Assessment of Social Aspects among Nurses Caring COVID-19 Patients in Hilla City/Iraq

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Abstract

Objectives: The infection COVID-19 a current illness that affects an oversized variety of individuals and therefore a lot of them within the world died. a major deal of social issues throughout the care of patients with COVID-19.This study aimed at assessing the social aspects among nurses; and determine the factors associated with their aspects.

Methodology: A non-probability (convenience sample) of 200 subjects were selected throughout the use of nonprobability sampling approach and The analysis was done by way of description and conclusion applied mathematics information analysis approach that features, frequencies, percentages; Chi-squared test".

Results: A recent findings indicate that 67.5% were aged young adults, 58.5% & 58% male married nurses, works less than 10 years and diploma graduated. Overall, findings reveal the majority of 53% of nurses were negative social aspects during the care of patients with COVID-19 in Hilla City. there's no important relationship between nurses social aspect and their demographic characteristics at p-value>0.05, except, there was a relationship with their marital status and their residences at p-value ≤0.05.

Conclusion: Overall, a nurse caring for COVID-19 patients had negative social support. It is believed that the support given to nurses during a pandemic is crucial Because standing socially learned from relatives helps nurses to control negative situations in difficult times, Supporting nurses to believe they are not isolated to deal with such issues. **Key-wards**: Assessment, Social Aspects, Nurses.

INTRODUCTION

Coronavirus is a broad group of viruses discovered in 1960 that could cause animal or human illnesses [1]. They typically cause respiratory diseases ranging from common cold to serious illnesses such as Chinese Acute respiratory diseases (SARS) in the year 2002, in addition to respiratory diseases in the Middle East,Saudi Arabia (MERS) in the year 2012, and infectious diseases are caused by the the foremost recently discovered coronavirus (COVID-19)[1]. Recently, the Chinese government told WHO of the many cases of respiratory illness with unsure etiology by the top of 2019. The eruption started within the state food market within the town of Wuhan, China, and quickly infected over fifty folks. Live edible animals such as bat, frog, snake, bird, badger, and rabbit are often bought at a seafood market in town. [2].

Public Health Commission of China gave more data on the disease for January 12, 2020, indicating viral pneumonia. [2]. The clinical disorder SARS-CoV-2 (a shortening of Corona Virus Disease-19), which was announced in a tweet, was officially renamed by the (WHO) on 11 Feb 2020 [1]. As of March 1, 2020, 79,968 patients have positive test for SARS-CoV-2 (COVID-19) in China and 7,169 outside of China [3]. Over three millions condition for human have the virus and more than 326,000 people who died worldwide in Apr and the bulk of the infection and the people who died were from Western Europe and North America [4]. The first confirmed case of SARS-CoV-2 in Iraq was registered in Najaf City for Persiaian student coming back from Iran on twenty four Feb 2020, After that, four people were recorded infected with one house from Kirkuk City in twenty five Feb, who also have a history of travelling to Iran. Another condition of a patient who recently returned from Iran was registered in Baghdad on 27 February [5]. virus were delineate to be a completely unique coronavirus by analysis based on a series of isolates taken from patients. Moreover, the genetic arrangement to designation the exposure to the virus were additionally given [2]. These findings shown the ability of the virus to spread between humans and this were eventually registered for over 191 regions round worldwid. because of direct exposure to human with the virus, Exposure to a person who sneezes or coughs, as well as breathing spray or aerosols, the person to person transmission of the virus occurs. during inhalation by the nose or mouth, This aerosol can cross the respiratory tract of the human body. [2]. " Many experiments have shown that Coronavirus has the ability to transmit to humans in both symptomatic , asymptomatic patients through nasal droplets and direct contact "[5]. Therefore, it's crucial to know the social aspects among nurses.

