

A Psychosocial Impact of Covid-19 Pandemic on Frontline Workers and General People in Kathmandu Valley

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Abstract -A new variant of the corona virus family found in the Wuhan city market of the China causing serious harm to human being. After the WHO decided COVID-19 as a pandemic situation, everyone has started to measure the prevention from infectious disease according to WHO guidelines. It includes social distancing, isolation, quarantine, lockdown, sanitation and masking respectively. During the time researcher has observed the difficulties of cultivating new normal to people in Nepal. People have perceived the single corona virus differently; common populations and frontline workers have different perception towards to corona virus. Researcher started to measure the psychosocial impact of COVID-19 pandemic into frontline workers and general populations in Kathmandu valley. The total number of sample unit for this research is 82; it includes 52 general populations and 30 frontline workers. These sample units are being selected through convenient sampling and purposive sampling respectively. This research is based on descriptive and exploratory design. DASS-21 of Nepali version is a comprehensive data collection tool for depression, anxiety and stress measurement in this research and simultaneously the psychosocial checklist, key-informant interview and case study has done. Quantitative data are analyzed with the help of excel and qualitative data are through thematic analysis. The study has shown that the occurrence of psychosocial issues among frontline workers is greater than general populations. It is found that the informants among higher education status have greater the psychosocial issues in comparison to low education status. In the context of a pandemic, family/friends support can function as protective factors when at adequate levels. However, low levels or inadequate family and social support, psychological support and inadequate insurance/compensation, were risk factors for mental health.

Key words: Anxiety, Depression, Isolation, Lockdown, PPE, Social distancing & Stress.

Introduction

A novel corona virus is a new corona virus that has not been previously identified. First case appears in China on December last 2019, reported as unknown virus causing severe pneumonia and respiratory problem in Wuhan Province of China. Before having any research on it, specialists said this is new type of virus causing severe harm on human body and kept the name for novel corona virus but later when researcher finds out new finding and renamed it by Severe Acute Respiratory Syndromes corona virus disease -2; SARS COV-2 (5).

The virus causing corona virus disease (COVID-19) is not the same as the Corona viruses that commonly circulate among humans and cause mild illness, like the common cold. On February 11, 2020 the world Health Organization announced an official name for the disease that is causing the 2019 novel corona virus outbreak, first identified in Wuhan, China. The new name of this disease is Corona virus disease 2019, abbreviated as COVID-19. In COVID-19, CO stands for Corona, VI for Virus and D for disease. Formally this disease was referred to as SARS COV-2.

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or

toes. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness (2).

COVID-19 is mainly spread through respiratory droplets expelled by someone who is coughing or has other symptoms such as fever or tiredness shortness of breath, headache, fatigue, muscle ache, nausea and vomiting (WHO, 2020). Many people with COVID-19 experience only mild symptoms. These symptoms like dizziness, chest pain, fever, dry mouth, and shortness of breath, vomiting and headache are related to anxiety, stress and grief which people can feel during the pandemic situation. In the article 'Stress and coping' published on Center for disease and prevention (18), mentioned that during a pandemic, a person may feel overwhelmed and experience high levels of anxiety. Anxiety can cause chest pain and other physical symptoms. For this reason, a person may be concerned that their symptoms mean that they have COVID-19. It can be seen that it has not only physical impact on human being but also has relations with the mental health.

Initially it was threatened for China only but later when the cases of corona virus have been spread all across the world which is basically called pandemic. Once new disease or the species appears somewhere in the globe and if it spread all over the world it has been declared that pandemic situation.

Throughout the world, there is one main agency to concern about the health issues and which is World Health Organization- it can only declares about pandemic. To notice everyone about the pandemic WHO has declared the corona virus outbreak a Global Public Health Emergency on January 30, 2020. And now, virus has spread around the world in over more than 210 countries and transmitted rapidly. The world is suffering and facing crisis in tackling with COVID-19 (2).

Evidences are saying to people that do not afraid of corona virus, it is a flue like virus with very low transmission and very little fatality rate; 2.7 contagious rates and 0.01% mortality rate, but it is important to take precautions in order to prevent from this. Despite of this existing information, we can see the difference in understanding about corona virus in-between normal people and the expert one due to the infodemic (6). An infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak through the media or physically.

