Psycho-Social Impact of Covid-19 on Healthcare Workers of Gujranwala

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Abstract: Covid-19 has a severe impact on healthcare workers. It occurred as the result of consistent workload stress and anxiety. It is linked with professional performance and it may lead to professional satisfaction. The present research was conducted to find out the impact of Covid-19 on healthcare workers of Gujranwala. The qualitative research method was used as a method of inquiry. The purposive sampling technique was used for the data collection. The target population was the healthcare workers of Government hospitals of Gujranwala. Two hospitals were selected through a simple random sampling technique, WAPDA town hospital and District headquarters Gujranwala. The drawn sample size was 18 healthcare workers. The qualitative data was analyzed through thematic analysis. The research concluded that healthcare workers were using face masks, antibiotics and aseptic techniques to deal with the patients with Covid-19. They said that they tried to manage their personal and professional lives. It was suggested that Government should provide safety kits, masks and other safety materials to them on time and also spread awareness to the public about the important role of healthcare workers.

Key Words: Covid-19, Psychosocial, Healthcare workers, Gujranwala

Introduction

The world is challenging Coronavirus infection (COVID-19) widespread meanwhile December 2019. Before long afterwards the fast spread of illness to other countries of the world, the World Health Organization (WHO) needed to announce COVID-19 as a global pandemic. The first confirmed case of COVID-19 in Pakistan was detailed on February 26, 2020. Healthcare workers (HCWs) are a very important part of the hospitals, and they play a very important role. There are around 59 million healthcare specialists around the world. Recognizing the crucial part played by wellbeing care laborers as "the most profitable asset for health."

Considering the significance of the psychosocial well-being of health care takers, it is exceptionally imperative to distinguish the people that are at hazard of creating discouragement and burnout to assist with their well-being (Ali, Noreen & Farooq, 2020). There have been numerous campaigns propelled by government specialists to appreciate the endeavors of HCWs amid a widespread, in any case, ponder centering on their mental condition are rare. Therefore, this thinks about points to supply a quantitative appraisal of the psychosocial effect, uneasiness, a sleeping disorder, and burnout on the cutting edge (Spoorthy, Pratapa & Mahant, 2020).

Health professionals play a central and critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach (Standish et al., 2020). As the world changes, the healthcare industry must advance to
meet modern needs and give care. The healthcare industry is necessary for the physical and financial wellbeing of everyone. Healthcare experts are crucial to sanctioning and upholding approaches and keeping the framework running effectively (Kumar et al., 2021).

The first case of COVID-19, as well known as coronavirus disease, was detected in late 2019 in Wuhan, China. An increasing number of people are suffering from this highly contagious disease worldwide. First of all, due to the pandemic, health professionals are faced with increasing work hours, limited resources, and questionable infrastructure as a result of an influx of cases. The second issue is that wearing personal protective equipment (PPE) can result in physical discomfort and even breathing difficulties, which is extremely important to prevent them from contracting the virus (Shaukat, Ali & Razzak, 2020).

Health care professionals also face the problem that there are no well-known procedures or evidence-based medical actions for the new virus/disease, which causes them to feel unprepared. Further, there are valid fears about autoinoculation as well as the hazard of distribution of the virus to friends and households (Zheng, 2020). Health care professionals are plagued by fear of this type, which includes isolating themselves from their families and altering their daily routines, as well as reducing their social support organizations, all in the hope of preventing anybody from becoming vulnerable themselves (Galal, Labib & Abouelhamd, 2014).

It is essential in this pandemic to identify health care professionals who are at high peril of exhaustion and who are further likely to suffer from anxiety, depression, and stress in order to provide support when needed. In addition, the factors responsible for this stress must also be identified and addressed. Health care workers in hospitals, inpatient and outpatient settings, large tertiary care centers, primary care settings, assisted living facilities, and nursing homes could feel a sense of hysteria, fear, and anxiety if they are placed under mass quarantine. As a result of the severity, medical workers face further mental health challenges that could negatively affect their ability to make decisions and potentially negatively influence their overall health (Khattak et al., 2020).

Suddenly becoming a patient under the COVID-19 could cause healthcare providers to feel frustrated, helpless, and face adjustment challenges. The fear of stigmatization, discrimination, and labeling may discourage healthcare workers from seeking counselling and psychotherapy. Professionals and healthcare workers in high-stress environments have behavioral and emotional responses that are naturally adaptive to an extreme (unpredictable and uncertain) stress. This can provide a model for early and prompt intervention, such as counselling and psychotherapy. So, it is critical to address issues regarding mental health among medical workers so that the pandemic can be prevented and controlled (Hayat et al., 2021).

