

“MENTAL WELL-BEING OF HOUSEKEEPING WORKERS WORKING DURING COVID-19 PANDEMIC IN A SELECTED TERTIARY CARE HOSPITAL”

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ABSTRACT

Background of the study: Mental well-being is an important contributor to workplace productivity, success, and job satisfaction. There are many ways in which factors in the workplace can contribute toward mental well-being., examples include good professional relationships, clear feedback and instructions, positive feedback, and work life balance. The purpose of the study is to assess the Mental well-being of housekeeping workers working during COVID-19 Pandemic. **Methodology:** Quantitative descriptive research approach was adopted, total 255 Workers working during COVID-19 Pandemic were selected through total enumeration sampling technique. Data was collected from selected tertiary care hospital, Dehradun by using demographic data sheet and Warwick Edinburgh Mental Wellbeing Scale. The data was analyzed by using descriptive and inferential statistics. **Results:** Result shows that out of 255 samples majority of the participants were female. 54.9% & (52.1%) were within the age group of 32-45years. Most of the Housekeepers were educated till Primary 56.9%, Majority of housekeeping workers were healthy, and 100% of the housekeeping workers were having knowledge regarding COVID 19. During COVID 19 most of the housekeeping workers (42.3%) were living in their own house. Majority of participants i.e., 88.2% were having children. One third of participant during covid 19 pandemic i.e., 50.5% had worked in covid wards, 69.1% housekeepers were having experience of more than four years, as non-parametric test was applied and it was found that there was statistically association between mental well-being and socio-demographic variable i.e. mental wellbeing of housekeeping workers with the had any medical surgical illness variables at the significance level of ($p < 0.05$). No association was found with gender, age, education, medical surgical illness, marital status, occupation of your spouse, awareness about COVID 19, work experience, posting during COVID 19, place of residence during COVID 19. The mean score of mental well-being of housekeeping workers was 55.61 with standard deviation 3.79 which means that most of the housekeeping workers has average mental well-being, (50.6%) of housekeeping workers felt optimistic about the future, 43.9% felt useful, 33.7% felt relaxed, 27.5% felt interested in other people , 19.6% had energy to spare , 18% were dealing with problem well, 16.9% able to think clearly , 13.7% felt good about him/herself, 9.4% felt close to other person, 6.3% felt confident , 5.5% able to make up my own mind about things, feeling loved and interested in new things , 1.2% felt cheerful. Out of 255 housekeepers, 82% of housekeeping workers are having Average mental wellbeing and 18% of housekeeping workers have above average mental well-being. **Conclusion:** Most of the housekeeping workers Mental well-being of during COVID 19 were average.

Keyword: Mental Well-being, Housekeeping workers, COVID 19

INTRODUCTION

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.¹ During Coronavirus Disease (COVID-19) pandemic has led to a global health care crisis. Emerging research suggest an unanticipated impact of COVID-19 on mental and/or psychological health of both the general community and affected individuals. The fear of the COVID-19 epidemic and the consequent lockdown and economic crisis has led to globally increased psychological distress. COVID-19 infection may lead to activated immune-inflammatory pathways and a cytokine storm. Activated immune-inflammatory pathways, especially chronic low-grade inflammation, are associated with major psychiatric disorders in at least a subset of individuals. Emerging research suggest an unanticipated impact of COVID-19 on mental and/or psychological health of both the general community and affected individuals. The chance of developing COVID-19 related long-term problems and death as well as the risk of developing severe physical illness

