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'The Social impact and coping mechanism of Covid-19 on Staff Nurses'-A retrospective study

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ABSTRACT

Introduction:

The ongoing COVID-19 pandemic has affected people in more than one way. It is accompanied by various morbidity and mortality trajectories with long lasting effects impacting public health, with social consequences across the globe. This upsurge in COVID-19 cases has heavily burdened and in many cases overwhelmed and impaired the healthcare systems. Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Healthcare professional face lot of difficulties in maintaining the quality of healthcare in these days. Investigator herself worked a lot during that period and could able to see the impact of the staff nurses of covid -19.

Objectives:

- To assess social impact in terms for social isolation of staff nurses in COVID19 situation
- To assess coping mechanism of the staff nurse in COVID19 situation
- To find out the relationship of Social impact with demographic variables of the staff nurses.
- To find out the relationship of coping mechanism with demographic variables of the staff nurses.

Research Methodology:

Research Design-Descriptive survey research design.

Population of the study- Staff nurses of Govt and Private Hospitals.

Total sample size-300.

Sampling technique- Non probability convenience sampling technique.

Research TOOL- A. Standardized tool UCLA Loneliness standardized scale was used to assess the Social isolation of the staff nurses

B. Brief cope scale was used for measuring coping of the staff nurses.

Results: Majority of the staff nurses 51.6% (155) are from the age group of more than 30 years. Majority of the staff nurses 50.6% (152) are from the Govt Hospital. Study revealed that 158(52.66%) staff had experienced moderate level of loneliness. 162 (54%) staff had moderate coping.

Conclusion: Social isolation was an issue that was mentioned by all nurses. The staff faced one of the biggest challenges was no longer being able to see their families, friends, and acquaintances. This concern was mentioned by nurses of both genders, of all ages, in all locations (city/country), and regardless of how many people (alone to more than eight people) lived in a common household.

Key Words: COVID19, Social Impact, Coping.



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INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The Covid 19 syndrome is caused by SARS CoV2.

The most common symptoms of this viral infection are fever, cold, cough, bone pain and breathing problems, and ultimately leading to pneumonia.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. We all need to protect ourselves and others from infection by continuously washing hands by using an alcohol-based sanitizer frequently and not touching the face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's also important to practice respiratory etiquette (for example, by coughing into a flexed

elbow). The severity of COVID-19 symptoms is highly variable, ranging from unnoticeable to life-threatening. Severe illness is more likely in elderly COVID-19 patients, as well as those who have underlying medical conditions. COVID-19 transmits when people breathe in air contaminated by droplets and small airborne particles. The risk of breathing these in is highest when people are in close proximity, but they can be inhaled over longer distances, particularly indoors. Transmission can also occur if splashed or sprayed with contaminated fluids, in the eyes, nose or mouth, and, rarely, via contaminated surfaces. People remain contagious for up to 20 days, and can spread the virus even if they do not develop any symptoms. By implementing travel restrictions, lockdowns and quarantines, workplace hazard controls, and business closures can only reduce the spread of infection[1].

The coronavirus outbreak came to light on December 31, 2019 when China informed the World Health Organisation of a cluster of cases of pneumonia of an unknown cause in Wuhan City in

Hubei Province. Subsequently the disease spread to more Provinces in China, and to the rest of the world. The WHO has now declared it a pandemic. The virus has been named SARS-CoV-2 and the disease is now called COVID-19[2,3]

Recommended preventive measures include social distancing, wearing face masks in public, ventilation and air-filtering, hand washing, covering one's mouth when sneezing or coughing, disinfecting surfaces, and monitoring and self-isolation for people exposed or symptomatic. Several vaccines have been developed and widely distributed in most developed countries since December 2020.

The pandemic has resulted in severe global, social and economic disruption, including the largest global recession. It has led to wide spread supply shortages exacerbated by panic buying, agricultural disruption, and food shortages. However, it has also caused temporary decreases in emissions of pollutants and greenhouse gases. Numerous educational institutions and public areas have been partially or fully closed, and many events have been cancelled or postponed. The pandemic has raised issues of racial and geographic discrimination, health equity, wealth inequality and the balance between public health imperatives and individual rights[2,4].

