ORIGINAL RESEARCH PAPER
Volume - 11 | Issue - 10 | October - 2022 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MENTAL WELL-BEING OF FRONT-LINE WORKERS POST COVID-19 PANDEMIC, A COMPARATIVE STUDY.

Home Science

Ritika Pandey* Student, Human Development &Family Studies, School of Home Science, Babasaheb Bhimrao Ambedkar University, Lucknow *Corresponding Author

Shalini Agarwal Associate Professor, Human Development &Family Studies, School of Home Science, Babasaheb Bhimrao Ambedkar University, Lucknow

Khwairakpam Sharmila Assistant Professor, Human Development &Family Studies, School of Home Science, Babasaheb Bhimrao Ambedkar University, Lucknow

ABSTRACT

The research was conducted in Lucknow city on 224 samples. The research design was descriptive in nature. Self constructed interview schedule along with standardized scale Warwick Edinburgh mental wellbieng (2006) was used to assess mental wellbeing of frontline workers. Result showed that more than half of front line workers had average mental well being and when compared across profession results revealed significance difference between the mental wellbeing of respondent. Result suggested that all the frontline workers had average level of mental well being post covid-19 pandemic. Police personnel and volunteers had low metal well-being as depicted by their mean values

KEYWORDS

Mental Well-being, Post COVID-19 pandemic, Front-line Workers.

INTRODUCTION

The World Health Organization (WHO) defines mental wellbeing as: "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental health is a crucial dimension of health as it is a foundation for wellbeing and effective functioning of an individual and the community. Mental health encompasses more than the absence of mental illness and is strongly associated with physical health, behavior and lifestyle choices which may be influenced by our environment (Mitra and Agarwal 2016).

Frontline health workers are the backbone of effective health systems – they are often based in the community and come from the community they serve, they play a critical role in providing a local context for proven health solutions, and they connect families and communities to the health system. Frontline health workers are those directly providing services where they are most needed, especially in remote and rural areas. Many are community health workers and midwives, though they can also include local pharmacists, nurses and doctors who serve in community clinics near people in need. They are the first and often the only link to health care for millions of people, are relatively inexpensive to train and support, and are capable of providing many life-saving interventions. Frontline health workers provide immunizations and treat common infections. They also help families identify conditions which require higher levels of care and provide a link to that referral care. Families rely on these workers as trusted sources of information who have valuable skills in preventing, treating and managing a variety of leading killers including diarrhea, pneumonia, malaria, HIV and tuberculosis. Frontline health workers are also increasingly critical to addressing diseases like diabetes and heart disease that impact the health and productivity of adults around the world. Primarily women, they have become a true force for good, revered in the communities they serve. Simply put, without frontline health workers, there would be no health services for millions of families in low- and middle-income countries. The new Frontline Health Workers Coalition is urging greater and more strategic investment in frontline health workers. The longer we wait, the more lives we will lose, and the opportunities for improved health, higher education levels, economic growth and prosperity will be squandered (Front Line health workers coalition, 2019).

Guidelines placed frontline workers at low-levels of risk to exposure to COVID-19 and accordingly recommend PPE to include a triple-layered mask and a pair of gloves. However, reality showed that frontline workers had indicated limited or no access and availability to basic PPE (masks and hand sanitizers) which put not only them but their family also at risk (WHO, 2022).

COVID-19 has already caused a slew of mental health issues, including anxiety, sadness, PTSD, and other trauma- and stress-related disorders. As a result of the pandemic, various groups have met the DSM-5 qualifying criteria for posttraumatic stress disorder (PTSD): those who have experienced serious COVID-19 illness and potential death; those who, as family members or health care workers, have witnessed others' suffering and death; those who have learned about the death or risk of death of a family member or friend due to the virus; and those who have experienced a family member or friend's death or risk of death due to the virus (eg, journalists, first responders, medical examiners, and hospital personnel).

OBJECTIVE

The purpose of the study was to assess the mental wellbeing of front line workers post COVID- 19 across professions.

Research Methodology

The study design is a logical step that ensures that the data gathered may be used to answer a question or test theories as clearly as feasible. The descriptive research design was used in the current study.

Area of the study

The study was conducted in Lucknow city, Uttar Pradesh, India.

Sampling procedure

A total of 224 frontline workers from Lucknow were included in the study. The sample was chosen using purposive random sampling method.

Tool and Technique

A self-structured interview schedule along with Warwick Edinburgh Mental Well-being Scale was used to gather general and specific information from respondent.

