staff, increasing cases reported on media, no protective measures, lack of treatment, colleagues developing respiratory symptoms , fear that they could transmit infection to families or friends were identified as extremely stressful for the staff. They were also

concerned with lack of protective equipment, increased workload, small mistake or lapses in concentration leading to infection.

Protective measures for infection prevention by hospital, decrease in number of cases after implementation of preventive measures, support from colleagues, reduction of working hours, minimal exposure to public places, improvement in patient condition were the main factors that helped to relieve stress.

Strengths and Limitations

The strengths of this study were sufficient sample size, participation of all healthcare workers including not only medical staff, but also paramedical, housekeeping and security staff and study period conducted during the outbreak. Limitation was no positive cases in department of obstetrics and gynaecology

Conclusion

COVID-19 outbreak caused psychological distress among healthcare workers. The main elements focussed were personal safety, provision of protective equipment, strict guidelines from hospital for prevention, knowing mechanism of transmission, support and positive attitude from colleagues. The experience of Healthcare workers can be enhanced by hospitals on targeting the above mentioned aspects during future outbreaks.

Disclosure of interests

The authors have no conflicts of interest to declare in relation to this article. Complete disclosure of interest forms are available to view online as supporting information

Contributions to authorship

SSR contributed to concept and design of the study. SNS, VPK helped in acquisition of data, literature search and detailed workup. The manuscript was revised by SSR, SNS, VPK. PNS helped in administrative, technical and material support. All authors approved the final submitted version of the manuscript

Ethics approval

This study was approved on May 27th 2020 by Ethical Clearance Review Board of SDUMC, Kolar, Karnataka

Funding

The authors had no funders for authorship, research and publication of this article

REFERENCES:

- 1) C-Y Lin et al The psychological effect of severe acute respiratory syndrome on emergency department staff Emerg Med 2007;24:12-17
- 2) Imran Khalid et al Health care workers Emotions, Perceived Stressors and Coping Strategies During a MERS-Co V Outbreak Clinical Medicine and Research Volume 14, Number 1:7-14
- 3) World Health Organisation. Severe acute respiratory syndrome 2003-08-15/en/
- 4) Oboho IK et al 2014 MERS Co V outbreak in Jeddah. N Engl J Med 2015;372:846-854
- 5) Lee SH et al ;psychological impacts on SARS team nurses and psychiatric services in a Taiwan general hospital. Gen Hosp Psychiatry 2005;27:352-358

- 6) WHO. Coronavirus diseases situation reports. 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- 7) Lu R, Zhao X, Li, Niu P, Yang B, Wu H et al. Genomic characterisation and epidemiology of 2019 novel coronavirus : implications for virus origins and receptor binding. *Lancet*. 2020;395(10224):565-74
- 8) Chan JF, Yuan S, Kok KH, To KK, Chu H, Yang et al. A familial cluster of pneumonia associated with 2019 novel coronavirus indicating person –to– person transmission: a study of a family cluster. *Lancet*. 2020;395(10223):514-23
- 9) Wu KK, Chan SK, Ma TM. Posttraumatic stress, anxiety, and depression in survivors of SARS. *J Trauma Stress* 2005;18:39-42
- 10) Wu ,KK, Chan SK, Ma TM. Posttraumatic stress disorder after SARS. *Emerg Infect Dis* 2005;11:1297-300