This COVID-19 has affected the sources of supply and effects the global economy. All governments, health organisations and other authorities are continuously focussing on identifying the cases affected by the COVID-19. Healthcare professional face lot of difficulties in maintaining the quality of healthcare in these days.

Gap of Existing literature

Though there are various research works on the psychological impacts of covid19 on health care workers and many are going on. There are many studies conducted in Abroad related to burnout and psychological impact of covid -19 outbreak on health care workers. But the study on assessment of psychosocial and personal impact of covid -19 outbreak on staff nurses are very few in India as well as West Bengal. As a frontline workers nurses faced a lot of challenges in management of Covid19 outbreak.

Investigator herself worked a lot with the nurses during this covid19 pandemic period. Investigator herself experiences many psychological and physical burden of the staff nurses while they were providing the care to the patients. So, the investigator felt the need for a study to assess the Psychosocial and personal impact of Covid -19 outbreak on staff nurses.

Maharashtra, Gujarat and West Bengal have the maximum number of COVID positive staff nurses in the country and also the highest fatality rate, TNAI, the largest nursing association in the country, released data for the first time since the beginning of the pandemic, indicating that 509 nursing staff were infected and 20 died while providing care to COVID patients.

According to the data, West Bengal reported 111 COVID positive nurses with three fatalities; Maharashtra has 75 cases with six deaths and Gujarat 96 cases with four deaths. Mizoram, Chhattisgarh, Kerala and Uttar Pradesh has the least recorded COVID case-load among nursing staff with Rajasthan, Telangana, Uttar Pradesh registering the lowest reported fatalities.

Pandemic has brought out different expressions of stigma that HCWs face with experiences of verbal and physical abuse reported to a large extent in social and print media platforms. Manifestations of stigma have been reported in India with doctors, and nurses being forced to vacate from their premises and reports of physical violence on HCWs in many parts of the nation. Similar experiences of stigma and discrimination during the COVID-19 pandemic have been reported from all over the world.

The Social consequences of the corona virus pandemic are serious for health care professionals including nurses because of a higher level of exposure. The pandemic has resulted in severe global, social and economic disruption,

including the largest global recession. It has led to wide spread supply shortages exacerbated by panic buying, agricultural disruption, and food shortages.

Research Questions

Based on the above few points, the present study is a sincerity of the investigator to answer the following questions. Are there any impact of Covid -19 on social and physical conditions of staff nurses

Title of the study

To find out the clues/answers, the pre above mention questions the title for study is stated as mentioned below.

Title – The Social impact and coping mechanism of covid 19 on staff nurses

Objectives

- To asses social impact in terms for social isolation of staff nursesin COVID19 situation
- To assess coping mechanism of the staff nurse in COVID19 situation
- To find out the relationship of Social impact with the selective demographic variables of the staff nurses
- To find out the relationship of coping mechanism with the selective demographic variables of the staff nurses.

Hypothesis –

H0₁-There does not exist any significant relationship of social impact due to Covid19 of staff nurses with their demographic variables at 0.01 level of significance.

H0₂.. There does not exist any significant relationship of mean score of coping level of staff nurses due to Covid19 with their demographic variables at 0.01 level of significance.

Operational Definition –

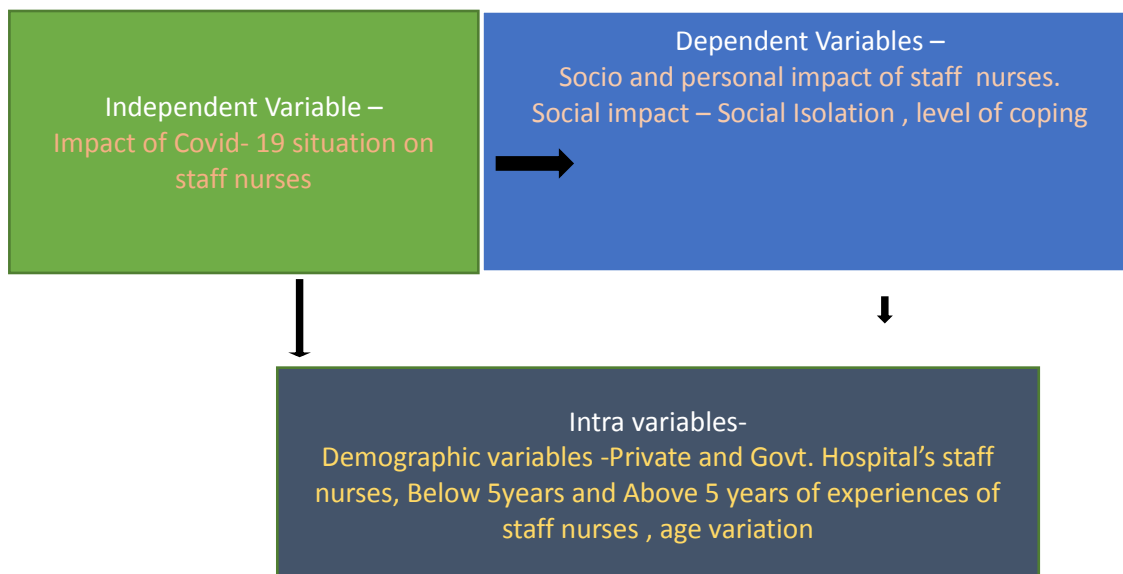
Covid19- Diseases caused by Corona Virus.

