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## IMPACT OF COVID-19 ON PHYSICAL AND MENTAL HEALTH OF HEALTHCARE WORKERS: A STUDY OF SELECT HOSPITALS IN MANDYA DISTRICT

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### ABSTRACT

*The most important objective of this paper to collect information of healthcare facilities in Mandya district. Coronavirus disease (COVID-19) pandemic has spread to 198 countries, with approximately 2.4 million showed instances and 47, 36,136 deaths as of September 24 - 2021. Frontline healthcare workers face a significantly higher risk of infection and loss of life due to excessive COVID-19 exposure. This evaluation aimed towards summarizing the evidence of physical and mental health impact of COVID-19 pandemic on healthcare workers. This studies paper focused on health practices, health insurance and remedies. Develop standards, guidelines, and code of practice on health and safety, establish policies to ensure appropriate or flexible working hours and those results in minimizing the executive burden on healthcare workers, Ensure adequate environmental services such as water, sanitation and hygiene, disinfection and adequate air flow in any respect healthcare facilities.*

### KEYWORDS

COVID-19, sickness, healthcare workers, anxious, physical health, mental health, stress.

### JEL CODES

I10, I11, I12.

### INTRODUCTION

**W**e all had been suffering from the present day COVID-19 pandemic. However, the effect of the pandemic and its effects are felt in a different way depending on our reputation as people and as individuals of society. COVID-19 is killing human beings on a big scale. Healthcare workers (HCWs), on the heart of the exceptional disaster of COVID-19, decreasing the spread of infection, growing appropriate short-time period plans. HCWs experience emotional exhaustion, which might also additionally cause scientific errors, lack of empathy in treating patients. Here, for HCWs encouraged taking benefit of help structures which includes family and friends to stabilize emotions, percentage experiences, and keeping social connections, accordingly decreasing anxiety intensities and enabling high-satisfactory sleep. Long time period outcomes of the world-wide pandemic continue to be unknown. HCW responses approximately distress and burnouts however urge future studies on techniques to enhance their wellbeing. To continue to provide uninterrupted, high-satisfactory care, the healthcare workforce-human beings-should is empowered and recommended to take care of them.

### STATEMENT OF THE PROBLEM

Good health is a valuable to human happiness and wealth being that make contributions extensively to prosperity and wealth or even financial progress, as healthful populace is greater effective, secure greater and stay longer. Healthcare employees like **Nurses, Doctors, ASHA workers, and different clinical group of workers that laboured on frontlines**. There are about fifty-nine million healthcare employees global spotting the important position plaid with the aid of using healthcare specialists as the **"The most valuable belongings for fitness"**.

In Mandya **45%** of adults are said that they may be expensing **anxiety and strain** those wide variety are gently to growth as humans keep to bodily distance themselves in addition to fear approximately getting stick from COVID-19. Longer running time in keeping with week changed into observed to be a danger factor. Masks and different protecting designed and sized for guys depart girls at extra danger of exposure. **COVID-19 pandemic price of burnout is better in female healthcare workers than male workers**. The COVID-19 pandemic has impacted healthcare employees bodily and psychologically. A examine from Mandya confirmed that healthcare workers being concerned for sufferers with COVID-19 said tension, despair and strain. Healthcare specialists said being hectic approximately having to self-isolate, quarantine or becoming.

Healthcare workers laboured at the frontlines in Mandya skilled signs of **tension, despair and issue sleeping, insomnia, mental distress, unknowingly unfold of the ailment among their sufferers and their families, scarcity of resources, Livy escapes sanitizing the hospitals, loss of Government policies and regulation, mentally weakness**.

