

## STRUGGLES OF LIVING MARTYRS IN PANDEMIC- IMPACT OF COVID-19 AMONG HEALTH WORKERS

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### ABSTRACT

*Pandemic shattered the life of everyone regardless of ethnicity, color, creed or religion. It caused complete breakdown of the existing systems around the world impacting every aspect of life. COVID-19 brought a sudden onset of contagious disease that affects health, disrupts services and businesses, and brings economic and social costs. Healthcare workers are working relentlessly despite the high risks of getting infected by SARS-Cov-2. Yet, the public's appreciation stays on the surface level, through social media, whereas health workers all over the world get discriminated against in their daily lives. Many of the social and psychological challenges that are faced by health workers are often overlooked, and remain unaddressed. Apart from the constant fear of becoming a carrier of COVID-19, health workers are pushed to the brink with reduction in salaries and late payments. Hence the lives of these health workers were badly affected by stigma and trauma of COVID-19. The researchers initiated this quantitative study to understand the impact of COVID-19 among healthcare workers in Idukki and Ernakulam districts of Kerala state. The respondents (n=103) were selected for the study under purposive sampling. Data collection was done by questionnaire (Google Form). The result of the study reveals that COVID-19 has a significant impact in experiencing severe depression, stress, burnout, social stigma, low self-esteem and low job satisfaction among health workers.*

**Keywords: COVID 19, Depression, Stress, Burnout, Discrimination, Self-Esteem, Job Satisfaction**

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## **I. INTRODUCTION**

Coronavirus disease 2019 (COVID-19), has caused immense pressure on healthcare systems all over the world. Since the time when the first case was reported in Kerala, the health care workers have been tirelessly working to contain the global pandemic from becoming uncontrollable. Now, as the infection spreads at alarming rates, the burden on healthcare workers has increased exponentially. Due to the highly infectious nature of the virus SARS-Cov-2, healthcare workers are at increased risk of contracting COVID-19, and potentially transmitting the disease to others they come in contact with. All healthcare workers are striving to come to terms with this reality, and in doing so, are in psychological distress added with social stigma. Such psychological and social pressures healthcare workers experience needs to be studied in this difficult and challenging times (Greenberg, 2020).

### **1. Psychological Problems**

Psychological wellbeing includes self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). Evidently, the spread of COVID-19 has caused panic among people in general and healthcare workers in particular because of the nature of their job. Stress, burnout, and depression are closely intertwined psychological problems that are augmenting the impact of COVID-19 amongst healthcare workers.

#### **I.1 Stress**

Stress is fundamentally the human body's response to pressure situations. That is, the body stimulates the production of stress hormones to respond quickly to dangerous or unfavorable situations. (Mental Health Foundation, 2020). Exposure to, or mere anticipation of such situations for a prolonged period lead to chronic stress. During this pandemic time, health

workers stumble upon such situations frequently. Persistent fear of infection, long work hours, staff shortage, salary cuts, and maintaining a work-life balance are all making the health workers vulnerable to chronic stress. Chronic stress has been linked to increased risk of developing depression and anxiety. The common physical effects of stress include headache, muscle pain, fatigue, and sleep problems. Anxiety, restlessness, lack of motivation or focus, and feeling overwhelmed are some of the effects on mood (ICD -10,F43, 2010). Healthcare workers are faced with high levels of psychological stress during this pandemic.

## 1.2. Depression

Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease the ability to function at work and home. The ever increasing number of COVID-19 patients, and the stress associated with hectic work environment triggers the signs of depression. Furthermore, only a few health workers reach out for psychological supports like counselling (The Hindu, 2020). Fears of stigma, concerns about privacy, not wanting to be perceived as „weak“, are among the reasons why healthcare workers show reluctance to seek help for depression (Black Dog Institute, 2020). Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Disturbed sleep, and diminished appetite are common. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present (ICD - 10, F33, 2010).

### 1.3. Burnout

Burnout is a syndrome that is conceptualized as a consequence of workplace stress experienced over a prolonged period of time that has not been managed adequately (WHO, 2019). It is marked by feelings of exhaustion, depersonalization and diminished personal achievement. Exhaustion is a condition which results from spending excessive time and effort to a task. Depersonalization is a distant or indifferent attitude towards work. Cynical behaviors and impersonal interactions with co-workers and patients are manifestations of depersonalization. Diminished personal achievement is a tendency in workers to undermine their own worth, and a sense of inefficiency in performing one's job. There is possibility that, burnout may result in healthcare professionals quitting their profession. Also, burnout causes decreased clinical effectiveness and poor work performance that may potentially impact patient care. Burnout syndrome in nurses is associated with lower quality of care, lower patient satisfaction, increased number of medical errors, and increased rates of health-care associated infections (American Thoracic Society, 2016). Long working hours of the healthcare workers create burnout and may increase mortality rates (Negin Talae, 2020).