Corona virus has affected into different aspect of human life in different layers of society; the relationship between individuals and society or family, job, school and college many more; but it is not confirmed that what type of impact on which it has created. This research has try to finds out the individual's understanding and impact of that understanding into their daily life or they have faced due to that understanding during the corona virus pandemic situation at Kathmandu valley of Nepal.

Department of human science, society and health, university of cassino and southern Lazio of cassino, Italy and its team had research on psychological and social impact of COVID-19 published a paper and reported that recent COVID-19 pandemic has had significant psychological and social effects on the population. Research has highlighted the impact on psychological well-being of the most exposed groups, including children, college students, and health workers, who are more likely to develop post-traumatic, stress disorder, anxiety, depression, and other symptoms of distress. The social distance and the security measures have affected the relationship among people and their perception of empathy toward others (14).

Psychosocial Impact

The term psychosocial combined word of psychology and social. Due to the disturbances in between individual's psychology and social norms, values, and rules when people face any problem regard as psychosocial problems. In another way it is defined as the impact on individual psychology due to the social rules, norms and values. During the pandemic situation of corona virus outbreaks each society and government had imposed their new rules and regulations for shop and outdoor activities. For this reason many loosed their jobs, people stop meeting their friends or relatives, students

stop to go to school and thousands of individuals' stops businesses. Human being has to stopped into their house-bounded within fixed place like never ever practiced such rules and regulation before. All these new norms and rules of society or government significantly created huge effect on individual, family and society. Due to stigma on corona positive patients, when someone gets positive into PCR test, Polymerize chain reaction test, people are scare to talk and contact to them. Human being is very social and emotional well being and it enjoy into society and shares personal emotion with their nearest one: long practices of mankind but never before in history these words Isolation, social distancing and quarantine, and practice of it has created again great impact on entire community (12).

Hundreds of people have lost nearest one, thousands of people have lost their jobs and shelter whereas hundreds of thousands have an effect on business while few bears all of it. Before outbreak of corona virus, they had normal life but since its pandemic situations peoples are suffering with new normal. Introducing with new normal may be difficult for someone and can face psychosocial problems as well. If you are familiar with one patterns and living in comfortable zone, and suddenly new situation emerged but hard to familiar with it may leads to psychosocial problem. Studies on psychological impact of pandemic shows that frontline workers or healthcare providers, working with patients during an epidemic/pandemic are at heightened risk of mental health problems in the short and longer term, particularly: psychological distress, insomnia, alcohol/drug misuse, and symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, burnout, anger, and higher perceived stress. These mental health problems are predicted by organizational, social, personal, and psychological factors and may interfere with the quality of patient care. Few evidence-based early interventions exist so far (19). However it is still unknown about what actually happened in Nepal due to corona virus pandemic situation. Does a person have similar issues like in past pandemic or faced different than previous? People are social being and used to contact with society regularly; directly or indirectly but lockdown has created some difficulties to meet person and therefore do people have any issues due to lockdown or not.

Statement of the Problem

Throughout the world, the cases of corona virus have been increasing and countries have been issued lockdown for days, week and months since the pandemic started. It is stay order by the government of country to locking people within their house in order to prevent them from the COVID-19 infectious disease. As we know human beings are considered as social animal; they lives in society and inter dependent with each other. During the time of pandemic, the rule issued by the government is focusing on the physical health. While focusing

on the infections it is has not look towards the psychosocial and its dimensions and depth of issues. What kinds of problems mental health of the human being, because it has greater role forthey have faced due to pandemic? How people are facing a healthy wellbeing. Single action towards infectious disease; lockdown has created more problem than its gain. People have been facing different mental health issues like stress, anxiety fear, phobia panic attack and depression.

