

## Exploring Psychological Stress among Health Care Worker AMID Pandemic COVID-19 in Malaysia

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### Abstract

*The COVID-19 pandemic is a novelty that is affecting everyone. Pandemic-related problems, such as isolation and quarantine, social distance, economic and social pressure, may arise to cause major psychological problems specifically to those whom get infected by COVID-19, followed by frontliners such as health care workers and generally public. Thus, this study was conducted to explore psychological stress among health care worker amid COVID-19 pandemic, coping strategies and needs required by health care workers. This qualitative method, using purposive sampling with semi-structured via phone/online interviews among thirteen health care worker who worked in Government Clinic and Hospital in one of the District in Pahang state, Malaysia. Data was analysed using thematic analysis. 13 health care personnel were participated in this study with at least about 10 years working experiences. Demographic data include various variable such age, gender, role, marital status, working experiences and their original department. Data analysis discovered that 3 major themes capturing the important elements involves and contributed to psychological stress among health care worker during COVID-19 pandemic from this cohort group. The themes were classified as COVID-19 implications, coping strategies and needs. Each of the themes are further elaborated in details through the identification of sub-themes which consist of Psychological Effect, Working Environment, Social Effects, Self-care, Expression of Feelings (Emotion focused), Problem-focused coping strategie, Psychosocial support and Resource Management. Therefore, it is important to deal and recognize the ongoing distress that could be negatively impaired frontliners. Regular contact between support person should be consider to improve better self-adaptation, positive coping skills and self-care strategies. Nevertheless, consideration among policy makers and government are highly expected in serving frontliners while facing struggles and challenges during present pandemic.*

*Implementation of services and targeted policy turn pivotal thus would protect frontliners, mentally and physically, to maintain the functioning of our nation's healthcare.*

**Key-words:** Psychological Stress, Health Care Worker, COVID-19, Frontliner.

## **1. Introduction**

A new pneumonia caused by coronavirus 2019 since end of December 2019 (COVID-19), which spreading domestically and internationally, has been identified in Wuhan City of China (WHO, 2020). The World Health Organization (WHO) held an emergency meeting, and declared the global COVID-19 epidemic to be a public health emergency (Zaidi, 2020). The first wave of COVID-19 in Malaysia started on the 25th January 2020, with three cases from China. This was followed by the second wave from 25th February to 30th June 2020 lasting for about 4 months. Subsequently, the third wave started from 20th September 2020 until now (Ahmad, 2020). COVID-19 triggered large-scale public hysteria and extreme psychological stress due to significant morbidity and mortality (Chen et al., 2020). The outbreak of pandemic disease is extremely catastrophic and causing negative psychological effects among patients, healthcare workers and their surroundings.

For general population around the world, pandemic-related problems, such as isolation and quarantine, social distance, economic and social pressure, can typically cause major psychological causes. The most burden group of people are among those whom get infected by COVID-19, followed by frontliners such health care workers and general population. However, the risk for frontliners are higher as compared to the other essential workers (Karlsson & Fraenkel, 2020). Working in the front line was an independent risk factor for worse mental health outcomes in all dimensions of interest (Lai et al., 2020).

Frontliners were a name for workers whom directly involved in prevention and management of COVID-19 suspected or confirmed cases. During this time, frontliners played a pivotal role in battling and controlling COVID-19. The frontliners or health care workers (HCW) comprises of medical staff such as doctors, nurses and their assistants, paramedics, ambulance staff, hospitals porters, physicians, medical experts, pathologists and others (Ating, 2020). While according to Zhang et al., (2020), frontliner consists of all persons who involved in screening, inspection, laboratory testing, transportation, nursing, specimens handling, pathogens detection, pathology analysis or pathology anatomy, technical staff and medical professionals.

These group of people are called frontliners because they deal with patients, close contacts and those with symptoms of possible COVID-19. The risk of getting the disease is significantly

higher than the normal population and dealing with a worldwide pandemic is unprecedented in these modern times where the spread is fast and borderless. Because of this, frontliners are facing many challenges both workwise and personally. They are prone to expose to variety of psychological stress while combating with pandemic COVID-19. Thus, this study was conducted to explore psychological stress among health care worker amid COVID-19 pandemic, coping strategies and needs required by health care workers.

