

COMPARISON OF COVID-19 FEAR LEVELS OF NURSES WORKING IN PANDEMIC AND OTHER UNITS

PANDEMİ BİRİMLERİNDE VE DİĞER BİRİMLERDE GÖREV YAPAN HEMŞİRELERİN COVID-19 KORKU DÜZEYLERİNİN KARŞILAŞTIRILMASI

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ABSTRACT

While many professions can reduce the risk and stress of diseases by switching to the remote working system with the pandemic, healthcare professionals have provided and still provide services by directly contacting Covid positive patients. So much so that there have been cases where the annual leave of health workers has been cancelled. In this context, situations that can be considered as stress factors experienced by health workers are continuous with professional reasons. Especially in interventional applications such as covid-19 screening tests and invasive drug applications, the anxiety levels of nurses who have to have more physical contact with Covid positive patients are more affected. Nurses working in pandemic services; They may perceive the pandemic as a routine because they encounter Covid-positive patients every day, or they may experience an increase in their anxiety levels due to witnessing the negative situations of the cases. For this reason, our study was planned to compare the Covid-19 anxiety levels of nurses working in the covid19 pandemic service and nurses working in inpatient or outpatient services.

Our research study included 257 nurses working in pandemic wards and 259 nurses working in other wards. The Covid fear scale consisting of 7 questions was used to determine the fear levels of the participants about the pandemic.

According to our study data; The Covid-19 fear levels of healthcare workers vary according to the unit they work in. The total fear score of employees in the pandemic service was found to be higher than those working in other units. Based on this result, mental disorders that healthcare professionals may experience due to the Covid-19 pandemic; It can be kept to a minimum with simple and effective measures such as rotation and appropriate employee employment. In future studies, it is possible to contribute to the quality of life of healthcare professionals by expanding the number of participants and adding other parameters.

Keywords: Covid-19, Phobia, Nurse, Fear, Pandemic, Stress.

ÖZET

Pandemi ile pekçok meslek uzaktan çalışma sistemine geçerek hastalık riskini ve stresini düşürebilirken sağlık çalışanları covid pozitif hastalarla direkt temas kurarak hizmet vermişler ve halen de vermektedirler. Öyle ki sağlık çalışanlarının yıllık izinlerin iptal edildiği durumlar olmuştur. Bu bağlamda sağlık çalışanlarının yaşadığı stres faktörü sayılabilecek durumlar mesleki nedenler ile devamlılık göstermektedir.

Özellikle Covid-19 tarama testleri ile invaziv ilaç uygulamaları gibi girişimsel uygulamalarda covid pozitif hastalar ile daha çok fiziksel temas kurmak zorunda kalan hemşirelerin kaygı düzeyleri daha fazla etkilenmektedir. Pandemi servislerinde çalışan hemşireler; covid pozitif hastalarla hergün karşılaştıkları için pandemiye bir rutin olarak algılayabilecekleri gibi vakaların menfi durumlarına tanık olmaları sebebi ile kaygı seviyelerinde artışta olabilir. Bu sebeple çalışmamız Covid-19 pandemi servisinde görev yapan hemşireler ile yataklı ya da poliklinik servislerinde görev yapan hemşirelerin Covid-19 kaygı düzeylerini karşılaştırmak amacı ile planlanmıştır.

Araştırma çalışmamıza pandemi servislerinde görev yapan 257 hemşire ile diğer servislerde görev yapan 259 hemşire dahil edildi. Katılımcıların pandemi ile ilgili korku düzeylerini belirlemek üzere 7 sorudan oluşan Covid korku ölçeği kullanıldı. Çalışma verilerimize göre; sağlık çalışanlarının Covid-19 korku düzeyleri, çalışılan birime göre değişmektedir. Pandemi servisinde çalışanların toplam korku skoru diğer birimlerde çalışanlardan daha yüksek bulunmuştur. Bu sonuçtan yola çıkarak sağlık çalışanlarının Covid-19 pandemisine bağlı olarak yaşayabilecekleri mental rahatsızlıklar; rotasyon ve uygun çalışan istihdamı gibi basit ve etkili önlemler ile minimal düzeyde tutulabilir. İleride yapılacak olan çalışmalarda katılımcı sayısı genişletilerek ve diğer parametreler eklenerek sağlık çalışanlarının yaşam kalitelerine katkıda bulunulabilir.