Worldwide outbreak of corona virus has not impacted in physical health but also created significant impact of mental health and psychosocial health. Virus can directly impact on physical health only but the consequences of all the action towards the prevention of its spread has created buzz into the world. Those activities; stigma, quarantine and isolation and fear of death due to infodemic; are directly proportionate to mental health and psychosocial issues. What if a person who is social butterfly and stuck into a single place for long months. Similarly a business person, teacher, students and from all different professions have their duties and responsibilities in which they have been inured since long time now suddenly they have to take break from them. In a society, different people lives and their perception also differ to each other. How they perceived the situation determines the status of their daily life. In order to know the impact of corona virus on their life, it is necessary to identify their perception and which can be identified through their psychosocial status.

Corona virus pandemic is very unique and different than ever happened pandemic before in the world. New words are introduced and unlike actions are being observed throughout the world and hence, Nepal has also involved into it. Distinguished people have been affected differently though the virus was similar for everyone and similar rules are being implemented for all. Single virus cannot affect a person in different dimension till it was considered in normal ways or has not implemented the strict rules but after that what happened to them and how they have been affected though they are save from the infection. In different countries the researcher are running to finds out all these issues which we can see into different journals and it is important to know about the conditions of Nepal, whether Nepal has faced such issues or not. Why people have perceived it differently and how they have affected? How do the consequences of preventive activities for COVID-19 of the government have created significant impact on human life? The initial research on the psychological impact of corona virus on different people has not addressed the complete experience because of the data collection issues-lockdown-difficulty to meet participants. Face to face interview and various data collection tools are being used to understand the different problems of the general populations and frontline workers in Kathmandu valley. Depression, anxiety and stress have been measured from DASS tool and for social aspects it has listed checklist. Their personal experiences during the pandemic have also collected to analyze

psychosocial problems or how they are being affected from pandemic situation? What shorts of problem they faced during lockdown in Kathmandu, Nepal?

- What are the social issues people faced during pandemic situation?
- What are the psychosocial impacts of pandemic on human being in Kathmandu?
- What are psychosocial impacts of COVID-19 among the frontline workers who are deputed for betterment of public?

Objectives of the Study

General objective of the research is to study and analyze the psychosocial impact of COVID-19 pandemic human being in Kathmandu valley.

Specific Objectives

- To identify Stress, Anxiety and Depression among frontline workers and general people.
- Explore the psychosocial status among frontline worker and general people during pandemic situation.
- To compare the psychosocial issues between general population and frontline workers.

Significance of the Study

Corona virus is very familiar words for human kind nowadays; none is left to know about it; but it is not guarantee that everyone has similar understanding about it. Individual's perceptions lead them to react with the stimulus and the consequences impact them accordingly. New virus has new impact all over the world. Researchers' are exercising daily to finds out the impact of corona virus in different layers and aspect of society and new findings are coming each day. Virus is communicable and communicate a COVID-19 disease from one person to another person what is why government has lockdown the individuals within their houses but the things is that stopping the COVID-19 has leads symptoms of psychosocial issues and mental health problems which is very new than the virus itself. Stopping human activity and lockdown them into houses may affect their mental health and psychosocial wellbeing. Therefore it is important to understand that for what reason what happen to them during the pandemic situation in Kathmandu valley.

Corona virus or the fear of corona virus is different for all; general populations are tired of sitting at home while frontline workers are from regular duty during the crisis situation. In different news papers and the television frontline workers are saying that they had difficulties to go home. What if they can transmit the virus to their family and general people are saying that they had difficulties to go around the home. Both of them had some difficulties and such difficulties for long time may leads to psychosocial issues. Un-resolving social issues for more

than two weeks may help to develop the symptoms of mental health. This research has focused on the experiences of frontline workers and general population to find out the psychosocial impact of corona virus on them.

How human being is infected from this pandemic even if they do not catching corona virus? When we search about the human feelings and their story during pandemic situation, it is found that different people has different feeling and reaction towards the activities regarding the corona virus pandemic situation. And the main important thing is, this has happened something like in history, after long time the pandemic situation will be finished but the affects of its into the human being may exist for long time and if we do not documented it, it is difficult to make other informed about the psychosocial impact on different occupations during pandemic situation in Kathmandu valley that is why it should be done. This research has finds out the psychosocial impact on different occupations which may help to solve it immediately after pandemic situation. In addition, this study may helpful for the future students of psychology and mental health. It would be better and easy to address the issues if they want to know about today's psychosocial impact in near future.