## **2. Literature Review**

Malaysia registered a total of 255 cases with 4 death per million population as of 30<sup>th</sup> June 2020, concluded the 3<sup>rd</sup> among various site of South Asian country following Singapore, and leading India, Indonesia and Vietnam (Chew et al., 2020). According to a study comparing prevalence of adverse psychological outcome such anxiety and depression among healthcare workers during COVID-19 pandemic, reported that Malaysia cohort were leading the list among Asian country with highest prevalence of depression (14%), anxiety (14.9%) and PTSD (6.3%). In addition to the direct health effects on patients of COVID-19, it signifies tremendous strain on healthcare staff and services.

Frontliners who are actively involved in handling outbreaks cases from the commencement of the diagnosis, delivering treatment and care of COVID-19 patients, are at risks of experiencing psychological distress and other symptoms of mental health (Lai et al., 2020). Frontliners health care workers, especially females and nurses, are amongst the most vulnerable groups at risk of mental health problems (Sonja et al., 2020a). These mental health problems may lead to other problems such as reducing the quality of life and affecting work performance (Liu et al., 2020).

The challenges that could be identified during pandemic COVID-19 among frontliners including the tendency of self-perceived risk, magnify attitude and fear to get infected with the unknown uncertain virus, the stigma from family members and society (Taylor, Landry, Rachor, Paluszek, & Asmundson, 2020), enormous distress, and suicidal ideation. In addition, the medical frontliners who experience ongoing stressful condition may lead to the worries and anxiousness. Those including shortage of personal protective equipment (PPE), fear of infecting their family (the concern for their home), lack of man power (excessive heavy duty), witnessing colleagues who became critically ill (in grieving process) and limited access to mental health services due to time constrains also fuel up the risk even higher (Ayanian, 2020).

As the consequence, the immune system of frontliners can be compromised due to continuous psychological distress and physical exhaustion thus made them vulnerable to COVID-19 infection. (Cai et al., 2020). Furthermore, according to a study was conducted in several city in China, specifically the province of Chongqing, the study found that, somatization was reported frequently (Xiaoming et al., 2020) with 42.7% among nurses frontliners experienced identifiable somatic symptoms such as headaches, lethargy, sore throats in regards to respond to their psychological stress burden (Chew et al., 2020). Moreover, due to their closer contact with patients they may be more exposed to moral injury pertaining to suffering, death and ethical dilemmas (Pappa et al., 2020). Nevertheless, during the COVID-19 pandemic, sleeping disturbances and insomnia are also commonly occurred (Wasim, e Raana, Bushra, & Riaz, 2020).

A medical occupation, family burden, anxiety, depression and bereavement were reported to be a significant predictive factors of poor sleep quality (Wang et al., 2020). Around four in ten health workers endure sleeping problems with or without insomnia (Pappa et al., 2020). This condition may increase the risk of frontliner to develop other organic condition such as diabetes, hypertension, stroke and heart attacks or further implications of psychological stress such as burn out, lack of crisis management, jeopardized patients care, and worsening of mental health condition, where it can worsen the symptoms of depression, anxiety and disturbances of personal life with constants worry (Salari et al., 2020).

In facing with all sorts of challenges, medical frontliners must be wise in choosing the suitable and effective coping strategies. This is very important to ensure that they can go through this critical phase without compromising their well-being. The strategies in managing or coping with stress can be divided into two different contexts whether the stress had triggered individuals to approach the problems or to control emotional reactions from the challenges that they are facing (Andersson & Willebrand 2003). One of the most commonly used theories in discussing the strategies is the conceptual framework and theory presented by Lazarus and Folkman (1984). In describing stress as a dynamic process, Lazarus subsequently developed a conceptual framework known as the 'Transactional Theory of Stress and Coping-TTSC' (Lazarus, 1966; Lazarus & Folkman, 1984). This theory is particularly relevant in discussing coping strategies for frontliners as it is widely debated in the context of stress during diseases outbreak based on previous studies (Lee et al., 2018; Rice et al., 2014).

