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EVALUATION OF PSYCHOSOCIAL STATUS OF HEALTH CARE WORKERS DURING COVID 19 PANDEMIC

Psychiatry

Aakanksha Malhotra* Senior Resident, Dept Of Pschiatry, IPGMER Hospital. *Corresponding Author

Sourav Bag Junior Resident, Dept Of Pschiatry, IPGMER hospital.

Prajit Mazumdar Senior Resident, Dept Of Medicine, Rajendra Institute Of Medical Sciences, Ranchi.

ABSTRACT

Background- Our study aimed to obtain that information in the domain of anxiety and depression among health care workers of India.
Methods- It was a cross-sectional, web-based study, conducted to evaluate the effect of quarantine on stress, anxiety, and reaction of a family toward the person. The online survey questionnaire was circulated using e-mail, WhatsApp, text message, etc.
Results- A total of 120 responses were recieved. The mean age of the study population was 27.2 (SD: 5.1) years and majority were male (57%). Nearly half (45%) of the participants had depression and almost all patients had anxiety [Table 1].
Conclusion- Supportive psychotherapy, psychoeducation mindfulness techniques, grief counselling, activity scheduling, and sleep hygiene are some of the ways that can ensure the mental sanity of the healthcare workers during this time. The existing health-care system should be boosted in the coming times to push forward the psychological care of everyone for a better future.

KEYWORDS

Anxiety, Covid-19, depression, psychosocial impact, healthcare workers.

INTRODUCTION

The world faced a major challenge of the 21st century when covid 19 emerged with a huge burden of mortality and morbidity.In march 2020,it was declared to be a pandemic, a public health emergency[1], with estimated global mortality of 3.4%.[2]This resulted in a huge impact on the psychosocial wellbeing of the population throughout the world, especially of healthcare workers.

The threat of death resulted in fear, worry, panic, and excessive stress. Lack of personal protective equipment, prolonged working hours, fear of being infected, transmitting the infection to family members, and in addition to that, avoidance of community and lack of coping strategies had a negative impact on the mental health of health care workers.[3]Along with that being restricted in the workplaces during the lockdown, isolation/ quarantine period, and limited interaction with family and friends had a significant psychological impact on frontline healthcare workers.[4]

Currently, India just faced the second wave of covid 19 with a lot of casualties in terms of morbidity and mortality among the health care workers. To take adequate steps to counter the decline of mental health status among the health care professionals, in this pandemic and similar situations in the future, it is important to know the answer "To what magnitude does this currently ongoing covid 19 situation negatively affect the psychosocial status of health care workers in India?" Our study aims to obtain that information in the domain of anxiety and depression among health care workers of India.

METHODS

It was a cross-sectional, web-based study, conducted between April , 2021 and October, 2021. The online survey questionnaire was circulated using e-mail, WhatsApp, text message, etc. The survey link was sent to various HCWs at different hospitals across the country, and they were requested to forward it further. The link was designed in such a way, that only one response can be generated using one device. Participation in the survey implied consent.

The survey questionnaire was designed to evaluate the effect of quarantine on stress, anxiety, and reaction of a family toward the person. The questionare evauated the following points-

- Demographics and personal characteristics
- Patient Health Questionnaire-9

The Patient Health Questionnaire (PHQ) is a 9-item validated questionnaire, which evaluates depression as per the Diagnostic and Statistical Manual, Fourth revision. Each item is rated on a 4-point scale of "0" (not at all) to "3" (nearly every day), with higher scores indicating a higher level of depression. A cutoff score of ≥10 is considered to be an indicator of depression

- **Generalized Anxiety Disorder-7 scale**

Generalized Anxiety Disorder-7 (GAD-7) is a 7-item anxiety scale, with each item rated on a 4-point scale of 0–3, with higher scores indicating a higher level of anxiety. Cutoff scores of 5, 10, and 15 are interpreted as representing mild, moderate, and severe levels of anxiety on the GAD-7.