## 2. Social Stigma

Stigma can be defined as a smear of infamy that isolates a person from the general population (Ramaci, Barattucci, Ledda, & Rapisarda, 2020). In health context, social stigma is the unfavorable link between a group of people who have certain characteristics and a specific disease. During an outbreak of an infectious disease, this social stigma is characterized by discrimination, separation, labeling, and stereotyping, coupled with an experience of status loss because of a perceived link with a disease (WHO, 2020). Despite the tremendous pressure in job and concerns for the safety of loved ones in the present COVID-19 pandemic, healthcare

workers have become victims of social stigma, and aggression (Menon, Padhy, & Pattnaik, 2020). Medical staff had been shut out and discriminated against by their communities due to the fear that these healthcare workers may have been exposed to COVID-19 patients (Yeung & Gupta, 2020). Several reports from across India reveals that , the health workers under COVID-19 duty were compelled to vacate their rented house, restricted from visiting grocery shops, and even they were attacked on the way to their work. Many similar cases are reporting each and every day in these pandemic days and they are interrogating our humanity (Bagchhi, 2020).

### **3. Self-esteem**

According to Morris Rosenberg, self-esteem is an individual's "positive or negative evaluation of the self". An individual with high self-esteem considers oneself as a person of worth, whereas a person with low self-esteem will be dissatisfied with himself (Rosenberg, 1979). A study conducted in Bangalore found that, healthcare workers with low self-esteem were nearly three times more likely to suffer high stress. It was also found that low self-esteem has a direct effect on burnout (Johnson & al, 2020).

### **4. Job Satisfaction**

Job satisfaction is defined as how the employees feel about the different aspects about their job duties. Job satisfaction is one of the main components for assessing the quality of healthcare systems. The satisfaction of health workers is closely related to the satisfaction of patients and it is the main aspect of care continuity. Continuous and restless working of the healthcare workers causes decreased professional satisfaction and it results in low self-esteem (Stephen X. Zhang, 2020). The large influx of patients to the hospitals after the lockdown restrictions lifted, along with staff shortage demanded long working hours and as a result, a subsequent spike in depression related symptoms among healthcare workers (Anoop Krishna Gupta, 2020).

## **5. Quality of Life of the Healthcare Workers**

According to World Health Organization, Quality of Life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (1996). As per the definition, Quality of Life is multi-dimensional in nature and comprises physical aspects, psychological aspects, social and environmental aspects. Through the study, the researchers try to analyze the dimensions of the quality of life by studying the prevalence of depression, stress and burnout and the contributing factors including social stigma, self-esteem and job satisfaction.

## **II. METHOD AND DATA COLLECTION**

The main aim of this study was to understand the psychological distress and social stigma experienced by health workers during COVID 19. Descriptive research design was used for the study. Health workers were the target population, and the sampling method used was purposive sampling. The health workers working in public and private sectors are considered in the study. Doctors, Nurses, Public Health Workers, ASHA Workers and Others from the healthcare field were included. Data was collected from 103 health workers in Idukki and Ernakulam districts of Kerala by using questionnaire (Google Form). Analysis of the data was performed using IBM SPSS statistical software (IBM Inc). The inclusion criteria were health workers at the age of 22 and above living in Idukki and Ernakulam districts of Kerala state and currently working in COVID-19 management. Participants were excluded if they are below 22 years and those who are on leave or unable to participate due to physical or emotional instability.

Depression and Stress of the respondents were assessed by DAS Scale, and Burnout, Social Stigma, Self-esteem and Job satisfaction are analyzed by self-prepared questionnaire. DAS Scale

is a 21 – item scale, commonly used tool for measuring three related negative emotional states of Depression, Anxiety and Stress at different settings (Lovibond, 1995). The total scores for this tool were interpreted as Normal (0-9), Mild (10-13), Moderate (14-20), Severe (21-33) and Extremely Severe (34+) for depression, and Normal (0-14), Mild (15-18), Moderate (19-25), Severe (26-33) and Extremely Severe (34+) for stress.