or even death are all increased by pre-existing mental illnesses.² Widespread infectious disease outbreaks like COVID-19 are associated with emotional distress and symptoms of mental disorder.³ Fear of contracting the virus during a pandemic like COVID-19 is increased by the significant changes to our daily life brought about by the limits placed on our movement in support of efforts to contain and stem the spread of the virus. Considering the high rates of burnout, psychological stress, and suicide that research continues to indicate, attention has been drawn to the psychological burden and general wellbeing of HCWs. Given the new reality of working from home, being temporarily unemployed, homeschooling children, and having little to no physical contact with other family members, friends, or coworkers, it is crucial that we take care of both our physical and emotional health.⁴ The worldwide healthcare system has been severely harmed by the coronavirus disease- 2019 pandemic infection outbreak. Due to their employment in close proximity to those who were infected with COVID-19 or were suspected of being infected, healthcare workers (HCWs) were the main victims.⁵ Newly published research from throughout the world shows that a significant portion of HCWs experience anxiety, depression, insomnia, and post-traumatic stress disorder (PTSD). It is advised that their requirements be properly handled and that they obtain prompt psychological assistance.⁶

The current literature on HCW, which has primarily focused on the mental health outcomes in the doctors and nurses involved in COVID-19 management, does not mention the "faceless warriors" of the COVID-19 pandemic, namely the housekeeping/hospital attendants (HAs) and sanitary workers/attendants (SAs), who are equally exposed to the risk of COVID-19 infection and are actively engaged in biomedical waste management and patient care management.⁶

This group of health care workers tends to be less educated, earn less money, depend more frequently on family members, find it challenging to comprehend how to use different PPEs, and have higher job instability due to the fact that many of them work under contract. Additionally, it is conceivable that they may not be as psychologically sophisticated as physicians and nurses order to help the public in general take care of their mental health during the COVID-19 pandemic, WHO is offering information and advice to health workers, managers of healthcare facilities, persons caring for children, older adults, people in isolation, and members of the general public.⁷

The 2019 corona virus illness (COVID-19) is currently posing an unprecedented threat to global health. No country in South Asia is immune to the outbreak's devastating impact on its economy and healthcare system, including Nepal. As soon as COVID-19 was first identified in a Nepalese traveler from China in the last week of January, the government of Nepal started taking action against it. The government has reported 13,248 illnesses and 29 deaths as of June 29 despite the nationwide lockdown that had been in place lasted for almost 10 weeks.⁸ Despite the fact that the repercussions of a disease outbreak are expensive, the influence on mental health is sometimes overlooked during pandemic management. Health professionals who are actively involved in the diagnosis, treatment, and care of patients with COVID-19 are at risk of experiencing mental health issues, according to preliminary research.⁹ Severe acute respiratory syndrome (SARS) outbreak, health care personnel reported experiencing similar negative psychological effects in earlier investigations.¹⁰ The rising number of confirmed cases and fatalities, work stress, subpar personal protective equipment (PPE), media attention, a lack of specialized care, susceptibility to infection and having to remain in quarantine, as well as feelings of receiving insufficient workplace support, can all add to the mental burden of health workers.¹¹ Performance of individuals is significantly impacted by psychological well-being. The effect of COVID-19 on mental health is well known among a variety of people, including health professionals, in many different nations.¹²

MATERIAL AND METHODOLOGY

Research approach

The current study quantitative research approach was adopted as it was considered the most suitable for study.

Research design

For the present study the research design adopted was descriptive research design. Which was used to identify the Mental Well-being of the Housekeeping Workers working in selected, Tertiary Care Hospital.

Variable

Variable are defined as a personal character trait or objectives which differs or takes on different values. The variable in the present study includes: -

- **Socio-demographic variables** – age, gender, marital status, educational status, type of family, spouse occupation, awareness about COVID 19, Work during COVID 19.
- **Study variable:** Mental well-being

Research setting

The study was organized in 1200 bedded a Selected Tertiary Care Hospital. The Tertiary Care Hospital is situated in the

Doiwala Block, Dehradun District.

Population

In the present study, the study population consisted of the housekeeping workers of Uttarakhand.

Target population

In the present study, the target population consisted of the Housekeeping Workers working of Dehradun, Uttarakhand.

Accessible population

In the present study, Housekeeping Workers working in selected Tertiary Care Hospital, Dehradun, Uttarakhand was the accessible population.

