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Research Paper

Somatic Symptoms, Covid-19 Phobia and Perceived Stress among Covid-19 Warriors

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ABSTRACT

The covid-19 pandemic is a major health crisis that has changed the life of millions globally. On one hand people around the globe are confined to their home on the other hand doctors and police personnel are leading the battle from the front putting their own lives at risk with selfless determination for the sake of saving lives. While these COVID warriors are actively working on containing the outbreak, such a period of health crisis has significant consequences on COVID warriors psychological wellbeing, accompanied by stress, phobia and related somatic symptoms. So, the present study aimed to find the difference in somatic symptoms, COVID-19 phobia and perceived stress among COVID warriors and to find out influencing demographic factors on these. For the purpose 135 COVID warriors (42: Doctors, 44: Nurses 49: Police) were selected. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke (2002) somatic symptom scale, Ahorsu (2020) COVID-19 Phobia scale and Sheldon Cohen (1994) Perceived Stress Scale were administered. Analysis revealed that nurses have high somatic symptoms. Police personnel have high COVID-19 phobia and nurses and police personnel have high perceived stress. Demographic factors such as profession, age, marital status, length of service, no. of dependents, domicile and stay with family has high influence on somatic symptoms, COVID-19 phobia and perceived stress of COVID warriors.

Keywords: *Somatic Symptoms, COVID-19 Phobia, Perceived Stress, Doctors, Nurses, Police, Pandemic*

Covid-19

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, and chronic respiratory disease are more prone to develop this serious illness. The best way to prevent and slow down its transmission is to be well informed about the symptoms of COVID-19 virus, its causes and mode of it spread. The major ways of stopping the transmission of this virus are washing hands or using an alcohol-based sanitizer frequently, not touching face and wearing mask in public crowded place and maintaining the social distance. The COVID-19 virus spreads primarily through droplets of saliva or discharge

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from the nose when an infected person coughs or sneezes, so it's important to practice respiratory etiquette (for example, by coughing into a flexed elbow).

The current outbreak of the novel corona virus SARS-CoV-2 (corona virus disease 2019; previously 2019-nCoV), epicentre in Hubei Province of the People's Republic of China, has spread to many other countries. On30.January 2020, the WHO Emergency Committee declared a global health emergency based on growing case notification rates at Chinese and international locations. The case detection rate was changing daily bases.

Corona viruses are enveloped, positive single-stranded large RNA viruses that infect humans, but also a wide range of animals. Corona viruses were first described in 1966 by Tyrell and Bynoe, who cultivated the viruses from patients with common colds. Based on their morphology as spherical virions with a core shell and surface projections resembling a solar corona, they were termed corona viruses (Latin: corona= crown). Four subfamilies, namely alpha-, beta-, gamma-and delta corona viruses exist. While alphaand beta-corona viruses apparently originate from mammals, in particular from bats, gamma-and delta-viruses originate from pigs and birds.

Challenges Faced By COVID-19 Warriors

The violence against COVID warriors such as doctors and other medical personnel has increased with up to 75%. The main cause of violence against COVID warriors is ignorance and fear, unable to assess health care, transport suspension, law enforcement following quarantine or containment zone restrictions and mistrust and misplaced quotes in the social-media. The types of attacks have ranged from verbal abuse, threats or aggressive gestures in majority of case. Government hospitals in India are inundated in such public health crisis with lack of adequate facilities; equipment and infrastructure are other quoted reasons. The private hospital sectors have largely shut down to non-emergency admissions, and people find it difficult to access medical aid.

Aggressive emotional response of relatives may sometimes boil over with frustration exhibited in the form of damage to the healthcare facilities and verbal or physical violence against the COVID warriors. The situation is being made more difficult as health units and professionals in some government hospitals highlight shortage of PPE but do receive hostile response from hospital administration. Health professionals are recognized as 'newer untouchables'. People are panicked about catching COVID-19 from medical workers or being stigmatized for having contracted it themselves.