In this theory of TTSC, Lazarus explains that the strategy is driven by primary appraisal performed by individuals with stress. This primary assessment requires the individual to assess whether the stressors is considered threatening, challenging or irrelevant. Whereas, the secondary

appraisal involves on how individual evaluates the strategies to address the threats that they face. Both assessments lead to the implementation of the strategies; as it depicts the process of reappraisal is ongoing, and it involves continually. It reappraises both the nature of the stressor and the resources available for responding to the stressor. On that note, Lazarus and Folkman (1984) have classified this strategy into two aspects which include problem-focused coping strategies and emotion-focused coping strategies.

### 3. Methodology

This research opted a qualitative research method. The respondent was chose using purposive sampling method. A semi-structured, in depth phone/online interviews were conducted with 13 health care worker who worked in Government Clinic and Hospital in one of the District in Pahang state, Malaysia. Table 1 lists the demographics of the 13 health care workers that were selected. The health care worker was interviewed by research team to obtain a complete and holistic view based on the context of the study and research questions. Interview sessions were held using phone call/ online method in view of new SOP during COVID-19 pandemic to maintain physical distance. Each interview lasted for about 60 minutes. Interviews were audiotaped or videotaped. The collected data were manually analysed using thematic analysis.

Table 1 - Characteristics of Informant

	Age	Gender	Role	Marital status	Working experience, years	Original department
Informant 1	24	Female	Nurse	Single	2	Medical Department, Hospital
Informant 2	27	Female	Nurse	Married	5	Ophthalmology department, Hospital
Informant 3	32	Male	Medical Officer	Married	8	Government clinic
Informant 4	34	Male	Medical Officer	Married	10	Medical Department, Hospital
Informant 5	29	Female	Nurse	Married	7	Anaesthesiology Department, Hospital
Informant 6	36	Male	Medical Officer	Married	12	Ophthalmology department, Hospital
Informant 7	25	Female	Nurse	Single	3	Medical Department, Hospital
Informant 8	27	Male	Medical Officer	Married	3	Anaesthesiology Department, Hospital
Informant 9	28	Male	Medical Officer	Married	4	Government clinic
Informant 10	34	Female	Nurse	Married	10	Government clinic
Informant 11	31	Female	Medical Officer	Single	7	Medical Department, Hospital
Informant 12	29	Male	Nurse	Married	5	Government clinic
Informant 13	27	Female	Medical Officer	Single	7	Medical Department, Hospital

#### 4. Results

Analysis of the data revealed 3 major themes capturing the important element involves in psychological stress among health care worker amid COVID-19 pandemic in one of the government clinic and hospital in Malaysia. The themes were classified as COVID-19 implications, coping strategies and needs. Each of the themes are further elaborated in details through the identification of sub-themes, as shown in Table 2.

Table 2 - Summary of Themes

Theme	Sub-theme	Codes	Quotations
COVID-19 Implications	Psychological effect	Stress, increase anxiety, depressive symptoms, fear, suicidal ideation, feeling uncertainties, increase hygienic measures, worry of being infected and infecting others/family members	<p><b>Informant 2:</b> ‘I feel so stressful with this situation. I need to change my way of life..’.</p> <p><b>Informant 5:</b> ‘I feel so uncertain, . . . really uncertain about everything . . . what will happen to my workplace, what will happen to my family when we go home’.</p> <p><b>Informant 7:</b> ‘I left my kids to my mom. My kids still small and my mother suffers from high blood pressure. What will happen if they become infected? I’m afraid of losing them’</p> <p><b>Informant 8:</b> ‘There are too many patients in the ward, I cannot cope with this kind of situation. I feel so my effort is not worth, I feel so guilty when some of them die. Every morning, I don’t feel like going to work, I don’t want to do anything. My life is not meaningful anymore’</p> <p><b>Informant 10:</b> ‘I cannot sleep well, I feel my life is not meaningful, sometimes I feel like I want to suicide’</p> <p><b>Informant 12:</b> ‘I did not tell my parents that I was working in the Corona ward because they would worry, I only told my brother and my sister. I told them I would only go to 4 watches’.</p> <p><b>Informant 13:</b> ‘I’m becoming a little obsessive. I constantly wash my hands and disinfect them. I’ll take a bath right away before going back. Now my obsession has increased even more’.</p>
	Working environment	Lack of equipment & PPE, working under extreme condition, change of the working system, difficulty in working with different team members, the risk of infection due to frequent contact	<p><b>Informant 1:</b> ‘There are lacking in equipment and PPE especially. We need to protect our self too’.</p> <p><b>Informant 3:</b> ‘I need to wear PPE for hours. It is so hot inside. I always feel dehydrated; I have frequent headache. It is very discomfort’</p> <p><b>Informant 6:</b> ‘I work in Klinik Kesihatan. I need to work in shift system. No more office hour, working hour. It is quite stressful since I need to change my daily activity’.</p>

