

Post COVID-19 Challenges of Public Servants Dealing Directly with Common Public: A Situational Analysis

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ABSTRACT

Background: The COVID-19 pandemic has significantly affected over 180 countries, infected over 413 million people, and killed over 58.3 Lakh people (as of 15th Feb 2020). While recovering from the COVID-19 pandemic post lockdown government and public servants had the most crucial role. **Objectives:** The objectives of the study are to find the challenges faced by the public servants in the COVID-19 unlock situation who are directly dealing with the common public and to identify the physical and mental health status of public servants after the COVID-19 unlock situation. **Study design:** This study employs a descriptive research design. **Materials and Methods:** A purposive sampling method was used to collect data through a structured questionnaire. The study was carried out to better understand the challenges that public servants who have direct contact with the public face in Dharwad city. Respondents include Bank, KSRTC/BRTC, Zilla Panchayat/Taluk Panchayat/Gram Panchayat, Health Department, and Police Department employees. The sample size for this study was 100 workers from all departments. **Results:** According to the study, there is a significant impact on the physical and mental health conditions of public servants. Thirty-one percent of the study participants agree that they are worried about catching the virus. Similarly, little less than one-fourth (24%) worried that our healthcare system is unable to keep them safe from the virus. **Conclusions:** This study reveals that public servants are constantly struggling with a lack of proper cooperating and encouragement and good response to COVID-19 guidelines post-lockdown period, and they are under the most stress at work and facing physical and mental health issues.

Keywords: Work challenges, physical health, mental health, work stress, public servants

INTRODUCTION

The COVID-19 pandemic affected public sector employment and workplaces. Public servants have been taking the leading role during the pandemic response. The safety of families and the operation of medical systems are the responsibility of healthcare employees. Civil servants are developing new strategies for designing and challenging unprecedented economic stimulus spending, as well as dealing with severe unemployment spikes. To attain this, public servants are requested to work in new ways and from new perspectives. Government employees are coming up with creative solutions for dealing

with extreme unemployment surges as well as designing and opposing hitherto unheard-of economic stimulus initiatives. Public employees are being required to work in new situations and ways to achieve this. Line Ministries and agencies are learning how to use new technology and tools 'on the go' often alongside old procedures and processes. Individual public employees are changing their work and personal schedules to make time for care and family obligations. The public sector has become 'accidentally agile,' with the unique speed in emerging new measures and protocols governing remote working, quicker hiring processes, and fast-track mobility programs.

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Governments may be able to examine and build upon many of the improvements made as a result of the pandemic, putting them on a more sustainable foundation. In the short term, the task facing public employers will be to figure out how to get public employees back to work carefully and continue non-pandemic connected service delivery.^[1]

As the Majority of the studies report there was a high prevalence of anxiety and depressive symptoms among Health Care Professionals which can be connected to exposure to COVID-19, epidemiological issues, material resources, human resources and personal factors. The role of specific variables before, during and after the pandemic remains unknown. Studies like Longitudinal will help in determining what kind of factors are connected with a higher risk of increasing long-term negative effects.^[2]

A systematic review was conducted to summarise the existing evidence on the impact of COVID-19 and related risk factors on psychological outcomes in the general population. This study reveals mental health issues among the general population in different countries during Covid-19 time. During the time of COVID-19 pandemic, the general population in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark reported relatively high rates of psychological distress (34.43% to 38%), anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), and stress (8.1% to 81.9%) symptoms. Female gender, younger age group (40 years), the presence of chronic or psychiatric disorders, unemployment, being a student, and regular exposure to social media or news on COVID-19 are risk factors related to distress measures.^[3]

All over the world health issues are raised such are stress, anxiety, depressive symptoms, insomnia, denial, anger and fear. Collective concerns affect the everyday behaviour, economics, prevention strategies, and decision-making of policymakers, health organizations, and health centres, which can destabilize these strategies.^[4]

All kinds of people were affected due to the COVID-19 pandemic. The COVID-19 pandemic has significantly altered our daily lives, career paths, and sense of security. One

study has focused on “The psychological impact of preexisting mental and physical health conditions during the COVID-19 pandemic”. Based on this study we can understand young people without chronic health conditions may be at a lower risk of complications from COVID-19 infection. However, young people frequently find themselves in precarious positions in their careers, education, and social lives, which may be more disrupted by policy changes than their elders.^[5]

COVID-19 has affected the whole world. It is a pandemic and contagious disease that was declared a public health emergency by the World Health Organization on January 30, 2020. Following a dramatic global increase in the number of people it has impacted on health condition of the people globally. Various countries have taken strict measures to prevent its spread, including a nationwide "lockdown".^[6] COVID-19 can cause physical health concerns as well as psychological disorders. The new coronavirus can hurt mental health in different communities. It is essential to keep the mental health of individuals healthy during the COVID-19 pandemic and to develop psychological interventions that can improve mental health in vulnerable groups.