METHODOLOGY

To examine social aspects Of the nurses caring for COVID-19 patients, a quantitative descriptive analysis was performed using an appraisal methodology with questionnaire objects. Using a non-probability sampling method, a convincing sample of (200) subjects is chosen. The following criteria are used to pick the study sample:

1. Nurses who work at epidemiological wards.
2. Nurses who any degree of educational attainment.
3. Nurses who agree to participated in the study.

The social dimensions of nurses caring for COVID-19 patients are assessed using an accepted and updated questionnaire. This questionnaire was created as a screening method to assess whether or not someone is likely to have social issues. Kristensen & Borg created this screening tool (2003).

Data was collected using a "self-administrative" questionnaire for nurses. To obtain oral consent, the researcher introduced himself to the participants and explained the intent of the study. The participants fill out the questionnaire and provide an answer (nurses). The questionnaire was collected from the participants and then circulated to each nurse's workers. Every self-management took around (15-20) minutes.

In order to interpret and evaluate the study results, SPSS-ver.20 was used as the statistical data analysis approach. The study variables were defined using descriptive

analysis, which included frequencies and percentages, and inferential statistics, which included the Ch-square test.

RESULTS

Table1:Descriptive Statistic Nurses Demographic Variables

Variables	Rating	N=200	%
Age	20-29years old	135	67.5
	30-39years old	25	12.5
	40-49years old	28	14.0
	50and older	12	6.0
Mean+ S.d=30.99+8.742			
Gender	Male	117	58.5
	Female	83	41.5
Marital Status	Single	84	42.0
	Married	116	58.0
Residency	Urban	147	73.5
	Rural	53	26.5
Years of Experience	<10years	155	77.5
	10-19years	16	8.0
	20-29years	15	7.5
	30and more	14	7.0
Educational Attainment	Preparatory	53	26.5
	Diploma	76	38.0
	Bachelor	68	34.0
	Master	3	1.5

This table displays the descriptive statistics of the nurses' socio-demographic data in terms of frequencies and percentages. The age range of the (200) participants who took part in this study was (20-29) years old, and they made up 67.5 percent of the study sample. In terms of gender, males outnumbered females by a broad margin, it revealed that male nurses made up 58.5 percent of the workforce, while female nurses made up the remainder. The study sample's distribution between married and single is revealed in the results. Where married couples make up the majority of the population, they accounted for 58 percent of the total population. The fact that urban residence nurses make up more than half of the study sample is evident. It accounted for 73.5 percent of the study's overall population. In terms of career characteristics, the majority of them have worked in a hospital for fewer than ten years and have a diploma, accounting for 77.5 percent and 38 percent, respectively.

According to the statistical cut-off point, the majority of nurses (53 percent) had a negative social aspect during the treatment of COVID-19 patients in Hilla area.
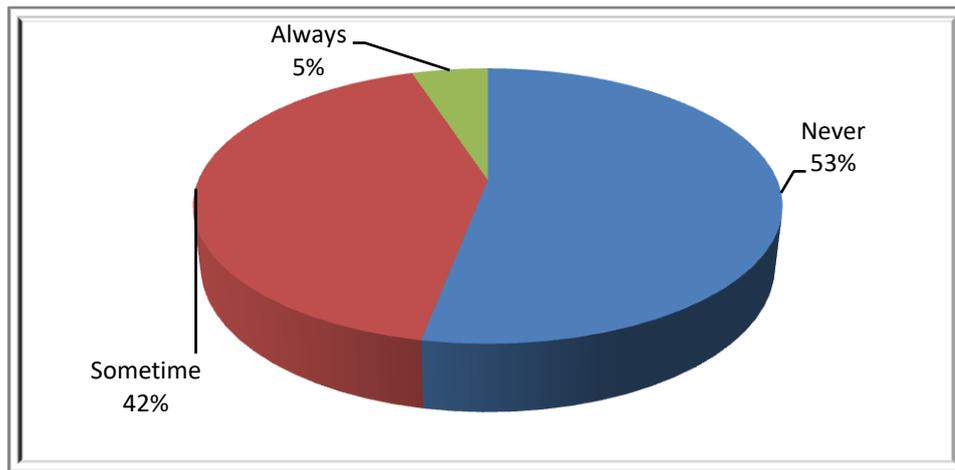
Figure 1:Overall assessment of Social Aspect among Nurses