Police personnel in India are generally trained in dealing with natural and manmade disasters, though pandemic control is not emphasized as a subject during the training of the police. Consequently, the COVID-19 pandemic required many police personnel to assume responsibility for the emergencies that were not part of their regular work profile. The primary responsibility of implementing the lockdown through restricting public movement and ensuring physical distancing was shouldered by the police force during the pandemic. Police personnel was mobilized for a variety of tasks—to monitor check posts, COVID-19 infection hotspots, and ensure lockdown as well as containment. In addition to this, police personnel also carried out a variety of unconventional duties, including creating social awareness, clarifying fake news, daily inspection of people in isolation or quarantine, assisting the health department in contact tracing activities, helping migrant workers to enter shelters, and helping the needy persons to access medical and other essential services.

METHOD

Need for the Study:

Since November 2019-2020 COVID-19 the world is facing the COVID-19 pandemic which has called lot of stress and phobia as it has affected even the physical as well as psychological well-being of the people around the world. It is not only the common man is affected but professionals especially working in medical fields and civil services are majorly affected. As doctors, nurses play a very important role in terms of treating, caring for the COVID-19 positive people on the other hand responsibility of police personnel has increased as they have to maintain the discipline of the towns in terms of avoiding the crowding of people, maintaining social distance, and reducing the social loafing of the public which might led to spread of COVID-19. Since, COVID warriors are actively working on containing the outbreak; such a period of health crisis has significant consequences on COVID-19 warriors' psychological wellbeing. So there was a felt need to undertake study on COVID warriors.

Objectives

1. To find out the significant difference among the COVID-19 warriors such as doctors, nurses, and police personnel on somatic symptoms, covid-19 phobia and perceived stress.
2. To identify the demographic factors significantly influencing somatic symptoms, covid-19 phobia and perceived stress of covid-19 warriors such as doctors, nurses and police personnel.

Research Problems

1. Do the COVID-19 warriors such as doctors, nurses and police personnel differ significantly from one another in their somatic symptoms, COVID-19 phobia and perceived stress?
2. Do the socio demographic factors such as age, gender, profession, marital status, domicile, and stay along with family significantly contribute to somatic symptoms, COVID-19 phobia and perceived stress of doctors, nurses and police personnel?

Hypotheses

The above raised questions led to the formulation of the following hypotheses:

- **Ha1:** COVID-19 warriors such as doctors, nurses, and police personnel differ significantly among themselves in their somatic symptoms, COVID-19 phobia and perceived stress.
- **Ha2:** There is significant difference in somatic symptoms, COVID-19 phobia and perceived stress of COVID-19 warriors such as doctors, nurses and police personnel belonging to rural and urban domicile.
- **Ha3:** There is significant difference in somatic symptoms, COVID-19 phobia and perceived stress of COVID-19 warriors such as doctors, nurses and police personnel with varying age groups.
- **Ha4:** There is significant difference in somatic symptoms, COVID-19 phobia and perceived stress of COVID-19 warriors such as doctors, nurses and police personnel's marital status.
- **Ha5:** There is significant difference in somatic symptoms, COVID-19 phobia and perceived stress of COVID-19 warriors such as doctors, nurses and police personnel with their Staying with family.

Sample:

A total sample of 135 in which 42 are doctors, 44 nurses and 49 police personnel was included in the study. The data collected through Google form and offline mode also. The age range of sample was from 25 to 45 years. These samples were selected from the private and Government hospitals (COVID-19 care center) and Police stations, check posts, COVID-19 care centers in and around Kalaburgi city Karnataka state.

Table 1 Distribution of the Sample in Terms of Number and Age

S.NO	COVID-19 Warriors	N	Average
1	Doctors	42	39 years
2	Nurse	44	33years
3	Police	49	29years

Inclusion Criteria:

- The data was collected from Doctors, Nurses who were posted in COVID care center and Police personnel who were assigned pandemic duties like managing social mob, containment zone, check-post etc.
- Doctors, nurse and police personnel's whose age range is between 25 to 45.

