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The National Vaccination Programme (Pick), and Its Effect on the Mental Health Statuses of Healthcare Workers in Ampangan, Malaysia

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ABSTRACT

Psychosocial risks can raise stress levels and lead to physical and mental health issues. Low motivation, weariness, anxiety, sadness, burnout, and suicidal ideation are some of the psychological responses that can occur. Malaysia has one of the world's quickest COVID-19 immunization rates. Although this is an incredible success, we must keep in mind that it adds to the workload of the program's taskforce. A cross-sectional, descriptive, and correlational would be done among healthcare workers involved in the PICK programme in a private hospital in Ampangan. Online questions would be sent to the participants using a link through the Google Form platform. On an average, two suicide fatalities happened every day from 2019 to May 2020. However, it was reported by the Royal Malaysia Police (PDRM) that suicide rates doubled in the first five months of 2021. On August 6, 2021, a mass vaccination centre in Kuala Lumpur was closed after testing positive for the coronavirus on over 200 medical staff and volunteers, [Babulal, V. (2021)] As fear rises amongst the healthcare workers due to a previous occurrence as such and the current emergence of the Delta strain of the Virus, it is an undeniable fact that this can only alarm the healthcare family. A study conducted by AIA Vitality said that a portion of the Malaysian labor force are worried and are not getting sufficient rest. Around one out of 10 Malaysian representatives are either on edge or discouraged, with most of them being twenty- to thirty-year-olds. The healthcare workers have high workload as it is during the pandemic. They need to handle the impacts of misconception by the overall population, face stresses from relatives, experience dread of the obscure sickness and of turning into a transmitter of the illness, and now seek protection from the PPEs and Vaccinations that they have adhered during vaccination programmes. Policymakers should pay attention to the frontline workers' mental health issues, especially burnout and fear. Providing adequate social support, building self-efficacy and resilience, and ensuring frontline work willingness are all necessary future national and organizational interventions.

Keywords

Covid-19; Pandemic; National Immunization Programme; PICK; Burnout; Social and Behavioural Epidemiology; Mental Health Services; Mental Stress; Healthcare Workers; Vaccination; Mental Health; Ampangan; Malaysia.

1. INTRODUCTION

The COVID-19 vaccination programme in Malaysia, otherwise known as PICK, is a vaccination campaign that the Malaysian government is currently implementing as a means of containing the spread of coronavirus disease 2019 (COVID-19) and ending the COVID-19 pandemic in Malaysia by achieving herd immunity among Malaysian citizens and non-citizens. The PICK programme began on February 24, 2021, and since then, numerous private healthcare facilities have partnered with the government to help raise immunisation rates, (Kiniguide , 2021). The Sydney Morning Herald reported on July 15, 2021, that Malaysia had one of the world's quickest COVID-19 immunisation rates, handing out 400,000 doses per day on average, more than double the rate of Australia (Camoens, 2021). Although this is an incredible success, we must keep in mind that it adds to the workload of the program's taskforce.

1.1. Problem Statement

COVID-19 was first identified in Malaysia on January 25, 2020, in three Chinese citizens who had close contact with an infected person in Singapore (Ting, 2020). Malaysian health officials reported 20,596 new Covid-19 cases as of August 8, 2021. Currently, the country has 1,203,706. At around 3 months after the start of the Wuhan epidemic, Seremban became one of Malaysia's top three districts with the most cases. Almost every case has been epidemiologically linked to a specific exposure source. The red zone region has more than 41 COVID-19 cases and could become a new epicentre if not adequately controlled. So far, only the Ampangan sub-district has been designated a red zone in Seremban (Zamzuri et al., 2020).

From February 22 to April 2, the Ministry of Health reported 314 Covid-19 clusters nationwide, with factories accounting for 38.54 percent, communities (15.29 percent), construction sites (8.6%), educational sites (7.96%), and shopping malls (7.01%), (Zoey, 2021). On August 6, 2021, a mass vaccination centre in Kuala Lumpur was closed after testing positive for the coronavirus on over 200 medical staff and volunteers, (Eileen, 2021). Working in a red zone district-Ampangan, history of a vaccination center cluster breakout and the emergence of the Delta strain virus only adds on stress to the healthcare workers. Psychosocial risks can raise stress levels and lead to physical and mental health issues if they are not properly identified and addressed. Low mood, low motivation, weariness, anxiety, sadness, burnout, and suicidal ideation are some of the psychological responses that can occur.

Safe and healthy working conditions are fundamental to decent work.

~Cited from The ILO Centenary Declaration for the Future of Work, June 2019

Noor Hisham Abdullah, the Director-General of Health, stated that some people are at a higher risk of developing mental health problems such as depression, especially when they are under a lot of stress or are isolated from their friends and family. In the first five months of 2021, the Royal Malaysia Police (PDRM) documented 468 suicides, up from a total of 631 in 2020 and 609 in 2019. They reported that on average, two suicide fatalities happened every day from 2019 to May 2020. According to Abdul Jalil Hassan, director of the Bukit Aman Criminal Investigations Department (CID), at least 281 men and 1,427 women committed suicide between 2019 and May 2021, with 872 of them aged 15 to 18, (C, 2021). Policymakers should pay attention to the frontline workers' mental health issues, especially burnout and fear. Providing adequate social support, building self-efficacy and resilience, and ensuring frontline work willingness are all necessary future national and organizational interventions.