Limitation of the Study

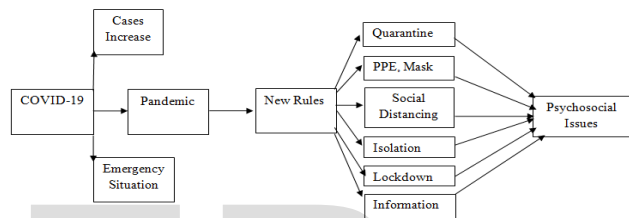
The research work is primarily focused on the psychosocial impact of pandemic situation caused by corona virus in Kathmandu valley. It covers psychological aspect including anxiety, stress and depression and various social aspects. It has covers the major five profession among total frontline workers who worked during the pandemic situation in order to make it easy for the entire populations. Those professions are, Doctor, Counselor, Nurse, HA, Hospital staff and local representatives. Among the general populations it has tries to collect 20 professions respectively. This research has just examined the psychological status of pandemic only; it doesn't have knowledge about their previous issues or psychological status. It was based on the participants' understanding and their experiences which are not verified from their family and social situation respectively. On the basis of their experiences researcher had analyzed how the corona virus pandemic had affected them into different aspect of their life. In detail the limitations of the study are;

- The study is limited to know psychosocial impact on frontline worker and general population.
- This study has limited sample and may not realized the overall situation of frontline workers and general populations on the basis of this sample unit.
- This study has not cover child age and geriatric (limits from 18 to 60 years).
- It has covered limited occupation.

- This study is based on current status; it doesn't cover previous status of anxiety, stress and depression among general population and frontline workers.
- This study was based on urban areas and cannot generalize for everyone.

Conceptual Framework

COVID-19 is a communicable disease and it impacts on the physical health of human being through the contact of person who is infected. In 2020 the new virus created emergency and pandemic situation and along with the collaboration of WHO and country government had introduced new rules in order to control and it and prevent from it respectively. Those new rules are never practiced and new for human kind. Adaptation of new normal; locking self into a home and repeated supply of information by regarding corona virus had greater impact on human psychology.



Operational Definition

Quarantine: People who are entering into the country from abroad or from next area where she/he lived for long time need to be staying alone for at least of 15 days to confirm them free from corona virus infection. During that time people has developed the feeling of loneliness and extra fear of coronavirus and it is directly associated with psychosocial issues.

Isolation: Corona virus infected person are being set aside from normal patients during their treatment into the hospital setting is known as isolation. While seating alone for more than a week, people might think indifferent way; I'm separated from all of them did I have any serious issues or like that which helps to develop the psychosocial issues.

Frontline Workers: Frontline workers are those workers who worked day and night in order to prevent and treat the public and patients in different settings. In this research the frontline workers are considered as hospital staff, nurse, local representatives (volunteers who worked into quarantine) Health assistance (HA), Doctors and Counselors. They worked into hospital and COVID-19 wards which is directly proportional to their psychology and the social relationship. Frontline workers have perceived the virus in one way and they are being affected accordingly.

General Populations: General populations are those who faced the lockdown while sitting at home without moving out from home. Those who didn't provide any facilities to others during lockdown in Kathmandu valley are considered as general

populations. General people are having no work at all during the time of pandemic and how they are sitting without work determines their thinking and behavior patterns. How they have perceived the virus is base for how they are affected from it.

Lockdown: Lockdown is generally defined as the condition in which the government of country implemented the stay order to everyone inside their home except emergency personnel. Once someone stuck into a same place for more than months, few may resist the situation but other may not and difficulty with adapting new normal is associated with psychosocial issues.

PPE: It is basically known as the personal protective equipments used for preventive measures from corona virus. This is fully body cover plastic clothes. Those people working with the corona virus patients may use PPE for safety measures.

Social distancing: World health organization and following by the local government of the country implemented the rule for all to be distance at least of 6 feet or 2 meter from each other during their conversation.

