

A Study On Nurses: Covid -19 Pandemic

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Abstract

The term mental is utilized to portray a range of psychological well-being issues, conditions, sicknesses, and problems through to mental prosperity or positive mental health. (Better Mental Health for All, 2016). Psychological well-being is a positive idea connected with people's and networks' social and close-to-home prosperity. The present study focuses on the understanding level of mental health among the nurses in a COVID-19 pandemic. Researchers are curious about the HEALTH CARE PROVIDERS as well as NURSES IN THIS COVID-19 PANDEMIC, HATTS OF TO ONE AND ALL, pandemic who are working with dedication and determination to save human lives. This study helps to understand the situation of nurses and helps the assessment of various problems of nurses. Moreover, the researcher is eagerly interested to study this particular topic on nurses because during this pandemic number of health care providers and nurses sacrifice their life, Researcher Dedicated this study to nurses.

Keywords: Mental Health, Nurses, Covid -19 Pandemic.

Introduction

The term mental is utilized to portray a range of psychological well-being issues, conditions, sicknesses, and problems through to mental prosperity or positive mental health. (Better Mental Health for All, 2016). Psychological well-being is a positive idea connected with people's and networks' social and close-to-home prosperity.

The idea is socially characterized however by and large connects with the delight throughout everyday life, the capacity to adapt to stresses and misery, the satisfaction of objectives and potential, and the feeling of associations with others. Emotional well-being is a condition of harmony between the individual and the encompassing scene, a condition of concordance among oneself as well as other people, and a conjunction between the real factors of oneself and that of others and the climate. Emotional well-being is currently perceived as being significantly essential to development, advancement, learning, and flexibility.

WHO condition of the universes nursing 2020 as per the International Council of Nurse report, 59% of all medical services experts are attendants, and the worldwide labour force of medical caretakers concurring are as of now around a 28million, of which 19.3 million are proficient attendants, 6 million are partner proficient medical attendants and the remaining portion not being ordered (WHO, 2020) albeit the worldwide nursing deficiency has declined from 6,6 million assessed in 2016 to around 6 million out of 2018, most importantly by 2030, there will be a need for 36 million medical caretakers rehearsing across the globe to address the issues of every person in the world. India has 1.7 attendants per 1000 populace, 43% not exactly the world wellbeing association standard (3 for each 1000) this incorporates medical caretakers, maternity specialists, ladies' wellbeing guests, and assistant medical attendant birthing assistants. By and large, India has 3.7 million enrolled nursing staff.

Starting from the beginning of the COVID-19 pandemic in China in December 2019, most nations and medical services frameworks worldwide have been impacted by the episode. Starting around 13 April 2021, almost 3 million individuals are assessed to have passed on from COVID-19 and 137 million cases have been reported billions of individuals have encountered effects of the pandemic on day-to-day routines, with likely ramifications for their psychological health. (Eleonora P. Uphoff, 2021) covid-19 Pandemic is broadly spreading everywhere, causing emotional wellness issues for a great many people.

The clinical staff is likewise under significant mental tension. This study planned to audit all exploration done on the psychological wellness status of medical care labourers (HCWs) to bring policymakers' and directors' attention. At this time, nurses within hospitals are working hard however, they possibly long on haul ageul emotional wellness impacts because of the coronavirus pandemic transient mediations, like day-to-day clusters and post-op interviews, and long-haul intercessions, remembering subsequent meet-ups for the emotional wellness of medical caretakers, should be executed to forestall mental issues among attendants during and after the pandemic.

Literature Review

Defying Hu1 (2020) Conducted A large-scale cross-sectional, descriptive, correlational study design was used. A total of 2,014 qualified Frontline medical caretakers from two emergency clinics in Wuhan, China, took part in the review. Concentrate on bleeding-edge medical attendants' burnout, tension, misery, and dread situations with their related variables during the COVID-19 flare-ups in Wuhan, China: In a huge scope cross-sectional concentrate, by and large, the members had a moderate degree of burnout and an elevated degree of dread. About portion of the medical attendants announced moderate and high work burnout, as displayed in close to home fatigue (n = 1,218, 60.5%), depersonalization (n = 853, 42.3%), and individual achievement (n = 1,219, 60.6%). To promote that 288 (14.3%), 217 (10.7%), and 1,837 (91.2%) attendants detailed moderate and elevated degrees of tension, despondency, and dread, separately.