		with infected patient	<p><b>Informant 7:</b> ‘It is too weird. I feel like I cannot cooperate well with my new team work. They work in different way’</p> <p><b>Informant 9:</b> ‘There are too many patients in the wards and quite crowded. I need to see each of them. I’m so worry that I can be infected because of this situation.’</p>
	Social effects	stigma, social isolation	<p><b>Informant 4:</b> ‘I cannot send my kids to Taska. They don’t want to accept my kids. They told me that, other kids might get infection because of them’</p> <p><b>Informant 11:</b> ‘I used to hang out together with my housemate after working hour. We used to eat together, cook together and watching movie together at home. Now, my housemate tends to spend most of her time in her room. Worry that I might cause infection to her’</p>
Coping strategies	Self-care	Doing sports, be positive, watching movies and series, cooking, baking, cleaning the house, manage stress, listening to music, reading books, get enough sleep	<p><b>Informant 5:</b> ‘I’ve been cooking and baking more and making up new recipes’</p> <p><b>Informant 3:</b> ‘I spent a lot of time with my family. Watching movies together. I feel enjoyed’</p> <p><b>Informant 7:</b> ‘I’m aware that I need to manage my stress very well. I’m doing sport. I feel more positive’</p> <p><b>Informant 11:</b> ‘I clean my house. I feel satisfied and happy’.</p>
	Expression of Feelings (Emotion focused)	Crying, making calls	<p><b>Informant 10:</b> ‘I feel so relieved after crying. I feel like all my problems are going away’</p> <p><b>Informant 13:</b> I always make online phone call with my mom. I share everything with her. I feel calmer’</p>
	Problem-focused	Practicing SOP	<b>Informant 4:</b> ‘I decided to practice every recommended SOP. I feel safe’
Needs	Psychosocial support	Meeting the need for psychosocial support	<b>Informant 6:</b> ‘We don’t know how to cope with current situation . . . I feel like consulting an expert, so it would be much better if there are psychologist or counsellor that can help us. We really need some sort of support, because we are under a lot of pressure’.
	Resource management	Meeting the physical needs, arrangement of working hours, meeting material needs, meeting the need for equipment	<p><b>Informant 3:</b> ‘I’m so grateful that KKM introduce a shift system. No more overcrowded situation in KK’</p> <p><b>Informant 8:</b> ‘We received a lot of help from NGOs and other community volunteer members. There is no more problem with shortage of PPE and other equipment’.</p>

## 5. Discussions

### COVID-19 Implications

#### 1. Psychological Effects

The findings from the study revealed that majority of the health care worker experienced variety of psychological stress during pandemic COVID-19 which include stress, increase anxiety, depressive symptoms, fear, suicidal ideation, feeling uncertainties, increase hygienic measures, worry of being infected and infecting others/family members. This finding was supported by a lot of other previous study which stated that the most common psychiatric disorders diagnosed during COVID-19 pandemics are post-trauma stress syndrome (PTSS), depression and anxiety (Sonja et al, 2020b). Meanwhile, the incidence of depression is higher in females (7.9%) as compared to males (7.3%), whereas incidence of anxiety was higher among males (7.3%) (Azlan et al., 2020). Mental health problems such as anxiety and depression were associated with age group, frontliners' work field, coping strategies, gender and marital status (South et al, 2020). Furthermore, there was a substantial prevalence of anxiety and depressive symptoms among frontliners, where implementation of effective psychological intervention to improve mental health outcome among them are desirable (Sulaiman et al., 2020). In addition, the fear of infection with COVID-19 and lack of knowledge about COVID-19, are the key stressors that leads to anxiety (Hawryluck et al., 2004). A study done in China, stated that about 89% of frontliners had COVID-19 awareness, more than 85% feared virus self-infection and 89.7% adopted proper COVID-19 practices.