Sample

In the present study sample were Housekeeping Workers working in selected Tertiary care hospital who were fulfilling the inclusion criteria.

Sample size

The total sample size for the study was 255 housekeeping workers

Z= 1.96, P= 32%, D=7% assumed error, N= 255

Sampling technique

Total enumerated sample technique was adopted

Selection criteria:

Sample was a portion of the population that has been selected to represent the study population. The sampling frame was structured by the researcher, the criteria used for selection of study subjects included-

Inclusion criteria:

Housekeeping Workers:

- who worked during second wave of COVID 19 pandemic in covid and non-covid areas of the Tertiary Care Hospital.
- who were willing to participate in the study.
- who could understand Hindi language.
- male and female housekeepers working in Tertiary Care Hospital.

Exclusion criteria:

Housekeeping Workers who were:

- not present at the time of Data Collection.
- diagnosed with severe medical or mental illness

ANALYSIS AND INTERPRETATION:

DESCRIPTION OF SOCIO DEMOGRAPHIC DATA AND BASELINE VARIABLES OF STUDY PARTICIPANTS

Table 1. Frequency and Percentage distribution of socio demographic data of participants
 n=255

Socio-Demographic Variables	Characteristics	Frequency	Percentage
Gender	Male	115	45.1
	Female	140	54.9
Age in years	19- 32	49	19.2
	33-46	133	52.1
	47-60	73	28.6
Education qualification	No formal education	50	19.6
	Primary education	145	56.9
	Secondary Education	60	24.7
Have any medical/ surgical illness	Yes	76	29.8

	No	179	70.2
Type of family you live in	Joint family	114	44.7
	Nuclear family	141	55.3
Marital Status	Married	236	92.5
	Unmarried	19	7.5
Have children	Yes	225	88.2
	No	30	11.8
If married, what is occupation of your spouse (n=236)	Employed- Health care provider	30	12.7
	Employed- Not a Health care provider	45	19.1
	Unemployed/House wife	69	29.1
	Farmer/ Own Business	92	38.9
Awareness about covid 19	Yes	225	100
	No	0	0
Total years of Work Experience	<4 Years	79	31
	>4 years	176	69
During COVID-19 pandemic where did you work	COVID-19 wards	194	76.1
	Non covid ward	61	23.9
Place of residence during COVID - 19 postings	Rented house/ PG	64	25.1
	Own house	108	42.3
	Campus hostel/ hospital accommodation	83	32.5

The data presented in Table No: 1 illustrates that out of 255 sample majority 54.9% of the participants were female & (52.1%) were within the age group of 32-45years. Most of the Housekeepers were educated till Primary 56.9%, Majority of Housekeepers were healthy, living in nuclear family (55.3%), 92.5% were married, 88.2% had children, 38.9% spouse were farmer/own business, 100% Housekeepers had knowledge regarding COVID 19, 69% housekeepers had more than four years of work experience, 76.1% housekeepers had worked in COVID 19 wards & 42.3% housekeeper during COVID 19 posting were in their own houses.

MEAN AND STANDARD DEVIATION OF MENTAL WELLBEING

Table no. 2 : Mean, SD, Range, Median of Mental Well-being among Housekeeping workers.
n=225

S. No	Variable	Range of Score	Median	Mean +SD
1.	Mental Well- being	22-66	56	55.61+3.79

Table no. 2 shows that mean score of mental well-being of housekeeping workers was 55.61 with standard deviation 3.79 Which means that most of the housekeeping workers has average mental well-being.