Tercan M (26 to June 2020) Conducted a study A quantitative approach using a survey was applied. There were 331 medical attendants enrolled by accommodation examining learn about the Anxiety and Depression Differences Between the Nurses Working at a COVID-19 Pandemic Hospital: Anxiety and Depression Differences Between the Nurses Working at a COVID-19. Females have higher tension scores at a huge level ($p=0.017$). It was likewise found that medical attendants who have relatives with constant infection have higher melancholy scores than medical caretakers who don't have at a critical level ($p=0.376$). This study investigates medical attendants' downturn and tension levels Even though this peculiarity has previously been examined, the episode of COVID-19 causes more to notice the well-being of laborers, particularly nurture who are important for the pandemic setting.

Emanuel Preti, (10 th July 2020) survey-based examinations expected to give quantitative proof of the possible maladaptive mental results in HCWs confronting pestilences and pandemic circumstances and to recognize likely gamble and defensive variables. Learn about The Psychological Impact of Epidemic and Pandemic Outbreaks on Healthcare Workers: Rapid Review of the Evidence Forty-four investigations are remembered for this review. HCWs detailed post-horrible pressure side effects (11-73.4%), burdensome side effects (27.5-50.7%), a sleeping disorder (34-36.1%), extreme uneasiness side effects (45%), general mental side effects (17.3-75.3%), and elevated degrees of business-related pressure (18.1-80.1%) Among these psychopathological results. Four examinations observed that doctors were less stressed and restless over the contamination, as contrasted and other HCWs. Likewise, attendants revealed higher saw feelings of anxiety, psychopathological side effects, and higher PTSD side effects, as contrasted and other HCWs.

Janice Philips, (2020) the nursing profession has played a major role in stepping into times of emergency and providing care and innovation that has saved lives and reduced suffering. This brutal COVID-19 situation will be no different. Nurses will generally be on the cutting edge of ca the world at large way past our ongoing worldwide pandemic. Nursing's presence is a genuine reason for festivity, both during and past the Year of the Nurse and Midwife.

Niuniu Sun, (April 8, 2020) conducted a study Using a phenomenological approach, the meetings were directed up close and personal or by phone and were investigated by Colaizzi's 7-venture method. We enlisted 20 medical caretakers who gave care to COVID-19 patients in the First Affiliated Hospital of Henan University of Science and Technology from January 20, to February 10, 2020. First, pessimistic feelings present in the beginning phase comprising of weakness, uneasiness, and defencelessness were brought about by focused energy work, dread and nervousness, and worry for patients and relatives. Second, self-duplicating styles included mental and life change, unselfish demonstrations, group backing, and judicious insight. Third, we found development under tension, which included expanded friendship and thankfulness, advancement of expert obligation, and self-reflection. At last, we showed that positive feelings happened all the while with pessimistic emotions. During a plague episode, the good and gloomy feel of the

forefront attendants entwined and coincided. In the beginning phase, gloomy feelings were prevailing and good feelings showed up continuously. Self-coping styles and psychological growth played an important role in maintaining the mental health of nurses

Statement of the Problem

Health Sector is one of the Priority sectors sometimes sudden epidemics are imbalanced the Health Sector and Coronavirus aren't the main far-reaching illness; however, it is quickly spread over the world simultaneously, and different pestilences spread over various times or various years. Being a nurse in a Coronavirus pandemic keeping the soul to work with the lethal infection is extremely challenging and dealing with yourself is vital like actual well-being, close-to-home wellbeing, emotional well-being, profound well-being, and so forth.

As indicated by "The Indian Medical Association" (IMA, 2020) a few medical services suppliers kicked the buck during the pandemic. Be that as it may, over the most recent 10 years, different plagues happened from one side of the planet to the other. for instance, H1N1, Ebola, Spanish influenza, Coronavirus - 19, and so on generally speaking pandemics are more current to us however scourges are more seasoned to the wellbeing framework, being medical services suppliers extreme and quick reaction in medical care is vital to a few Health Care Providers (HCPs) either straightforwardly or in a roundabout way they are confronting difficulties. HCPs are consequently confronting basic circumstances that increment their gamble of experiencing the mental effect of managing a few ominous circumstances, with results that could range from mental pain to emotional wellness side effects (Preti, 2020).