### REVIEW OF LITERATURE

- **M D Braquehais, M Casas and S Vaero – 2020**, explain the high prevalence of anxiety and depressive symptoms among health workers, COVID-19 exposure, epidemiological issue, material resources, human and personal factor, the influence of individual and social narratives in healthcare workers, and its factors are associated with a higher risk of developing long lasting negative effects.
- **Carmen Moreno, Marco Solmi and Ana Catalan – 2020**, concluded that the healthcare workers are at high risk of developing physical and mental outcome related to syndromes, they also say that MOOSE- compliant systematic review of web of science literature to identify studies, and they stated that healthcare workers infected to serve acute respiratory syndrome –SARS, middle east respiratory syndrome – MERS and mainly substantial impact on the physical and mental health of healthcare workers.
- **Athanasis J Manolis, Triantafyllies – 2020**, revealed that the unprecedented public health crisis of the COVID-19 pandemic, the psychological impact of this mounting threat on healthcare professionals and explain the effect of previous epidemics on frontline healthcare staff.
- **Marayam Vizheh, Mostafa Qorabani – 2020**, said that the Coronavirus is widely spreading the entire world, causing mental health problems for most of healthcare workers, it carried out on the mental health stress of healthcare workers, the lowest reported prevalence of anxiety, depression, and stress among healthcare workers, and healthcare workers faced aggravated psychological pressure and even mental illness. And mainly they said to policymakers and managers to adopt the supportive, encouragement and motivation and training and education to frontline workers, especially communication platform.
- **Nina Vindegaard, Michael Eriksen Benros – 2020**, defined that the indirect effect of the pandemic on general mental health are of increasing concern, and it including the measuring psychiatric symptoms or morbidities associated with COVID-19 infected and non-infected group the latter divided in psychiatric patients and healthcare workers and non-healthcare workers.

**SCOPE OF THE STUDY**

The study covers 20 Doctors, 20 Nurses, 30 ASHA workers and 30 other staff, based in Malavalli taluk, Maddur taluk in Mandya district.

**OBJECTIVES OF THE STUDY**

1. To examine the challenges faced by healthcare workers during COVID-19.
2. To study physical and psychological impact on health care workers during pandemic.
3. To find out the various factors effect on mental and physical health conditions.
4. To suggest to improve mental health overall physical health based on the study.

**RESEARCH METHODOLOGY**

The study is to be conducted using empirical type of study and to know the issue and challenges faced by healthcare workers or professionals during pandemic. This study depends on both primary and secondary data.

**SAMPLING PLAN**

**SAMPLING UNIT:** 10 hospitals in Mandya District

**SAMPLING SIZE:** 100 respondents.

**SAMPLING PROCEDURE:** Stratified sampling, and convenience sampling.

**TABLE 1**

Sl. No	Division	Hospitals		No. of respondents (100)	
		Private hospital	Government hospital	Private hospital	Government hospital
1.	Maddur Taluk	JSS hospital	Gurushanthappa Govt. hospital	8	10
		Maddur Medical Centre	Primary health care centre	5	15
		Surakshan nursing home	Taluk Govt. hospital	3	32
2.	Malavalli Taluk	Mandara Maternity	Government hospital	2	8
		Vikram hospital	Taluk Govt. hospital	4	13
<b>Total</b>				<b>22</b>	<b>78</b>

**TOOLS FOR DATA COLLECTION**

The data collected using questionnaires includes personal profile, the research classification, the collected raw data and put code to transfer team into master sheet. The data tabulation into simple table after coding analysis and interpreted.

**SOURCES OF DATA**

The data was collected through the primary and secondary data.

**Primary data:** It is collected through investigation and questionnaires and observation by using face to face enquiry method.

**Secondary data:** These are those data which are obtained indirectly from sources such as books, journals, articles, newspaper and websites of healthcare services or online service etc.