**Objectives**

1. To find out challenges faced by healthcare workers during Covid-19 in Gujranwala.
2. To find out the social factors that effecting Healthcare workers in Gujranwala.
3. To see the strategies used by healthcare workers to manage their family and work-life balance.

**Socio-Economic Rationale**

Healthcare specialists are a very powerless organization of individuals. Not simply due to their direct interplay with the sufferers. They are in a nation of hysteria because of the variety of sufferers which are seriously inflamed. Most health care specialists running in isolation gadgets and hospitals very frequently do now no longer get any making ready for supplying intellectual fitness care. During the contemporary pandemic, Pakistan is improperly affected. It has carried out extraordinary weight on power in addition to the psychology of the healthcare specialists (Shigemura et al., 2020).

Limited resources, illiteracy, myths, and now no longer following the right protocol with the aid of using the overall populace might also additionally have elevated the chance for everyone and tension and worry a few of the frontline healthcare specialists. Anxiety is a not unusual place reaction to any worrying state of affairs and its the worry of the unknown and it could have a couple of
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consequences. Health care specialists interacting with inflamed and non-inflamed sufferers no exception (Kang et al., 2020).

They are responsible for caring for the sufferers, interplaying with the patient's relatives, and sometimes dealing with the general public inquiry. In Pakistan, few different research was done to assess the knowledge, tension, and worry amongst scientific doctors, dentists, and nurses. Health care specialists revel in a higher threat of publicity chance and face severe workloads, ethical dilemmas, and swiftly various running environments; however, at the same time, they take care of societal shifts and emotional pressure skilled with the aid of using sufferers.

**Research Questions**

1. What are the social, psychological and physical impacts of Covid-19 on healthcare workers?
2. What defensive equipment and techniques are used by healthcare workers for their protection?
3. How does healthcare worker control their anxiety and fear level?
4. What are the suggestions for the families of the Covid-19 patients?
5. What steps should the government take to facilitate healthcare workers?

**Methodology**

In this research, a qualitative approach was used as a method of inquiry. This research approach enables the researcher to gather and analyze collect data, put in useful information and incorporate qualitative data in a study in order to address the research objectives/questions. In this study, an interview guide will be used to collect data from the targeted population.

A random sampling technique was used to select the hospitals at the first stage. After the selection of hospitals, the purposive sampling technique was used to select and collect the data from the healthcare workers.

The sample size of the target population of this research is 18 healthcare workers that are currently working at hospitals in Gujranwala city.

- WAPDA Town Hospital Gujranwala
- DHQ Hospital Gujranwala

Data was collected through an interview guide because it produced detailed information about respondents. Interview-based data was collected through a targeted population. In social science, interviews have been a way of facts series that include or extra human beings changing facts via a sequence of questions and answers. The questions were designed by a researcher to elicit facts from interview individuals on a selected subject matter or set of topics.

Data was analyzed through thematic analysis because it entails analyzing via records set (which include transcripts from intensive interviews or focus groups) and figuring out styles in which means throughout the data.

**Results**

Results definitely and objectively review what the researcher observed, without speculating on why the researcher observed those effects. The dialogue translates the which means of the effects, places them in context, and explains why they matter.

**Table 1. Respondent’s Profile related to their Gender, Age and Education**

| S. No | Respondent’s ID | Gender | Age | Education |
|-------|----------------|--------|-----|-----------|
| 1     | R01            | Female | 31  | Graduation|
| 2     | R02            | Female | 30  | Graduation|
| 3     | R03            | Female | 29  | Graduation|
| 4     | R04            | Female | 30  | Graduation|
| 5     | R05            | Female | 32  | Graduation|
| 6     | R06            | Male   | 33  | Graduation|
| 7     | R07            | Male   | 30  | Graduation|
| 8     | R08            | Male   | 29  | Graduation|
| 9     | R09            | Male   | 28  | Graduation|
Table 2. Profile Related to their Residence, Profession, and Have They Faced Covid or Not