Besides that, negative emotions which occurred during the pandemics elaborated more of fear, uncertainty, anxiety which related to the 'infodemic' fake news related to COVID-19 information (Cabarkapa et al., 2020a). During this COVID-19 pandemic, the frontliners also were noted to be physically exhausted and fatigue, working overtime with more distress environment. These are because they have to work in a long shift hour without break which posing them to a higher risk of infection. Physical fatigue has compromised the body and generated more severe physical symptoms (Li, Cheng, & Gu, 2003). This condition would contribute to work-related negative outcomes such as burn out issues, which might affect the performances as well. Not to forget that they often experienced sadness, disappointment and loneliness as they need to socially distance themselves to prevent spreading of any infection towards the loved ones when they return home.

Regrettably, suicide reports have also been recorded, among frontliners, as they faced with accumulated psychological burden and constant fear of dying (Pappa et al., 2020). Suicidal ideation

among frontliners were also challenges that to be address diligently. According to sample of Malaysian health care workers from a teaching hospital in Selangor, it is reported that among of them, about 11.4% are those with current suicidal ideation, and most risk factors are linked to those who has depression. The protective factors among them is the service duration of more than 10 years. In view of its deleterious mental health outcomes, it is imperative to implement effective psychological interventions to improve mental health outcomes among frontliners. One of the most important strategies are to improve coping skills among frontliners form different disciplines including from various aspects such as sociocultural, religion and mental aspects (Jahrami et al., 2020).

## **2. Working Environment**

Without a doubt, the emergence of the COVID-19 pandemic has changed the normal work structure of our healthcare. Based on the findings from this study, health care worker facing multiple challenges in their working environment which include lack of equipment & PPE, working under extreme condition, change of the working system, difficulty in working with different team members, the risk of infection due to frequent contact with infected patient. Pertaining to the findings, necessary changes were made in order to handle these challenges.

Healthcare frontliners faced the issue of PPE (Protective Personal Equipment), facemask and hand sanitizers shortage during this pandemic especially since the beginning of the second wave. Full and complete PPE is important to protect the HCW from getting the infection by the virus. Unfortunately, in the beginning there were significant difficulties in getting these items due to items unavailability or the higher prices. It is mandatory for healthcare professionals to comply with PPEs during work (Nyashanu et al., 2020). HCWs working with usual patients may wear basic PPE which consist of masks, aprons and gloves. While those who are working with taking samples or swabbing from high risk patients need to wear a higher-level of PPEs, which are gowns, aprons, facemasks, face shield and gloves. It is a discomfort and stifling condition when person have to wear PPEs during work. With increasing numbers of patients needing to be swabbed, HCW in charge of sampling might have to wear PPEs for hours and may experience sampling in the hot sun. If the sampling is done for massive outbreak, the numbers of close contacts to be sampled can be in hundreds over a span of a few days and occasionally it is done during the weekends. HCW frontliners often have to work long hours and sacrifice their weekends. Putting on PPE giving a lot of discomfort

to health care worker while doing their works. Similar finding was found in study done by Qian et al., (2020) who reported that health care worker facing similar problems with PPE.

Putting on and taking off PPEs (called donning and doffing) is not simple and requires meticulous steps. If it was done incorrectly, it might pose a risk of exposure to the person wearing it. Because of this, some staffs wearing PPEs will try to abstain from drinking water so as to avoid going to the toilet, hence reducing the frequency of donning and doffing. Unfortunately, working in the sun without enough water intake further causing them to be dehydrated and heat stroke. As careful and vigilant as they are, occasionally there will be staffs who are exposed to a positive patient. When this happens, some of the staffs will need to be quarantined, leaving only a few staffs left to run the clinics or hospitals. Occasionally, staffs from another district or state will have to come as replacements, leaving behind their spouses, children or parents, sometimes within short notice.

Most of common chronic diseases appointments such as diabetes mellitus, hypertension and dyslipidemia had to be postponed or spaced out, focusing more on emergency, maternal and child cases. The main reason is to avoid overcrowding at the clinic, and at the same time, to focus on additional COVID-19 health activities such as screening, contact tracing and other preventive measures. The focus has shifted from quality care to basic care in times of crises. The repercussion of this is immense: backlog of cases, patients not given the optimum care leading to late diagnosis, near-misses, accidents and even deaths (Wang et al., 2020).

