

How to Cite:

Ajeesh K.G, A. K. (2022). Perceived stress during COVID 19 pandemic among nurses in united kingdom national health service. *International Journal of Health Sciences*, 6(S7), 1845–1851.
<https://doi.org/10.53730/ijhs.v6nS7.11685>

Perceived stress during COVID 19 pandemic among nurses in united kingdom national health service

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Abstract---COVID-19 pandemic is widespread around the world and people are in a state of fear, anxiety, stress and depression. The COVID corona virus has a significant impact on the health of the people and especially poses a great challenge to the medical staffs those who are in the frontline services. The proliferation of fear resulting in erratic behaviour among people amidst infectious outbreaks is an understandably not-uncommon phenomenon since anyone of any gender, and sociodemographic status can be infected (Ho, et. al., 2020). To understand the perceived stress status of NHS nurses who are working in the United Kingdom from Kerala during the outbreak of COVID-19. In this formal study 34 NHS nurses were analysed by using random sampling. The data were collected from 3 hospitals such as Western Sussex hospital, St. Richard's hospital and Worthing hospital. This survey used the Questionnaire which was completed through online by accessing the link given in Google forms. The research methodology adopted in the present study is Descriptive in nature.

Keywords---COVID-19, pandemic, health service.

Introduction

The novel Coronavirus disease (COVID-19) was the major pandemic threat all over the world that began from China during December 2019 and moreover the world. The World Health Organization (WHO) formally named it as 2019-nCoV. WHO states that the COVID-19 virus has a huge family which runs from the normal cold to hazardous ailments (Sethy, 2020). The virus mainly gets transmitted through respiratory droplets that originate from coughing and sneezing, but aerosol transmission is possible, particularly under the condition of long exposure in a relatively closed environment (Cascella, 2020). The respiratory droplets can spread in space up to two meters from the source of infection, whereas bio aerosols can travel hundreds of meters (Wang, 2020). People can be infected by

breathing in the infection in the event that individuals are inside close-ness of somebody who has Covid-19, or by contacting a polluted surface and afterward your eyes, nose or mouth. Covid-19 influences various individuals in various manners. Most contaminated individuals will create gentle to direct side effects. Some prominent symptoms include fever, fatigue, breathlessness, dry cough, and hiccups. Some people may experience aches and pains, nasal congestion, runny nose, sore throat, diarrhoea (Li, 2020). During normal course, it takes 5–6 days from when somebody is contaminated with the infection for side effects to appear, it can also take from 14 to 21 days.

The World Health Organization (WHO) declared the new coronary pneumonia as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020. On January 23, 2020, Wuhan was closed to prevent the spread of the new coronavirus pneumonia. During the pandemic period the stress, anxiety and other negative state of mind started to spread in the country. This led to a great psychological crisis in the country which mainly affected the first line medical staff who serve the corona affected people. Various studies are being conducted to explore the long-term impact of COVID-19 on mental health.

Stress is the response to the body which results in harmful stimuli. It is a common physical and psychological phenomenon that occurs during the normal routine of life. Stress is a biological, psychological, social integration system and a multi-factor interaction, feedback regulation and control system (Feng, 2004). Stressor is a stimulus that causes stress, including physical, chemical, biological, social, psychological, cultural, and other types. All kinds of stressors are related to each other, and one kind of stressor can also combine with the nature of other kind of stress sources, forming a compound stressor. Public health events, due to their suddenness, uncertainty, and harmfulness, being human in- security and instability, and impact on public emotional behavior, breaking people's inner balance, which is an important source of stress, and thus can cause a series of psychological stress responses. The medical professionals especially nurses face more stress during the period of COVID-19 and hence the perceived level of stress was analysed among the nurses working in National Health Services (NHS) in the United Kingdom.

Review Of Literature

A survey conducted by Wang, (2020) in China during the initial outbreak of COVID-19. This study found that 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe; 16.5% reported moderate to severe depressive symptoms; 28.8% reported moderate to severe anxiety symptoms, and 8.1% reported moderate to severe stress levels. Extensive media coverage of the epidemic can now influence the public's physical and psychological response to the infectious disease threat, which may inevitably amplify apprehension while serving as a pivotal tool to encourage precautionary and preventive measures.

Miller (2020) portrays that among the general public at the individual level, it can precipitate new psychiatric symptoms in people without mental illness, aggravate the condition of those with pre-existing mental illness and cause distress to the caregivers of affected individuals. Regardless of exposure, people may experience

fear and anxiety of falling sick or dying, helplessness, or blame of other people who are ill, potentially triggering off a mental breakdown. Significant psychiatric morbidities have been found to vary from depression, anxiety, panic attacks, somatic symptoms, and posttraumatic stress disorder symptoms, to delirium, psychosis and even suicidality, which have been associated with a younger age and increased self-blame.

