

Effects on Mental Health of Health Care Workers Due to CovID-19

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Effects on Mental Health of Health Care Workers Due to Covid-19

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ABSTRACT A pandemic which has affected 54 million people and 1.4 million deaths around the globe, is causing severe health problems both physically and mentally. With its second wave going around, this paper evaluates the mental health of paramedics workers using the DASS 21 questionnaire, in major cities of Pakistan. Without proper equipment and precautionary measure taken by the general population and high spread rate of the Covid19 virus. With the total cases of 541,031 including 11560 deaths and 496,745 safely recovered in Pakistan. The mental situation of Healthcare workers gets stressed and anxious. After gathering the data and analyzing with the help of different statistical methods. It is found that the people living with their families are more stressed than the ones living alone. Other than this many other findings were also revealed by the study

I. INTRODUCTION

The pandemic that affected around the world. The second wave shown some immense change in the Geographical region of South Asia have completely countered the smart lock down conflicting previous wave. And so, the most vulnerable people that were in contact with the virus were the paramedic staff of medical facilities. The exploration gives a short factual examination on effect on psychological well-being of clinical staff.

II. LITERATURE REVIEW

The Covid 19 pandemic has caused a lot of distress among people in many areas of life. The research conducted during the SARS outbreak more than 10 years ago suggested that the health care workers were suffering from depression anxiety and stress [1]. The same is being anticipated currently for the coronavirus pandemic. For previous studies conducted between Jan 2020 to Aug 2020 it is quite clear that the method to collect data has mostly been through surveying frontline healthcare workers during this pandemic. These were done physically, with participation rate 68.7% [2] or through online survey forms [3]. The main objective of these studies is to find the relationships between Covid 19 and psychological related variables.

The questionnaires that were observed during this literature review consist of 2 sections one part takes input of the personal information such as age, gender, role, marital status,

experience, education, and the other part is mostly based on professionally developed self-assessment questionnaires. Such as the Insomnia Severity Index (ISI) or the Depression, Anxiety, and Stress Scale (DASS)-21 for example [4]. The DASS Scale 21 consist of three sub items to calculate Anxiety, Stress and Depression. To calculate each section, consist of 7 question. The rating of DASS sub things, for example, misery, tension, and stress can be appraised as ordinary, gentle, moderate, and incredibly extreme. Everything is scored in a self-evaluated Likert scale from 0 to 3. The DASS scale has more limited adaptation and longer form (including 21 and 42 things, separately). In DASS-21, the last score of everything is increased by two to acquire the last score [5].

The normal age of the members ran between 26-40 years. A large portion of the members were females [6]. suggests that different age groups show worry for different reasons. For example, age group (31-40) years was always worried if they might infect their families. Age group > 50 years felt stress after a patient they were looking after died [7]. A study Conducted in India and found that the healthcare workers were suffering from worries related to personal matters like being a source of infection for family and other health workers [7]. Possibility of being quarantined. Anxiety of household problems related to lockdown [8]. also found that health care workers were worrying because they had to contact different confirmed cases.

Another study found out that the front line workers had

trouble sleeping (insomnia) at night which made their worries worse [9]. It is essential to consider timely therapeutic treatment for stress management with healthcare workers [10].

III. DATA COLLECTION

This was a cross sectional electronic study directed between December 1 and December 18, 2020, utilizing an online poll spread through social media platforms. Some responses were collected manually by visiting public hospitals. The questionnaire survey was also translated into Urdu for participants that were not English literate. This was conducted at a time when second wave of this pandemic was at its peak. To look at the between local contrasts of psychological wellness results among medical care laborers in Pakistan. The major cities considered for this study were Islamabad/Rawalpindi, Multan, Karachi, and Lahore AJK. A total of 132 responses were collected. The web-based questionnaire was very simple to fill. The link of the survey was shared with social media groups (Facebook, WhatsApp groups) consisting of doctors. The participants were informed about the survey and the intention behind this study. They were also provided with a website link for DASS research, based on which a major portion of this survey was designed. It was a simple google form. Upon clicking the link participants were directed to the form, where they could choose the options for each question. The survey * consists of two sections. The first section gathers the demographic information about the individual participant for example, gender, age category, marital status, education level, designation etc. The second section is based on the DASS21 questionnaire, which is a shorter version of DASS, the Depression Anxiety Stress Scales. It is made up of 21 questions which are divided into 3 categories i.e., depression, anxiety, and stress. The 3 fundamental indicators of a disturbed mental health. The objective of this assessment is to isolate and identify the aspects of emotional disturbance. Each question is scaled from 0 to 3. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items shown in 1.