In the hospitals, elective surgeries were cancelled with only emergency cases could proceed. These policies were put in place to avoid the spread of COVID-19 in hospitals and clinics. However, the restriction of hospitals or clinics services are significantly cause an interruption to healthcare delivery. In many states, certain hospitals became designated COVID-19 hospitals, which meant that these hospitals were the ones who would receive and treat COVID-19 patients (Ministry of Health, 2020). Other hospitals who are not involved in managing COVID-19 patient were designated to take over the normal functions of the COVID-19 hospitals. In addition, making diagnosis of COVID-19 infection is more challenging in view of the fact that most of the individuals who are affected by COVID-19 may have no symptoms. The patient might present to the hospitals or clinic for other reasons without being aware that they are infected with COVID-19. Therefore, it is difficult to contain the virus from spreading especially in high risk settings such as hospitals. It is not surprising if there are news from time to time regarding outbreaks in hospitals and other health centers (Noorshahrizam, 2020).

In addition, many HCWs worked extremely long hours without sufficient breaks and at the same time they have to be multitasking in several duties. The government recently announced for a

shift system and longer operating hours at Klinik Kesihatan. This are meant to ease burdens on the HCWs and improve social distancing (Soon, 2020). However, this was met with an outcry from various medical organizations such as the Malaysian Medical Association (MMA), the Congress of Unions of Employees in the Public and Civil Services (Cuepacs), the Malaysian Pharmaceutical Society (MPS), the Malaysian Nurses Association (MNA), the Malaysian Nurses Union (MNU), and the Kesatuan Pemandu-Pemandu Kementerian Kesihatan Semenanjung Malaysia (KPPKKSM) which highlighted the issue of staff burnout if the new policy is implemented (Kanmani, 2020). A shift system will extend the operational hours at Klinik Kesihatan to 9:30pm. The two shifts for staff are from 8am to 5pm and 12:30pm to 9:30pm. The shift system means that the number of existing staff will be divided into two, with core work which is usually carried out in the mornings will be handled with less staff. These groups suggested for the Ministry of Health (MOH) to increase staff and improve infrastructure before implementing the shift system at public clinics.

Because of the virulence of the virus and the aims of protecting the community, many guidelines (SOPs) has to be created or modified and implemented almost immediately. In times of uncertainty, the same guideline or SOPs changes from time to time making continuity a challenge. Staffs will need to be constantly updated, attend meetings and ad hoc teaching sessions to relay and receive information. New developments pertaining to any information related to COVID-19 need to be constantly monitored. As the time goes on, it's easy to lose focus as HCWs becomes weary. Even worse, when an approach does not go as planned or goes wrong, it is actually disheartening for the people in charge as well as the rest of the healthcare teams involved, knowing that they need to start all over again (Andreas & Uzma, 2020).

### **3. Social Effects**

The study revealed that majority of the respondent experienced social effects from the pandemic COVID-19 which include stigma and social isolation. There are many frontliners who fear of going home to their families because of the fear of infecting them with COVID-19 (Nyashanu et al., 2020). Some made sacrifices by sleeping or renting somewhere else and only come home if they were given time off. There are also those who are not able to see their families even when they have some time off because they are posted far away and the restricted movement orders prevented them from travelling. Some have not seen their families for months. There are those who sent their young children back to their parents. Even those who decided to come back home, will try to do some basic

steps such as bathing outside of the house or before going home. Despite of that, the worry is incessant.

Since the second wave, from February until end of June 2020, HCWs was not able to take leave due to all leaves were suspended. Most of them, during this time sent their children back to their parents. It would be four to five months before they would be able to see their children again during the slight hiatus between July and August to give them a much needed 'break', but now the third wave has started on 20th September. Recently, some states have announced that MOH workers leaves are suspended once again as the COVID-19 cases are hiking.

Furthermore, with the school being closed during this third wave, there has been some difficulties for parents who are working in the MOH to find places to take care of their children. They have to resort to find other arrangements such as finding a care centre that is flexible with their hours or sending their children away and so on. The stress of finding care solution for their children is an additional burden apart from working. Parents of older children voice out their stress in view of they are unable to monitor their children's online learning and homework. As the numbers of patients grew and the months goes on, these health care workers are already burdened mentally and physically with work and is slowly being affected by the emotional stress encumbered by their personal lives.

