

Psychological Problems among the Health Workers During Pandemic Covid-19

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Abstract

The COVID-19 is a globally problem influences in all function of life, from health to economic and political of countries. It is still to elevated in incidence and killed people specially among health workers. The study aimed to assess the psychological problems among health workers who work in health facilities at Babylon Province.

Descriptive-analytic study conducted during the era of COVI-19 by using online GHQ-12 items as instrument to measure the symptoms of psychological problems. Convenience sample included 220 health workers participated in the study. The study revealed elevated in psychological problems among health workers and found significant relationship between gender and psychological problems. The study concluded to the support and available the enough training and medical health equipment may be reduced it.

Keyword: Psychological problems, health workers, pandemic Covid-19.

Introduction

The COVID-19 is a global outbreak is a highly contagious and it is main cause of respiratory illness.^[1] It is a viral infection recognized by fever, shortness of breath, cough and chest infection.^[2] First detect to it in Wuhan, China^[3], and rapidly spread in all world yet^[1]. But COVID-19 is becoming an increasing public event being a rapid epidemic^[4]. The World Health Organization states in the official website (March, 2020), there is 100,000 person and more are diagnosed with COVID-19 infection around of world ^[5]. So that any person can be affected emotionally and exposure to psychological problems symptoms during of the COVID-19 now. Most communities and people had overwhelming feelings of fear, stress and anxiety about a COVID-19 disease

^[6], but there is evidence reported to proof the health workers are effected by the psychological problems after the COVID-19 reach to the maximum point such as stress, anxiety, insomnia and other health problems. ^[7] Everyone responds to stressful circumstances and reacts differently according to experiences, abilities to adapted with it and how coping with emotional distress ^[8] due to the highly risks of exposure or ethical dilemma and stress of workload and work hours ^[9,10, 11].

Sadly, some healthcare workers can face rejection because of stigma or fear by their families or friends, so it may be make them which is a victim and increased the psychological problems on them ^[12].

The study goals to assess the symptoms of psychological problems among the health workers during pandemic Covid-19 at Babylon Province and find out the relationship between their characteristics and the symptoms of psychological problems among them .

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Material and Method

The descriptive-analytic study design conducted at A Nonprobability convenience sample was conducted in

Babylon Province during the era pandemic Covid-19 in world generally and in Iraq especially from 20 March to 5th April 2020 by using Google samples forms online to self-reported questionnaire distributed on 220 participants (57 female and 163 male) from general health workers (24500) were work in all health care facilities in Babylon Province (see table (1)). After get consent to participated in study. The study sample is a non-probability convenience sample, included participants from all governmental health facilities of Babylon Province weather worked in isolated facilities of COVID-19 or in another governmental health facilities.

The study questionnaire had two parts. Part one related to demographic characteristics of health workers like age, gender, experiences duration with contagious diseases, level education, marital status. Part two related

to General Health questionnaire (GHQ12-items) to explore the psychological problems in health workers who are not have psychological problems by self-reported. The questionnaire is translated and use in Al-Hamoodi study (2019)^[13] and before him it used for first time by Goldberg (1970) was use GHQ to assess psychological well-being. It has four scores (0-3) begin from much less than usual to better than usual. It has cutoff point 1.5, when a person had ≥ 1.5 that mean had psychological distress. This scale is a common used in primary health care setting.

The researchers are used descriptive statistics to describe the results of data and determine the achievements of the study goals or not by using computer programs (SPSS v.17 and Microsoft Office Excel (2010)) to reveal the results.

