

<https://doi.org/10.33472/AFJBS.6.1.2024.6381-6387>



African Journal of Biological Sciences

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

The Psycho-Socio and Personal Impact of COVID-19 on Staff Nurses

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Article Info

Volume 6, Issue 6, June 2024

Received: 26 April 2024

Accepted: 02 June 2024

Published: 05 June 2024

doi: [10.33472/AFJBS.6.1.2024.6381-6387](https://doi.org/10.33472/AFJBS.6.1.2024.6381-6387)

ABSTRACT:

Background: Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID 19 syndrome is caused by SARS CoV2. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and temperature and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The most common symptoms of this viral infection are fever, cold, cough, bone pain and breathing problems, and ultimately leading to pneumonia. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. We all need to protect ourselves and others from infection by continuously washing hands by using an alcohol-based sanitizer frequently and not touching the face.

The coronavirus outbreak came to light on December 31, 2019 when China informed the World Health Organisation of a cluster of cases of pneumonia of an unknown cause in Wuhan City in Hubei Province. Subsequently the disease spread to more Provinces in China, and to the rest of the world. The WHO has now declared it a pandemic. The virus has been named SARS-CoV-2 and the disease is now called COVID-19.

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Need of the Study

Healthcare workers (HCWs) were thrown into this new, frightening environment. They were facing a new viral strain with no recognised evidence-based antiviral therapy and finite resources. Self-care is a familiar concept but HCWs have an intrinsic sense of duty of care toward their patients. They dedicate their time and energy, and on many occasions put the well-being of patients above their own. They may not feel empowered to exercise their right to self-care when facing a health crisis affecting those they are called to aid. Health-care workers (HCWs) in India and around the world are facing physical as well as psychological pressure, to combat this crisis situation. The fear of contagion spreads to their family, friends, and colleagues; prospect of more and longer shifts; finite supplies of personal protective equipment; unpredictable duty rosters; fear of bringing infection home; quarantine/isolation in hotels away from family and children; and lack of household help have been major sources of stress of the health care workers. Many health care workers, nurses and doctors died in this Covid-19 pandemic situation. That also creates some psychological burden to nurses.

During Covid-19, healthcare workers are exposed to unprecedented demands encompassing high mortality, rationing of Personal Protective Equipment and profound ethical dilemmas of rationing access to ventilators and other essential healthcare supplies. Personal worries include infection risk to self and others, and concerns regarding the well-being of family members who are 'home-schooled', quarantined or infected are real. Given this context, it is not surprising that in the only study to date reporting on the psychological impact on Covid-19 frontline healthcare workers, high rates of depression, distress, anxiety and insomnia were reported.

Statement of the Problem:

“The Psycho-Socio and Personal Impact of COVID-19 on Staff Nurses’

Objectives of the Study:

- To assess psychological impact of COVID-19 in anxiety, depression, stress, of the staff nurses.
- To assess the social impact of COVID-19 for social isolation of staff nurses.
- To assess the personal impact of COVID-19 for the physical health of staff nurses
- To find out the relationship between psychological, social impact with demographic variables of the staff nurses.

1. Methodology

Research Design:

The normative survey design is followed as the problem of the study is from present context and data were collected from prescribed group, i.e. from staff nurses only. So it is a quantitative analysis approach also. Descriptive survey design.

Population:

Staff nurses working in different Private and Govt hospital having at least one year of working experience.

Sample:

Data were collected from 300 staff nurses (152 from Govt. and 148 from Private hospital).

Sample size:

300 staff nurses working selected hospital in West Bengal.

Sampling Technique:

Non probability convenience sampling technique was used for the study

Setting of the study:

Study was conducted in different Private and Govt hospital in Kolkata.

Private hospital – Fortis Hospital, Dusun Hospital, The Calcutta Medical Research Institute.

Govt Hospital- The Calcutta National Medical College.

Variables:

Research variables: Depression, Anxiety, Stress, Social Isolation, physical health of staff nurses.

Intervening Variables: Age, Private and Govt Hospital and Experience of the staff Nurses.

Delimitations:

The study was delimited to staff nurses of the hospital.

The study was delimited to staff, who having at least one year of working experience.

The Tools:

For conducting this study, four standardized tools were used.

- i. For assessing Demographic variables, Self-made questionnaire was used.
- ii. For assessing psychological impact DASS 21 scaled was used. Total 21 items were used. There were three components that is stress, anxiety and coping of the staff nurses. Each components has 7 items.
- iii. For assessing social impact, UCLA LONELINESS SCALE was used. Total 20 items were there. There are four-point (never, rarely, sometimes and often) rating scale.
- iv. For assessing Personal impact PESQ questionnaire was used, which has 7 items.

2. Results

- Majority of the staff nurses 70% (210) are belongs to female category.
- Majority of the staff nurses 65% (195) are having less than 5 years of experience.
- Majority of the staff nurses 55 % (165) have completed GNM Course.
- Majority of the Staff Nurses 60% (180) are belongs urban community.
- Majority of the staff nurses 51.6% (155) are from the age group of more than 30 years.
- Majority of the staff nurses 50.6% (152) are from the Govt Hospital.