Social impact – In this study It’s indicated social isolation of staff nurses during pandemic situation as measured by UCLA Loneliness Scale

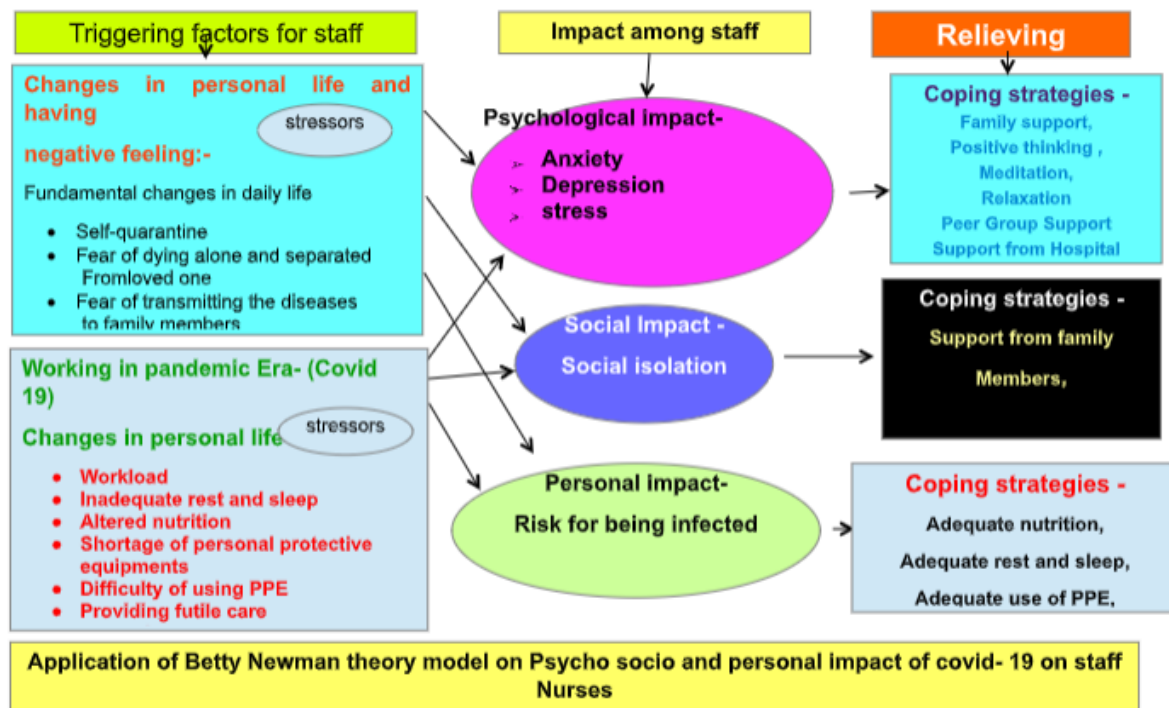
Coping Mechanism- The thoughts and behaviours mobilized to manage internal and external stressful situation as measured by Brief cope inventory

Conceptual frame work

The following conceptual frame work illustrates what a researcher expects to find through her research. It defines the relevant variables for her study and maps out how they might relate to each other. The following visual format represents the conceptual frame work of the following study.