Exclusion Criteria:

- Doctors and nurses who were not posted in COVID care center.
- Police personnel who were not assigned pandemic duty.
- Doctors, nurse and police personnel whose age is less than 25 and more than 45.

Measures

Somatic Symptoms Scale (PHQ-15) – Developed by Spitzer, Williams, and Kroenke (2002) and later adapted as the DSM-5 Level 2—Somatic Symptom—Adult measure. The scale consists of 15 items rated on a 3-point scale (0 = not bothered at all, 1 = bothered a little, 2 = bothered a lot). The total score ranges from 0 to 30, with higher scores indicating greater severity of somatic symptoms. Scores are calculated by summing all item ratings and interpreted using the standard scoring guidelines

- COVID-19 Phobia Ahorsu (2020): This scale has 7 items with 5 answer categories ranging from "strongly disagree (1) and strongly agree (5). The minimum score possible of the Scale is 7 and the maximum is 35.
- Perceived Stress Scale: Sheldon Cohen (1994) this scale has 10 items it has 5 answers categories ranging from Never, Almost Never, Sometimes, Fairly often, and Very often.

Scoring: PSS scores are obtained by reversing responses (e.g. 0=4, 1=3, 2=2, 3=1and 4=0) to the four positively stated items (items 4, 5,7and 8) and then summing across all scale items. A short 4 items scale can be made from questions 2, 4, 5 and 10 of the PSS 10item scale. Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher Perceived Stress.

Demographic Profile: The socio demographic data such as age, Gender, profession, marital status, Domicile, and stay along with family of the sample was prepared by the researchers to collect the demographic information of respondents.

Data Collection: In the present study the primary data was collected from all the respondents. The samples were administered with Somatic Symptoms scale, COVID-19 Phobia scale and Perceived Stress scale along with demographical profile.

The Google form and offline mode were created by the researcher. The link was shared to the prospective respondents through like individual what's app, and in case of some of the respondents the data was collected personally through offline mode, in the private and Government hospital and the Police personnel from check post, stations, and containment zones from Kalaburagi city, Karnataka State.

Statistical Techniques Applied

- Mean and standard deviations were computed.
- ANOVA: was applied to test the hypothesis Ha1.
- Post Hoc Scheffe's test was applied to determine whether individual means differ, or whether an average one group of means differs from the average of another group of means.
- 't' Test was applied to test the hypothesis Ha2, Ha3, Ha4, Ha5.

RESULTS AND DISCUSSION

Table 1: Mean and SD for Profession on Somatic Symptoms, Covid-19 Phobia and Perceived Stress

Variables	COVID-19 Warriors	N	Mean	SD
Somatic Symptoms	Doctor	42	7.33	3.41
	Nurse	44	12.63	4.51
	Police	49	10.20	3.96
COVID-19 Phobia	Doctor	42	13.50	4.82
	Nurse	44	15.68	4.67
	Police	49	16.40	5.01
Perceived Stress	Doctor	42	12.59	5.60
	Nurse	44	18.61	4.79
	Police	49	18.08	4.57

Observation of Table 4.1 reveals that the mean scores of doctors on somatic symptoms is (M= 7.33, SD= 3.41) followed by nurses (M= 12.63, SD= 4.51) and police (M= 10.20, SD= 3.96). Similarly, mean score for covid-19 phobia of doctors (M= 13.50, SD=4.82), nurses (M=15.68, SD=4.67) and police personnel (M=16.40, SD= 5.01). lastly, means scores for perceived stress of doctors is (M= 12.59, SD=5.60), nurses (M=18.61, SD=4.79) and police personnel (M=18.08, SD=5.62). Observation reveals that there is difference in mean scores of doctors, nurses and police personnel.