Besides that, the stigma can be felt towards their family members especially towards their children. HCWs have been feared, avoided and shunned due to public fear that HCWs are sources of infection (Bagcchi, 2020). There were protests from other parents that HCW's children posed a risk of infecting other children at the care centres, with some centres refusing to accept frontliners children. This was not helped when the Ministry of Women, Family and Community Development (KPWKM) revised their SOP in 22nd May 2020 which stated that "frontliner's kids are a high-risk group to get infection from their parents. Therefore, the most suitable place for them are at home. However, frontliners can still sent their children to nursery home, but their children should be isolated" (Code blue, 2020). This statement had upset many frontliners who felt it was a direct stigmatisation and poor appreciation of their sacrifices. Taylor et al., (2020) stated that fear and avoidance of HCWs is a widespread and under-recognized problem during the COVID-19 pandemic. Thus, it is very important to not to overlooked at this issue as this might compromised the mental health state of HCWs.

In response on the issue of segregating HCWs' children, the government had looked into providing special childcare centres for HCWs (Ahmad et al., 2020). Over time, centres were able to accept HCWs' children due to the strict SOP imposed on schools and care centers which include checking body temperature and hand sanitization before entering the school. As a whole, parents

should be more vigilant in monitoring their children for any signs of fever, cough or sore throat and will withhold them from going to school. In addition, MOH along with Mercy Malaysia had set up a psychosocial support service for frontliners and the general public which emotionally affected by this outbreak. The service is managed by psychologists from the MOH and volunteers from Mercy Malaysia (New Straits Time, 2020).

## **Coping Strategies**

### **1. Self-care**

One of the most frequent used coping strategies among respondents that was found out in this study is self-care. These are include doing sports, be positive, watching movies and series, cooking, baking, cleaning the house, manage stress, listening to music, reading books, get enough sleep. The increase in number of mental illness which happening nowadays is a direct result of individual's inability to practice proper self-care (Loef & Walach, 2012). Previous research has found the direct association of self-care on well-being (Dorociak et al, 2017). World Health Organization (2020) define self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider. Meanwhile, self-care is defined as any intentional actions to care for individual's physical, mental and emotional health. It includes several components, including physical, emotional, spiritual, social and recreational areas (Tartakovsky, 2015). Although it is a simple concept in theory, often, it is overlooked.

Frontliners who are struggling with their mental health may find that the feeling of uncertainty and difficulty in managing the situation occurred are more likely to use maladaptive coping strategies such as self-distraction. Maladaptive strategies can perpetuate distress by preventing disconfirmation of the feared outcome (Salkovskis et al., 2003). Therefore, policy makers and public health policy should also concentrate on offering tools to enable and equip the public to generate more resilience during this ambiguity period (Daniels, 2020).

Good self-care is key to improve mental and physical health and good relationship with self and others (intra and interpersonal). Self-care is considered as one of the necessary skills in daily life and behaviours of a person in health aspects which can lead to increased self-satisfaction, quality of life and public health system (Pelicand et al. 2015). Self-care influences individuals in terms of cognitive, emotional and social functioning of individuals in adapting to social behavior directly or

indirectly (Sharif Nia et al. 2017). It also plays an important role in improving mental health (Biddle and Asare 2011). There is long list of self-care tips where the frontliner can practice them to combat with challenges during pandemic COVID-19. In a graphic entitled “COVID-19: Steps To Deal With Burnout” on the MyHealth Portal produced by Ministry of Health, the ministry advised workers especially frontliners to eat healthy meals, say encouraging things to oneself, and practice deep breathing to keep their minds and bodies at ease as they work around the clock to battle the virus. In addition, opening up about any worries that individuals might have with a trusted companion and to seek professional counselling if needed are among tips for self-care.

## **2. Expression of Feelings (Emotion Focused Coping Strategy)**

Emotional-focused coping strategies are cognitive processes that consist of positive thoughts and expressions of emotion that aimed in adapting stressful situations. It is a strategy that can taper stress which when no one or no changes can be made to the stressful situations. This strategy focuses on selective attention in which an individual will intentionally focuses on specific aspects that are related or unrelated to their problems, make positive comparisons and practicing avoidance behaviours to reduce stress (Lazarus & Folkman, 1984). These emotion-focused coping strategies has seen to increase the level of comfort among the individuals in facing their stress in comparison to reducing stress (DeGraff & Schaffer, 2008). Crying is one of the examples of emotional-focused coping strategies. However, these strategies have shown to be less effective in reducing stress compared to problem-focused strategies (Penley et al., 2002). As what was found in this study, one of the way used by respondents to cope with this stressful situation is by crying and making a phone call to share their feeling with others.