Objectives of the study

1. To describe the socio-demographic characteristics of the nurses.
2. To understand the level of mental health among the nurses during COVID 19 pandemic

Significance of the Study

The present study focuses on the understanding level of mental health among the nurses in a COVID-19 pandemic. Researchers are curious about the HEALTH CARE PROVIDERS as well as NURSES IN THIS COVID-19 PANDEMIC, HATTS OF TO ONE AND ALL, pandemic who are working with dedication and determination to save human lives. This study helps to understand the situation of nurses and helps the assessment of various problems of nurses. Moreover, the researcher is eagerly interested to study this particular topic on nurses because during this pandemic number of health care providers and nurses sacrifice their life, Researcher Dedicated this study to nurses.

Scope of the Study

This study mainly focuses on the Level of mental health among the nurses during COVID 19 pandemic belonging to nurses' groups taken in District Civil hospital, Dharwad in Karnataka. The

outcome of this study will help Nurses in District Civil hospital, Dharwad in Karnataka, Solutions to identify various dimensions that influence the mental health among the nurses during COVID 19 pandemic.

Research Design

The study describes the socio-demographic characteristics and mental health among nurses hence the design used for this study is descriptive research design Kothari (2004.P.37) defines Descriptive design as those studies which are concerned with describing the characteristics of a particular individual or a group.

Universe

The universe of the present study comprised 91 nurses who are working in 'District Civil Hospital Dharwad in Karnataka'. The universe of the study is 91 respondents.

Method of Data Collection

"A complete enumeration of all the items in the 'population' is known as a census inquiry. It can be presumed that in such an inquiry when all the items are covered no elements of chance is left and highest accuracy is obtained" (Kothari,2004, p. 14) Since data was collected from all the 91 nurses who are working in the district civil hospital Dharwad, the researcher adopted census method for the present study. The informed consent was obtained from the nurse respondents. Ethical clearance was also obtained from the Institutional Ethics Committee.

SOURCES OF DATA

Two methods of data collection can be considered when collecting data for research purposes. These data collection types include the following:

- Primary data
- Secondary data

Both the secondary and primary data will be used in this thesis.

Tools of Data Collection

The researcher prepared the questionnaire that comprises 99 questions in total. It is split into 3 parts. The first part consists of 11 questions explaining the personal details of the respondents. The second part comprises 33 questions about nurses during COVID 19 pandemic. The third part consists of 55 questions pertaining mental health of nurses.

The result indicates that Cronbach's alpha reliability coefficient of the variables was obtained. In this study, it is found to be 0.957, which is above the level of 90%. Thus, the internal consistency reliability of the measures used in the study is considered to be very good.

Table No. 1.1 TABLE SHOWING RESPONDENTS' FACING WORK STRESS DURING COVID-19 PANDEMIC

S. No	Facing work stress during the Covid-19 Pandemic	No of Respondents	Percentage
1.	Yes	76	83.5
2.	No	15	16.5
Total		91	100.0
	Work stress mentioned		
1.	Tolerable	34	44.7
2.	More	25	32.9
3.	More & more	12	15.8
4.	Less	5	6.6
Total		76	100.0

Source: Primary Data

Interpretation:

It is inferred from table 1.1 that 83.5 per cent of the respondents agreed that they were facing work stress during the COVID-19 pandemic and 16.5 per cent of the respondents did not agree that they were facing work stress during COVID-19 pandemic.

44.7 per cent of the respondents felt that their work stress was tolerable, 32.9 per cent of the respondents felt that their work stress was more, 15.8 per cent of the respondents felt that their work stress was more & more and 6.6 per cent of the respondents felt that their work stress was less.