Not only common people were affected but public servants faced a risky situation in protecting their health during the pandemic. A large number of public servants across the world have participated in collective efforts to improve people's lives, even though it places great personal risk on them. Unfortunately, on numerous occasions, many of the public servants were infected and faced health issues during the COVID-19 pandemic. There were many examples that prolonged periods of isolation and restricted mobility hurt mental health during times of crisis. In addition, prolonged exposure to adverse mental health effects may adversely affect physical health; such are sleep disorders, stress, depression, anxiety and poor quality of life. A minimum of 100 medical and health workers have died due to COVID-19.^[7]

MATERIALS AND METHODS

The current study was conducted on public servants in Dharwad City who have direct contact with the general public. Respondents

include bank employees, KSRTC/BRTC employees, Zilla Panchayath/Taluk Panchayath/Gram Panchayath employees, Health Department employees, and Police department employees. The objective of the study is to find the challenges faced by the public servants in the post-COVID-19 situation who were directly dealing with the common public and to identify the physical and mental health status of public servants after COVID-19 unlocking the situation. The sample size for this study was 100 workers from all departments. The descriptive research design was used for this study, and the researcher used the purposive sampling method to collect data by using a structured questionnaire.

RESULTS

Table 1: Profile of the respondents (N=100)

Background Characteristics	Percent	Number of cases
Departments		
ZP	20	20
Police	20	20
Health	20	20
KSRTC	20	20
Bank	20	20
Age		
18-27	31	31
28-37	31	31
38-47	25	25
48-57	10	10
58 and above	3	3
Educational Qualification		
SSLC	7	7
PUC	20	20
Graduate	52	52
Post Graduate	19	19
Any Other	2	2
Years of experience		
Less than 5 years	47	47
5-10 years	20	20
10-15 years	16	16
15 years and above	17	17
Type of Family		
Joint Family	33	33
Nuclear Family	64	64
Others	3	3
Marital Status		
Married	58	58
Unmarried	42	42

The eligibility criteria were: being employed (not self-employed), and the age range of 18 to 60 years. The final sample included 100 participants. The socio-demographic characteristics of the study participants are presented in Table 1. The samples are being collected from the top five public concern departments, namely, Zilla Panchayat (ZP), Police, Health, Karnataka State Road Transport Corporation (KSRTC) and Bank; as shown in the table, 20% of each of the participants are being selected from these five departments.

According to the age distribution of the study sample, 31% each were belong to the 18-27 and 28-37 age group, 25% 38-47 years, another 10% to 48-57 years, and a remaining meager three per cent to 58 and above age group category. Whereas, the distribution of the participants by educational qualification the results shows that the majority of them have completed their education up to Graduate; seven percent have completed SSLC, 20% have completed PUC, and another 19% are Post Graduates. Nearly half of the study participants have less than five years of work experience, 20% and 16% of them are working since the 5-10- and 10-15-year period, respectively, and another 17% are having work experience of more than 15 years (Table 1).

Furthermore, the distribution of the study participant by family type and marital status shows that only one-third (33%) of the employees are belonging to a joint family; whereas, a little less than two-thirds, and another three percent are belonging to other living set-ups. Similarly, the majority of them are married (58%), and the remaining (42%) are currently unmarried.

Perceived impact of the COVID-19 lockdown/crisis on work

The tools were prepared using five-point scales from earlier literature to assess participants' subjective evaluation of the overall impact of the COVID-19 lockdown/crisis on their work. The response scale ranged from 1 = strongly disagree to 5 = strongly agree.

Table 2: Perception of respondents about the work during post Covid-19 lockdown, Dharwad, Karnataka (n=100).