SECTION-I

NO	FACTORS CAUSING STRESS.	NO	0	1	2	3	YES	%
1	YOU COULD TRANSMIT COVID-19 TO YOUR FAMILY / FRIENDS	16	2	232	21	-	255	94
2	TAKING CARE OF YOUR OWN COLLEAGUES WITH SYMPTOMS OF COVID-19.	11	-	172	86	2	260	96
3	SMALL MISTAKE OR LAPSES IN CONCENTRATION COULD INFECT YOU / OTHERS.	-	8	151	109	3	271	100
4	NOT KNOWING WHEN THE OUTBREAK WILL BE UNDER CONTROL.	-	2	123	141	5	271	100
5	AT THE TIME OF EXPOSURE TO COVID-19 PATIENT.	-	3	155	109	7	271	100
6	LACK OF TREATMENT FOR COVID19.	-	2	117	148	4	271	100
7	NEWS OF NEW CASES REPORTED IN TV OR NEWSPAPER.	-	3	106	157	5	271	100
8	COLLEAGUES DISPLAYING COVID LIKE SYMPTOMS.	-	5	131	134	2	271	100
9	YOU DEVELOPED RESPIRATORY SYMPTOM AND FEARED THAT YOU HAD COVID-19.	4	4	149	111	3	267	98
10	YOU COULD GET INFECTION FROM A PATIENT IN HOSPITAL.	-	-	71	194	6	271	100
11	YOU ARE EMOTIONALLY EXHAUSTED.	-	-	91	169	1 1	271	100
12	YOU HAD PHYSICAL STRESS / FATIGUE.	-	-	118	144	9	271	100
13	CONFLICT BETWEEN YOUR DUTY AND YOUR OWN SAFETY.	2	-	147	136	9	269	99
14	SEEN YOUR COLLEAGUES STRESSED / AFRAID.	-	-	61	204	6	271	100
15	YOU FELT THERE WERE NO ADEQUATE PROTECTIVE MEASURES.	-	-	40	228	3	271	100
16	YOU HAD TO WEAR PROTECTIVE GEAR ON A DAILY BASIS.	-	3	162	103	3	271	100
17	SHORTAGE OF STAFF AT TIMES.	-	2	186	81	2	271	100
18	POSITIVE ATTITUDE FROM COLLEAGUES IN YOUR DEPARTMENT.	-	135	112	24	-	271	100
19	PERFORMING DUTIES ON ROTATION BASIS.	-	164	102	2	3	271	100
20	IMPROVEMENT IN PATIENT CONDITION.	2	201	61	2	5	269	99

NO	NO STRESS
0	MINIMAL STRESS
1	MILD STRESS
2	MODERATE STRESS
3	SEVERE STRESS

SECTION-II

NO	FACTORS THAT HELPED TO REDUCE STRESS	0	1	2	3	EFFECTIVE	%
1	YOUR COLLEAGUES WHO WERE INFECTED GETTING BETTER.	5	98	161	7	266	98
2	NONE OF THE STAFF GETTING COVID19 AFTER STARTING STRICT PROTECTIVE MEASURES.	6	121	134	-	265	97
3	CLEAR GUIDELINES FROM HOSPITAL FOR INFECTION PREVENTION.	-	121	147	3	271	100
4	YOUR FAMILY MEMBERS OR FRIENDS OUTSIDE HOSPITAL DID NOT GET COVID-19.	-	148	123	-	271	100
5	DECREASE IN NUMBER OF CASES REPORTED IN NEWS.	-	106	134	31	271	100
6	IF YOU WOULD GET EXTRA COMPENSATION FOR YOUR WORK DURING OUTBREAK.	-	120	138	13	271	100
7	ALL HEALTHCARE PROFESSIONALS WORKING TOGETHER ON FRONTLINE.	-	152	71	48	271	100
8	SUPPORT FROM HOSPITAL STAFF IN CASE YOU GOT SICK.	-	111	142	18	271	100
9	NOT TO DO OVER TIMING.	-	123	140	8	271	100
10	SHARING JOKES AMONG COLLEAGUES.	4	53	214	-	267	98
11	KEPT SEPARATE CLOTHES FOR WORK.	-	125	140	6	271	100
12	BY READING MECHANISM OF TRANSMISSION AND ITS PREVENTION.	-	99	154	18	271	100
13	AVOIDED GOING OUT IN PUBLIC PLACES TO MINIMISE EXPOSURE.	-	61	81	129	271	100
14	DOING RELAXATION ACTIVITIES.	-	89	121	61	271	100
15	CHATTING WITH FAMILY AND FRIENDS.	-	69	179	31	271	100
16	TALKING TO YOURSELF AND MOTIVATING WITH POSITIVE ATTITUDE.	-	124	139	8	271	100
17	AVOIDING MEDIA NEWS.	-	112	143	16	271	100
18	AVAILABLE CURE OR VACCINE FOR DISEASE.	-	56	151	64	271	100
19	REDUCED WORKING HOURS.	-	94	121	56	271	100
20	WORK LOAD INCREASED WHEN COMPARED TO NON EXPOSED STAFF.	159	98	11	3	112	51

0	NOT EFFECTIVE
1	MILDLY EFFECTIVE
2	MODERATELY EFFECTIVE
3	EXTREMELY EFFECTIVE