Methods and Materials

The present study had an examination among the UK NHS nurses having their origin from Kerala are examined about their level of stress they faced during the COVID-19 pandemic period in their work. In this formal study 34 NHS nurses were analysed by using random sampling. The data were collected from 3 hospitals such as Western Sussex hospital, St. Richard's hospital and Worthing hospital. This survey used the Questionnaire which was completed online by accessing the link given in Google forms. First the original Perceived Stress Scale comprising ten items along with the personal profile of the nurses is uploaded in google forms and through mails the communications were sent to the nurses and data are collected. The stress scale gives a picture of the low, moderate and high perceived stress range portrayed by the author. This classic stress assessment instrument was constructed in 1983. The research methodology is Descriptive and was conducted to meet the following objectives:

- To find out the personal profile of the respondents
- To analyse the perceived stress among the NHS nurses
- To identify the relationship and difference between personal profile and level of stress

Hypothesis

- There is no significant association between the personal profile and level of stress among NHS nurses.
- There is no significant difference between the personal profile and level of stress among NHS nurses.

Results and Discussion

Demographic Profile

The Descriptive results of the personal profile of the respondents are provided. This study focused on five aspects such as age, gender, experience and marital status of the UK NHS nurses originated from Kerala. Table 1 displays the demographic profile of the study.

Table 1
Demographic Profile

Demographic Data		Frequency (N = 34)	Percentage
Age	21 - 30 years	15	44
	31 - 40 years	14	41
	41 - 50 years	4	12
	Above 50 years	1	3
Gender	Male	12	35
	Female	22	65
Experience	0 – 1 years	10	29
	2 – 5 years	8	24
	Above 5 years	16	47
Marital Status	Single	16	47
	Married	18	53
Living with Family	Yes	15	44
	No	19	56

The above given table shows that 44 % of the respondents belong to the age group of 21 - 30 years. Majority 65% of the total respondents are Females and the remaining 35% are Males. Nearly half of the respondents are having work experience of above 5 years (47%), followed by 0 – 1 year experience (29%), and 24% with 2 – 4 years of experience in the nursing field. Majority of the respondents 53% are married, and 47% are single. A little more than half of the respondents 56% are not living with their family whereas, 44% are not living with their families.

Level of Perceived Stress

The level of perceived stress among the NHS nurses are examined and reported in the following table 2.

Table 2
Level of Perceived Stress

Perceived Stress	Frequency (N = 34)	Percentage
Low	3	9
Moderate	28	82
High	3	9

The above given table depicts that nearly half 82% of the respondents reported that they face moderate levels of stress during the COVID-19 pandemic. This is

followed by equal amount of nurses with 9% each facing both low and moderate levels of perceived stress among the UK NHS services.

Association between Personal Profile and Perceived Stress

Chi-square test was used to examine the association between the personal profile and the perceived stress among NHS nurses was projected in the table 3.

Table 3
Association between Personal Profile and Perceived Stress

Personal Profile	p value	Sig. / Non Sig.
Age	.208	NS
Gender	.015	S
Experience	.598	NS
Marital Status	.939	NS

The variables age, gender, experience and marital status are associated with perceived stress based on the hypothesis that there is no significant association between the personal profile and level of stress among NHS nurses. The nurses based on their personal data are intersected with stress level and found that there is a significant association only with respect to gender ($p = .015 < 0.05$) on stress level whereas the other variables age, experience and marital status are not associated with their perceived stress among the nurses.

Difference between Personal Profile and Perceived Stress

Independent sample t-test was used to examine the difference between the personal profile and the perceived stress among NHS nurses was projected in table 3.

Table 3
Difference between Personal Profile and Perceived Stress

Personal Profile		Mean	S.D	F	Sig.
Gender	Male	18.67	6.344	1.213	.279
	Female	20.14	4.015		

Marital Status	Married	19.93	6.065	3.734	.036
	Unmarried	19.69	4.175		
Living with family	Yes	19.80	4.092	2.948	.049
	No	19.47	5.591		

The above given table 3 portrays the difference between gender, marital status and status of living with family towards the perceived stress level. The mean value of gender depicts that females face more stress (Mean = 20.14, S.D = 4.015) when compared to males. Still it could be reported that there is no difference in the level of stress with respect to their gender. The marital status projects that married have more stress (Mean = 19.93, S.D = 6.065) when compared to unmarried and it was also found that there exists a significant difference between marital status and stress level. Likewise, there is also a significant difference observed among the nurses living (Mean = 19.80, S.D = 4.092) and not living with their family.

Conclusion

The medical staff, especially nurses working all over the world face higher level of stress during the outbreak of COVID-19. Providing psychological first-aid & counselling are essential during an epidemic. It helps in reducing the psychological distress and promoting adaptive coping strategies to deal with the situation. Constant support for mental and psychosocial well-being in different groups during the outbreak should be of highest priority. Thus providing support to develop a positive mental health among the nurses helps them to serve the people and to support the COVID positive people and other general public.

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