OBSESSION WITH COVID-19 AMONG HEALTH CARE PROVIDERS

Shatha Salah Jasem¹, Mohammed Baqer Al-Jubouri²
¹BSN. University of Baghdad, College of Nursing, Psychiatric and Mental Health Nursing Department, Iraq. Email: shatha salah1205a@conursing.uobaghdad.edu.iq
²Assist Prof (PhD), University of Baghdad, College of Nursing, Psychiatric and Mental Health Nursing Department.

ABSTRACT

Objectives: The present study aims to assess the obsession among health care providers during the pandemic of COVID-19.

Methodology: a descriptive design used in the present study established was for a period from October 10th, 2020 to May 20th, 2021. The study was conducted on a probability (convenient) sample of 248 physicians and nurses who work at Baghdad Teaching hospital in Baghdad city. The study was conducted with a sample size (N=248) including both males (128) and females (120). The instruments of the study are adopted the Obsession with COVID-19 Scale (OCS).

Results: The result of Presented study showed that 80.6% of health care providers had probable dysfunctional thinking about COVID-19 and 19.4 % of them have problematic symptoms.

Conclusions: Healthcare providers have more interaction with patients and are more likely to suspect COVID-19 infection.

Recommendations: focused on increasing the awareness of infection prevention and control and personal protection abilities, hospitals must offer a safe working environment and adequate protective supplies, as well as employees accountable for ongoing infection prevention and control training, monitoring, and supervision.

KEYWORDS: OBSESSION, COVID-19, HEALTHCARE PROVIDERS

I. BACKGROUND AND SIGNIFICANCE

DA Silva and Neto in 2020 reported there is a strong relationship between health care providers and COVID_19. They use meta-analysis in terms of that indicated health care provider have a more significant level of psychological and emotional damage and the occurrence of obsession-compulsion somatization was higher in situation (DA Silva & Neto, 2020).

Self-reported symptoms of moderate or high stress, anxiety, and depression were all measurably altogether higher in different specialists than in medical care workers. Different specialists reported higher obsessive-compulsive symptoms (stress over tainting and habitual hand washing conduct) after the beginning of the pandemic, while the medical service's laborer side effects were factually altogether higher previously and during the COVID-19 pandemic (Mrklas et al., 2020).

According to Abba-Aji et al. (2020) stated that the 805 people signed up for Text4Hope, and 6041 of them conducted an online survey, yielding an 18.4% response rate. During the COVID-19 pandemic, 60.3 percent of respondents registered onset of OCD symptoms, and 53.8 percent felt a strong need to wash his hands. Respondents who had just recently developed OCD symptoms were slightly more likely to have moderate/high stress, likely GAD, and likely MDD. Similarly, compulsive hand washing was associated with a higher likelihood of moderate/high stress and probable GAD, but not likely MDD. The incidence of OCD symptoms grew dramatically during the COVID-19 pandemic, compared to pre-pandemic peaks in the study population.
When patients present with OCD signs, they are more prone to be stressed out, likely GAD, and likely MDD (Abba-Aji et al. 2020).

Contrasted and non medical wellbeing laborers, clinical wellbeing laborers had a higher pervasiveness of insomnia 30.5%, anxiety 8.5%, depression, 9.5%, somatization 0.4% and obsessive-compulsive 2.2%. Among clinical wellbeing laborers, having organic disorder was a free factor for sleep deprivation, anxiety, depression, somatization, and obsession –compulsion symptoms COVID-19. Ends During the COVID-19 episode, medical health workers had psychosocial issues and danger factors for creating them. They needed consideration and recuperation programs (Zhang et al., 2020).

II. PURPOSE OF STUDY

To assess the obsession among health care providers during the pandemic of COVID-19. To identify the association between the health care provider's age, gender, marital status, educational qualifications, and years of experience with the level of obsession.

III. METHODOLOGY

A quantitative descriptive research design was used in this research to accomplish objectives of the study. The ethical consideration of research was accomplished by obtaining the agreement from the Ethical Committee for Research at the College of Nursing, University of Baghdad. Finally; the informed content was obtained from the physicians and nurses to participate in this study before collecting the data and filling the questionnaire. The purpose of administrative and arrangements issues for conducting the research, permission was asked from the Council of the Nursing College/University of Baghdad for this study then obtained approval from the Ministry of Planning/ Central statistical organization, and also permission was obtained from the Ministry of Health including Baghdad teaching hospitals.