1.2. Research Objectives & Questions

The problem statement can be analyzed through the following research objectives. The objectives of this study are:

RO1: To determine the prevalence of burnout, anxiety, depression, fear, self-efficacy, resilience, and social support among healthcare workers during the PICK programme.

RO2: To determine whether burnout, anxiety, fear, and depression affects healthcare workers from diverse socio-demographic backgrounds.

RO3: To determine if burnout, anxiety, depression, and fear affect self-efficacy.

On the basis of these objectives, the study will answer following questions:

RQ1: What is the prevalence of burnout, anxiety, depression, fear, self-efficacy, resilience, and social support among healthcare workers during the PICK programme?

RQ2: Does burnout, anxiety, fear, and depression affect healthcare workers from diverse socio-demographic backgrounds?

RQ3: What is the level of self-efficacy among healthcare workers in Ampangan?

2. METHODOLOGY

The research design enables the researchers to come up with solutions to the problems and guides the researchers in the various stages of the research. The study design would be cross-sectional, descriptive, and correlational. The collection of data would be done using the quantitative method that comprise of a set of online questions that would be sent to the participants using a link through the Google Form platform. The questions would be prepared in the national language and English for the participant's perusal. The questions are in a form of survey form and are scored in scale points. The link to the questions would be sent to a selected person in charge in the hospital to distribute among the healthcare workers from July to August 2021. Any participants below the age of 18 are excluded from this study. To limit non-health worker's responses to the online survey, forms were only sent upon invitation to potential participants. The inclusion criteria were health workers aged 18 years and above and currently working in COVID-19 vaccination unit in the selected hospital.

Socio-demographic and other COVID-19 related background data will be collected using a self-developed questionnaire. Burnout will be measured by the Maslach Burnout Inventory: Human Services Survey (MBI-HSS) for Medical Personnel (MP) which contains 22 items with three dimensions: emotional exhaustion (EE, 9 items), depersonalization (DP, 5 items), and personal accomplishment (PA, 8 items). Self-Rating Anxiety Scale (SAS) will be used to measure anxiety. The SAS contains 20 items that examine emotional and physical symptoms of anxiety. Each item will be measured by a four-point Likert scale. The Fear of COVID-19 Scale: Development and Initial Validation by Ahorsu, D. K et al., (2020) was used to measure Fear of COVID-19. The General Self-Efficacy Scale (GSF) by Ralf Schwarzer & Matthias Jerusalem is used to measure Self-efficacy. Hayman's 2005 Version of the Work-Life Balance Scale is used to measure Work-Life Balance. Depression will be measured using the Centre for Epidemiologic Studies Depression Scale (CES-D), NIMH.

3. FINDINGS AND DISCUSSIONS

An individual's life today appears to be a wide range of evaluations and issues that hamper his ordinary incredible and limit of the time his pressing factor is difficult to deal with. At the point when individuals are probably going to danger the fluctuating requests, they go through strain. Nowadays work environment pressure is reasonable a main issue and an issue of wretchedness for the staffs and the enterprises.

This project is believed to identify the hidden factors that increases stress among healthcare workers. This project would give a tabulated data on how work stress silently affects the workers from within. This project would help employers to identify and give importance to also concentrate on the wellbeing of their healthcare workers as a

whole and provide help when needed.

This would likely reduce absenteeism and increase work productivity. This would also likely reduce aggressive behaviour patterns amongst healthcare workers and produce a more “approachable” healthcare worker despite working and handling infectious cases like COVID-19 patients. This would also help reduce pessimism and anxiety among healthcare workers – in which they would be in the state of mind to instil positivity in the minds of patients naturally.

A caring management / employer would also increase job satisfaction and prevent discouragement among healthcare employees. It would create a more conducive environment to work in and a good employer-employee relationship. On the other hand, it would also potentially help reduce the mental impact of the pandemic to the heroes of the nation.

This project hopes to contribute to the betterment and improvement of the healthcare facility since, “A healthy worker is an effective worker”. More care and importance should be given to the mental healthcare status of the healthcare workers. Mental healthcare status should not be a topic of taboo that causes one to be labelled as “unfit to practice”. If mental health concerns are addressed at an early stage, it would also prevent suicidal thoughts. As social beings, humans sometimes need a place to vent out our emotions- and heroes like the healthcare workers need love, care, and a mental rejuvenation session from time to time. It is the least one could do for people who put their lives at risk to keep us safe.

There still are so many people suffering in silence. And there's still this stigma attached to this mental health which we've got to completely obliterate

~Cited from speech by HRH Duke of Cambridge, World Mental Health Day 2020

4. CONCLUSION

Managing emerging mental health problems among health care workers during an epidemic is critical, even more so in the current COVID-19 pandemic crisis. Psychological consequences for this extremely vulnerable group can be profound and long-lasting. While some aspects of combating an epidemic are difficult to change, there are numerous preventable factors to consider. Fear can be reduced by disseminating accurate information and providing adequate training and resources. Stigma and discrimination can be mitigated through education of healthcare workers, their families, and the public. Additionally, hospital and health policymakers must consider the value of a preventative approach to avert the development of psychological manifestations. Psychosocial support and effective interventions must be readily available in a variety of modes and levels and tailored to the unique characteristics of

healthcare workers to empower them in their critical role in the fight against epidemics. Additional high-quality and longitudinal research is required, with a particular emphasis on measures to alleviate their mental health burden.

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