Results

Table (1): Total number of health workers in the health facilities at Babylon Province

	Total number of nurses only	Total number of other health workers	Total
All governmental health workers at pandemic COVID-19	12450	12050	24500
Total	12450	12050	24500

Table 2. Demographic characteristics of governmental health workers in health facilities at Babylon Province

		N = 220	
		Frequency	Percent
Gender	Male	163	74.1
	Female	57	25.9
Age groups	≤ 30 yrs	151	68.6
	30 - 45	56	25.5
	More than 45 yrs	13	5.9
Level education	Post Graduate	21	9.5
	College Graduate	97	44.1
	Institute Graduate	85	38.6
	Secondary School	17	7.7
Specialty of health workers	Medicine	35	15.9
	Nursing	106	48.2
	Other health workers	63	28.6
	Support health workers	16	7.3
Total		220	100

Table 3. Social and duration of experiences of health workers at era of COVID-19 pandemic in health facilities at Babylon Province.

		N = 220	
		Frequency	Percent
Marital status	Married	144	65.5
	Separated	2	0.9
	Single	73	33.2
	Widow	1	0.5
Number of children	Not had children	112	50.9
	1-2 child	62	28.2
	3-4 child	33	15.5
	More than 5	13	5.9
Place job	Health sector	17	7.7
	Hospital	176	80
	Center of health office	14	6.4
	Special centers	8	3.6
	Voluntary work	5	2.3
Previous Skills with endemic Diseases	Not worked previously	185	84.1
	< 1 month	6	2.7
	1-6 months	14	6.4
	6-12 months	2	0.9
	1-5 yrs	9	4.1
	>5 yrs	4	1.8
Worked in Isolated units previously	Not worked previously	193	87.7
	< 1 month	6	2.7
	1-6 months	20	9.1
	>5 yrs	1	0.5
Worked in Isolated units Now	Not worked previously	194	88.2
	< 1 month	7	3.2
	1-6 months	19	8.6
Total		38	100.0

Table 4. Level of General Mental Health of governmental health workers in health facilities at Babylon Province

No.	Items	Ratings	(N = 220)		M.	S.D.
			F.	%		
1.	Been able to concentrate on what you're doing?	- Better than usual	42	19.1	2.97	0.68
		- Same as usual	134	6.9		
		- Less than usual	39	17.7		
		- Much less than usual	5	2.3		

No.	Items	Ratings	(N = 220)		M.	S.D.
			F.	%		
2.	Lost much sleep over worry?	- Not at all	0	0	2.47	1.24
		- No more than usual	86	39.1		
		- Rather more than usual	79	35.9		
		- Much more than usual	55	25		
3.	Felt you were playing a useful part in things?	- More than usual	40	18.2	3.03	0.61
		- Same as usual	150	68.2		
		- Less than usual	26	11.8		
		- Much less than usual	4	1.8		
4.	Felt capable of making decisions about things?	- More than usual	50	22.7	3	0.73
		- Same as usual	128	58.2		
		- Less than usual	34	15.5		
		- Much less than usual	8	3.6		
5.	Felt constantly under strain?	- Not at all	0	0	2.91	1.22
		- No more than usual	58	26.4		
		- Rather more than usual	65	29.5		
		- Much more than usual	97	44.1		
	Been able to concentrate on what you're doing?	- Better than usual	1	0.5	2.5	0.52
		- Same as usual	110	50		
		- Less than usual	108	49		
		- Much less than usual	1	0.5		
	Lost much sleep over worry?	- Not at all	11	5	3	0.8
		- No more than usual	37	16.8		
		- Rather more than usual	113	51.4		
		- Much more than usual	59	26.8		
	Felt you were playing a useful part in things?	- More than usual	58	26.4	2.4	1.28
		- Same as usual	67	30.5		
		- Less than usual	0	0		
		- Much less than usual	95	43.2		
	Felt capable of making decisions about things?	- More than usual	19	8.6	1.67	1.07
		- Same as usual	45	20.5		
		- Less than usual	0	0		
		- Much less than usual	156	70.9		
	Felt constantly under strain?	- Not at all	176	80	1.49	1.01
		- No more than usual	0	0		
		- Rather more than usual	24	10.9		
		- Much more than usual	20	9.1		
	Felt you couldn't overcome your difficulties?	- Not at all	65	29.5	2.58	1.09
		- No more than usual	118	53.6		
		- Rather more than usual	0	0		
		- Much more than usual	37	16.8		

Table 5. Overall Psychological Well-being among governmental health workers in health facilities at Babylon Province

Psychological well-being G.H.Q	(N = 220)	
	F.	%
No Psychological Distress	111	50.5
Psychological Distress	109	49.5
Total	220	100.0

The table revealed (50.5 %) was have psychological distress (49.5 %) were have psychological distress.