It is concluded that the high majority (i.e.) 83.5 per cent of the respondents agreed that they were facing work stress further during the COVID-19 pandemic and nearly half (i.e.) 44.7 per cent of the respondents felt that their work stress was tolerable

Table No. 1.2 TABLE SHOWING PRESSURE FROM PATIENT'S FAMILY DURING COVID -19

S. No	Face pressure from patient's family during COVID -19	No Respondents	of Percentage
1.	Yes	59	64.8
2.	No	32	35.2
Total		91	100.0
	Type of facing pressure		
1.	First care for a beloved one	10	16.9
2.	Also, special care	49	83.1
Total		59	100.0

Source: Primary Data

Interpretation:

It is inferred from table 1.2 that 64.8 per cent of the respondents agreed that they were facing pressure from the patient family during COVID 19 and 35.2 per cent of the respondents did not agree that they were facing pressure from the patient family during COVID 19.

16.9 per cent of the respondents faced pressure about first care for the above one and 83.1 per cent of the respondents faced regard to special care.

It is concluded that the majority (i.e.) 64.8 per cent of the respondents agreed that they were facing pressure from patients' families during COVID 19 and the high majority (i.e.) 83.1 per cent of the respondents faced regard to special care.

TABLE 1.3 TABLE SHOWING PSYCHOLOGICAL ISSUES DURING COVID-19 PANDEMIC

S. No	Psychological issues during COVID 19 pandemic	No of Respondents	Percentage
1.	Yes	55	60.4
2.	No	36	39.6
Total		91	100.0
	Psychological issues		
1.	Stress	19	34.5
2.	Depression	21	38.2
3.	Anxiety	10	18.2

4.	Phobia	5	9.1
Total		55	100.0

Source: Primary Data

S. No	Faced sleeping problems during the situation of COVID 19 pandemic	No of Respondents	Percentage
1.	Yes	63	69.2
2.	No	28	30.8
Total		91	100.0
	Problem		
1.	So sleepy	16	25.4
2.	Not able to sleep	24	38.1
3.	Insomnia	23	36.5
Total		63	100.0

Interpretation:

It is inferred from table 1.3 that 60.4 per cent of the respondents agreed that they had psychological issues during COVID 19 pandemic and 39.6 per cent of the respondents did not agree that they had psychological issues during COVID 19 pandemic.

34.5 per cent of the respondents suffered from stress problems, 38.2 per cent of the respondents were under depression, 18.2 per cent of the respondents were facing anxiety problems and 9.1 per cent the respondents were suffering from phobia problems

It is concluded that the majority (i.e.) 60.4 per cent of the respondents agreed that they had psychological issues during COVID 19 pandemic and one-third (i.e.) 38.2 per cent of the respondents were under depression.

Table No. 1.4 TABLE SHOWING SLEEPING PROBLEMS DURING THE SITUATION OF COVID-19 PANDEMIC

Source: Primary Data

Interpretation:

It is inferred from table 1.4 that 69.2 per cent of the respondents agreed that they faced sleeping problems during the situation of COVID-19 pandemic and 30.8 per cent of the respondents did not agree that they faced sleeping problems during the situation of COVID-19 pandemic.

25.4 per cent of the respondents felt so sleepy, 38.1 per cent of the respondents were not able to sleep and 36.5 per cent of the respondents suffered from insomnia.

It is concluded that the majority (i.e.) 69.2 per cent of the respondents agreed that they faced sleep problems during with the situation the COVID-19 pandemic and one-third (i.e.) 38.1 percent of the respondents were not able to sleep.

Table No. 1.5 TABLE SHOWING ANXIETY ABOUT COVID-19 PANDEMIC

S. No	Anxiety about COVID-19 Pandemic	No of Respondents	Percentage
1.	Yes	43	47.3
2.	No	48	52.7
Total		91	100.0

Source: Primary Data

Interpretation:

It is inferred from table 1.5 that 47.3 per cent of the respondents agreed that they had anxiety about the COVID-19 pandemic and 52.7 per cent of the respondents did not agree that they had anxiety about COVID-19 pandemic.

It is concluded that the majority (i.e.) 52.7 per cent of the respondents didnotagreed that they had anxiety about the Covid-19 pandemic and 47.3 per centage of the respondents agreed that they had anxiety issues.

TABLE NO. 1.6 LEVEL OF MENTAL HEALTH AMONG NURSES DURING COVID-19 PANDEMIC

Mental Health	Frequency	Percentage
High	7	12%
Low	49	56%
Moderate	35	32%
Total	91	100%

Source: Primary Data

Interpretation:

It is inferred that majority(56%) of the respondents had low level of mental health during the Covid -19 Pandemic era, only(12%) of Nurses had high Mental health during the Covid-19 Pandemic era, and very few (32%)had moderate level. Of mental health during the pandemic era.