## **3. Problem-focused Coping Strategies**

Problem-focused coping strategies are defined as strategies that involve behaviours which include strategies such as seeking help and taking immediate action in challenging situations. The problem-focused coping strategies focus on problem solving, planning, outlining alternative solutions, considering alternative solutions for the benefit and profit, as well as choosing and implementing those alternatives. Problem- focused coping strategies usually tend to be correlated with lower stress levels in healthcare workers (Khalid et al., 2016). Problem-focused coping strategies during COVID-19 which can reduce stress among health personnel include using security

protocols, seeking support from family and friends, and practicing social isolation measures. (Chai et al., 2020).

## **Needs**

### **1. Psychosocial Support**

This study revealed that meeting the need for psychosocial support by having a consultation with the expert is one of the need that is required by health care worker. Pertaining to that, MOH along with Mercy Malaysia had set up a psychosocial support service for frontliners and the general public which emotionally affected by this outbreak. The service is managed by psychologists from the MOH and volunteers from Mercy Malaysia (New Straits Time, 2020).

### **2. Resources Management**

Meeting the physical needs, arrangement of working hours, meeting material needs, meeting the need for equipment are among the needs that are required by respondents in facing the challenges during pandemic COVID-19. Without a doubt that the current pandemic has caused frontliners especially HCWs to face many challenges. It is difficult to expect and wait for instant solution by the government to prevent the spread of COVID-19. However, during this time of crises, the community awareness regarding COVID-19 outbreak is rising. Community members started to unite in order to help the frontliners to curb the spread. In Malaysia, there are volunteers from variety of parties contributing in any way they could such as sewing PPEs, making free face shields, creative innovations such as the 'intubation box' and sanitising machines, industries producing hand sanitizers and many others.

Local non-government organisations (NGOs) came forward to distribute these items to health care clinics. This can be seen from the activities done by Covid Volunteer Community (CVC) of the South Johor branch where they are actively helping the frontliners in providing them with disinfectants tools, face masks and ready-made food (Editorial JohorKini, 2020). Some clinics managed to get their tents for outdoor Fever Clinics from private individuals and NGOs. These initial measures were enough until the government managed to increase supplies. So far, the government has routed a lot of funds and resources to meet the health needs of the nation during COVID-19 pandemic such as increasing laboratories that can run samples, increasing ventilators in ICUs,

ensuring current supplies of consumable items and so on (Povera, 2020). Overall, Malaysians have great respect and gratitude towards all frontliners. This can be seen by the amount of love and concerned shown by the community by donating food and other items. In addition, the government implemented the shift system in Klinik Kesihatan (KK) for the purpose of relieving the work burden of HCWs as well as to avoid overcrowding in Klinik Kesihatan. After the response from several HCWs organizations, shift system was implemented in the KKS which operating extended hours and having enough staffs. There had been positive response since the implementation of this new working time in June 2020 (Hadir, 2020).

## **6. Conclusion**

In conclusion, amid the difficulty to run away from pandemic which uncertain when it will be over, anyone need to deal and recognize the ongoing distress that could be negatively impaired themselves especially among the frontliners. The most important aspects that prerequisite to be emphasized are the social support, positive coping skills and self-care strategies which can lead to better self-adaptation among frontliner while facing the COVID-19 pandemic. Pertaining to that, frontliners need to be allowed to regularly contact their families and friends to share their thoughts, feelings and work-related stress within them. Besides that, attention and concerned from policy makers and government are highly expected in helping the frontliners to face all the challenges during the pandemics.

The COVID-19 pandemic is a novelty that is affecting everyone. The challenges faced by our HCW frontliners are substantial. The acute and chronic implications of this pandemic on frontliners' lives and health must be looked upon closely. Better measures must be implemented to protect the mental and physical health of our frontliners, which is in turn pivotal to maintain the functioning of our nation's healthcare.

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