| S. No | Respondent’s ID | Resident | Profession | Have Covid (yes/no) |
|-------|-----------------|----------|------------|---------------------|
| 1     | R01             | Rural    | Nurse      | Yes                 |
| 2     | R02             | Urban    | Nurse      | No                  |
| 3     | R03             | Urban    | Nurse      | Yes                 |
| 4     | R04             | Urban    | Doctor     | No                  |
| 5     | R05             | Urban    | Ward Boy   | No                  |
| 6     | R06             | Urban    | Nurse      | Yes                 |
| 7     | R07             | Rural    | Nurse      | No                  |
| 8     | R08             | Rural    | Nurse      | No                  |
| 9     | R09             | Rural    | Doctor     | Yes                 |
| 10    | R010            | Urban    | Doctor     | Yes                 |
| 11    | R011            | Urban    | Sweeper    | No                  |
| 12    | R012            | Urban    | Sweeper    | No                  |
| 13    | R013            | Urban    | Aya        | Yes                 |
| 14    | R014            | Urban    | Nurse      | No                  |
| 15    | R015            | Urban    | Sweeper    | No                  |
| 16    | R016            | Urban    | Doctor     | Yes                 |
| 17    | R017            | Rural    | Nurse      | Yes                 |
| 18    | R018            | Rural    | Ward Boy   | No                  |

Table 3. Percentage of the Demographic Profile of the Respondents.

|                           | Male | Female | 28-31 Years | 32-35 Years | Educated | Illiterate | Urban | Rural | Doctor | Nurse | Ward Boy | Sweeper | Aya | Yes | No |
|---------------------------|------|--------|-------------|-------------|----------|------------|-------|-------|--------|-------|----------|---------|-----|-----|----|
| Gender                    |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Male                      | 10   | 8      | 13          | 5           | 18       | 0          | 12    | 6     | 4      | 8     | 2        | 3       | 1   | 8   | 10 |
| Female                    |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| 28-31 Years               | 55.60% | 44.40% | 72.20%      | 27.80%     | 100%     | 0%         | 66.70%| 33.30%| 22.20% | 44.40%| 11.20%  | 16.70%  | 5.60%| 44.40%| 55.60%|
| 32-35 Years               |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Educated                  |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Illiterate                |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Resident                  |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Urban                     |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Rural                     |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Doctor                    |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Nurse                     |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Ward Boy                  |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Sweeper                   |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Aya                       |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Yes                       |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Have Covid                |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| Yes                       |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
| No                        |      |        |             |             |          |            |       |       |        |       |          |         |     |     |    |
Table 3 shows that a majority of 56.0 percent were male respondents and 72.20 percent belong to the 28-31 years of age category. All the respondents were educated. A majority of 66.70 percent of respondents were living in urban areas. Out of 18 respondents, 22.20 percent were doctors, 44.40 were nurses, 11.20 were ward boys, 16.70 were sweepers and 5.60 percent were performing the duty of Aya. A majority of the respondents (55.60 percent) were not affected by Covid-19.

Research Themes

Themes No. 1: Challenges Faced by Health Care Workers

The majority of the respondents stated that they couldn’t go outside for an outing because of a busy schedule. Their family is at risk as they are dealing with Covid-19 patients. They can’t attend any social and cultural events. They can’t move freely because of their hectic job routine. In the situation of Covid-19, they are overburdened and unable to look after families properly. Families blame us whenever they get bad news about a patient. They should understand our job. They have to maintain social distancing from their families as they are dealing with viral patients every time, especially during the duration of Covid-19. They are facing family pressure but they have to manage their professional responsibility as well.

They are socially and culturally bound. They can’t enjoy any event. Their job is very hectic and they are unable to manage proper time for family. They are unable to enjoy their cultural and social ceremonies because of their busy routine life. They are facing family issues because of their busy schedule. They are very busy in their professional life and sometimes they are under stress to think about their family life. They are bound in all aspects; they can’t go anywhere. They are mentally sick to deal with a lot of patients on a daily basis. They are facing many social and cultural problems which no one can imagine. They have tough duties and don’t find time for rest.

Themes No. 2: Strategies used by Health Care Workers

They use Neb, physiotherapy and antibiotics as techniques to deal with this situation. They use aseptic techniques. They sanitize their hands. They wear masks. They use antibiotics. They sanitize their hands and maintain social distancing. They prefer to use Neb and physiotherapy. They follow SOPs. They use aseptic techniques. They use PPES.

Theme No. 3: Health Care Workers Control Their Anxiety and Fear Level

A number of respondents reported that they believe in Allah. They are soldiers and they have to be strong. They control their anxiety and fear through social distancing and sympathy. They control their-selves through self-control. They pretend to be a stronger person in front of patients. They give confidence to the families of the patients and make them stronger. They show their full confidence when they deal with Covid-affected patients. They take some break from their work and take rest to control their stress and anxiety. They start doing some other activities to control their fear and anxiety level.