Table 2: Anova Results Relating to Ha_1

Variables	Sources of Variance	Sum of Squares	Degree of Freedom	Mean Squares	F ratio
Somatic symptoms	Between Groups	605.07	2	302.53	18.931 ***
	Within Groups	2109.47	132	15.98	
COVID -19 phobia	Between Groups	202.51	2	101.25	4.312 **
	Within Groups	3099.88	132	23.48	
Perceive Stress	Between Groups	959.21	2	479.60	19.288 ***
	Within Groups	3282.22	132	24.86	

**** p<0.001; Very Highly Significant, ** p<0.01; Highly Significant*

The above Table 2 shows the F ratio for somatic symptoms is (F=18.93) and perceived stress is (F=19.28) which is significantly very high. The F ratio for covid-19 phobia is (F=4.31). It can be interpreted that doctors, nurses and police very highly differ in their somatic symptoms and perceived stress where as they highly differ in their covid-19 phobia.

Table: 3 Compared Groups, MD and 'S' Values for Somatic Symptoms, Covid-19 Phobia and Perceived Stress of Covid-19 Warriors

Variables	Compared Groups	Mean Difference	Std. Error	'S' Value
Somatic symptoms	Doctor - Nurse	-5.30	0.86	-6.14***
	Doctor - Police	-2.87	0.84	-3.41**
	Nurse - Police	2.43	0.83	2.92**
COVID-19 Phobia	Doctor - Nurse	-2.18	1.04	-2.08
	Doctor - Police	-2.90	1.01	-2.85**
	Nurse - Police	-0.72	1.00	-0.72
Perceived Stress	Doctor - Nurse	-6.01	1.07	-5.59***
	Doctor - Police	-5.48	1.04	-5.23***
	Nurse - Police	0.53	1.03	0.51

****p<0.001; Very Highly Significant, ** p<0.01 Highly; Significant*

Examination of Table 3 reveals that difference between doctors and nurses (S= -6.14) is significantly very high (p<0.001), on the other hand difference between doctor and police personnel (S= -3.41), nurse and police (S=2.92) is highly significant (p<0.01) in their somatic symptoms. It can be interpreted that nurses have shown significantly very high somatic symptoms compared to doctors and police personnel. The results are supporting the findings of Sung S. Park (2020) reported that during dealing with COVID19 Pandemic caregivers are more likely to report headache, body aches, and abdominal discomfort.

The difference between doctor and police personnel (S= -2.85) is significantly high (p<0.01) and doctor and nurse (S= -2.85), nurse and police personnel (S= -0.72) is insignificant (p>0.05) in their covid-19 phobia. In other words, police personnel have shown significantly high covid-19 phobia compared to doctors and nurse. In contrast to the findings of the current study SadiaMalik (2021) reported that doctors exhibited high level of fear of covid-19. On the other hand, nurses have expressed high phobia towards covid-19 but they do not differ from doctors and police.

The difference between doctor and nurses (S= -5.59), doctor and police personnel (S= -5.23) is significantly very high (p<0.001) whereas, nurses and police personnel (S= 0.51) is insignificant (p>0.05) in their perceived stress. More clearly, nurses and police personnel have expressed high perceived stress than doctors. Findings of the current study support the results of Yigrem Ali Chekole (2020) reported in their study that the Nurses had a high level of Perceived Stress. A study conducted by Qiufeng Huang (2021) reported in their study that the Police officers had a high level of Stress. And a study conducted by ABDULAH D.M (2020) reported in their study that Most of the doctors had a moderate level of stress.

Table 4: Mean, SD and 'T' Values of Domicile for Somatic Symptoms, Covid-19 Phobia and Perceived Stress of Covid-19 Warriors

Variable	Domicile	N	Mean	Std. Deviation	"t" Value
Somatic symptoms	Rural	63	46.91	9.81	-3.49***
	Urban	72	52.70	9.41	
COVID-19 phobia	Rural	63	47.28	10.08	
	Urban	72	52.37	9.36	-3.03**
Perceived Stress	Rural	63	48.63	10.97	-1.49
	Urban	72	51.19	8.96	

****p<0.001; Very Highly Significant, ** p<0.01; Highly Significant*

An observation Table no 4.4 reveals the mean score of Rural is (M=46.91, SD= 9.81) and Urban (M=52.70, SD=9.41). Test of significance revealed that there is significantly very high difference (t=3.49, p<0.001) in Somatic Symptoms as far domiciles considered. So, it can be said that people who are from Urban have shown very high Somatic Symptoms compared to the Urban.