Psychosocial problems: Psychosocial problems are defined as the issues faced by someone in different areas of personal and social functioning. Due to some changes into person or in society, people feel different than usual which need to be addressed immediately. If the issues were not addressed immediately they may go into psychosocial problems. In the context of difference between individuals' desires and need with respect to the family, society people may feel discomfort and disgust due to not fulfilling personal desires. If the problems remain unsolved for the long time then they may have issues like relationship, fear, anxiety, family conflict depression, stress and loneliness.

Information: In this research the information has played vital role to develop the psychosocial issues among human being, what kind of information they have received and how much they are relied into the information direct them towards anxiety, stress and depression.

Research Design

This research is based on descriptive and exploratory design. Descriptive design is being used to describe the data which are being collected in terms of quantity from the participants directly through various tools. On the basis of fresh data their average and percentage are calculated to compare the psychosocial issues among them. While exploratory design is used to explain their subjective experiences (qualitative data) through the different questionnaires and interview with them. Descriptive design helped to find out statistic of the common issues, whereas, the exploratory design point out their detail issues regarding the psychosocial issues. This research is

conducted through mixed method; quasi-structured questionnaire and survey respectively.

Philosophical Underpinning

Human being is unique in nature- they think differently, perceived in various ways and react to the similar stimulus indifferently. I think, since corona virus pandemic outbreaks throughout the world, the impact of virus on individual level is subjective. Being a student of psychology I observed this entire phenomenon happening around my community, Problem is similar for everyone-corona virus, but it affected everyone distinctively. For some it is economic crisis meanwhile for some it is growth in revenue and few are psychologically suffered while some are thriving of hunger. Few argue that, virus is manmade, others says natural, many says its conspiracy and some says its political agenda for depopulation. Researcher has no idea about, whether it is natural or manmade and hoax or real, because the researcher belongs to psychological background not the expert of virology and epidemiology (study about viruses and infectious disease). Studying about human behavior and their thinking process can assess the knowledge gap, why this is happening and how it is affecting them.

Frontline workers and ordinary people are mostly affected from this virus indeed. They all may not feel similar, not affected in similar way from corona virus, because of their cultural values, family status and worldview; social factors. Therefore, according to individual, their perception is different and ultimately they are affected in different ways, and researcher will try to finds out these philosophical views and its affect respectively. As a researcher, I believe on individual differences and therefore reality differs. That is why; I want to address how different people are affected differently.

Universe of the Study

This research has focused on the psychosocial impact of corona virus on the frontline worker and general population in Kathmandu valley during the pandemic situation. In this research the research universe is both general population and frontline workers. General populations are defined as the person who stays at home during the pandemic situation due to various restrictions and didn't contribute for the betterment of pandemic impact into human being. Similarly, for this research frontline workers are Health assistance (HA), Nurse, Hospital Staff, Doctors and local representatives who worked during the pandemic situation in order to protect and treat public directly. Among them anyone can be a sample of this research that lives in Kathmandu valley. Researcher has chosen the Koteswora area for general population and various hospitals for the frontline workers respectively.

Sampling and Sample Size

In this research work the information collected from different unit of sample by categorizing them in two parts; general population and frontline workers. General population sample

unit of this study were selected through simple random sampling. It is a type of probability sampling in which the researcher randomly selected a subset of participants among total population of koteshwor area. In total 52 sample units are from general population. These sample units are being selected from 600 households where each member of the population has an equal chance of being selected. Researcher had selected the first sample from the starting house of the Setiopi Marg and created 12 house gaps in between first sample and next sample respectively. From the one house one sample unit was collected. Similarly frontline workers are being selected from purposive sampling method. Purposive sampling method is a form of non-probability sampling in which researcher directly select the sample unit which are required for this research. There was no chance of other person to be selected as sample unit in this research except 6 professions. Those six professions are HA, Doctor, Nurse, Hospital staff, Counselor and Local representative respectively. Total sample unit was 30 for frontline workers in this research. Each of the profession has 5 sample units.

Data Collection Tools

DASS-21 item version is a comprehensive data collection tool for depression, anxiety and stress measurement in this research. Researcher had granted permission from Bharat Gautam regarding the use of DASS-21 item scale. He has done validation of Depression Anxiety Stress Scales; DASS-21 (3). DASS-21 item version tool has reliability of 3-factorial dimensionality. This tool really made researcher easy and fast to understand the depression, anxiety and stress level of the participants and it is very comprehensive and effective tool in Nepali society. It is basically used in this research to know the psychological status of both general and frontline workers due to COVID-19 pandemic situation.