Level	Depression	Anxiety	Stress
Normal Status	0 - 9	0 - 7	0 - 14
Mild Status	10 - 13	8 - 9	15 - 18
Moderate Status	14 - 20	10 - 14	19 - 25
Severe Status	21 - 27	15 - 19	26 - 33
Extreme Severe	28	20	34

TABLE 1

IV. METHODOLOGY

The questionnaire through which this survey has been designed was based on the DASS 21. It is an evaluation form that contains 21 questions and is a shorter version of the actual DASS evaluator, as described earlier. The questionnaire was filled using different online means as well as physically by visiting different hospitals. The data is collected from major cities in Pakistan. Once the data was collected, it was

compiled together in the form of a dataset. The dataset was then further analyzed with the help of python library pandas.

Preprocessing: During the preprocessing of the data dataset, we removed the Timestamp attribute in the beginning because as the survey was conducted in between in two weeks so there was no need to use that attribute in this type of statistical analysis. Moving to the city of work attribute After analyzing the City of work column in our dataset it is found that different people used different spellings to spell their cities. Some paramedics used short form spellings of their cities. So, it was normalized, and standard spellings were used for each city. Second, we converted city name in way that we created a threshold that we must cover the big cities and so we used a radius of 80 kilometers that the cities in this radius will be named as their nearest big city TABLE 2 represents the conversion we made including the extra spaces added by persons and the misspelling of them.

Cities	Label
multan, multtan, Layyah, Kahrar Pacca	Multan
lahore, Lahorw, Lhr, Lahore	Lahore
Rawalpindi, Rawalpindi, Rawal pindi, rawalpindu, Rwp, Rawalpi di, Pindi, Chakwal, rawat	Rawalpindi
Islambad, Islamabad, Isb, islamabad	Islamabad
Mirpur azad Kashmir, Bhimber AJK	AJK
Sialkot, Gujrat	Sialkot
Khushab, Sargodha	Sargodha
Karachi	Karachi

TABLE 2: Cities label

Moving to the conversion of the questions and classifying them to the category of the Stress Anxiety and depression they represent the classification of the questions we did it by S, A and D to all the questionnaire question categories.

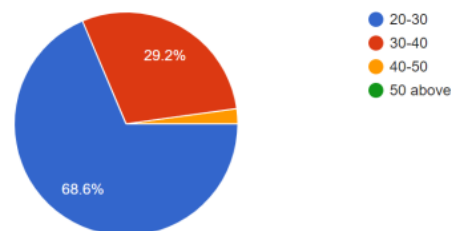


FIGURE 1: Age

The profession like Doctors normally belong to the younger group especially when it comes to the people who were directly handling the CovID patients and isolation wards there were mostly young doctors but because of the statistical point of view we categorized ages into different groups so according to the survey conduction on 137 people from different cities Figure 1 represents the classification of the age group that the people belong to.

The distribution of gender is illustrated in Figure 2 that were the part of research

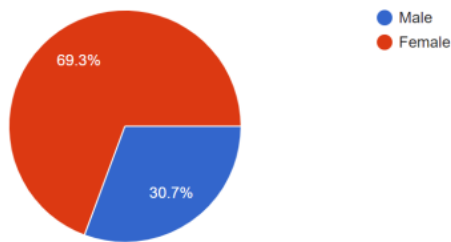


FIGURE 2: Gender

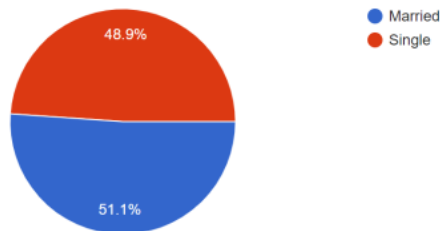


FIGURE 3: Marital Status

Since a married doctor after working on isolation wards have also been interacting with the family and thus it is an important thing to ask about the marital status of the person, so the Figure 3 represents the classification of the Marital status of the people.

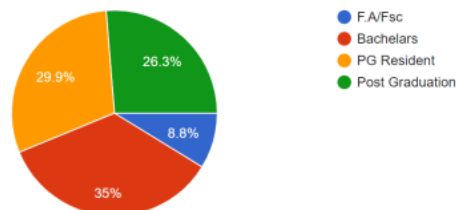


FIGURE 4: Education

The paramedics consist of people from different educational groups and according to the survey conduction on 137 people of different Educational backgrounds Figure 4 represents the classification of the education groups division of those people in which they belong to.