Mean score of Rural is (M=47.28, SD= 10.08) and Urban (M=52.37, SD=9.36). Test of significance revealed there is significantly higher difference (t=-3.03, p<0.001) in COVID-19 as far domicile is considered. So, it can be said that people with the Urban have shown high COVID-19 compared to the Urban.

Mean score of Rural is (M=48.63, SD= 10.97) and Urban (M=51.19, SD=8.96). test of significance revealed that there the difference between mean score is insignificant (p>0.05). so it can be said that people from rural and urban background do not differ significantly in their perceived stress.

Table 5 Mean and SD and 'T' Values of Age on Somatic Symptoms, Covid19 phobia and Perceived Stress of Covid-19 Warriors

Variable	Age	N	Mean	Std. Deviation	"t" Value
Somatic symptoms	25-35 Age	88	50.93	9.32	1.48
	36-47 Age	47	48.25	11.04	
COVID-19 phobia	25-35 Age	88	51.98	10.20	3.26***
	36-47 Age	47	46.29	8.52	
Perceived Stress	25-35 Age	88	52.94	8.77	5.09***
	36-47 Age	47	44.48	9.90	

****p<0.001 Very Highly Significant*

An observation Table no 4.5 reveals the mean score of age group 25-35 is (M=50.93, SD= 9.32) and 36-45 age group (M=48.25, SD=11.04). However, when tested for significant difference in mean scores it was observed that age group namely 25-35 and 36-45 do not differ significantly (t=1.48, p>0.05) in their somatic symptoms.

Mean score for the age group of 25-35 is (M=51.98, SD=10.20) and 36-45 age group (M=46.29, SD= 8.52). Test of significance revealed there is significantly very high difference (t=3.26, p<0.001) in covid-19 phobia as far age group namely 25-35 and 3645 is considered. So, it can be said that people with the age range of 25-35 have shown higher covid-19 phobia compared to the age range of 36-45. Since 25-35 aged people are new comers and don't have much experience in the field of work. The results are supporting the

findings of Malik S (2021) reported that who were above 30 years old and postgraduate trainees were found to have higher levels of workplace phobia.

Mean score of 25-35 age group is (M=52.94, SD=8.77) and 36-45 (M=44.48, SD=9.90). Test of significant revealed that there is significantly very high (t= 5.09, p<0.001) difference between the age group namely 25-35 and 36-45 in their perceived stress level. Findings of the current study are contrast to with the results of Qiufeng Huang (2021) reported that police people with the age of 45 reported high stress during COVID-19 Pandemic.

Table 6: Means and SDs and T-Values of Marital Status on Somatic Symptoms, Covid-19 phobia and Perceived Stress of Covid-19 Warriors

Variable	Marital	N	Mean	Std. Deviation	"t" Value
Somatic symptoms	Married	98	50.31	10.01	0.59
	Unmarried	37	49.16	10.05	
COVID-19 phobia	Married	98	48.99	9.76	-1.92*
	Unmarried	37	52.67	10.24	
Perceived Stress	Married	98	48.89	10.37	-2.10*
	Unmarried	37	52.91	8.37	

**p<0.05; Significantly High*

An observation Table no 4.10 reveals the mean score of Married is (M=50.31, SD= 10.01) and Unmarried group (M=49.16, SD=10.05). However, when tested for significant difference in mean scores it was observed that namely Married and Unmarried do not differ significantly (t=0.59, p>0.05) in their somatic symptoms.