TO ASSESS THE MENTAL WELLBEING OF HOUSEKEEPING WORKERS

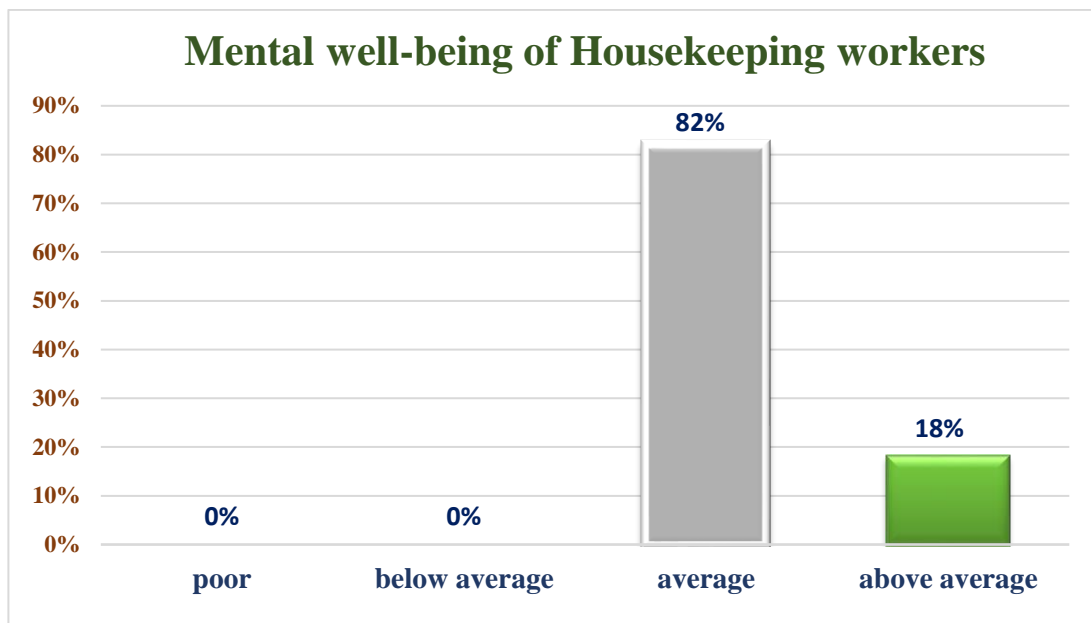
Table no 3: Depicting itemwise Well-being among Housekeeping workers

n=225

Rank order	Items	Housekeeping worker mental well being
		F (%)
1.	I've been feeling optimistic about the future	129 (50.6)
2.	I've been feeling useful	112 (43.9)
3.	I've been feeling relaxed	86 (33.7)
4.	I've been feeling interested in other people	70 (27.5)
5.	I've had energy to spare	50 (19.6)
6.	I've been dealing with problems well	46 (18)
7.	I've been thinking clearly	43 (16.9)
8.	I've been feeling good about myself	35 (13.7)
9.	I've been feeling close to other people	24 (9.4)
10.	I've been feeling confident	16 (6.3)
11.	I've been able to make up my own mind about things	14 (5.5)
12.	I've been feeling loved	14 (5.5)

13.	I've been interested in new things	14 (5.5)
14.	I've been feeling cheerful	3 (1.2)

Table 3 shows that Housekeeping Workers well-being was assessed by using 14 items, five-point Likert Scale. Itemwise analysis of frequency and percentage response of housekeeping workers to each item of the scale was done and illustrated rank wise, most (50.6%) of housekeeping workers felt optimistic about the future, 43.9% felt useful, 33.7% felt relaxed, 27.5% felt interested in other people , 19.6% had energy to spare , 18% were dealing with problem well, 16.9% able to think clearly , 13.7% felt good about him/herself, 9.4% felt close to other person, 6.3% felt confident , 5.5% able to make up my own mind about things, feeling loved and interested in new things , 1.2% felt cheerful.



Graph 1: Percentage wise distribution of Mental Well-being of Housekeeping workers

The data presented in Graph 1. shows that out of 255 housekeepers, 82% of housekeeping workers are had Average mental wellbeing and 18% of housekeeping workers had above average mental well-being.