Table (6): The relationship between Overall Psychological Well-being (GHQ) and Demographic Characteristics of governmental health workers in health facilities at Babylon Province

(N = 220)	Demographic characteristics	Overall Psychological Well-being		Chi-Square tests		
		Less than usual	Same as usual	Value	df	Sig.
Gender	Male	87	76	3.689	1	.05
	female	22	35			
Age groups	<= 30 yrs	75	76	2.197	2	.33
	30- 45 yrs	30	26			
	>45 yrs	4	9			
Marital status	Married	71	73	3.133	3	.37
	Separated	0	2			
	Single	38	35			
	Widow	0	1			
Education level	College	44	53	4.055	3	.26
	Institute	46	39			
	Post Graduate	13	8			
	Secondary School	6	11			
Place Job	Health Sector	10	7	1.202	4	.88
	Hospital	85	91			
	Office of Health	8	6			
	Specialty center	4	4			
	Voluntary Work	2	3			
Specialty	Medicine	21	14	1.864	3	.61
	Nursing	50	56			
	Other Health Workers	30	33			
	Support Health Workers	8	8			
Privious Skills with endemic Disease by month	Not has worked previousuely	94	91	2.840	5	.72
	< 1 month	4	2			
	1-6 months	5	9			
	6-12 months	1	1			
	1-5 yrs	3	6			
	>5 yrs	2	2			

(N = 220)	Demographic characteristics	Overall Psychological Well-being		Chi-Square tests		
		Less than usual	Same as usual	Value	df	Sig.
Worked in Isolated units previously	Not has worked previousely	97	96	1.787	3	.61
	< 1 month	3	3			
	1-6 months	8	12			
	>5 yrs	1	0			

Discussion

Most of health workers are participated in study are males (74%) and their aged less than 30 years old (68%) and had bachelor degree (44%) (table 2). About (65%) of participants are married and not had child (50.1%) and they are not worked previously in isolated places or practical skills with epidemic diseases (84%) (table (3)). In table (4) revealed the Level of general mental health of participants in the study according the items of general health questionnaire (GHQ-12 items) who work in health facilities at Babylon Province, but generally, half health workers are participated in study had highly incidence levels of psychological problems during the COVID-19 virus (table 5). Therefore, these result considered as a risk indicator if it is not treated and can be increased among them. These result consent with result of Zhang study (2020)^[1]. These the problems had a significant complication and impairment in social and occupational functioning; and feeling overwhelmed by the demands of everyday life on them^[5]. The reasons for the psychological problems may be attributed to the many factors such as the initially inadequate awareness about COVID-19 and knowledge about how prevent it and control, as well as long-term of workload, and lack the medical protective equipment. In table (6) the researchers find significant relationship between the psychological problems and gender of health workers^[8] may due to the nature of male from female by how adopting and coping with the stress and events.

The researchers concluded to increase in psychiatric problems among health workers and may be elevated if it is not treated correctly. Decrease stigma, encouragement and training about how to reduce and faces stresses are very important. Finally, the support and available the medical equipment is important items to decrease the psychological problems on them.

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Conflict of Interest: None to declare.

Ethical Clearance: After the administrative arrangements are completed, acceptance of health workers participants was sought for after explaining to them the aim of the study and inform them that all the information taken will be treated confidentially and it is for research purposes only, then taken the consent from them to participate in this study. Also, an ethical approval was obtained from ethical committee of research in Faculty of Nursing University of Kufa regarding confidentiality and anonymity of participants.

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