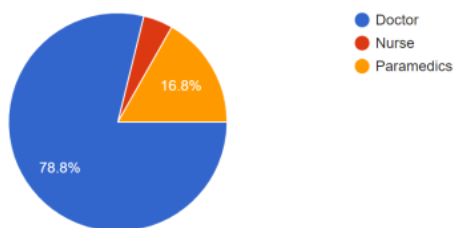


FIGURE 5: Staff Type

As the survey was only conducted on the people belonging to the paramedics' staff and as we know that the paramedics consist of different groups and so Figure 5 represents the staff type of the people who give their reviews in the survey.

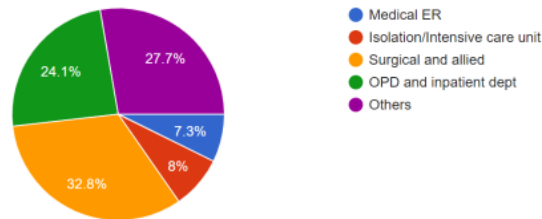


FIGURE 6: Current working department

The paramedics staff of a hospital works on different situation and so Figure 6 represents the classification of working department of paramedics.

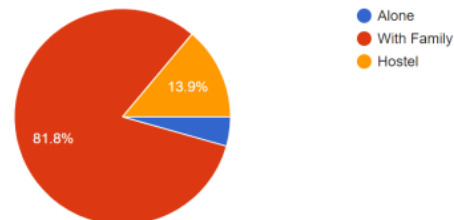


FIGURE 7: Living situation

The living situation was also a main point in calculation of mental stress of a person and so it is represented in the Figure 7.

The columns are analyzed thoroughly, the data type mostly being categorical and ordinal since it was a questionnaire where we must already define the options so that the user can easily fill them out. Once the columns are renamed, we can perform the scoring mentioned by DASS21 paper. That is to add all the scores of the questions belonging to the same category and multiply them by 2. By multiplying the sum of all the columns with 2 we get the scores to a standard so that the responses can be classified into their severity. They could belong to any of the following categories (Normal, Mild, Moderate, Severe, Extremely Severe) depending on the scoring.

Now that we have summarized the data collected by questionnaire and transformed all the questions into three

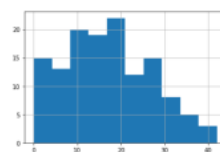


FIGURE 8

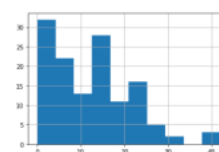


FIGURE 9

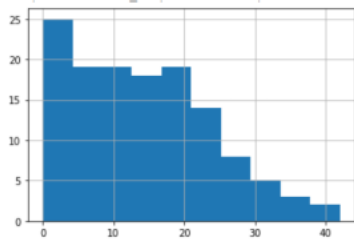


FIGURE 10

attributes. These attributes are scores of anxiety, stress, and depression, calculated on the bases of responses submitted by health care workers and compiled by using the DASS scoring mechanism. Now the data is analyzed to be approximately uniformly distributed. This was decided by unpleasing the histograms of the scores. Looking at the Figure 8, 9, 10 we can clearly see the distribution, but the histograms were a little misleading, so we analyzed the box plot graph, but in the end, we concluded that the distribution is uniform because the mean and median of the attributes are nearly equal. For stress we have the following values (mean = 17.62, STD = 9.709, median=16.0), for anxiety we get the following values (mean = 12.63, STD = 9.06, median =12.0) Sand for depression we get the following values (mean= 14.43, STD = 9.39, median=14.0).

Once the data was thoroughly analyzed it was concluded that the data distribution represented was nearly normal, and further tests were designed accordingly. Since the population mean and population standard deviation were not known. It was best to estimate the mean parameter by using confidence interval. The confidence interval estimates a range of the population by finding the T-scores using sample data. The confidence interval calculated based on two different significance values. The two significant values being $\alpha=0.05$ and $\alpha=0.1$.

The scores were calculated in the end and it was found out to which category the score belonged. The categories and scoring system are standard that comes with DASS 21 guidelines. The confidence intervals were found on the complete dataset to estimate the mental conditions of health care workers in the entire country. Then later the confidence interval was calculated for different categories such as cities, genders, education levels, age, living conditions, marital status, department, rank(staff) etc. These confidence intervals give us a general idea about the mental state of the health care workers in Pakistan. The values obtained for anxiety, stress, and depression among all the different categories were compared pairwise using the two-t test and results were recorded. Since the data is assumed to be normally distributed, we are left with limited number of tests to perform on our dataset.

The necessary step that the research followed right from the beginning till the end of the research can be easily represented by the Figure IV-11.