Table2:Statistical Relationship between Nurses Social Aspect their Demographic Characteristics

	Rating	Social Aspect			Total	d.f	*Sig.*	
		Never	Sometimes	Always				
Age	20-29years	70	57	8	135	6	χ^2obs.= 2.535 χ^2 crit.= 12.592 P-value=0.864	NS
	30-39years	13	12	0	25			
	40-49years	16	11	1	28			
	50and older	7	4	1	12			
	Total	106	84	10	200			
Gender	Male	66	46	5	117	2	χ^2obs.= 1.400 χ^2 crit.= 5.991 P-value=0.497	NS
	Female	40	38	5	83			
	Total	106	84	10	200			
Marital Status	Single	29	49	6	84	2	χ^2obs.= 19.858 χ^2 crit.= P-value=0.000	HS
	Married	77	35	4	116			
	Total	106	84	10	200			
Residences	Urban	86	54	7	147	2	χ^2obs.= 6.894 χ^2 crit.= 5.991 P-value=0.032	S
	Rural	20	30	3	53			
	Total	106	84	10	200			
Years of Experience	<10years	81	66	8	155	6	χ^2obs.= 4.287 χ^2 crit.= 12.592 P-value=0.638	NS
	10-19years	12	4	0	16			
	20-29years	7	7	1	15			
	30and more	6	7	1	14			
	Total	106	84	10	200			
Educational Attainment	Preparatory	22	28	3	53	6	χ^2obs.= 5.005 χ^2 crit.= 12.592 P-value=0.543	NS
	Diploma	44	28	4	76			
	Bachelor	39	26	3	68			
	Master	1	2	0	3			
	Total	106	84	10	200			

"χ^2obs. = Chi-square observer, χ^2crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant"

According to the results, there is no important association between nurses' social aspects and their demographic characteristics at p-value>0.05, except for a relationship between their marital status and their residences at p-value<0.05.

DISCUSSION

Since epidemiological wards need young workers to cover all tasks, 67.5 percent of the 200 nurses who participated in this study were between the ages of 20 and 29. In the other hand, since nurses are more likely to continue to work in unsafe conditions while they are young than nurses in the older age groups, the effect occurs.

Male nurses were predominate in our sample (58.5 percent), with female nurses accounting for the remainder. Male nurses make up the bulk of the nursing staff, and all nurses employed in epidemiological wards must be young in order to cover all duties. This may also be due to the fact that males are responsible for nighttime duties while females are not.

The study sample's distribution between married and single is revealed in the results. Where married couples make up the majority of the population, they accounted for 58 percent of the total population. This is due to the fact that the majority of these age groups are approaching marriageable age, especially after completing their studies and obtaining a place in the field of nursing. Where the Iraqi young, upon completion of their studies and the availability of employment opportunities, opt for marriage.

According to our findings, the majority of them work less than ten years in hospitals due to regular rotation from one unit to another within their specialty depending on the country's epidemiological situation, and they must have the requisite training to do the job.

Our findings showed that educational attainment ranged from preparatory to master's degree, with Diplomas accounting for the majority of the total number (38 percent). Because of the vast number of universities that offer such degrees, diploma graduates make up the majority of staff nurses in health organizations. This result is also due to the fact that hospital wards depend entirely on nurses who graduated from nursing institutes and high schools, while nurses who graduated from nursing colleges are assigned to special units and are still in the minority compared to other nurses.

The above The results are consistent with other studies that have been conducted in Turkey that looked at the psychological and social aspects of dealing with COVID-19 patients. According to their estimates, 58.1 percent of the nurses were between the ages of 18 and 29, 85.9% were females, and 42.7 percent had completed a university education. The above results are consistent with those of a study conducted in Turkey that looked at the psychological and social aspects of dealing with COVID-19 patients. According to their estimates, 58.1 percent of the nurses were between the ages of 18 and 29, 85.9% were females, and 42.7 percent had completed a university education[6] .