### **III. RESULTS AND DISCUSSION**

The analysis was done by calculating frequency and percentage of categorical variables/independent variables and correlation test was done for the dependent variables.

#### **3.1 Socio-Demographic Profile**

Of the respondents, 76.7% were female, 70.8% were in the age group of 22–28 years and 66% follows Christianity. 68% of health workers were nurses and 15% were doctors. The majority of the participants were unmarried (66%) and most of the respondents (80%) have annual income between 1 – 2.5 lakhs.

#### **3.2. Job Related Characteristics**

Majority of the respondents felt excess workload during pandemic days (72.8%) and they lack safety regarding hospital acquired infections (59%). Salary is an important element that determines the standard of living of the human beings. And, Kerala witnessed strikes over pay in recent years by health workers, especially nurses. In India, there is standardization of salary, but in this COVID-19 scenario the health workers are doing overtime work and they are salaried the same as they were earlier. . High exposure to the infections, coupled with extended duty hours,

contribute to dissatisfaction with salary among healthcare workers. A marked 72.8% of the respondents reported not being satisfied with the salary in this pandemic period.

### **3.3. Depression**

Depression is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. The persistent feeling of sadness or loss of interest that characterizes major depression can lead to a range of behavioral and physical symptoms and the possible causes include biological, psychological and social sources of distress. As per the study, 30.1% of the respondents were found to have severe levels of depression, compared to 36.9% with moderate levels of depression. These findings suggest that health workers are prone to developing unfavorable mental health outcomes and may need psychological support or interventions. Proper mental support and timely advice can empower the respondents to tackle the problems due to depression.

### **3.4. Discrimination**

In this COVID-19 time, discrimination has become an everyday reality where everyone who are affected or infected by the coronavirus. Health professionals are increasingly victimized, because they are the ones who engage fully with the patients and thereby at a high risk of getting sick. Among the respondents, 30.1% experience high rate and 38.8% experience moderate levels of discrimination. Additionally, the study revealed that discrimination could potentially lead to depression. The negative effect of such prejudicial behaviors can be resolved by focusing on one's core values, beliefs, and perceived strength. Overcoming these hardships make individuals more resilient and better equipped to face new challenges.



### **3.5. Prevalence of Self-Esteem and Discrimination among Health Workers**

The dependent variables were analyzed by correlation test. Self-esteem and discrimination are related ( $P=0.262$ ) at the significance level ( $p$ ) of 0.01 which is less than 0.05. Hence, a significant relation ( $H_1$ ) between self-esteem and discrimination is noted. It has escalated to such a stage where even a person without infection gets stigmatized. Eventually, the stigmatization of health workers became apparent as incidence and prevalence rates soared. The health workers facing discrimination (68.9%) are noted with low self-esteem (87.9%).

### **3.6. Prevalence of Burnout and Stress among Health Workers**

The dependent variables are analyzed by correlation test. The significance level ( $p$ ) for the test was 0.01 which is less than 0.05 and a significant relationship ( $H_1$ ) between burnout and stress is found to exist ( $P=0.580$ ). Burnout is a state in which a person feels emotional, physical and mental exhaustion by excessive and prolonged stress. The health workers struggling with burnout (63.1%) feels empty and powerless. This results in decreased performance, emotional exhaustion and repeated mistakes in work. It also contributes to prolonged stress, and 69.9% health workers are noted with symptoms of stress. Exposure to stress for extended periods precipitates its adverse effects, and presents significant barriers in their daily functioning.

## **IV. RECOMMENDATIONS**

COVID-19 has brought about unforeseen challenges among the health workers all over the world. The rate of psychological and social problems of health workers are increasing drastically. From the findings of the study, we put forward the following suggestions. The study reveals that social stigma leads to low self-esteem and later leads to dissatisfied work environment and it increases the prevalence rate of depression, stress and burnout.

- The health workers can be provided with quarters facilities nearer to the hospitals or clinics, so that they can reduce the risk of infecting their family members. This will also help them to avoid experiencing stigmatization.
- Offer flexibility over working hours.
- Strict measures can be adopted by the government for those who discriminate the health workers at the place of residence or public places.
- Ensure protective gears for all healthcare workers to minimize the risk of hospital acquired infections.
- Effective implementation of early intervention programs for prevention, detection and treatment of psychological problems of healthcare workforce.
- Follow proper diet and exercise to promote physical and mental well-being.
- Stay away from pessimistic people and be optimistic.
- Educate and create awareness among health workers to overcome reluctance in seeking mental health services.