To understand the social situation during COVID-19; the continuous country wise lockdown, never before situation was created and people are affected differently. It is completely new for everyone and there was not any reliable and valid tool for measuring such issues in past. Basically to understand the social situation during the pandemic situation researcher had observed the condition and makes some checklist for everyone. This has closely revealed the situation and pandemic impact on human being. Therefore the researcher was belongs to same community where the sample unit from and that is why on the basis of closed observation the researcher made checklist. It covered entire domain of society or social situation throughout the pandemic in Kathmandu Nepal. This tool has more social perspective and particularly for pandemic situation. Different people can be affected in different ways, so might go for lengthy and unfinished if it is use into wider community. Therefore, to address the social impact of koteshwor-32, Kathmandu Nepal it has done preliminary survey and finally

the checklist and questionnaires was selected on the basis of that preliminary survey. To address the personal experience in detail or case study, the researcher has in-depth interview with key informant in multiple setting. From this we can imagine about people how can and how much they have been affected due to COVID-19 pandemic situation or especially from long term lockdown in Kathmandu Nepal. Those things which are not considered by psychological tool-DASS, and checklist, in-depth interview can cover all those lacking information.

- **DASS:** Depression, anxiety and stress examination tool is primarily used in this data collection tool. An instrument that is often used to assess subjective depressive, anxiety and stress, developed by (10). It is a quantitative measure of distress along the 3 axes of depression, anxiety and stress. Thus the following cut-off scores have been developed for defining mild/moderate/severe/ extremely severe scores for each DASS scale (10).

Table 1: DASS scoring key

	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely Severe	14+	10+	17+

Data source: DASS (2018)

The above table shows the score calculation of DASS-21 item scale for depression, anxiety and stress. This tool has five categories including normal, mild, moderate, severe and extremely severe. Among the 21 item of the research tool, the score was calculated and categorized into five major categories. It is categorized from zero to 21 item score into different category such as, 0-4 score of depression refer that it is in normal condition, 5-6 is mild, 7-10 is moderate, 11-13 means severe and above 14 represents extremely severe state of depression. Similarly, 0-3 score represents normal anxiety, 4-5 indicates mild, 6-7 is for moderate, 8-9 for severe and above 10 score represents it is in extremely severe conditions respectively. Meanwhile, 0-7 represents normal stress, 8-9 indicates mild state, 10-12 means moderate state, 13-16 indicates severe level and above 17 score implies that person is in extremely severe conditions.

- **Survey:** Set of mixed (open and close-ended) objective questionnaires was asked to each individual. It has helped to collect the data for impact on social part of general and frontline workers during lockdown or pandemic situation of COVID-19. The set of questionnaires was designed to access the information related to the impact that people has faced during the pandemic situation through

observation and doing informal talk or preliminary survey.

- **Key informants interview:** Researcher had selected key informants among many frontline workers through scientific way. Because of pandemic situation- increase cases of COVID-19 everyday it is hard to meet hundred of frontline worker, therefore, instead of going to hospital and meeting each and every participant which is very risk for transmission of infectious disease it is better to ask the represented one who has been actively working everything over there or have enough experience regarding COVID-19.

Along with interview the case studies are the major source of data collection tools in this research. The participants consent has been taken verbally though the written consent was taken in few informants where it was needed before interviewing them. And different set of question were given to them to write their experience if they can write or read. Sometimes the researcher had given clear explanation to them when they couldn't respond the question of researcher. The researcher had to explain correctly into their Nepali language and write down their experience and problem itself by asking them. Question pattern was simple to complex, such as demographic information leads to their experiences and how they are being affected. Among the 11 mixed set of questionnaires, some of them are open-ended and few of them are close ended with multiple choices. Through all this the detail cases of participants are recorded to review at annex.