The Mean score for married is (M=48.99, SD=9.76) and Unmarried (M=52.67, SD= 10.24). Test of significance revealed there is significantly higher difference (t=1.92, p<0.001) in covid-19 phobia as far Married and Unmarried is considered. So, it can be said that unmarried people have expressed higher COVID-19 Phobia when compared to married people. The results are supporting the findings of Najmuj Sakib (2020) reported in their study that the Unmarried care givers had a high level of COVID19 fear; in our study to we found that the unmarried respondents have reported high level of COVID-19 Phobia.

The mean score for the Married personnel is (M=48.99, SD=10.37) and Unmarried is (M=52.91, SD= 8.37). Test of significance revealed that there is significant difference (t=-2.10, p<0.05) in perceived stress as far marital status is considered. So, it can be said that unmarried people have high Perceived Stress than married people. The findings of the present study are in consistent with Podder I (2020) reported that unmarried personnel have shown high stress during COVID19 Pandemic.

Table 7: Means, SDs and T-Values of Stay with Family for Somatic Symptoms, Covid-19 Phobia and Perceived Stress of Covid-19 Warriors

Variable	Stay with Family	N	Mean	Std. Deviation	"t" Value
Somatic symptoms	Yes	101	49.96	10.24	-0.06
	No	34	50.09	9.38	
COVID-19 phobia	Yes	101	48.88	9.69	-2.26*
	No	34	53.31	10.31	
Perceived Stress	Yes	101	48.74	10.61	-2.56*
	No	34	53.73	6.73	

**p<0.05; Significantly High*

An observation of Table no 4.11 reveals the mean score of people who Stay with family is (M=49.96, SD= 10.24) and who don't stay with family (M=50.09, SD=9.38). However, when tested for significance difference in mean scores it was observed that people who Stay with family and who don't stay with family do not differ significantly (t=-0.06, p>0.05) in their Somatic Symptoms. So, it can be said that people who stay with family and who do not stay with family have shown same level of somatic symptoms**.**

Mean score of who Stay with family is (M=48.88, SD= 9.69) and who don't stay with family (M=53.31, SD=10.31). Test of significance revealed there is significant difference (t=-2.26, p<0.05) in COVID-19 phobia. So, it can be said that people with who don't stay with family have shown higher COVID-19 Phobia compared to who stay with family.

Mean score of who Stay with family is (M=48.74, SD= 10.61) and who don't stay with family (M=53.73, SD=6.73). Test of significance revealed there is significantly higher difference (t=-2.56, p<0.01) in Perceived Stress. So, it can be said that people who don't stay with family have shown higher Perceived Stress compared to who stay with family.

SUMMARY AND CONCLUSIONS

This study examined differences in somatic symptoms, COVID-19 phobia, and perceived stress among 42 doctors, 44 nurses, and 49 police personnel (N = 135) in Kalaburgi, Karnataka, using the Somatic Symptoms Scale, COVID-19 Phobia Scale, and Perceived Stress Scale. Results showed significant differences between groups: nurses reported the highest somatic symptoms, police had the highest COVID-19 phobia, and both nurses and police reported higher perceived stress than doctors. Younger participants (25–35 years), married individuals (for somatic symptoms), unmarried individuals (for COVID-19 phobia and stress), urban residents, and those not staying with family exhibited higher scores across all three variables.

Limitations of the Study

1. The data could have been collected from different states of Karnataka as current study sample comprise only from Kalburgi district.
2. Due to COVID19 Pandemic it was difficult to collect all the data offline.

Social Implication

The findings show that since doctors, nurses and police personnel serving the society continuously during the pandemic as they are considered as are frontline caregivers. Due to constant work pressure, disturbed routine, critical and emergency work conditions and many other factors have caused psychological disturbance in them. So it calls for a Psycho-medical-education training for them, and besides Stress coping strategies can be taught to Nurses and the Police Personnel'

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Conflict of Interest

The author(s) declared no conflict of interest.

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