## **V. CONCLUSION**

This study underlines a commitment to respond to the psychological and social impacts on the health workers during the pandemic and also throughout their life cycle. The wellbeing of the entire society is truly dependent on the wellness of the healthcare workers. The psychological and social well-being of the health workers are considered as their basic right. Society needs to act proactively to ensure that health workers are not victimized. This study is aimed to be a voice for all the health workers across the world who struggle for all of humanity in the midst of this deadly pandemic time.

## References

*ICD - 10, F33.* (2010). World Health Organisation.

*ICD -10,F43.* (2010). World Health Organisation.

American Thoracic Society. (2016). What is Burnout Syndrome (BOS)? *American Journal of Respiratory and Critical Care Medicine*, 194(1), 1-2.

Anoop Krishna Gupta, A. M. (2020). Prevalence of Anxiety and Depression among the Healthcare Workers in Nepal during the COVID-19 Pandemic. *Asian Journal of Psychiatry*.

Ayivor, I. (n.d.). *Leader's Watchwords Quotes*. Retrieved 2020, from Goodreads.

Bagchhi, S. (2020). Stigma during the COVID-19 Pandemic. *Elsevier Public Health Emergency Collection*.

Black Dog Institute. (2020). *Depression in health care workers during COVID-19*. Retrieved November 2020, from Black Dog Institute: <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/05/Depression-in-Health-Care-Workers-during-COVID-19-1.pdf>

Greenberg, N. (2020). Mental Health of Health - Care Workers in the COVID-19 Era. *Nature Reviews Nephrology*.

Johnson, A., & al, e. (2020). Do Low Self-Esteem and High Stress Lead to Burnout Among Health-Care Workers? Evidence From a Tertiary Hospital in Bangalore, India. *Safety and Health at Work*, 11(3), 347-352.

Lovibond, S. (1995). *Manual for the Depression Anxiety Stress scales* (2nd ed.). Sydney: Psychology Foundation.

Menon, V., Padhy, S. K., & Pattnaik, J. I. (2020, July 07). Stigma and Aggression Against Health Care Workers in India Amidst COVID-19 Times: Possible Drivers and Mitigation Strategies. *Indian Journal of Psychological Medicine*.

Mental Health Foundation. (2020). *Stress*. Retrieved 11 14, 2020, from Mental Health Foundation: <https://www.mentalhealth.org.uk/a-to-z/s/stress>

Negin Talaei, M. V. (2020). Stress and Burnout in Health Care Workers during COVID-19 Pandemic: Validation of a Questionnaire. *Nature Public Health Emergency Collection*.

Organisation, W. H. (1996). *WHOQOL- Bref*. Geneva.

Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social Stigma during COVID-19 and its Impact on HCWs Outcomes. *Sustainability*, 12(09).

Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.

Ryff, C. D. (1989). Happiness is Everything, or Is It? Explorations on the Meaning of Psychological Well - being. *Journal of Personality and Social Psychology*, 1069 - 1081.

Stephen X. Zhang, J. L. (2020). At the Height of the Storm: Healthcare Staff's Health Conditions and Job Satisfaction and their Associated Predictors during the Epidemic Peak of COVID-19. *Brain, Bhaviour and Community*.

The Hindu. (2020, July 21). Overwork, stress among health workers in Kochi raise concern. *The Hindu*.

WHO. (2019, May 28). *Burn-out an "occupational phenomenon": International Classification of Diseases*. Retrieved 08 08, 2020, from WHO:

[https://www.who.int/mental\\_health/evidence/burn-out/en/#:~:text=%E2%80%9CBurn%2Dout%20is%20a%20syndrome,related%20to%20one's%20job%3B%20and](https://www.who.int/mental_health/evidence/burn-out/en/#:~:text=%E2%80%9CBurn%2Dout%20is%20a%20syndrome,related%20to%20one's%20job%3B%20and)

WHO. (2020, February 24). *Social Stigma associated with COVID-19*. Retrieved August 07, 2020, from WHO.

Yeung, J., & Gupta, S. (2020). *Doctors evicted from their homes in India as fear spreads amid coronavirus lockdown*. CNN.