Work-related statements (%)	Agree	Neutral	Disagree
I am worried about catching the virus	31.0	33.0	36.0
I am worried that I can keep my family safe from the virus	25.0	19.0	56.0
I am worried that our healthcare system is unable to keep me safe from the virus	24.0	32.0	44.0
I am worried that basic hygiene (e.g., hand washing/ sanitizing office) is not enough to keep me safe from the virus	35.0	18.0	47.0
I am worried that social distancing is not possible while giving service to the public	35.0	24.0	41.0
I am worried that people around me will infect me with the virus	35.0	27.0	38.0
I am worried that if someone coughed or sneezed near me, I would catch the virus	44.0	20.0	36.0
I am worried about taking change in cash transactions	38.0	21.0	41.0
I had trouble concentrating because I kept thinking about the virus	17.0	23.0	60.0
Disturbing mental images about the virus popped into my mind against my will	19.0	20.0	61.0
I had trouble sleeping because I worried about the virus	16.0	18.0	66.0
I had bad dreams about the virus	15.0	21.0	64.0
Searched the Internet for treatments for COVID-19	45.0	15.0	40.0
Asking health professionals (e.g., doctors or pharmacists) for advice about COVID-19	53.0	22.0	25.0

Table 2 shows the results for the item related to the perceived overall impact of the COVID-19 lockdown/crisis on work, total of 14 items have been used to assess the impact of the COVID-19 lockdown/crisis on the work of the employees. Thirty-one percent of the study participants agree that they are worried about catching the virus and one-fourths (25%) agreed that they are worried that they can keep their family safe from the virus. Similarly, little less than one-fourth (24%) are worried that our healthcare system is unable to keep them safe from the virus and more than one-third (35%) are worried about basic hygiene, i.e. hand washing, sanitizing office, etc., is not enough to keep them safe during COVID-19 epidemic. Around 35% of the participants were worried that maintaining social distancing is not possible while giving services during the COVID-19 crisis and a similar proportion of the participants are worried that people around them will infect them with the virus. Forty-four percent of the respondents believed that if someone cough or sneezes near them they would catch the virus and 38% of the respondents were worried about taking change in cash transactions.

Further, little less than one-fifth (17%) of the respondents agreed that they had trouble concentrating because they kept thinking about the virus and one-fifth believed that the disturbing mental image about the virus popped into their mind against their will. Fifteen percent of study participants agreed that they faced trouble sleeping and half of the respondent agreed that they had bad dreams about the virus. Further, more than half of the participants agreed that they had asked health professionals, i.e. doctors or pharmacists, for advice about COVID-19 disease (Table 2).

Perceived impact of the COVID-19 lockdown/crisis on health:

The perceived impact of the COVID-19 lockdown/crisis health has been assessed by capturing the experiences of government employees through estimating scores using a seven-point scale. The response scale ranged from 1 = not at all to 5 = all of the time, and a total of 14 scales were used to rate the score (for details on an item of scales and its distribution please see Appendix 1).

The estimated mean and Standard Deviation (SD) scores based on the aforementioned scales are presented in Table 3.

Table 3: Employee's health perception during post-lockdown (n=100)

Background Characteristics	Mean	SD	95% Confidence Interval	
			Lower	Upper
Departments				
ZP	2.03	0.66	1.72	2.34
Police	2.77	1.41	2.11	3.43
Health	2.35	1.24	1.77	2.93
KSRTC	2.82	1.02	2.34	3.29
Bank	1.78	0.60	1.50	2.06
Age of the Respondent				
18-27	2.46	1.32	1.97	2.94
28-37	2.20	0.91	1.87	2.53
38-47	2.41	1.02	1.99	2.83
48-57	2.08	0.87	1.46	2.71
58 and above	3.10	1.73	-1.20	7.40
Educational Qualification				
SSLC	1.77	1.23	0.63	2.91
PUC	2.75	1.02	2.27	3.23
Graduate	2.22	1.07	1.92	2.52
Post Graduate	2.47	1.17	1.91	3.04
Years of experience				
Less than 5	2.34	1.15	2.00	2.67
5-10	2.35	1.10	1.84	2.87
10-15	2.29	1.20	1.65	2.93
15 and above	2.43	0.92	1.96	2.91
Type of Family				
Joint	2.53	1.37	2.05	3.02
Nuclear	2.22	0.89	2.00	2.44
Others	3.03	1.63	-1.03	7.08
Marital Status				
Married	2.35	1.04	2.08	2.62
Unmarried	2.34	1.18	1.97	2.71

The result shows that the mean scores of government employees working in KSRTC was high (Mean = 2.82; SD = 1.02; Confidence Interval (CI)) followed by Police (mean = 2.77; SD = 1.41; CI = 1.72-2.34), health

department (mean = 2.35; SD = 1.24; SD = 1.77-2.93) and so on. Further, the score by age of the respondents indicates that employees belonging to the age group of 58 and above scored 3.10 (SD = 1.73; CI = -1.20-7.40), which indicates are more worried compared to their counterparts (Table 3).