ASSOCIATION BETWEEN BASELINE DATA WITH MENTAL WELL-BEING

Table 4-To determine association between mental well-being with their selected socio demographic variables among Housekeeping Workers

n=225

Socio demographic variables		Assessment of mental wellbeing		χ^2	p value
		Average	Above average		
Gender	Male	57	58	0.074	0.786
	Female	67	73		
Age in years	19-31year	19	30	4.306	0.116
	32-45years	63	70		
	46-60years	42	31		
Education Qualification	No Formal education	26	24	1.312	0.113
	Primary education	66	79		
	Secondary education	32	28		
Have any medical/surgical illness	Yes,	37	39	4.854	0.028*
	No	79	100		
Type of family you live in	Nuclear family	72	69	0.749	0.059
	Joint family	52	62		
Marital status	Married	114	122	0.706	0.401
	Unmarried	10	9		
Have children?	Yes	106	119	0.968	0.629

	No	17	13		
If married, what is occupation of your spouse (n= 236)	Employed- Health Provider	15	15	0.428	0.711
	Employed- Not a Health care provider	24	21		
	Unemployed/House wife	33	36		
	Farmer/ Own business	48	44		

Note: significant at p<0.05

Table No. 4: The data shows that there was statistically significant association found between the mental well-being of housekeeping workers with their medical/ surgical illness with demographic variables at the significance level of (p<0.05) and association was not found with other demographic variables.

DISCUSSION

To assess the mental wellbeing of housekeeping workers

The current study finding related to mental well-being of housekeeping workers working during covid 19 pandemic was 82% of housekeeping workers are having average mental wellbeing and 12 % of housekeeping workers has above average mental wellbeing.

Rodolfo. R et.al. has published the first report on mental health outcomes and related risk factors among HWs connected with the COVID-19 pandemic in Italy. The study looked at mental health outcomes among Front-line and second-line health workers' mental health results second-line health workers. These results are consistent with other data from China, which show that many first-line healthcare providers implicated in the COVID-19 outbreak, particularly young women, had mental health issues.¹³ Similar findings were supported by **Khanal. P** conducted a study on the effects of mental illness on healthcare professionals during COVID-19 in a setting with limited resources. The results of a cross-sectional survey from Nepal revealed that, on average, symptoms of anxiety, depression, and sleeplessness were present in 41.9%, 37.5%, and 33.9% of healthcare workers, respectively. Stigmatized health professionals were far more likely to have symptoms of anxiety, despair, and insomnia. The results of the study revealed that, in the early phases of the pandemic, a sizable proportion of health workers in Nepal shown signs of stress, melancholy, and insomnia.¹⁴

To determine the association between mental wellbeing with the demographic variable

The current study finding related to association between mental well-being of housekeeping workers with the baseline data i.e there was statistically significant association found between the mental well-being of housekeeping workers with their medical/ surgical illness demographic variables at the significance level of (p< 0.05). No association was found with Gender Age, Education, Type of family, Marital status, Occupation of your spouse, Awareness about COVID 19, Work experience, Posting during COVID 19, Place of residence during COVID 19.

Asirvatham.R, result presented that association between some socio-demographic variables and mental health status of pharmacy students, in which, responds against the questionnaire variables such as perceived stress, selection of course, mistreatment and second chance of pharmacy education were statistically significant.¹⁵ **Pandia. V.** conducted a study on Association of Mental Health Problems and Socio- Demographic factors among Adolescents in Indonesia, Results show significant associations with gender for conduct problems, peer problems, and emotional symptoms.¹⁶

CONCLUSION

The study findings specifically highlight that 50.6% housekeeping workers had Average and 18% had above average mental well-being and there was a significant association between mental well-being of housekeeping workers with the baseline data i.e. whether they had any medical/surgical illness.

