



“A STUDY TO ASSESS THE PSYCHOLOGICAL DISTRESS AND ITS IMPACT ON PERSONAL LIFE AMONG HEALTHCARE WORKERS WORKED DURING COVID-19 AT SELECTED RURAL AND URBAN HEALTH CENTERS OF BELAGAVI”. – DESCRIPTIVE CROSS-SECTIONAL STUDY

¹Mrs. Ambika Ramgurwadi, ²Mrs. Namrata Devulkar,

¹Lecturer, ²Asst. Professor and HOD,

¹Department of Community Health Nursing,

¹KAHER Institute of Nursing Sciences, Belagavi, India

Abstract: The covid-19 was the newly existing disease that affected the health of the many healthcare employees who worked during a covid pandemic. This study has been undertaken to investigate to assess the psychological distress and its impact on personal life among healthcare workers who worked during covid-19. Due to this pandemic, the healthcare personnel have come across psychological distress and which affected the personal life of the staff workers. Many staffs are afraid while handling the covid patients as it is a new infection globally. Healthcare providers are the most vulnerable group as they handle the infected clients who are covid positive. It is difficult to adjust to a new situation. Individual distress reactions are triggered by a variety of circumstances in life. Workplace changes, financial problems, sleeping and eating habit changes, and illness are all common causes of psychological anguish.

Index Terms - Healthcare workers, psychological distress, impact on personal life.

I. INTRODUCTION

Covid-19 is a contagious disease that can be passed from one individual to another. An infectious sickness is also known as a contagious ailment. Transmittable infection is a condition that occurs when an unstoppable force or its virulent consequence harms the community's health. The illness caused by the infection, existence, and proliferation of infective living organisms in each person or animal host is known as a transmittable disease. Worms, bacteria, spore-producing organisms, flagellate, and prokaryote parasites are some of the biological agents that cause infections. Transfer of these agents occurs in a variety of ways, including direct contact with a contagious person, ingestion of spoiled food or liquid refreshments, contact with polluted body fluids, hovering, and so on. A few diseases and agents can be transmitted from animals to humans.

The coronavirus illness of 2019 is a worldwide disease also known as the coronavirus pandemic. This disease was initially identified at the end of 2019 in Wuhan, China, and it is an existent sickness caused by SARS-CoV-2. In January 2020, the eruption was declared a worldwide disruption by the Public Health Emergency, and in March 2020, it was declared widespread. Covid-19 has a wide range of characteristics, from no way to survive to a dreadful disease.

When persons are close together, the virus spreads primarily by aeration. When an infected person whoops, sneezes, or talks, the illness spreads through the mouth, nose, and eyes to another person. It's also possible that it will spread primarily through contaminated surfaces. When a virus enters a person's body, it usually stays there for up to two weeks, with some people experiencing symptoms while others do not. During this pandemic, preventive strategies include social distancing, wearing face masks in crowds, ventilation and air filtration, frequent hand washing, using handkerchiefs or cloths while sneezing or coughing, and using hand sanitizers. If any individual or human being exhibits symptoms of illness, they should be isolated, their overall condition monitored, and their surfaces disinfected. Several vaccines have been developed and are now available all around the world.

The respiratory system is largely affected by the covid-19 virus. Contagious diseases of the respiratory tract are diseases that affect the respiratory system. An upper respiratory tract infection or a lower respiratory tract infection are the two most common classifications for this type of contamination. Lower respiratory infections, like pneumonia, are significantly more serious than upper respiratory infections, like the common cold. Severe acute respiratory syndrome in China, portions of Asia, and Canada in 2003, Ebola in West Africa in 2014, and Middle East Respiratory Syndrome in 2016 are just a few examples of such bio-disasters that have struck the world. The most recent widespread distribution of covid-19 resulted in an alarmingly high universal mortality rate, with thousands of HCWs becoming ill.

Psychological distress is a broad phrase that refers to unpleasant sentiments or emotions that have an impact that affects performance ability. In another way, psychological distress is interfering with our regular tasks. Negative perceptions toward the environment, people, and oneself can result from psychological discomfort. Psychological distress manifests as sadness, anxiety, distraction, and symptoms of mental disease. Mental anguish is a personal experience. The severity of our distress is determined by our perception of the situation.

Psychological distress is a negative reaction to a stressful circumstance. It arises when we are confronted with demands that we are unable to meet due to external events or circumstances.