Data Collection Procedure

After the acceptance of the research proposal from my supervisor the planning was done on how to collect data. DASS-21 is used to assess the stress, anxiety and depression among frontline workers and general population. Similarly, the pandemic of COVID-19 was never before pandemic and therefore new words, rule and precautions were measured. Such preventive measures have remarkable consequences among human being. For such consequences the few questionnaires was designed by researcher and send to the supervisor for correction. After the correction of 3 times we had an agreement about using the newly made questionnaires and checklist for interview respectively. Finally, researcher went into the field along with tools and research consent form and data were collected. During the data collection the participants were requested for data with providing adequate time and after finishing the data collection researcher had thanked to them.

Analysis Techniques

Data was entered in Microsoft Excel for analysis. Data was analyzed by using Excel data calculators as per the objectives of the study. Frequency and percentage of the anxiety, stress and depression with reference to the age, gender and occupation was calculated with the help of excel data collection tools

respectively. Not only the anxiety, stress and depression of the participants but their social impact were also measured from it. The demographic information was also calculated from excel with respect to the age, occupation, ethnicity, social class and education level. Meanwhile the subjective experience of the participants is analyzed from the thematic analysis. The original data of the participants were noted down into computer initially. After presenting the personal experiences of the participants which has been collected through the in-depth interview, their meaning was explored by reading them repeatedly. In next steps the data are given theme according to their nature and pattern: the interpretation was on the basis of thematic analysis of the content quantitative data analysis methods. Subjective experiences are analyzed through the explorative method of data analyzing techniques. Informants were interviewed by the researcher in multiple setting and data are presented in narrative form.

Ethical Consideration

Researcher has taken research consent from the sample unit by convincing them. The subject matters of any individual are not disclosed anywhere else except this research. The participants were told that they had every right to refuse to participate, walk out in the middle of the data collection procedures. Participants were not given any advice on the topic. The name and location of the informants has been putted into different way throughout the research. Participants were highly appreciated and respected during interview and their thoughts are putted as major data sources. Researcher had not intervened anything regards their issues. Researcher was completely disinterested throughout the research: it's quite personal matter for them.

Socio-Demographic Character of all Participants

Table No. 2: Demographic profile of all participants

Socio demographic	Variables	Frequency	Percentage
Gender	Male	57	70%
	Female	25	30%
Education	SLC	10	12%
	+2	20	24%
	Bachelor	38	46%
	Master	14	17%
Ethnicity	Brahmin	32	39%
	Kshetri	28	34%
	Newar	7	9%
	Dalit	7	9%
	Magar	4	5%
	Kirat	3	4%
	Sherpa	1	1%
	Religion	Hindu	76
Christian	3	4%	
Buddha	1	1%	
Atheist	1	1%	
Age	Kirat	1	1%
	18-25	31	38%
	25-35	20	24%
	35-45	16	20%
	45-55	11	13%
55-65	4	5%	

Source: Field work (2021)

In the given Table No. 2 it is presented that the information about marriage, gender and family type of the informants of this research. Among the total 82 participants, there are 57 male and 25 female. Similarly, 59 of the participants are living in nuclear family and 23 of them are in combine family, and 47

individuals are single whereas 35 participants are married in this research.

From the above table it can be inferred that the informants have different education level SLC, High School, Bachelor and Master degree respectively. 38 of them have bachelor degree, 20 have high school, 14 of them have master degree and 10 have SLC. It means highest number of sample population has bachelor degree and least has SLC.

In this research total numbers of participants are 82; including frontline workers and general populations 30 and 52 respectively; have age range from 18 to 66. Highest number of informants belongs to age below 25 lowest above 65. Talking about their earning range minimum 1 lakh to 15 lakh per annual; pandemic affected into earning in both increase and decreased this year due to lockdown. In this research it has categorized ethnicity; Brahmin 32, Kshetri 28, Newar 7, Dalit 7, Magar 4, Kirat 3 and Sherpa 1 respectively. The participants have two family types, nuclear 59 and combine 23 but according to their religions are Hindu 76, Christianity 3, Buddhist 1, Kirat 1 and Atheist 1. Interest of the participants has noted and it has 7 categories; traveling 15, study 21, sport 12, comedy 17, hiking 7, adventure 6 and singing 4 respectively.