RESULTS

A total of 120 responses were recieved. The mean age of the study population was 27.2 (SD: 5.1) years and majority were male (57%). Majority of the participants were doing their post-graduation or doing senior residency and others were working as faculty members in different institutes.

Nearly half (45%) of the participants had depression and almost all patients had anxiety [Table 1].

Table 1-anxiety And Depression In The Study Participants

Mean GAD-7 score- mean (SD)	4.3 (4)
Severity of anxiety	
Normal (0-4)	70 (58.3%)
Mild (5-9)	30 (25%)
Moderate (10-14))	10(8.3%)
Moderate-severe (15-19)	6(0.1%)
Severe (≥15)	4(0.3%)
Mean PHQ-9 score- mean (SD)	4.7 (5)
Severity of depression	
Minimal (0-4)	40(33.3%)
Mild (5-9)	10(8.3%)
Moderate (10-14)	5(0.05%)

Compared to males, female participants had significantly higher anxiety (p-0.01) and depression (p-0.04) .

When doctors were compared with paramedical staff, doctors and paramedical staff did not differ in the rates of anxiety (50.5% vs 45.7% ,p-0.33) and depression (48.5% vs 45.2%,p-0.87).

HCWs who had undergone quarantine, had more anxiety as compared to those who had not undergone quarantine (77.3% vs 41.2%, p-0.01) . When those who had done duty in the COVID areas and those who had not done duty in the COVID area were compared, it was seen that those who had done duty in COVID area had higher anxiety (82.5% vs 35.5%, p-0.001) scores. Moreover, HCWs who had worked in ICU had more depression(45.5% vs 20.3%,p-0.01).

DISCUSSION

HCWs across the globe in the challenging times of outbreak of the

COVID-19, are at the forefront of prevention of spread of COVID-19 and treatment of patients who developed COVID-19 infection.[2] This has not come without the extra-effort by the HCWs belonging to all the cadres. The present study assesed the psychological impact of the pandemic on the HCWs.

In our study, nearly half (45%) of the participants had depression and almost all patients had anxiety This indicates an alarmingly high number of healthcare workers experiencing mental overload during this time of uncertainty reiterating the fact that the frontline workers are indeed the worst hit by the pandemic. Anxiety rates were higher especially among the resident doctors and the medical officers. A study on the mental health of general public was conducted in China which reported moderate to severe levels of depression, stress, and anxiety (16.5%, 8.1%, and 28.8%, respectively) among the respondents. Such increased rates of reported problems indicates how the frontliners are at even greater risk to experience mental health problems during this crucial time.[3]

Stress rates were especially high in HCW posted in covid 19 duties. A study conducted in China to assess the psychological impact of COVID-19 on medical workforce reported the participants (n = 2299) to be twice at risk of depression, fear, and anxiety by working in close contact with the infected patients[5].

The prevalence of current depressive and anxiety disorders as per the National Mental Health Survey (NMHS) data is 0.8% and 3.6%, respectively, in India[6]. Although, it can be argued that the NMHS relied on diagnosing psychiatric disorders using Mini International Neuropsychiatric Interview, and the present study relied on the use of PHQ-9 questionaire , the considerable difference in the prevalence cannot be attributed entirely to the methodological differences. Hence, it can be said that the pandemic has led to an increase in the psychiatric morbidity among the HCWs, who has been working in adverse situations and facing multiple mental health issues.[7] Another survey, which was done during this pandemic, has also come up with similar prevalence rates for depression and anxiety among the HCWs.[8]

CONCLUSION

Our findings suggest that there is an urgent need to screen all the HCWs for mental morbidity and they must be provided adequate psychological support while providing the services during this COVID times. Tele counselling and psychotherapy are the need of the hour. Supportive psychotherapy, psychoeducation mindfulness techniques, grief counselling, activity scheduling, and sleep hygiene are some of the ways that can ensure the mental sanity of the healthcare workers during this time. The existing health-care system should be boosted in the coming times to push forward the psychological care of everyone for a better future.

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