The schematic representation of the conceptual frame work based on Betty Neuman system model is presented in figure-2



Review of Literature: -

Benbenisty. J .etal[5]in 2021 conducted a study Nurses' perceptions of social rejection, resilience and well- being during COVID- 19: A national comparative study -where they found Two hundred and forty- seven nurses responded. The majority were female with a mean age of 43.6 years Approximately one- third were worried about infecting their family members and many agreed that their family fears that the nurse will infect them. Nurses reported their partner, family members, neighbours and the public physically distanced themselves from them. Approximately one quarter reported feeling lonely. Statistically significant differences were found between those who worked versus not work on a COVID- 19 unit on general well- being, and social rejection. No differences were found in resilience scores. Social rejection was felt by many nurses as shown by an inverse relationship between the closeness of the relationship and the sense of social rejection and a high level of loneliness and depression. A higher level of social rejection and lower well- being were found among nurses working on COVID- 19 wards as opposed to those who did not. General well- being was found to be exceptionally low during COVID- 19. Resilience did not mediate the relationship between social rejection and general well- being

Jantara.R. Etal[6] in 2022 conducted a study on Social isolation and loneliness in nursing students in the context of the COVID-19 pandemic- where they found that perceived social isolation was found to occur in 42.2% of the students, and 8.8% experienced social isolation according to the discussion network indicator, and 6.8%, according to the social support indicator. Loneliness was observed in 49.7% of students. Both were associated with depression, anxiety and stress, and other variables. Conclusion: this study found isolation and loneliness and their relationship with other variables during the COVID-19 pandemic, requiring interventions by educational institutions and health policymakers.

Stubbs.j. etal[7] in 2022 conducted a study on Pandemic Loneliness in Healthcare Workers. Does It Predict Later Psychological Distress where they found Increased loneliness associated with the COVID-19 pandemic has been widely reported, with healthcare workers at increased risk compared to the general population. Pre-pandemic research indicates that loneliness has long-term detrimental effects on mental well-being, but the effect of loneliness in the context of COVID-19 is not clear. We conducted an online survey of healthcare workers (HCWs) at a large teaching hospital in Sydney, Australia after the peak of the first wave of the pandemic in 2020. Over one-third experienced loneliness at the peak of the first wave. An observed association with high psychological distress in subsequent months was attenuated after adjusting for status of mental well-being during the peak and before the pandemic. Mental well-being during the peak of the pandemic and, to a lesser extent, mental well-being before the pandemic were the strongest predictors of later distress. Increased conflict at home was also predictive of later distress. The mental health of HCWs is an important consideration at any time and is especially so in the face of crises such as the current global pandemic. Strategies to enhance baseline mental well-being and bolster well-being during crisis situations should assist HCWs cope with unexpected stressors and reduce the associated detrimental psychological consequences.

RESEARCH METHODOLOGY

Sources of data: The data was collected from the staff nurses working in selected hospitals in West Bengal

Population: Staff nurses working in different Private and Govt hospital having at least one year experience

Research approach: Non Experimental quantitative survey approach
Research design: Descriptive survey design
Sampling technique: Non probability convenience sampling
Sample size: 300 staff nurses working in selected hospital in West Bengal.
Setting of the study: Study was conducted in different Private and Govt hospital in Kolkata
Ethical Permission – Was obtained from the competent authority
Pilot study – Done with 30 samples
Time period of the study – From August 2021 to october2022

Criteria for selection of sample:

Inclusion Criteria:

Staff nurses who are

- working in selected hospital in West Bengal
- present at the time of data collection
- willing to participate in the study
- Having at least one year of working experience

Exclusion criteria:

- Student nurses, teaching staff , senior nursing administrators are excluded in the study.
- Staff nurses who were very sick unable to take part in the study during the time of data collection.

Tools for data collection:

Section 1: Demographic proforma which will be assessing the demographic variables of the staff nurses such as age, gender, degree, years of experience, marital status, place of residence, place of work.

Section 2: A. UCLA Loneliness standardized scale was used to assess the loneliness of the staff nurses

Section 2: B. Brief cope scale will be used for measuring coping of the staff nurses.