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Conflict of Interest

There are no conflicts of interest

REFERENCES

1. World health organization. Promoting mental health: concepts, emerging evidence, practice (summary report) geneva: world health organization; 2004. [google scholar]
2. International journal of science and healthcare research (www.ijshr.com) 122 vol.6; issue: 1; january-march 2021
3. Rajkumar rp. Covid-19 and mental health: a review of the existing literature. *Asian j psychiatr.* 2020 aug;52:102066. Doi: 10.1016/j.ajp.2020.102066. Epub 2020 apr 10. Pmid: 32302935; pmcid: pmc7151415.
4. Mukherjee s, ghosh s, dutta s, bhandari g. A study on the impact of the covid-19 pandemic on the mental stress of students in purulia district. *Society, pedagogy, politics: a multidimensional approach to covid-19.* 2022 mar 3:62.
5. Sahoo s, singh g, bhogalrp, mehra a, aggarwal a, goel k, dutta u, bhalla a, lakshmipv, puri10 gd, grover11 s. Psychosocial issues among the “faceless corona warriors”-the hospital housekeeping staff and sanitary workers on covid-19 duty: an exploratory survey from a tertiary health care center from north india. *J postgrad med educ res.* 2020;54:94-.
6. Pappa s, ntella v, giannakas t, giannakoulis vg, papoutsi e, katsaounou p. Prevalence of depression, anxiety, and insomnia among healthcare workers during the covid-19 pandemic: a systematic review and meta-analysis. *Brain, behavior, and immunity.* 2020 aug1;88:901-7.
7. Bong cl, brasher c, chikumba e, mcdougall r, mellin-olsen j, enright a. The covid-19 pandemic: effects on low- and middle-income countries. *Anesth analg.* 2020 jul;131(1):86-92. Doi: 10.1213/ane.0000000000004846. Pmid: 32243287; pmcid: pmc7173081.
8. Bastola a, sah r, rodriguez-moralesaj, lal bk, jha r, ojha hc, shrestha b, chu dkw, poon llm, costello a, et al. The first 2019 novel coronavirus case in nepal. *Lancet infect dis.* 2020;20(3):279–80. [https://doi.org/10.1016/s1473-3099\(20\)30067-0](https://doi.org/10.1016/s1473-3099(20)30067-0).
9. Lai j, ma s, wang y, cai z, hu j, wei n, wu j, du h, chen t, li r. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *Jama netw open.* 2020;3(3):e203976.
10. Bai y, lin c-c, lin c-y, chen j-y, chue c-m, chou p. Survey of stress reactions among health care workers involved with the sars outbreak. *Psychiatr serv.* 2004;55(9):1055–7.
11. Neto mlr, almeida hg, jda e, nobre cb, pinheiro wr, de oliveira ct, da costa sousa i, omml l, nnr l, moreira mm. When health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak. *Psychiatry res.* 2020;288:112972.
12. Naser ay, dahmashez, al-rousan r, alwafi h, alrawashdeh hm, ghoul i, abidine a, bokhary ma, ht al-h, ali d. Mental health status of the general population, healthcare professionals, and university students during 2019 coronavirus disease outbreak in jordan: a cross-sectional study. *Medrxiv.* 2020;10(8):e01730.
13. Rossi, R., Soggi, V., Pacitti, F., Di Lorenzo, G., Di Marco, A., Siracusano, A., & Rossi, A. (2020). Mental Health Outcomes Among Frontline and Second-Line Health Care Workers During the Coronavirus Disease 2019 (COVID-19) Pandemic in Italy. *JAMA network open*, 3(5), e2010185.
14. Khanal, P., Devkota, N., Dahal, M., Paudel, K., & Joshi, D. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: a cross-sectional survey from Nepal. *Globalization and health*, 16(1), 89. <https://doi.org/10.1186/s12992-020-00621-z>
15. Asirvatham.R, Sudhan Mv Maneesha, Janula R. Assessment of mental health and its association with demographic variables among students, *Black Sea Journal of Public and Social Science*, 2021 Jan, pp 11:14.
16. Pandia, V., Noviandhari, A., Amelia, I., Hidayat, G. H., Fadlyana, E., & Dhamayanti, M. (2021). Association of Mental Health Problems and Socio-Demographic Factors Among Adolescents in Indonesia. *Global pediatric health*, 8, 2333794X211042223. <https://doi.org/10.1177/2333794X211042223>