Anahtar kelimeler: Covid-19, Fobi, Hemşire, Korku, Pandemi, Stres.

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INTRODUCTION

Mankind has struggled with many epidemics since its existence, and thousands, even millions of lives were lost in all of these epidemics (Hays JN, 2005). The last example of these epidemics that is still ongoing is the covid-19 pandemic. The World Health Organization (WHO) declared the disease, which spread widely, as a pandemic shortly after its onset (Cucinotta- Vanelli, 2020:157). Because factors such as social isolation, quarantine and fear of death form the basis of diseases such as acute stress, generalized anxiety and depression. Fear of being stigmatized and isolated due to the epidemic in individuals are some of the important problems of the epidemic process. The fear of losing the people one loves is another important parameter that increases the psychological negative effects (Kaya,2020:123)

Health workers are more prone to these traumatic situations, which form the basis of the mentioned mental illnesses, due to their profession. While other occupational groups were able to perform social isolation at the highest level within the scope of the measures developed with the pandemic, healthcare professionals had to work in the same environment with patients or patients at risk of carriers(Wu-McGoogan,2020:1239).

In a study conducted after the covid-19 pandemic, the depression levels, anxiety scores and secondary trauma rates of health workers and workers in other professions were compared, and it was determined that health workers had higher scores than non-health workers(Arpacioglu, et al,2021:84).

Healthcare professionals already work in a stressful line of work. We think that their psychological state is further affected by the addition of new stress factors brought by the pandemic to their stressful professions. For this reason, our research was planned to compare the coronaphobia levels of healthcare professionals working in pandemic wards and other routine hospital units.

MATERIALS AND METHODS

Our study was planned as a cross-sectional research study. The population of our study is Düzce State Hospitals. Participants were selected from among volunteers working in the same hospital. Before starting the study, the consent of the participants was obtained with a "voluntary consent form". The forms we apply to the participants; In the first part, there is a 3-question sociodemographic data collection form created by the researchers. In the second part, there is the "covid-19 fear scale", which is a 7-question likert type scale. Statistical analysis of the obtained data was done with SPSS-22 program. Kruskal-Wallis test, Mann-Whitney U, Pearson Chi-square test, Chi-square Post-Hoc Z test were used as descriptive statistical tools.

Data Collection Tools

At first to the Participants; A "sociodemographic data form" created by the researchers was applied to learn about age, gender, and the services they work in. After applying the sociodemographic data forms, the "Covid-19 fear scale" was applied to determine the level of fear experienced by healthcare workers during the pandemic process[Table1]. The Covid-19 fear scale was developed by Ahorsu et al. in 2020, and its validity and reliability in our country was carried out by Satici et al. (Ahorsu, et al,2020:1; Satici, et al, 2021:1980).

Table 1. Scale of Fear of Covid-19

- | |
|---|
| 1. I am most afraid of Corona |
| 2. It makes me uncomfortable to think about Corona |
| 3. My hands become clammy when I think about Corona |
| 4. I am afraid of losing my life because of Corona |
| 5. When I watching news and stories about Corona on social media, I become nervous or anxious |
| 6. I cannot sleep because I'm worrying about getting Corona |
| 7. My heart races or palpitates when I think about getting Corona |

RESULTS

516 nurses were included in our study on a voluntary basis. Of the participants, 257 are pandemic nurses who care for suspected or infected COVID-19 patients. The remaining 259 nurses work in other units. While 70% of the nurses working in the pandemic service are female and 30% are male, 63.7% of the

participants working in other services are female and 36.3% are male. We categorized the participants in three age ranges as 18-24, 25-34 and over 35 years old. When we evaluate the age range of the participants according to the units they work, the majority of the nurses working in the pandemic services are in the 25-34 age range with an average of 52.1%. The age range, which includes the majority of nurses working in wards outside the pandemic, is 37.1% and over 35 years old (Table2).

