

Research Paper

Threat & Coping Resilience among Medical & Non Medical Professionals during Pandemic

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ABSTRACT

COVID-19 induce fear because of reasons associated with spread, morbidity and mortality, and subsequent societal stigma and discrimination associated with the diagnosis and treatment of the disease [stress & coping, & Lin]. Threat and coping appraisal mechanisms, grounded in the protection motivation theory (PMT), have been suggested to be precursors of individuals' actions to protect against infectious diseases. The individuals' intent on adopting protective behavior such as social distancing to avoid the adverse outcomes of such a threat. **Methods:** A sample of 150 subjects of health care & non Health care professionals has participated in the study. Participants completed Covid Threat Scale and coping resilience to assess the threat & coping among Health Care & Non Health Care professionals during Pandemic. Data was analyzed by descriptive and inferential analysis. **Results:** In this study researcher revealed that workplace and Setting had significant P value **0.001 & 0.0001***. While comparing coping scores & Threat score across gender score, no significance was found. **Conclusion:** This study, suggests that the Covid pandemic was experienced equally stressful by medical and non-medical professionals. In both groups the Covid related concerns were quite high suggesting that being aware of the disease or in therapeutic environment doesn't offer any advantage in improving coping.

Keywords: Covid 19, stress, resilience, distress, Health care workers and other workers

There has been emerging evidence that recent global pandemic, COVID-19 can lead to stress, apprehension and anxiety. It is essential that potential psychosocial impact is investigated which is different in lower- and middle-income countries like India. Different professionals had to face various kinds of psychological stress unique to their environmental demands. Healthcare workers constitute the most affected group of people in the fight against the COVID-19.

Among the common mental effects of the pandemic are anxiety, panic, depression, anger, confusion, ambivalence and economic burden. Healthcare workers were observed to

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experience similar problems during previous pandemics. Individuals who may be exposed to various stressful incidents differ in their reactions and coping strategies.

COVID-19 induce fear because of reasons associated with spread, morbidity and mortality, and subsequent societal stigma and discrimination associated with the diagnosis and treatment of the disease [stress & coping, & Lin]. Threat and coping appraisal mechanisms, grounded in the protection motivation theory (PMT), have been suggested to be precursors of individuals' actions to protect against infectious diseases. The individuals' intent on adopting protective behavior such as social distancing to avoid the adverse outcomes of such a threat. The protection motivation perspective suggests that health risk is appraised by number of factors such as considering what the threat is because of the severity of a disease or health issue, how vulnerable an individual perceives the disease or health issue, and coping appraisal such as how successful preventative behavior is, how confident the individual feels. The basic premise of threat appraisal, consisting of severity and vulnerability, and coping appraisal, consisting of self and response efficacies have remained similar in literature. These coping strategies embrace and approach the stressors head-on to build psychological resilience. In the current study, we aim to study various psychological constructs like threat, emotional disturbance, depression, resilience and coping to understand their role in the context of Covid-19 among-medical and non-medical professionals.

Objectives

1. To identify the threat of coronavirus among health professionals and non-professionals.
2. To identify the coping resilience of health professionals and non- professionals while working in covid-19 crisis.
3. To find a relationship of demographic variables with occupation & working place.

Inclusion criteria:

- (i) Above 20 years of age
- (ii) Medical professionals
- (iii) other professionals
- (iv) who are willing to participate.

Exclusion criteria:

- (i) that are not willing to participate.
- (ii) retired person
- (iii) below 20 years of age.

MATERIAL AND METHOD

In view of the pandemic the study was conducted remotely via online survey. The link to the Google form was circulated among the potential participants through email and whatsapp® link. The participants were encouraged to forward the link to the Google form to the potential participants. Thus, snowball technique for recruiting the sample was used. There was a section on consent for participation. The participants were able to proceed further with online survey only after agreeing to consent. The protocol of the research was presented and approved by the ethical committee. The data was collected between May-2020 to December-2020.

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The survey questionnaire had five sections namely, a) information about the study, b) consent for participation in the study, c) sociodemographic details, d) COVID-19 anxiety scale, e) Brief resilience and coping scale.

Details of the tools

- **COVID-19 anxiety assessment:** This is a self designed self administered tool. The tool has five items rated on 1-5 Likert scale. The item no 3 had reflected scoring. The items for this scale were selected from the pool of items from different Covid-19 related perception scales. Instead of any standard tool, this self-designed measure was chosen for the purpose of screening to match the common perceptions related to COVID-19 in the community. **Higher score indicates higher level of neurotic symptoms in relation to Covid-19.**
- **Brief resilience and coping scale:** This is a short self-administered scale to assess the persons coping abilities in response to any non-specific stressful situation. The scale has four items rated on 5 point Likert scale. The score thus range **between 4 to 20**. The higher is score, the better is coping.

Data analysis

All data was collected and saved electronically. Descriptive and inferential statistics were calculated with R Software version 4.1.0. For description frequencies, percentages were calculated for the categorical variables and chi-square test and t test were used for inferential statistics as applicable. A total of 150 unique responses were received. Only those responses that were complete were analyzed. Category wise deletion was done to manage the incomplete responses.