Emotional instability is commonly mistaken for a cognitive problem. It refers to a set of characteristics and behaviors that are linked to a person's inner self, such as a desire to live in a difficult, distracted, or out-of-the-ordinary way. Over time, each person experienced periodic weariness or concentration problems and unanticipated difficulty arising from time to time, mental strain, and extreme effects on a human being. Anyone who has experienced mental pressure may exhibit various signs and symptoms. The source of anxiety and a person's protective strategy usually determine how they are affected.

Psychological anguish is caused by traumatic events such as the death of a loved one. Exposure to the virus, extended working hours, psychological distress, tiredness, occupational burnout, stigma, and physical aggression are among the hazards that HCWs face during an outbreak. Front-line employees who come into direct contact with infected patients have higher levels of anxiety and poorer outcomes.

Front-line workers in high-risk environments are more likely to be afraid of becoming infected and infecting others, as well as to have higher levels of occupational stress, weariness, and burnout. The level of occupational stress experienced by health care employees is governed by subjective overload connected to their opinions of their condition and coping mechanisms, and their reactions to stressors with the same set of circumstances can vary. Because their profession frequently exposes them to highly stressful situations, healthcare responders are at a higher risk of traumatic stress reactions.

RESEARCH METHODOLOGY:

The non-experimental research design was used for the study. A total of 189 samples were included in the study by using a convenient sampling technique. The population consists of both males and females the selected healthcare workers selected for the present study were from urban and rural primary health centers of Belagavi, Karnataka. Data were collected by using the Likert scale and checklist used to assess the psychological distress and its impact on personal life.

RESULT:

Demographic characteristics indicate that a maximum of 64(33.9%) of the healthcare workers in the study belongs above 40 years of age and a minimum of 33 (17.5%) were in the age group of 25-30 years.

The majority 174 (92.1%) of the HCWs were female while 15 (7.9%) were male workers.

A maximum of 159 (84.1%) HCWs belong to Hindu and a minimum of 6 (3.2%) were belong to the Christian religion. The majority of 151 (79.9%) health care workers were married and a minimum of 18 (9.5%) are unmarried.

Maximum 132 (69.8%) healthcare workers belonged to nuclear families while 7 (3.7%) workers belonged to extended families. The majority of 158 (83.6%) of the healthcare workers completed other educational qualifications like SSLC, PUC, B. A minimum of 1 (0.5%) HCW completed B.Sc. nursing.

A Maximum of 86 (45.5%) HCWs are working as ASHA and a minimum of 5 (2.6%) are working as health workers males. Maximum 146 (77.2%) health workers are earning Rs. 5000-10000 and a minimum of 10 (5.3%) health workers are earning Rs. 10000-20000.

The majority 105 (55.6%) of the HCWs were residing in rural areas and a minimum of 84 (44.4%) of the health workers are residing in urban areas. A maximum of 151 (79.9%) of the HCWs were working in primary health center institutions and a minimum of 38 (20.1%) of health workers were working in the Anganwadi.

Descriptive statistics computed revealed that out of 189 subjects surveyed maximum of 69 (36.50%) of the healthcare workers had sometimes distress, whereas 66 (34.92%) of health workers had very often distress, while 30 (15.87%) never had distress, and 20 (10.58%) had most of the time distress, and minimum 4 (2.11%) of healthcare workers had all the time distress.

Association between psychological distress and its impact on personal life and selected demographic characteristics like age groups, gender, religion, education, occupation, marital status, type of family, monthly income, type of institution currently working, showed that there is no significant association with psychological distress and its impact on personal life as they were independent on it. The Chi-square calculated value is more than the p-value.

INTERPRETATION AND CONCLUSION:

In the present study, the result was found that out of 189 participants 30 (15.87%) of participants were had no distress, 66 (34.92%) participants were had mild distress, 69 (36.50%) participants had moderate distress, 20 (10.58%) of participants were had severe distress, 4 (2.11%) of participants were had very severe distress. Psychological anguish is one of the most difficult concepts to grasp in terms of one's health and the life of a healthcare professional. Physical sickness, mental problems, and social disruption have all been linked to psychological suffering. Over-tiredness from chronic discomfort occurs when the body is unable to recover by resting.

RECOMMENDATION:

Based on the present study the following recommendations have been made for further study:

1. Similar study may be conducted on the staff who are working in tertiary care hospitals.
2. A study can be conducted to determine the effectiveness of a structured teaching program.
3. A comparative study can be conducted to find out the level of psychological distress and its impact on personal life among the private and government primary health centers.

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