Table 2. Descriptive and demographic information

PANDEMIC SERVICE	Age	18-24	76 (29,3%)
		25-34	134 (52,1%)
		35 ve↑	49 (19,1%)
	Gender	Female	180(%70)
		Male	77(%30)
		Total	257
OTHER	Age	18-24	76 (29,3%)
		25-34	87 (33,6%)
		35 ve↑	96 (37,1%)
	Gender	Female	165(%63,7)
		Male	94(%36,3)
		Total	259

The mean score of the total COVID-19 fear level assessment questionnaire score of the nurses participating in our study was found to be 19.28 ± 5.291 (min: 7, max: 35). When the age-related total questionnaire scores were compared, it was calculated as 19.04 ± 4.63 in the 18-24 age group, 19.15 ± 5.94 in the 25-34 age group, and 19.72 ± 4.88 in the over 35 age group ($p > 0.05$).

When the total questionnaire score is compared according to the units they work, the total covid 19 fear scale score of the employees in the pandemic service is 19.79 ± 5.33 ; The total score of those working in other units was calculated as 18.78 ± 5.21 ($P < 0.05$).

When the total covid-19 fear scale score based on gender was compared, the total covid 19 fear scale score of male nurses was 19.21 ± 5.65 ; The total score of male nurses was calculated as 19.42 ± 4.50 ($P > 0.05$) (Table3).

Table 3. Total score values of the Covid 19 Fear Scale by groups

		Number	Total Score	P Value
AGE	18-24	150 (%29,1)	19,04±4,63	p>0,05
	25-34	221 (%42,8)	19,15±5,94	
	35 ve↑	145(%28,1)	19,72±4,88	
SERVICE	Pandemic	257 (%49,8)	19,79±5,33	P<0,05
	Other	259 (%50,2)	18,78±5,21	
GENDER	Female	345 (%66,9)	19,21±5,65	p>0,05
	Male	171 (%33,1)	19,42±4,50	

The answers given by the participants to the covid-19 fear scale were compared on a question basis according to age, gender and the units they work in. The answers given according to the total evaluation; When evaluated according to age; 4. ,6. and 7. questions; When evaluated according to gender; 1.,2. and 6. questions; when evaluated according to the services worked; 1.,3.,4. and 5. questions differed significantly.

When the answers given to the scale are evaluated "according to gender";

While 57% of the female participants answered "I am undecided" to the statement "I am very afraid of Covid-19" in the first question; this rate remained at 49% in male participants ($p < 0.05$). When the answers given to the second question, which included the phrase "It makes me uncomfortable to think about Covid-19", the answers given to the "I am undecided" option differed significantly when the answers were compared between the genders. On the other hand, the answers given to the option "strongly disagree" to the 6th question differed significantly.

When the questions are evaluated among "age groups";

In question 4, the option of "strongly disagree" differed significantly in the three age groups. Participants between the ages of 25-34, who can be considered as middle-aged, gave the highest percentage of strongly agree to the statement "I am afraid of losing my life because of Covid-19" compared to other participants. In question 6, both the "strongly disagree" option and the "disagree" option differed significantly. The percentage of choosing the option "I can't sleep because I'm worrying about getting Covid-19" has decreased with increasing age. In the 7th question, which consists of the phrase "When I think I have caught Covid-19, My heart races or palpitates when I think about getting coronavirus-19", the answers given to the option "I strongly disagree" are inversely proportional to grief. ($P < 0.05$).

When the questions are evaluated among "service groups",

When the answers given to the first question of the scale were evaluated, 32.3% of the nurses working in the pandemic services gave the answer "I agree", while the nurses working in other units gave the answer "I agree" ($p < 0.05$). While the percentage of the answers given to the option "I strongly disagree" in the third question is 14.8% of the employees in the pandemic units, this rate is 6.2% for those working in other units ($p < 0.05$). In the fourth question, the rate of those who said they strongly disagree was 26.5% in the pandemic units, and the rate of choosing this option by the nurses working in other units was 11.2% ($p < 0.001$). Considering the answers given to the fifth question, the answers given to the "disagree" option are significantly different between the pandemic and those working in other units ($p < 0.01$) (Table 4).