Findings based on Socio-demographic characteristics

- More than half (i.e.) 52.7 percent of the respondents were 31 to 40 years old.

- High majority (i.e.) 89.0 percent of the respondents were female.
- Nearly half (i.e.) 45.1 percent of the respondents were Diploma General Nursing and Midwifery (GNM Diploma).
- More than three-fourths (i.e.) 78.0 percent of the respondents were staff nurses.
- Nearly half (i.e.) 41.8 percent of the respondents received their monthly income from Rs.20001 to Rs.30000.
- High majority (i.e.) 86.8 percent of the respondents were married.
- Majority (i.e.) 60.4 percent of the respondents had Up to 10 years of work experience in the medical field.
- More than three-fourths (i.e.) 76.9 percent of the respondents belong to a nuclear family.

Findings based on nurses during COVID

- Majority (i.e.) 83.5 per cent of the respondents agreed that they were facing work stress further during the COVID-19 pandemic and nearly half (i.e.) 44.7 per cent of the respondents felt that their work stress was tolerable.
- Majority (i.e.) 64.8 per cent of the respondents agreed that they were facing pressure from patients' families during COVID 1the 9 and the high majority (i.e.) 83.1 per cent of the respondents faced regard to special care.
- Majority (i.e.) 60.4 per cent of the respondents agreed that they had psychological issues during COVID 19 pandemic and one-third (i.e.) 38.2 per cent of the respondents were under depression.
- Majority (i.e.) 69.2 per cent of the respondents agreed that they faced sleep problems during with the situation the COVID-19 pandemic and one-third (i.e.) 38.1 percent of the respondents were not able to sleep.
- Majority (i.e.) 52.7 per cent of the respondents didnt agreed that they had anxiety about the Covid-19 pandemic and 47.3 per centage of the respondents agreed that they had anxiety issues..
- It is inferred that majority(56%) of the respondents had low level of mental health during the Covid -19 Pandemic era, only(12%) of Nurses had high Mental health during the Covid-19 Pandemic era, and very few (32%)had moderate level. Of mental health during the pandemic era.

Social Work Intervention:

- Enable counselling services for the nurses 24 hours in the hospital they must share psychological problems.
- Provide cognitive behavior therapy, and psychotherapy services to reduce anxiety regarding covid-19.
- Provide multiple methods like relaxation therapies communication skills, stress management, and psychological education to help the nurses.

- Social workers approach hospital administration to organize counseling sessions for needy employees and it should be in the proper process and follow-up.
- The social worker should give them moral support and proper psychological counseling.
- The social worker should try to give the training and knowledge to eradicate sudden epidemics from particular expertise resources persons.
- The social worker should counsel based on their particular problems with adequate proper therapies.
- The social worker should give knowledge to them on how personal and professional ethics are different.

Conclusion

This study deals with mental health among the nurses during COVID 19 pandemic. Nurses' workload and increased working hours, redeployment, and occupational stigma were associated with adverse mental health and intention to leave nurses, whereas caring for COVID-19 patients was associated with a lower risk of adverse mental health after adjustment for other work conditions.

The government and health care organizations should generate careful plans for resource allocation, including protection equipment and manpower. To decrease occupational stigma, organizations should recognize healthcare workers' efforts and inform the public about the challenges that healthcare workers are encountering. Tackling misinformation proactively is also crucial to avoid the fear of health care workers in the community. More importantly, organizational strategies in response to the COVID-19 pandemic lowered the risk of adverse mental health and modified the association between work conditions and mental health.

Nurses who cared for COVID-19 patients in this study experienced considerable stress, and the most frequently reported and serious stressors were related to families. Most frontline nurses positively undertook strategies to cope with stress. Nurses who were younger and who worked a long time in quarantine areas tended to present higher burnout levels. Morale support interventions, including management support, material support, and allowances, should be considered to support frontline nurses in their social and psychological well-being.

Organizations should provide compensation for health care workers during a pandemic, and future studies are needed to evaluate the effect of different types and forms of compensation

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