The number and percentage of the staff nurses in their differential levels of psychological impact of Depression presented in table below:

Table 1: Categorization of the sample in their differential level on DASS 21 Scale
(Depression-Psychological Impact)
n=300

Categories	Score Range	No. of sample	% of sample
Normal	0-9	79	26.33%
Mild	10-13	81	27%
Moderate	14-20	98	32.67%
Severe	21-27	26	8.67%

Extremely Severe	28+	16	5.33%
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It was revealed from the above table that the percentage of staff nurses on Normal, mild, moderate, severe and extremely severe levels of the psychological impact of depression was 26.33%, 27%, 32.67%, 8.67 % and 5.33% as against 4%, 14%, 64%, 14% and 4% respectively.

The number and percentage of the staff nurses in their differential levels of psychological impact of Anxiety presented in table below:

Table 2: Categorization of the sample in their differential level on DASS Scale (Anxiety-Psychological Impact)
n=300

Categories	Score Range	No. of sample	% of sample
Normal	0-7	60	20%
Mild	8-9	89	29.67%
Moderate	10-14	121	40.33%
Severe	15-19	18	6%
Extremely Severe	20+	12	4%

It was revealed from the above table that the percentage of staff nurses on Normal, mild, moderate, severe and extremely severe levels of the psychological impact of Anxiety was 20%, 29.67%, 40.33%, 6 % and 4% as against 4%, 14%, 64%, 14% and 4% respectively.

The number and percentage of the staff nurses in their differential levels of psychological impact of Stress presented in table below:

Table 3: Categorization of the sample in their differential level on DASS 21 Scale (Stress-Psychological Impact)
n=300

Categories	Score Range	No. of sample	% of sample
Normal	0-14	68	22.67%
Mild	15-18	92	30.67%
Moderate	19-25	103	34.33%
Severe	26-33	23	7.66%
Extremely Severe	34+	14	4.67%

It was revealed from the above table that the percentage of staff nurses on Normal, mild, moderate, severe and extremely severe levels of the psychological impact of stress was 22.67%, 30.67%, 34.33%, 7.66 % and 4.67% as against 4%, 14%, 64%, 14% and 4% respectively.

The number and percentage of the staff nurses in their differential levels of social impact of loneliness presented in table below:

Table 4: Categorization of the sample in their differential level on UCLA Loneliness Scale (Social Impact)
n=300

Categories	Score Range	No. of sample	% of sample
Severe	57 and above	68	22.67%
Moderate	29 to 56	158	52.66%
Mild	28 and Below	74	24.67%

It was revealed from the above table that the percentage of staff nurses on mild, moderate and severe loneliness of the social impact was 24.67%, 52.66% and 22.67% as against 16%, 68% and 16% respectively.

Table 5: Percentage Analysis of the sample in their differential level on PESQ Scale- Questions Wise (Personal Health Impact)
n=300

Questions	Response	No. of sample	% of sample
1. (Felt sore throat)	YES	169	56.33%
	NO	131	43.67%
2. (Felt cough and sputum production)	YES	154	51.33%
	NO	146	48.67%
3. (Felt fatigue)	YES	177	59%
	NO	123	41%
4. (Felt short of Breath or difficulty in breathing)	YES	76	25.33%
	NO	224	74.67%
5. (Felt fever>37.8 degree C)	YES	121	40.33%
	NO	179	59.67%
6. (Felt fever>37.8 degree C) more than 3 days	YES	79	26.33%
	NO	221	73.67%

7. (Had a contact with a new diagnosed corona virus person)	YES	247	82.33%
	NO	53	17.67%
TOTAL		300	100%

It was revealed from the above table that the 56.33 % of staff nurses have responded “YES” to the question one i.e. “Do you feel a sore throat?” and 43.67 % staff nurses have responded “NO” to the question one. Therefore, it can be concluded that most of the staff nurses had affected due to covid-19 and suffered from sore throat.

3. Conclusion

A significant level of depression, anxiety, and stress were noted among the healthcare worker performing their duties during COVID-19 pandemic. The major concerns were workplace exposure, increased risk of infection, and transmission to their families and friends. Under these extraordinarily difficult circumstances, it is responsibility of the organizations and leadership to recognize the concerns with efforts to support, facilitate, and protect healthcare workers and their families.

Anxiety and depression among healthcare professionals is a common feature of epidemics, such as SARS and H1N1 epidemics and now COVID-19. A high incidence of stress and anxiety disorders have been reported among healthcare professionals working in a tertiary care hospital dealing COVID-19 patients. Although, our center is a cardiac care centre and not designated centre for the management of COVID-19 patients, but cardiac emergency room was operational for cardiac emergency admission during the COVID-19 pandemic and an isolated ward was admitting COVID-19 patients with underlying cardiac diseases. Therefore, aim of this study was to determine the depression, stress, and anxiety level among frontline healthcare workers during COVID-19 pandemic. Study findings suggested that mental health support for healthcare workers should consider those demographics and occupations at highest risk. Rigorous longitudinal data are needed in order to respond to the potential long-term mental health impacts of the pandemic.

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