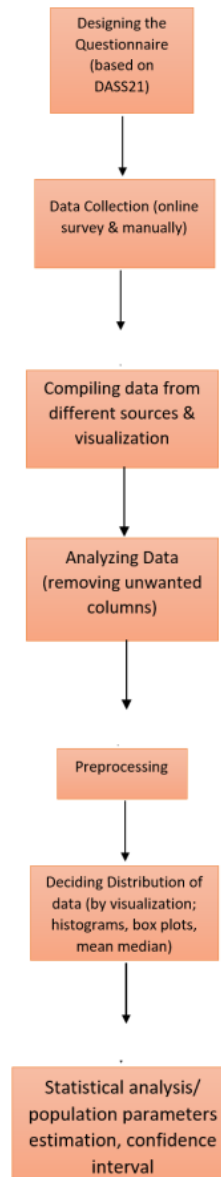


FIGURE 11

V. RESULTS & CONCLUSIONS

The impact of COVID-19 on the region of Pakistan shown in Table 3 explain what type of situation the south Asian region have faced during the pandemic.

The gathered data was very diverse in nature. There are 68% female participants and 32% male. If the age brackets are discussed the age grouped (20-30-year-old) was the highest with 70.45%, followed by the age group (30-40 years) with 24.24%. The data distribution with 36.36%,30.3%, 24.2%, 9.09% for Bachelors, PG Residents, Post Grad doctors and intermediate, in education levels, respectively. The

Location	Cases	Recovered	Deaths
Sindh	244K	223K	3,969
Punjab	156K	142K	4,681
Khyber Pakhtunkhwa	66,451	61,656	1,879
Islamabad Capital Territory	41,176	39,196	476
Balochistan	18,798	18,363	194

TABLE 3

49.2% of the people that responded to the survey were married and 50.8% are single.

Mental Disorder	Alpha	significance level	Lower Level	Upper Level
Depression	0.05	5%	12.82281	16.0559
Anxiety	0.05	5%	11.0751	14.1976
Stress	0.05	5%	15.3889	18.7322

TABLE 4

The values fall between different ranges that are categorized by the DASS21 paper. After the overall analysis of the evaluation for mental disorders the depression was found between severe and extremely severe. The anxiety was categorized to be extremely severe. The stress can be categorized into either extremely severe or severe by looking at the calculation with 5% significance shown in Table 4.

Mental Disorder	Gender	Alpha	Sig level	Lower Level	Upper Level
Stress	M	0.05	5%	12.3685	19.4409
Anxiety	M	0.05	5%	8.5213	15.0024
Depression	M	0.05	5%	10.9590	16.6578
Stress	F	0.05	5%	15.7444	19.4555
Anxiety	F	0.05	5%	11.2837	14.8051
Depression	F	0.05	5%	12.7199	16.6578

TABLE 5

If the data is segregated between genders. The female participants of the survey scored more in all three categories: stress, anxiety, and depression. For men, the depression is categorized in moderate, severe, and extremely severe brackets. The anxiety for men is either in severe or extremely severe and stress in men is between the moderate, severe, and extremely severe categories. Whereas, for female participants the stress and depression lie in the upper severe and extremely severe category. For anxiety all the female participants fall in the extremely severe category. All this was observed for 5% significance value shown in Table 5.

Mental Disorder	Marital Status	Alpha	Confidence Level	Lower Level	Upper Level
Stress	Single	0.05	5%	15.2199	19.8248
Anxiety	Single	0.05	5%	11.0307	15.2976
Depression	Single	0.05	5%	13.7393	18.3203
Stress	Married	0.05	5%	14.0994	19.0697
Anxiety	Married	0.05	5%	9.75725	14.4273
Depression	Married	0.05	5%	10.5276	15.0723

TABLE 6

When looked at the data with respect to marital status of the participants showed the same. The stress anxiety

and depression all fall in two categories its either severe or extremely severe Table 6.

Mental Disorder	CITY	Alpha	significance level	Lower Level	Upper Level
Stress	Lahore	0.05	5%	7.3325	21.8103
Anxiety	Lahore	0.05	5%	5.6281	17.5147
Depression	Lahore	0.05	5%	5.4987	15.6440
Stress	Islamabad & Rawalpindi	0.05	5%	16.7224	21.5442
Anxiety	Islamabad & Rawalpindi	0.05	5%	11.1545	15.9121
Depression	Islamabad & Rawalpindi	0.05	5%	11.1545	18.1805
Stress	Multan	0.05	5%	12.2317	19.4555
Anxiety	Multan	0.05	5%	9.2001	14.1332
Depression	Multan	0.05	5%	11.8113	15.9664

TABLE 7

After observing data on city level, it is found that in Lahore there are some health care workers that might be only mildly stressed, but people both in Islamabad and Multan suffered from extreme disturbance regarding mental health. Table 7.

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