The setting of the study includes physicians and nurses who work at the Baghdad teaching hospital. The data for this study were collected using a questionnaire which consisted of two parts (a) socio-demographic characteristics included Age, Gender, Marital status, Educational level, Years of experience, Type of Job, Providing care for patient with COVID-19, Injury with COVID-19 (b) The Obsession with COVID-19 Scale (OCS) The tool is Obsession with COVID-19 Scale was developed by Lee (2020). This scale is used to assess recurring and troubling thoughts concerning COVID-19. This scale is a four-item, five-point Likert type scale. On a 5-point Likert scale, these elements were evaluated. This scale, which varies from 0 (never) to 4 (nearly every day), shows how often they occurred and troubled thoughts about COVID-19. An OCS total score of 7 suggests that you are likely thinking about COVID-19 in a dysfunctional way. Increased scores on a particular item or a high overall scale score (7) may indicate that the individual is having troubling symptoms that require additional assessment and/or treatment. The OCS is a reliable factorial (single-factor) and construct (correlational with coronavirus anxiety, spiritual crisis, alcohol/drug coping, severe despair, and suicide thoughts) tool. The OCS' diagnostic properties (81 percent to 93 percent sensitivity and 73 percent to 76 percent specificity) are compared to other screening tools like (GHQ) the General Health Questionnaire (Lee, 2020). Two multilingual translators translated the English version into Arabic, and the two versions were compared to arrive at an agreed-upon starting version. This first draft was edited from a linguistic grammar standpoint as well as from a different perspective. The Arabic version was retranslated into English by two new translators who were ignorant of the original English version in order to verify that the translation was accurate and that the synonyms were consistent, and that the translation did not change between the English and Arabic versions. A questionnaire was used for data collection. Date collection was performed through the use of the study instrument. Each participant needs approximately 15 minutes to answer the study questioner. During and after their participation in the study, the researcher assured participants that their data would be kept confidential and safe. However, because of their duties and responsibility each questionnaire was restored about 60 mines approximately. Data were collected from the period 12 April 2021 to 1 May 2021 and about 20 samples were collected in one day.

Data were analyzed through the use of statistical package of social sciences (SPSS) version 23. The statistical procedures, which were applied for the data analysis and assessment of the results, included the following: Descriptive statistics Frequency (F), Percentage (%), Mean Score and Standard deviation according to the mean scores (Polit & Hungler, 1999).
IV. RESULTS AND DISCUSSION

Table 1. Assessment of obsession with COVID-19 among health care providers.

<table>
<thead>
<tr>
<th>Obsession with COVID-19</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable dysfunctional thinking (obsessing)</td>
<td>200</td>
<td>80.6%</td>
</tr>
<tr>
<td>Problematic symptoms (obsession)</td>
<td>48</td>
<td>19.4%</td>
</tr>
<tr>
<td>M±SD=5.18± 2.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>248</td>
<td>100%</td>
</tr>
</tbody>
</table>

F: Frequency, %: Percentage, M: Mean total score, SD: Standard Deviation for total score. Probable dysfunctional thinking 1-6, problematic symptoms ≥ 7 (Lee, 2020).

Presented table showed that 80.6% of health care providers had probable dysfunctional thinking about COVID-19 as they scored from 1-6 and 19.4% of them have problematic symptoms as they scored above 7 for them that might warrant future assessment and/or treatment according to the score of patient health questionnaire scale.

Table 2. The Relationships between Participants’ Demographics and Obsession

<table>
<thead>
<tr>
<th></th>
<th>Obsession with COVID-19</th>
<th>Correlation Coefficient</th>
<th>P. value</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>0.06</td>
<td>0.91</td>
<td>248</td>
</tr>
<tr>
<td>M: 34.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>0.47</td>
<td>0.04</td>
<td>246</td>
</tr>
<tr>
<td>Correlation Coefficient</td>
<td>0.08</td>
<td></td>
<td>0.80</td>
<td>248</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td>0.12</td>
<td>0.25</td>
<td>248</td>
</tr>
<tr>
<td>Level of education</td>
<td>0.19</td>
<td></td>
<td>0.05</td>
<td>248</td>
</tr>
<tr>
<td>Years of experience in the hospital</td>
<td>0.01</td>
<td></td>
<td>0.81</td>
<td>248</td>
</tr>
<tr>
<td>M: 2.37</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of job</td>
<td>0.01</td>
<td></td>
<td>0.81</td>
<td>248</td>
</tr>
<tr>
<td>Providing care for patient with COVID-19</td>
<td>0.12</td>
<td></td>
<td>0.04</td>
<td>248</td>
</tr>
<tr>
<td>Injury with COVID-19</td>
<td>0.18</td>
<td></td>
<td>0.003</td>
<td>248</td>
</tr>
</tbody>
</table>

The results of the table 2 indicated that there were four significant correlations were reported between variables of the study related to psychological status and obsession with COVID-19 among health care providers. These significant correlations were included between psychological states and gender; psychological status and years of experience in hospital; psychological status and providing care for patient with COVID; 19 and psychological status and injury with COVID-19.