In light of the statistical cutoff point, results show that the majority of nurses (53%) had a negative social element when caring for COVID-19 patients. The findings revealed that the nurses who care for patients with coronavirus in Turkey are psychologically affected by the epidemic; Short-term coping tools were used and they needed psychosocial help and resource management.They were often exposed to stigmatizing behaviors and burnout, as well as The severity of secondary difficulties as a result of experiencing sickness and death[7].

In addition, There is a previous test in Korea for things that affect emergency nurses during infection with the Coronavirus pandemic found a lack of social support from family and friends, stressing The benefit of frequent standing by relatives and friends, especially

through such times. Family support is the Highest effectiveness than support to another sources because an person's first social interaction is with their relatives in childhood[8];[6].

There was no important association between nurses' social aspects and their demographic characteristics at p-value >0.05, except there was a relationship between their marital status and their residences at p-value <0.05, according to the results. The disparity between the average total social score and the average total score for nurses based on their demographic characteristics, except for marital status, has a relationship to the social aspect of nurses when the rating is less than 0.05, according to our findings. The activities of the nurses had no effect on the perceived level of social standing or psychological flexibility during study period[6].

CONCLUSIONS

Overall, a nurse caring for COVID-19 patients had negative social support. It is believed that the support given to nurses during a pandemic is crucial because standing socially learned from relatives helps nurses to control negative situations in difficult times, Supporting nurses to believe they are not isolated to deal with such issues.

REFERENCES

1. Ahmad, S. A Review of COVID-19 (Coronavirus Disease-2019) Diagnosis, Treatments and Prevention. *Eurasian J. of Medicine and Oncology*, (2020). *4*(2), 116–125. https://doi.org/10.14744/ejmo.2020.90853.

2. Adnan, M., Khan, S., Kazmi, A., Bashir, N., & Siddique, R. COVID-19 infection : Origin , transmission , and characteristics of human coronaviruses COVID-19 infection : Origin , transmission , and characteristics of human coronaviruses. *J . of Advanced Research*, *24*(April), (2020). 91–98. https://doi.org/10.1016/j.jare.2020.03.005.

3. Baud, D., Qi, X., Nielsen-Saines, K., Musso, D., Pomar, L., & Favre, G. Real estimates of mortality following COVID-19 infection. *The Lancet Infectious Diseases*, *20*(7), (2020). 773. https://doi.org/10.1016/S1473-3099(20)30195-X.

4. Kamal, N. M., & Othman, N. Depression, Anxiety, and Stress in the time of COVID-19 Pandemic in Kurdistan Region, Iraq. *Kurdistan . J. of Applied Research*, *May*, (2020). 37–44. https://doi.org/10.24017/covid.5.

5. Sarhan, A. R., Flaih, M. H., Hussein, T. A., & Hussein, K. R. Novel coronavirus (COVID-19) Outbreak in Iraq: The First Wave and Future Scenario. *MedRxiv*, (2020). 2020.06.23.20138370. https://doi.org/10.1101/2020.06.23.20138370.

6. Tülay Kılınç & Aslı Sis Çelik: Relationship between the social support and psychological resilience levels perceived by nurses during the COVID-19 pandemic: A study from Turkey. 2020: https://doi.org/10.1111/ppc.12648.

7. Özlem Kaçkin; Emre Çiydem; Özgür Sema Aci, &Yasemin Kutlu: Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. International . J . of Social Psychiatry, 2020: 10.1177/0020764020942788.

8. Kim JS, Choi JS. Factors ınfluencing emergency nurses' burnout during an outbreak of middle east respiratory syndrome coronavirus in Korea. *Asian Nurs Res*. 2016; 10(4): 295- 299. https://doi.org/10.1016/j.anr.2016.10.002