Method of data analysis:

Descriptive and inferential statistics was used for data analysis,

Data collection procedure

After taking the approval from the competent authority, Investigator has discussed about the aim of the study. Investigator has taken the consent from the staff nurses. Three tools were introduced to the staff nurses. Total 25 minutes time was given for the same. Data was collected from February 2022 to April 2022.

Findings of the study – For the demographic variables –

- Majority of the staff nurses 70% (210) are belongs to female category.
- Majority of the staff nurses 65%(195) are having less than 5 years of experience.
- Majority of the staff nurses 55%(165) have completed GNM Course.
- Majority of the Staff Nurses 60% (180)are belongs urban community.
- Majority of the staff nurses 51.6% (155) are from the age group of more than 30 years.
- Majority of the staff nurses 50.6% (152) are from the Govt Hospital.

Table 1: Categorization of the sample in their differential level on UCLA Loneliness Scale (Social Impact)

Categories	Score Range	No. of sample	% of sample
Severe	57 and above	68	22.67%
Moderate	29 to 56	158	52.66%
Mild	28 and Below	74	24.67%

It was revealed from the above table that the percentage of staff nurses on mild, moderate and severe loneliness of the social impact was 24.67%, 52.66% and 22.67% as against 16%, 68% and 16% respectively. Hence it can be concluded that the staff nurses in their differential levels of the social impact of loneliness were normally distributed.

Table 2: Summary of test of significance of difference on the Social impact (Social Isolation) of staff nurses in relation to Type of Management variation

Type of Management	N	Mean	S.D	SE _D	't'	Remarks
Private	148	35.65	8.23	2.76	3.15	Significant
Government	152	37.34	9.12			

Critical value of t' with df (98) at 0.01=2.63 and 0.05=1.98

The obtained value 3.15 is greater than the tabular value at 0.05 levels 1.98 and at 0.01 level 2.63 so it is significant and the null hypothesis that states there does not exist any significant relationship of social impact (Social Isolation) due to covid-19 of staff nurses in relation to type of management variation will be rejected.

Table 3: Summary of test of significance of difference on the Social impact (Social Isolation) of staff nurses in relation to Years of Experience variation

Year of Experience	N	Mean	S. D	SE _D	't'	Remarks
More than 5 years	105	36.67	7.12	4.34	3.54	Significant
Less than 5 years	195	39.43	9.67			

Critical value of t' with df (98) at 0.01=2.63 and 0.05=1.98

The obtained value 3.54 is greater than the tabular value at 0.05 levels 1.98 and at 0.01 level 2.63 so it is significant and the null hypothesis that states there does not exist any significant relationship of social impact (Social Isolation) due to covid-19 of staff nurses in relation to years of experience variation will be rejected

Table 4- Summary of test of significance of difference on the Social impact (Social Isolation) of staff nurses in relation to Age variation

Age	N	Mean	S. D	SE _D	't'	Remarks
More than 30 years	155	38.53	8.34	5.25	3.16	Significant
Less than 30 years	145	36.12	6.82			

Critical value of t' with df (98) at 0.01=2.63 and 0.05=1.98

The obtained value 3.16 is greater than the tabular value at 0.05 levels 1.98 and at 0.01 level 2.63 so it is significant and the null hypothesis that states there does not exist any significant relationship of social impact (Social Isolation) due to covid-19 of staff nurses in relation to age variation will be rejected.

Table 5: Categorization of the sample in their differential level of coping on Brief-COPE Scale n=300

Categories	Score Range	No. of sample	% of sample
Excellent Coping	57 and above	72	24%
Very Good coping	29 to 56	162	54%
Good coping	28 and Below	66	22%

Findings from the Brief Cope scale inventory-

Problem focussed coping –38%

Emotional focused coping-54%

Avoidance coping- 8%

Under problem focussed coping	Under Emotional focused coping-	Under Avoidance coping-

Active coping- item no 2,7-18% Use of informational /instrumental support- item no-10,23-10% Positive reframing -item no- 12,17-6% Planning- item no- 14,25 -4%	Emotional Support -item no- 5,15-6% Venting -item no-9,21-4% Humour -item no-18,28-8% Acceptance -item no-20,24-20% Self-blame -item no-13,26-12% Religion- item no-22,27-4%	Self-distraction -item no-1,19-4% Substance Use-item no-4,11-NIL Denial -item no-3,8-2% Behavioural disengagement-item no-6,16-2%
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Fig-2 Different coping mechanism in Brief Cope Inventory

Brief-COPE Scale (Psychological Impact-2)

To find out if there exist any type of management variation wise differences of psychological impact (Coping Mechanism) of covid-19 of staff nurses, therefore the null hypothesis was stated as “there does not exist any significant differences of psychological impact (Coping Mechanism) due to covid-19 of staff nurses in relation to type of managementvariation”.

