ABSTRACT

Aim: To gauge the psychological sequelae of covid-19 pandemic on medical personnel in Pakistan.

Place & duration: An online cross sectional study was conducted from May, 2020 to August, 2020 in Lahore.

Methodology: 17 score PTSD check list civilian version was used to assess the symptoms of post-traumatic stress disorder in medical personnel.

Results: Mean post-traumatic stress score (PTSS) was 39±15 with a range of 18-89. 66% (n=240) of the participants experienced moderate to extreme stress level. Chi Square test was used to determine an association between higher stress level and age, gender and staff category. Higher stress scores were associated with females (p<0.01).

Conclusion: Rewarding the health personnel with gratitude, acknowledgement, financial compensations and provision of personal protective equipments (PPEs) can halt the psychological sequelae and is a promise to win this battle.

Keywords: SARS coV2, Covid 19, PTSD, Health personnel
no or little stress, 30-44 shows moderate stress and a score above 45 shows severe stress. **Sample size:** A sample size of 360 was calculated using at 95% confidence interval and 80% power of study.

Data was analyzed using SPSS version 15. For qualitative variables like staff category and gender frequencies were calculated while for quantitative variables like age and PTSD score mean and standard deviations were calculated.

**RESULTS**

Detail of results is given in tables 1, 2. Out of 360 participants, 237(66%) were between 20-30 years of age and males were 184(51.1%). Mean Post Traumatic Stress Score (PTSS) was 39±15 with a range of 18-89. 240(66%) of the participants experiences moderate to extreme stress level. Chi Square test was used to determine an association between higher stress level and age, gender and staff category. Higher stress was associated females (p<0.01). For staff category and age the results were not significant (p>0.05).

**DISCUSSION**

The world has faced a couple of epidemics since 2000, most notable of these are SARS-CoV in 2003, H1N1 in 2009, MERS-CoV in 2012, Ebola in 2014 and Zika in 2016. The drastic mental health sequae of these epidemics are considered “an emergency within an emergency” by WHO.

In our study, mean stress score was 39±15 with a range of 18-89. These findings are consistent with a study conducted by Zhuang Lao in China where mean PTSD score was 42.9±17.88. 240(66%) subjects experienced moderate to severe stress level. These findings are consistent with a study conducted by Jianbo Lai et al in China where 71% of health care workers experience distress. A slight low level of stress can be attributed to less number of total deaths in our country as compared to China. This 66% proportion contradicts with a study conducted by Ram Sandeesh et al in Pakistan where 90.1% of the participants suffered from moderate to extreme stress level. The reason for this contradiction may be that our study involves both medics and paramedics while the study by Ram Sandeesh et al in Pakistan involved only those doctors which were appointed in Covid-19 isolation ward, being directly exposed to high loads of viruses all the time. The second reason may be the difference in sample size of two studies. The study by Ram Sandeesh et al involved 112 health care professionals (HCPs) while our study had sample size of 360.

Our study found an association between female gender and extreme stress levels. The 40.9% of females faced extreme stress while only 24.5% of males have extreme stress levels (p<0.01). These findings are consistent with a study conducted in China where female gender is prominent for extreme stress.

**CONCLUSION**

Covid-19 pandemic had overwhelming effects on mental health of health care workers. The need is to address these mental health sequae. Government and other stake holders should take necessary steps to improve the mental health of care givers in the form of gratitude, acknowledgement and provision of PPEs.

**Conflict of interest:** None

**REFERENCES**