RESULTS

Table 1. Demographic Data

	Medical	Non medical	Chi-square/t test	P
Gender				
Male	45	33	0.349	0.55
Female	37	33		
Age				
	82	65	0.510 (df-145)	0.6
Mean	28.3	27.6		
SD	8.6	7.4		
Family type				
Joint	25	20	0.002	0.96
Nuclear	56	44		
Workplace				
Covid-Hospital	17	1	31.29	0.0001
Non-Covid Hospital	27	4		
Others	34	50		
Hospital setting	44	34	31.03	0.001
Non-Hospital	5	50		

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Table:2 Comparison of Coping resilience scores & Covid Threat scores among medical and non-medical group.

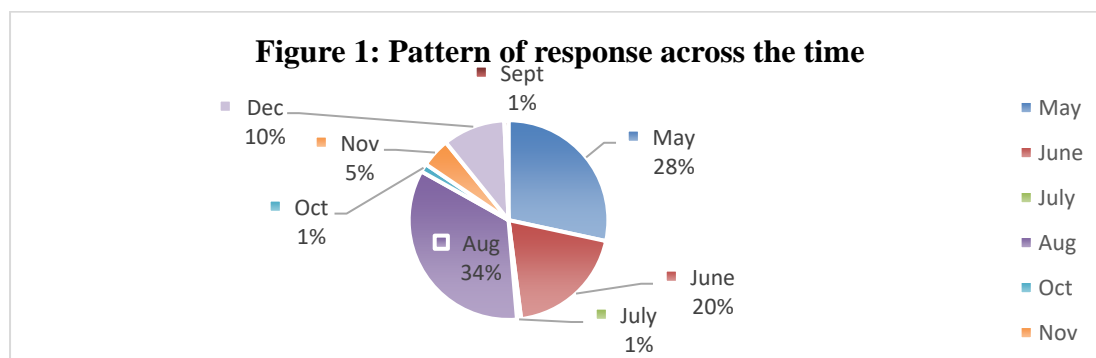
Cope Score	Med	Others	t	DF	P
N	82	66	0.2837	146	0.777
Mean	17.4878	17.3939			
Std Dev	2.0503	1.9365			
Covid Anxiety					
N	82	66	0.2146	146	0.8304
Mean	26.378	26.1515			
Std Dev	6.4111	6.3518			

Table 3: Comparison of Coping resilience scores, and Covid Threat scores across gender

Variable	Gender		DF*	t	P
Cope Score	Female	Male	146	0.3471	0.7291
N	78	70			
Mean	17.5	17.3857			
Std Dev	1.7189	2.2733			
N	78	70			
Mean	27.0128	25.4571			
Std Dev	5.4689	7.1843			

Table4: Correlation among covid Threat, and Coping resilience among the study subjects

Correlation	Score covid	COPING
Score covid	1	
COPING	0.080407	1



DISCUSSION

For the purpose of achieving objectives, the participants were divided into medical and non-medical group depending upon the qualification and training they had undergone. The students from medical colleges, nursing, paramedical and allied courses such as pharmaceutical sciences courses and those provide care to the patients were classified under medical group. Most of the participants were from Jammu and Kashmir area and had achieved educational status graduation and above.

The other variables related to sociodemographic profile are shown in the **table 1**. Both groups were similar in the sociodemographic distribution except for the workplace distribution. **Most of the medically qualified participants (44/49, 89.8%) were working in the hospital setting.**

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The data pertaining to COPE & Covid anxiety were analyzed using t test. No differences were found on any of the two measures (table 2)

When Coping & Threat were compared across the gender, (table 3). All the study variables had a weak positive correlation which was not significant (table 4).

Covid-19 pandemic had been one of the most severe and out of blue event in the history of medicine. There were no definite measures for its treatment or check its spread. Lock down and restrictions imposed upon people to check its spread too had been unbearable for many due to socio-economic reasons. The hospital staff was overwhelmed with the case load and shortage of facility and therefore had a stressful time. The health care workers had to work beyond routine time, give up their family leisure adding to their stress. Additionally, they were stigmatized for their potential of spreading infection among known and family members. Thus, both common people as well as health care staff both were under stress. However, it is assumed that due to being constantly in touch with health services and knowledge about the disease and its management, the health care staff might be able to cope cognitively find the pandemic situation less stressful than the common people.

Hence, we planned this study to compare the coping and stress response among health care staff and common people during pandemic. As a secondary objective we also intended to compare the stress and coping among males and females as both react to stressful events quite differently.

CONCLUSION

Both groups had very high level of Covid related concerns and very mild levels of depressive symptoms (table 2). If we see the response pattern maximum participants had responded during May-August 2020 (Figure 1), which was the peak time of severity of pandemic. This period was stressful for both health professionals due to workload, burnout due to seen people dying and not able to offer them help, staying away from family. Common people during the same time had concerns with their livelihood consequent to lockdown, fear of getting infected or any family member getting infected. The social media and electronic media also added to their anxiety.

To conclude this study, suggest that the Covid pandemic was experienced equally stressful by medical and non-medical professionals. In both groups the Covid related concerns were quite high suggesting that being aware of the disease or in therapeutic environment doesn't offer any advantage in improving coping. Further male and female subjects also respond similarly to the stress, albeit females constitutionally respond with more depressive symptoms. This study does suggest a need to address the covid related issues among all irrespective of medical or non-medical background.

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Conflict of Interest

The author(s) declared no conflict of interest.

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