Discussion OF Assessment of obsession with COVID-19 among health care providers Table 1:

Table 1 showed that 80.6% of health care providers had probable dysfunctional thinking about COVID-19 and 19.4% of them have problematic symptoms for them that might warrant future assessment and/or treatment, according to the score of the patient health questionnaire scale.
The results of this research reflected the results of a research conducted by Mrklas et al. (2020) stated that the prevalence rates for moderate or high stress, anxiety, and depression symptoms in the overall population were 85.6 percent, 47.0 percent, and 44.0 percent, respectively, after six weeks. Other employees had statistically substantially greater self-reported symptoms of moderate or high stress, anxiety, and depression than health care employees. Other employees had more obsessive-compulsive symptoms (concern about contamination, for example). After the commencement of the pandemic, other employees reported increased obsessive-compulsive symptoms (concern about contamination and compulsive hand washing activity), whereas health care workers' symptoms were statistically substantially greater both before and during the COVID-19 pandemic.

Akçay et al. (2020) stated that the working on the COVID-19 portion nearly quadrupled the depression score from 7.49 to 14.71. In comparison to the control group, health care professionals in the COVID-19 sector had considerably higher rates of obsessive-compulsive disorders, sadness, and anxiety. In terms of age, sex, education, marital status, and ERE, there was no significant difference between the two groups. The psychological impact of the COVID-19 epidemic on frontline HCWs has to be well comprehended.

Discussion of the Relationships between Participants' Demographics and Obsession Table 2:

The Table 2 showed that there is no significant relationship (p = 0.91 and p = 0.89) between age and Obsession with COVID-19. Chatters et al. (2017) published a study about the symptoms of obsessive–compulsive disorder (OCD) as well as the relationships between OCD symptom characteristics and discriminatory experiences. To see if racial discrimination has a specific influence on OCD symptoms, researchers looked at two types of prejudice: everyday race discrimination and everyday nonracial discrimination (e.g., because of gender, age, or weight). Everyday racial prejudice was linked to both types of obsessions and all four types of compulsions, according to the findings. Nonracial discrimination, on the other hand, was unrelated to any of the obsessions or compulsions groups. This suggests that among African Americans, racial discrimination is specifically linked to obsessions and compulsions.

Avasthi et al. (2018) stated that the gender plays a key role in moderating this variability and gender is a key moderator of phenotypic variability in OCD, according to the findings of this big study. Complex interplay between biological, cultural, and environmental variables might be the mechanistic foundation for these disparities.

There is no significant difference (p = 0.80 and p = 0.57) between marital status and the Obsession with COVID-19. Albertella et al. (2020) stated that the multinomial regression analysis using the single status as a reference group indicated that married or stable cohabitation status was linked with increasing age, reduced severity of hoarding, higher rates of panic disorder without agoraphobia, and reduced rates of dysthymic disorder. Divorced status was shown to be related to increasing age. These data imply that there is a relationship between marital status and various OCD.

There is no significant difference (p = 0.25) between level of education and Obsession with COVID-19. Khosravi and Naseri (2017) stated that the Obsession disorder is also more common among persons with a lesser degree of education than among those with a greater degree of education. The Monova result analysis revealed that those with lesser education, such as those who have graduated from high school or have an Associate's degree, had a higher level of fixation and examination. People with a master's degree or above. This disparity has grown to a large level.

There is a significant relationship (p = 0.05) between years of experience in the hospital and Obsession with COVID-19. The researcher didn’t find any study to support this idea.

There is no significant difference (p = 0.81) between type of job and Obsession with COVID-19. Nurses, according to Dadfar et al. (2014) exhibit higher anxieties and death fixation than non-nursing employees. Silva and Neto (2020) stated that there were no significant differences in mental diseases and occupational groupings.

There is a significant difference (p = 0.04 and p = 0.007) between providing care for patients with COVID-19. The researcher didn’t find any study to support this idea.

There is a significant difference (p = 0.003) between injury with COVID-19 and Obsession with COVID-19. Seçer and Ulaş (2020) stated that the COVID-19 has a favorable and substantial effect on OCD, according to
research findings. With the inclusion of emotional reactivity, depression-anxiety, and experiential avoidance, COVID-19 injury or fear has a high-level connection with OCD.

V. CONCLUSION

This research concluded that 19% of the participants had an obsession with COVID-19.

VI. LIMITATION

Lack of adequate resources for research, especially research about obsession-compulsion disorder was one of the limitations in this study.

VII. RECOMMENDATION

Based on the study results the researcher recommends that in addition to enhancing awareness of infection prevention and control and personal protection abilities, hospitals must offer a safe working environment and adequate protective supplies, as well as employees accountable for ongoing infection prevention and control training, monitoring, and supervision.

REFERENCES