Statistical analysis

To analyze the data, descriptive and relational statistical methods were used. The data was analyzed with frequency, percentage, mean and ANOVA

RESULTS AND DISCUSSION

Table no.1- Distribution of respondents on the basis of their profession. N=224

S.no.	Profession		F (%)
a)	Medical Personnel		119 (53.1)
	1	Doctors	30 (13.4)
	2	Nurses	30 (13.4)
	3	Ward Staff	30 (13.4)
	4	Ambulance Driver	29 (12.9)
b)	Social Personnel		34 (15.2)
	1	ASHA	31(13.9)
	2	Volunteers	3 (1.3)
c)	Security Personnel		60 (26.8)

	1	Guards	30(13.4)
	2	Police	30(13.4)
d)	Others		11 (4.9)
	1	Sanitary worker	5(2.3)
	2	Bank staff	3(1.3)
	3	Railway staff	3 (1.3)

Result in table no. 1 shows distribution of respondents on the basis of their profession. Results revealed that more than half (53.1%) respondent were medical personnel where 13.4 percent were doctors , Nurses, and Ward staff respectively and 12.9 percent Ambulance driver, while 26.8 percent respondent were security personnel where 13.4 percent each were guards and police respectively, while only 15.2 percent respondents were social personnel where 13.9 percent were ASHA workers and Volunteers. Result also revealed that very few 2.3 percent were Sanitary workers, while 1.3 percent were Bank staff and Railway staff respectively.

Table no.2: Distribution of respondents on the basis of Level of Mental wellbeing N=224

S. No.	Profession	Level of Mental Wellbeing			
		low F(%)	Below average F(%)	Average F(%)	Above average F(%)
A)	Medical Personnel		26 (11.58)	89(29.81)	4 (1.77)
1	Doctors	0(0.0)	4(1.78)	25(11.16)	1(0.44)
2	Nurses	0(0.0)	12(5.35)	18(8.03)	0(0.00)
3	Ward staff	0(0.0)	7(3.12)	22(9.82)	1(0.44)
4	Ambulance driver	0(0.0)	3(1.33)	24(10.71)	2(0.89)
B)	Social worker	0 (0.0)	6(2.63)	27(12.04)	1(0.44)
5	ASHA	0(0.0)	5(2.23)	26(11.60)	0(0.00)
6	Volunteers	0(0.0)	1(0.44)	1(0.44)	1(0.44)
C)	Security Personnel	5 (2.23)	13(5.79)	32(14.28)	10(4.46)
7	Guards	5 (2.23)	7(3.12)	16(7.14)	2(0.89)
8	Police	0(0.0)	6(2.67)	16(7.14)	8(3.57)
D)	Others	0 (0.0)	1(0.44)	9(4.01)	1(0.44)
9	Sanitation workers	0(0.0)	0(0.0)	5(2.23)	0(0.00)
10	Banking staff	0 (0.0)	1(0.44)	2(0.89)	0(0.00)
11	Railway staff	0 (0.0)	0(0.00)	2(0.89)	1(0.44)
Total		5(2.23)	46(20.44)	157(60.5)	16 (7.11)

Result in table no 2 discussed level of mental wellbeing of respondents across different profession.

Data revealed that more than half (60.5 %) of the respondents were having average wellbeing post COVID-19 pandemic where 29.81 percent were medical personnel, 14.28 percent were security personnel, 12.04 were social workers and very few 2.23 percent sanitation workers and 0.89 percent were bank and railway staff.

Result also showed that 20.44 percent of the respondents were having below average wellbeing where 11.58 percent were medical personnel, 5.79 percent were security personnel, and 2.63 were social workers and very few 0.44 percent bank staff.

Result also demonstrated that 2.23 percent of the respondents were having low wellbeing where 2.23 percent were security personnel.

Result also revealed that 7.11 percent of the respondents were above average wellbeing where 4.46 percent were security personnel, 1.77 percent medical personnel and very few 0.44 percent of each.

Testing of Hypothesis:

Ho:- There exists no significant difference between level of mental wellbeing across different profession.

Table no. 3: ANOVA between Level of Mental Wellbeing of respondents across professions. N=224

sno.	Profession	Mean	Df	F	P	Conclusion
A)	Medical Personnel	(7.27)	213	2.656	.004	NS
1	Doctors	1.90				
2	Nurses	1.60				
3	Ward staff	1.80				
4	Ambulance driver	1.97				
B)	Social Personnel	(3.84)				
5	ASHA	1.84				
6	Volunteers	2.00				
C)	Security Personnel	(3.57)				
7	Guards	1.50				
8	Police	2.07				
D)	Others	(6.00)				
9	Sanitation workers	2.00				
10	Banking staff	1.67				
11	Railway staff	2.33				

Result in table no. 3 revealed that p value was more than .001 their null hypothesis was rejected which means that there exists significant difference in the level of mental wellbeing of respondents along different profession. Mean values also depicted the same.

CONCLUSION

The study showed that there was significant difference between in the level of mental wellbeing of front line workers post COVID-19 pandemic.

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