Table 4. Evaluation of the responses to the Covid 19 Fear Scale Questions by Age-Gender and Working Units

QUESTION	1	1	2	3	4	4	5	6	6	7
OPTION	C	D	C	E	E	E	B	A	B	A
p Value	$p < 0,05$	$p < 0,05$	$p < 0,05$	$p < 0,05$	$p < 0,05$	$p < 0,001$	$p < 0,01$	$p < 0,05$	$p < 0,05$	$p < 0,05$
GENDER	Female	57(%16,5)		63(%18,3)						
	Male	49(%28,7)		54(%31,6)						
AGE	18-24				32(21,3 %)			59(39,3 %)	42(28,0 %)	60(40,0 %)
	25-34				54(24,4 %)			80(36,2 %)	61(27,6 %)	65(29,4 %)
	35↑				11 (7,6%)			28(19,3 %)	70(48,3 %)	22 (15,2%)
UNIT	PANDEMIC	83(32,3 %)		38 (14,8%)		68(26,5%)		39(15,2 %)		
	OTHER	51 (19,7%)		16 (6,2%)		29(11,2%)		76 (29,3%)		

A: Strongly disagree, B: Disagree, C: Neither agree nor disagree, D: Agree, E: Strongly agree

DISCUSSION

Since Covid-19 is an unpredictable, rapidly contagious disease, it is obvious that it causes both physical and psychological reactions. Determining the fear levels of health workers who are firstly exposed to this pandemic can give us an idea for the regulation of the psychosocial health of health workers.

As a result of this study we conducted with the aim of evaluating the Covid-19 fear levels of nurses working in different units according to demographic data and the service where the nurses work, when the fear of having Covid-19 was compared between the genders, the 1st and 6th questions differed significantly; Questions 4 and 6 differed significantly in age-related assessments; In the evaluation made according to the units where the nurses work, the 1st, 3rd, 4th, 5th. The answers given to the questions differed significantly. Based on these results, it can be thought that the level of fear of covid-19 is affected by the service, age and gender.

Studies have shown that catching covid-19, getting sick or dying due to covid-19 are parameters that negatively affect the mental health of healthcare workers (Greenberg, et al,2020:1). It has been revealed by a study that health workers have experienced fear, anxiety, mood disorder, stress and depression since the beginning of the Covid-19 epidemic process(Landry, et al,2020:1). Based on the results of our research, we can say that the nurses working in the pandemic service experienced higher levels of fear compared to those working in other units.

Contrary to our study, a study conducted in 2020 revealed that the majority of health workers experienced insomnia problems during the covid-19 pandemic process(Zhang, et al,2020:306). In our study, participants in both groups stated that their sleep patterns were not affected due to the high fear of covid-19.

A study conducted in 2021 revealed that, contrary to our study, healthcare professionals have minimal fear of covid-19 and women experience more anxiety than men(Shehada, et al,2021). Another study of healthcare workers exposed to Covid-19 showed that fifty percent of the participants experienced mild depression and sleep disturbance at best. In the same study, moderate and severe depression findings of doctors and nurses were reported (Lai, et al,2020). In another study, it was reported that the psychological effects of healthcare workers involved in the treatment of co-workers infected with covid-19 were higher(Maunders, et al, 2003:1245). There are studies reporting that health professionals living with elderly family members have serious concerns about carrying the disease to their family members when they return home after duty(Chen, et al,2020:15).

In another recent study, it was reported that healthcare professionals fighting against covid-19 should be trained to combat the crisis brought on by the pandemic and urgent strategies should be developed to improve the mental health of healthcare professionals (El-Hage, et al,2020:73). It is obvious that the physical and mental health of health workers should be protected during the pandemic process(Unadkat, et al,2020:1150).

CONCLUSIONS

With our research study, it was observed that the covid-19 fear levels of nurses serving in the pandemic service were higher. In addition, it was determined that middle-aged participants had a higher level of fear of losing their life due to Covid-19. In future studies, it is thought that it will be beneficial to make plans for institutions to deal with Covid-19 psychosocially by expanding the above-mentioned parameters.

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