

PREVALENCE OF IMPACT OF COVID-19 PANDEMIC ON PHYSICAL AND MENTAL HEALTH OF HEALTH CARE WORKERS IN ISOLATION UNITS IN MOSUL HOSPITALS

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ABSTRACT

Background: The corona virus (COVID-19) outbreak which started in China now has become a pandemic; this disease is affecting mainly Health care workers causing physical and psychological distress. **Aim of the study:** To investigate the impact of COVID-19 pandemic on physical and mental health of Health care workers in isolation unit of COVID-19 patients. **Patients and Methods:** The present study was conducted in Mosul city that is located in Iraq, across sectional study was conducted from the 1st of January 2021 to the last of June 2021, a two hundred Health care workers were randomly collected, statistical analysis were carried out using Minitab program (18th edition) , P value <0.05 used as a significant association in the result. **Results:** This study done on two hundred Health care workers worked in isolation unit of COVID-19 patients, it reported development of physical and psychological symptoms , 25% of Health care workers develop Fatigue, 20% of Health care workers develop Headache, 16.5% of Health care workers develop Shortness of breath in addition to development of psychological symptoms , 38.5% of Health care workers develop Anxiety, 23.5% of Health care workers develop Generalized health concern and 16% of Health care workers develop depression in addition to other physical and psychological symptoms. **Conclusion:** The healthcare workers in isolation units are at risk of physical and mental consequences directly as the result of providing care to patients with COVID-19 in isolation units.

KEYWORDS: COVID-19 pandemic, mental health, Anxiety, Fatigue, Depression.

1. INTRODUCTION

The newly identified novel coronavirus disease (COVID-19) in Wuhan is not the first coronavirus to have quickly spread and caused a pandemic in the 21st century.^[1]

The SARS-Identified in china (Severe Acute Respiratory Syndrome, SARS), became the first zoonosis of this century (2002), followed by the MERS-CoV (Middle East Respiratory Syndrome MERS), which is identified in 2012 in Saudi Arabia.^[2,3]

The previously mentioned syndromes can be transmitted by mildly ill, pre- symptomatic or asymptomatic infected persons and are exposing healthcare systems under unpredictable pressure, Many of the general population considered the physical and psychological impact of the COVID-19 pandemic as being moderate or severe, However, the World Health Organization(WHO) has

identified health care workers (HCW) as the main group who develop a wide range of physical/mental symptoms as a result of working directly or indirectly with COVID-19 patients.^[4]

Meanwhile severe stress, high emotional load, many working hours, afraid of being infected or infecting their beloved ones, inadequate support in the working field and lack of effective supportive treatments can affect HCW's physical/mental health.^[5,6]

There is a growing demand and focus on protecting HCWs across the world through provision of personal protective equipment (PPE), training, addressing fatigue, and countering the psychosocial consequences.^[7]

2- PATIENTS AND METHODS

Across-sectional study was conducted during six months extended from the 1st of January to the end of June 2020, The present study included (200) HCW who worked in covid 19 isolation unit cases were randomly collected during the study period. The Sample was taken from HCW who work in isolation unit of COVID 19 patient in

Mosul hospitals, all the data were entered into a standardized questionnaire after verbal consent was obtained, Computer feeding and statistical analysis were carried out using Minitab program (18th edition), Chi squared test was used to find the statistical association. P- Value < 0.05 used as a significant association in the results.

3- RESULTS

	Female	Male	P-value
Marital Status	Single	42	21.0
	Married	158	79.0
Status of Female during work in isolation unit of covid-19 patients	Pregnant	12	6.0
	Lactating	18	9.0
	Not Pregnant or Lactating	54	27.0
Occupation	Doctor	104	52.0
	Pharmacist	24	12.0
	Lab. Technician	10	5.0
	Nurse	36	18.0
	Others	26	13.0
PPE	Used	133	66.5
	Not Used	67	33.5
Smoking	Smoker	53	26.5
	Not Smoker	33	16.5
	Ex. Smoker	8	4.0
Chronic Disease	Chronic Disease	27	13.5
	No Chronic Disease	173	86.5
Residency	Inside the City	186	93.0
	Outside the City	14	7.0

Table (1): The Distribution of Demographic Data

Table (2): The distribution of physical symptoms during working in isolation unit of covid-19 patients.

Physical Symptoms	Number	Percentage	P:- value
Shortness of Breath (SOB)	33	16.5 %	<<0.001
Cough	20	10%	<0.001
Skin allergy	19	9.5%	<0.001
Sweating	18	9.0%	<0.001
Headache	40	20.0 %	<0.001
Myalgia	17	8.5 %	<0.001
Fatigue	50	25.0 %	<<0.004
Sore throat	23	11.5%	<0.001
Nausea and Vomiting	9	4.5%	<0.001
Diarrhea	8	4%	<0.001
No any Physical Symptoms	26	13%	<<0.001

Table (3): The distribution of psychological symptoms during working in isolation unit of covid-19 patients.

Psychological. Symptoms	Number	Percentage	P - value
Anxiety	77	38.5%	0.001
Depressive	32	16.0 %	<0.001
Generalized Health Concern	47	23.5 %	<0.001
Fear	26	13%	<0.001
Insomnia	21	10.5%	<0.001
Somatization	18	9.0%	<0.001
Stigmatization	26	13%	<0.001
No any Psychological Symptoms	28	14%	<0.001

DISCUSSION

This study done on two hundred Health care workers worked in isolation unit of COVID-19 patients, it

reported development of physical and psychological symptoms , 25% of Health care workers develop Fatigue, 20% of Health care workers develop Headache, 16.5% of

Health care workers develop Shortness of breath in addition to development of psychological symptoms , 38.5% of Health care workers develop Anxiety, 23.5% of Health care workers develop Generalized health concern and 16% of Health care workers develop depression in addition to other physical and psychological symptoms, Different results have been reported in other studies from China these studies reported relatively lower rates of psychological symptoms compared to this study, the relatively low frequency of above symptoms in this study population is due to on-going situation of the pandemic in Iraq, adaptation to poor disease control and to many previous bad circumstances due to wars and to many years of economic fence making population more bearable to catastrophes.^[8,9]

5. CONCLUSION AND RECOMMENDATION

5.1 Conclusion

200 of HCWs participated; many of these HCWs develop physical and psychological symptoms due to deal with infected patients, Married more affected than single, female more affected than male especially pregnant followed by lactating female which are highly developed physical and psychological symptoms, also HCWs with chronic disease more prone to develop physical and psychological symptoms, smoker develop more anxiety and SOB than others, HCWS use PPE develop more fatigue ,SOB , anxiety than other HCWs.

Recommendation

Physical and Mental wellbeing of HCWs is affected due to COVID-19 pandemic, interventions are needed such as sufficient rest, healthy diet, Specific measures of infection control, reducing the work intensity and provision of more medical staff can help to decrease the general and mental distress, Involvement of mental health professionals can be beneficial for early psychological support, Female especially pregnant is highly affected due to COVID-19 pandemic and during work in in isolation unit so exclusion of them from working in isolation unit is important, HCWs with chronic disease also highly affected so exclusion of them from working in isolation unit is important, Advice smoker to quit smoking due to its effect on their health and to decrease physical and psychological symptoms that developed, PPE had effect on HCWs by increasing fatigue, SOB and headache but its advantage by protecting them from getting infection outweigh there disadvantage.

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