In order to find out differences if any of the scores on psychological impact (Coping Mechanism) of covid-19 of private and government hospitals, the test of significance of difference between the means of two sub samples was calculated and tested for significance. The result has been presented in the following table:

Table 5: Summary of test of significance of difference between the mean scores in relation to Age variation. n=300

Age	n	Mean	S. D	SE _D	't'	Remarks
More than 30 years	155	59.24	8.21	2.31	3.62	Significant
Less than 30 years	145	56.53	6.54			

Critical value of t' with df (98) at 0.01=2.63 and 0.05=1.98

The obtained value 3.62 is greater than the tabular value at 0.05 levels 1.98 and at 0.01 level 2.63 so it is significant and the null hypothesis that states there does not exist any significant relationship of psychological impact (Coping Mechanism) due to covid-19 of staff nurses in relation to agevariation will be rejected.

Table 6: Summary of test of significance of difference between the mean scores in relation to Management variation n=300

Type of Management	n	Mean	S.D	SE _D	't'	Remarks
Private	148	55.12	6.95	1.54	3.12	Significant
Government	152	57.56	7.67			

Critical value of t' with df (98) at 0.01=2.63 and 0.05=1.98

The obtained value 3.12 is greater than the tabular value at 0.05 levels 1.98 and at 0.01 level 2.63 so it is significant and the null hypothesis that states there does not exist any significant relationship of psychological impact (Coping Mechanism) due to covid-19 of staff nurses in relation to type of management variation will be rejected.

Table 7: Summary of test of significance of difference between the mean scores in relation to Experience variation n=300

Year of Experience	n	Mean	S. D	SE _D	't'	Remarks
More than 5 years	105	55.17	6.65	0.54	5.41	Significant
Less than 5 years	195	58.12	7.39			

Critical value of t' with df (98) at 0.01=2.63 and 0.05=1.98.

The obtained value 5.41 is greater than the tabular value at 0.05 levels 1.98 and at 0.01 level 2.63 so it is significant and the null hypothesis that states there does not exist any significant relationship of psychological impact (Coping Mechanism) due to covid-19 of staff nurses in relation to years of experience variation will be rejected.

DISCUSSION

This descriptive study was conducted to explore exclusively front line nurses' perceptions about the social impacts of treating hospitalized people with COVID-19.

The main social impacts of caring for people with COVID-19 perceived by nurses working on the front line were stress, social isolation, depressive symptoms, uncertainty, and frustration. The fear of infecting family members or being infected was the main repercussion perceived by the nurses. Loneliness in HCWs is a legitimate concern with over one-third reporting that it negatively impacted their well-being during the peak of the first wave of the COVID-19 pandemic in 2020. Pandemic loneliness was associated with later psychological distress, but this was negated by mental well-being, especially psychological distress at the peak of the first wave of the pandemic. Bolstering HCWs' mental well-being as they respond to outbreaks of highly infectious diseases such as COVID-19 is beneficial for their immediate and future well-being and will concomitantly benefit the healthcare system and those being cared for.

CONCLUSION

Variables such as loneliness, Coping and social circumstances during the height of the pandemic, were assessed retrospectively and therefore susceptible to recall error. In particular, social wellbeing at the time of questionnaire completion may have biased recall. Loneliness was assessed via UCLA Scale, with respondents indicating whether their well-being had been affected by feelings of loneliness. Although different aspects of loneliness were not measured, incorporating the existence and impact of loneliness facilitated a more holistic appraisal of loneliness. Social isolation was an issue that was mentioned by all nurses. The staff faced one of the biggest challenges was no longer being able to see their families, friends, and acquaintances. This concern was mentioned by nurses of both genders, of all ages, in all locations (city/country), and regardless of how many people (alone to more than eight people) lived in a common household.

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