The perceived health impact of the COVID-19 lockdown by education qualification of the respondent shows that the score increases as education level increased, the respondent belonging to a lower educational category rated 1.77 (SD = 1.23; CI = 0.63-2.91) as compared to a score of 2.47 (SD = 1.17; CI = 1.91-3.04) among respondents belonging to the educational category of post graduate level. Further, employees who have less than five years of experience have rated 2.34 (SD = 1.15; CI = 2.00-2.67) compared to more experienced respondents (mean = 2.43; SD = 0.92; CI = 1.96-2.91) (Table 3).

Moreover, the score of study participants belonging to a joint family was 2.53 (SD = 1.37; CI = 2.05-3.02) compared to their counterparts in a nuclear family (mean = 2.22; SD = 0.89; CI = 2.00-2.44). Similarly, respondents' score by marital status shows similar score both among married (mean = 2.35; SD = 1.04; CI = 2.08-2.62) and unmarried (mean = 2.34; SD = 1.18; CI = 1.97-2.71) respondents (Table 3).

DISCUSSION

The current study aims to look into the COVID-19 Post Lockdown Challenges experienced by public employees in Dharwad city who work directly with the public. Last but not least, our findings contribute to the increasing body of knowledge on the psychological anguish of public servants during the COVID-19 pandemic. According to the results of the current study, a sizable proportion of public employees reported having headaches, a nasty cold, or flu symptoms at night. This emphasises the necessity for public employees to receive preventive and supporting measures. The study also discovered that following the COVID-19 post-lockdown, KSRTC staff had higher mean ratings for health-related difficulties while performing their duties. Thirty-one percent of the study participants agree that they are worried about catching the virus and one-fourth (25%) agreed.

Public employees worry that performing their duties will make it hard to maintain social distancing. The KSRTC workers have higher mean scores in health issues after the COVID-19 post-lockdown while delivering service. The public servants worried about maintaining social distancing is very difficult while delivering their services.

CONCLUSION

The assistance provided by bank employees, KSRTC/BRTC employees, and Zilla Panchayath/Taluk Panchayath/Gram Panchayath personnel is strongly appreciated in the time of global Coronavirus Disease (COVID-19). The current study is solely concerned with the job of public employees, and it goes into great detail about their working conditions during the COVID-19 pandemic's post-lockdown phase. The prior study looked at solutions to these problems because the majority of public officials are coping with a variety of concerns. This study covers aspects of the work that public employees do, including work stress, physical and mental health problems, and more.

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Conflict of Interest: Nil

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Annexure 1: Perception of respondents about the health during post Covid-19 lockdown, Dharwad, Karnataka (n=100).

Health-related statements (%)	Not at all	Rarely	Once in a while	Some of the time	Fairly often	Often	All of the time
Over the past [while working in post lockdown period] [How often have you had? difficulty getting to sleep at night?	45	32	16	1	2	1	3
Over the past [while working in post lockdown period] [How often have you woken? up during the night?	40	29	12	8	5	6	0
[How often have you had nightmares or disturbing dreams?	45	33	9	10	1	2	0
Over the past [while working in post lockdown period] [How often has your sleep been peaceful and undisturbed?	24	25	10	14	13	4	10
[How often have you experienced headaches?	26	31	10	16	10	7	0
[How often did you get a headache when there was a lot of pressure on you to get things done?	22	28	15	14	12	6	3
[How often did you get a headache when you were frustrated because things were not going the way they should have or when you were annoyed at someone?]	23	36	11	17	8	5	0
[How often have you suffered? from an upset stomach (indigestion)?	24	38	14	7	8	7	2
[How often did you have to? watch that you ate carefully to avoid stomach upsets?	36	32	8	14	6	3	1
[How often did you feel? nauseated (â€sick to your stomach)?	37	33	10	10	4	6	0
[How often were you constipated or did you suffer from diarrhea?	47	29	6	11	3	4	0
[How many times have you? had minor colds (that made you feel uncomfortable but did not keep you sick in bed or make you miss work)? (Times for a day)	31	41	4	13	8	3	0
How many times have you had respiratory infections more severe than minor colds	50	33	3	6	5	3	0
[When you had a bad cold or flu, how long did it typically last? (How many days)	39	31	10	6	6	7	1