**ANALYSIS****PROFILE OF THE RESPONDENTS****TABLE 1: DEMOGRAPHIC FACTORS OF RESPONDENTS**

Profile variables	Particulars	No. of Respondents	Percentage (%)
Gender	Male	34	34%
	Female	66	66%
Age	18-25	13	13%
	25-35	54	54%
	35-45	29	29%
	Above 45	4	4%
Marital status	Married	80	80%
	Un married	20	20%
Educational Qualification	7 <sup>th</sup> – 10 <sup>th</sup> standard	20	20%
	P U C	27	27%
	Graduated- Diploma	40	40%
	Post- Graduated	12	12%
	Other	1	1%
Occupation	Doctor	20	20%
	Nurse	20	20%
	ASHA workers	30	30%
	Other staffs	30	30%
Category of hospital	Government hospital	78	78%
	Private hospital	22	22%

(Source: Primary data)

The Demographic factors of respondents shows 66% of females, the age of 25 to 35 respondents as occupied 54%, there are 80% married respondents, 40% of respondents are based up on graduate and diploma, 30% ASHA workers are there, 78% of respondents categorized in Government hospital.

**TABLE 2: HOW THEIR FAMILY, FRIENDS AND OTHERS CAN SUPPORT DURING THE COVID-19 OUTBREAK?**

PARTICULAR	NO. OF RESPONDENTS	PERCENTAGE
Supported	84	84%
Not supported	9	9%
May be	7	7%
<b>Total</b>	<b>100</b>	<b>100%</b>

(Source: Primary data)

The more 84% respondents' families are supported during the pandemic, 9% respondent's families are not supported and 7% respondent's families found difficult to support. It is explained that 84% respondent's families are supported.

TABLE 3: HOW THE RESPONDENTS EXPERIENCE THEIR WORK WITH SICKNESS SINCE LAST 6 MONTHS

PARTICULAR	NO. OF RESPONDENCE	PERCENTAGES
Highly bothered	45	45%
Low bothered	31	31%
Neutral	7	7%
No not at all	17	17%
<b>Total</b>	<b>100</b>	<b>100%</b>

(Source: Primary data)

The more 45% respondents are highly bothered in sickness from last 6 months, 31% respondents are low bothered in sickness, 7% respondents are neutral and 17% respondents are not bothered in sickness. It clearly those 45% respondents are highly bothered in sickness.

TABLE 4: MENTAL HEALTH OF RESPONDENTS AFFECTED YOUR RELATIONSHIP

PARTICULAR	Very often	often	Not so often	Not at all	Total
NO. OF RESPONDENTS	11	50	13	26	100
PERCENTAGE	11%	50%	13%	26%	100%

(Source: Primary data)

The result of more 50% of respondents often their mental health affected their relationship, 11% of respondents are said very often, and some 13% and 26% respondents not at all affected their relationship. It is conveying that 50% respondents often their mental health affected their relationship.

TABLE 5: DURING COVID-19 PANDEMIC HAD ANY PROBLEMS WITH THE WORK OF RESPONDENTS DUE TO THEIR PHYSICAL HEALTH

PARTICULAR	Yes	No	Not at all	Total
NO. OF RESPONDENTS	68	27	5	100
PERCENTAGE	68%	27%	5%	100%

(Source: Primary data)

The result that they faced any problems with their work or daily life due to their physical health more 68% had chosen yes, 27% chosen no, and few of them chosen not at all.

TABLE 6: WHETHER RESPONDENTS OFFERED ANY ADDITIONAL COMPENSATION OR BENEFITS DURING THE COVID-19 PANDEMIC

PARTICULAR	NO. OF RESPONDENTS	PERCENTAGE
Yes	23	23%
No	76	76%
May be	1	1%
<b>Total</b>	<b>100</b>	<b>100%</b>

(Source: Primary data)

The result of their facility offered additional compensation or benefits in that more 76% chosen no because they are not getting any benefits some of them chose 23% yes and only one respondent chosen may be.

TABLE 7: HEALTHCARE WORKERS SLEEPING HOURS DURING PANDEMIC

PARTICULAR	4 hours	4-6 hours	7-8 hours	9 hours	Total
NO. OF RESPONDENTS	1	43	56	0	100
PERCENTAGE	1%	43%	56%	0	100%

(Source: Primary data)

The more 56% are chosen those 7-8 hours because no changes in routine, 43% are chosen those 4-6 hours because this is answered by ASHA workers, only 1% is chosen 4 hours to sleep.