They used to watch their favorite dramas to control their anxiety. They start reading some novel or book to overcome their stress of the job. They are lifesaving soldiers and they have to be strong in any situation. They stay calm and deal with patience. They used to stay normal and behave with maturity to deal with the patients of Covid-19. They maintain social distancing and keep calm to control their fear. They used to follow the SOPs of Covid-19 to keep their selves safe. They try to increase their courage level to deal with the patients with Covid-19.

Theme No. 4: Suggestions for the Families of the Covid-19 Patients

Families of the affected patients should keep calm in the hospitals as the situation of panic is not good for patients as well. Families of Covid-19 affected patients must get vaccinated as vaccination is the only way to protect from this virus. The family of the affected patient must remain strong and keep calm to handle the situation in a better way. Families should follow the SOPs of Covid-19. Families of Covid-19 affected patients should wear a mask and sanitize their hands properly to protect them from the virus. Families should stay calm in hospitals. Families of affected patients shouldn’t panic.

Families should keep their selves stronger and brave to handle the situation. Families of affected
patients should cooperate with us to handle the situation. Families of affected patients in the hospital used to ignore social distancing and other SOPs which are creating critical issues for all of us. Everyone should follow SOPs and use sanitizer regularly to avoid germs. People should follow safety measures to protect themselves and others from Covid-19 infection. Families of affected patients shouldn’t panic about handling a critical situation. Everyone should use sanitizer and keep their hands clean to spread germs.

**Theme No. 5: Steps Government should take to Facilitate Healthcare Workers**

COVID-19 has uncovered medical examiners and their households to unparalleled tiers of risk. The government needs to offer the right protection device on time to stand the essential circumstances. Further to bodily risks, the pandemic has positioned top-notch tiers of mental pressure on medical examiners uncovered to high-call for settings for lengthy hours, dwelling in regular worry of ailment publicity at the same time as separate from own circle of relatives and going through social stigmatization. The government ought to facilitate fitness care employees to address the situation. The government ought to take essential movements to higher guard medical examiners like introducing countrywide packages for medical expert protection.

**Conclusion**

The world has been confronting Coronavirus infection (COVID-19) widespread since December 2019. Before long after the fast spread of the malady to other parts of the world, the World Health Organization (WHO) had to announce COVID-19 as a worldwide pandemic. The primary affirmed case of COVID-19 in Pakistan was detailed on February 26, 2020. Healthcare workers are a very important part of any hospital. The researcher summarized that Health Care Workers were using masks and sanitizers. They control their fear and anxiety level with different techniques like adopting all infection-related preventive measures, believing in Allah, etc. They expected people to give respect to them and stay calm and strong.

The researcher concluded that healthcare workers play a very important role in society. They are life care soldiers and they have to be strong. Through this research, a researcher showed that healthcare workers are a blessing for us they stand with patients in any situation. Healthcare workers face many problems socially and culturally. They are not able to attend any kind of event due to their busy routine schedule. They use Nabs, antibiotics, and aseptic techniques. They expect people should stay calm and don’t be panic in the critical situation of Covid-19.

Health care workers reported that families of the affected patients should keep calm in the hospitals as the situation of panic is not good for patients as well. Families of Covid-19 affected patients must get vaccinated as vaccination is the only way to protect from this virus. The family of the affected patient must remain strong and keep calm to handle the situation in a better way. Families should follow the SOPs of Covid-19. Families of Covid-19 affected patients should wear a mask and sanitize their hands properly to protect them from the virus. Families should stay calm in hospitals. Families of affected patients shouldn't panic. Families should keep their selves stronger and brave to handle the situation.

Health care workers control their anxiety and fear by believing in Allah. They are soldiers and they have to be strong. They control their anxiety and fear through social distancing, sympathy, aseptic technique and social distancing. They control themselves through self-control. They pretend to be a stronger person in front of patients. They give confidence to the families of the patients and make them stronger. They show their full confidence when they deal with Covid-affected patients. They used to follow the SOPs of Covid-19 to keep their selves safe. They try to increase their courage level to deal with the patients with Covid-19.

**Suggestions**

1. Government should promote a culture of zero forbearance to violence against health workers.
2. Government must establish programs to ensure the applicable and fair duration of deployments, working hours, rest breaks and minimize the executive burden on health workers.
3. Higher authorities should ensure vacuity of a particular defensive outfit like PPE at all times, as applicable to the places and tasks performed, in acceptable volume and applicable fit and of respectable quality.

4. Ensure an acceptable, locally held buffer stock of PPE.

5. Ensure acceptable training on the applicable use of PPE and safety preventives.
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