TABLE 8: SHOWS THAT THE HEALTHCARE WORKERS RECEIVE HEALTH AND SAFETY TRAINING

PARTICULAR	Agree	Strongly agree	Neutral	Disagree	Strongly disagree	Total
NO. OF RESPONDENTS	60	33	4	3	0	100
PERCENTAGE	60%	33%	4%	3%	0%	100%

(Source: Primary data)

The More 60% of respondents are agreeing to receive health and safety training. 33% respondents are strongly agreed to safety training, 4% respondents are neutral, 3% respondents are disagreeing and no respondent for strongly disagree.

TABLE 9: RESPONDENTS DIFFICULTY TO ADJUST TO THE NEW ROUTINE DURING THE LOCKDOWN PERIOD

PARTICULAR	NO. OF RESPONDENTS	PERCENTAGE
Yes	58	58%
No	28	28%
May be	14	14%
<b>Total</b>	<b>100</b>	<b>100%</b>

(Source: Primary data)

The More 58% said yes because they have adjusting nature, and 28% said no because they found difficult, and 14% said may be because they are in doubt.

TABLE 10: PROBLEMS FACED WHEN THEY WERE WEARING THE PPE KITS

PARTICULAR	Irritation	Skin reaction	Breathing problems	Uncomfortable feel	All of the above	Total
NO. OF RESPONDENTS	11	1	7	10	71	100
PERCENTAGE	11%	1%	7%	10%	71%	100%

(Source: Primary data)

Table 10 showing, more 71% of respondents said all of the above because they felt irritation, skin reaction, breathing problems, and uncomfortable because the PPE kits are plastic

**LIMITATIONS OF THE STUDY**

1. The study was restricted to only physical and mental health impact of the COVID-19 on health workers in Mandya district hospitals.
2. The study confines Mandya District only.
3. Sample size of the respondents was limited to 100.
4. The problem of getting the respondents for the interview as it awes the production period.

**FINDINGS**

1. It is clear about majority of 45% respondents are faced highly suffered from sickness.
2. The highest respondents are faced problem when wearing the PPE kits.
3. The highest respondents are sleeping only 4-6 hours in a day.
4. More number of respondents is faced physical health problem due to their work.
5. The result shows that majority respondents are not received any additional compensation or benefits.
6. The more respondents are said their mental health affected their relationship.
7. The majority respondents are receiving or taken health and safety training.

**SUGGESTIONS**

1. They required more training and programme for reducing of physical and mental stress, Adequate counselling and Separate training for females workers
2. Healthcare workers need to acquire their month salary in time and the event that they get few intensives it will likely be useful for them especially for ASHA workers and Nurses.
3. Provide coverage insurance for work-associated threat, specifically the ones operating in high-risk areas.
4. Ensure availability of private protecting equipment (PPE) in any respect times, as applicable to the position and duties achieved in adequate, in great and suitable match and of applicable great. Ensure adequate training on the correct use of PPE and protection precaution.
5. Both Government and public companies have to create more awareness about health insurance coverage.
6. The family support required to overcome both physical and mental stress in work place like hospital.

**CONCLUSION**

In summary our study is an important addition to the growing body of literature that sheds light on the growing mental health and physical health crisis amongst doctors, nurse and ASHA workers in Mandya district. This study suggests that the psychological wellbeing and mental health should be carefully monitored during the pandemic, and hospital and workplace should provide psychological support for these circumstances through targeted intervention. This attempt may need to be mainly focused on doctors, female workers and nurses, as it was found that these people reported higher stress, anxiety, and depression. A comprehensive and proactive strategy of providing mental health services at point of case on the entire healthcare workforce should be a key focus of all healthcare institutions and adequate resources should be invested in this direction.

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