In this research the highest number of participant are bachelor degree holders whereas the lowest are PCL respectively. More participants have single in this research and the number of male participants is also more than female. Almost all of the participants followed the Hinduism and their family type is nuclear; which is almost two third of total respondents. The participants have different interest and most of them have interest which is sport and second is study and traveling respectively. The occupation A belongs to frontline workers and all of them has equal participation but in general population their occupation varies. Greater number of student respondent in this research which was 12 among 52 and the lowest number from teacher which are just 3 respectively.

Depression, Anxiety and Stress of Frontline Workers

Psychological status (depression, stress and anxiety) of frontline workers was measured through the DASS scale where the total number of population was 30 which include each of the profession has equal number of participants. In this given table from the left we can see the values- status of stress, anxiety and depression and continuing to the right the measurements that individual scored the point from zero to 4. Zero indicates that the person is in normal condition, in the same way 1, 2, 3 and 4 represents mild, moderate, severe and extremely severe condition. Total 21 questions were asked to tick them individually; the individual score was calculated on the basis of DASS scoring key.

Table No.3: Depression, anxiety and stress of frontline workers

Values	Anxiety in number	Stress in number	Depression in number
0= Normal	4	13	4
1=mild	6	9	3
2=moderate	9	7	12
3=severe	10	0	9
4=extremely severe	1	1	2
Total	30	30	30

Source: Field Work (2021)

Depression, Anxiety and Stress of General Populations

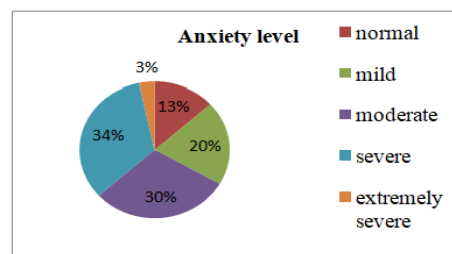
The psychological status (depression, anxiety and stress) of general population has measured in total number of participants are 52. Table depict about the psychological status of general population during the pandemic situation in Kathmandu valley. In this given table from the left we can see the values- status of stress, anxiety and depression and continuing to the right the measurements that individual scored the point from zero to 4. Zero indicates that the person is in normal condition, in the same way 1, 2, 3 and 4 represents mild, moderate, severe and extremely severe condition. Total 21 questions were asked to tick them individually and the individual score was calculated on the basis of DASS scoring key.

Table No. 4: Depression, anxiety and stress of general population

Values	Anxiety in number	Stress in number	Depression in number
0= Normal	18	41	25
1=mild	9	5	9
2=moderate	8	5	11
3=severe	12	1	6
4=extremely severe	5	0	1
Total	52	52	52

Source: Field Work (2021)

Figure 1: Anxiety level of frontline worker

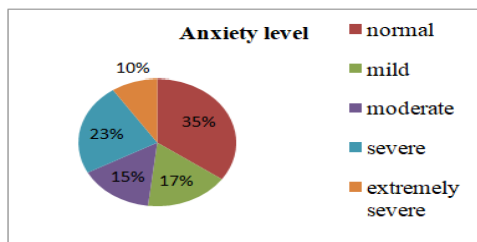


Source: Field Work (2021)

The given data shows that, due to pandemic situation there were 33% of frontline workers from the participants we selected for this research have severe level of anxiety and 3% have extremely severe whereas 33% are in normal to mild condition and remaining are in moderate state.

Figure 2: Anxiety level of general population

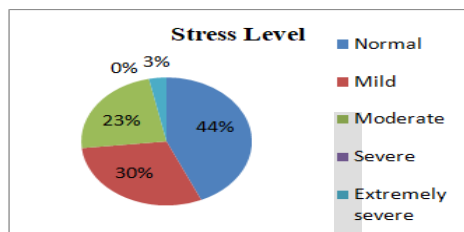
Figure 2: Anxiety level of general population



Source: Field work (2021)

The given data shows that, due to pandemic situation there were 23% of General population from the participants we selected for this research have severe level of anxiety and 10% have extremely severe whereas 52% are in normal to mild condition and remaining are in moderate state.

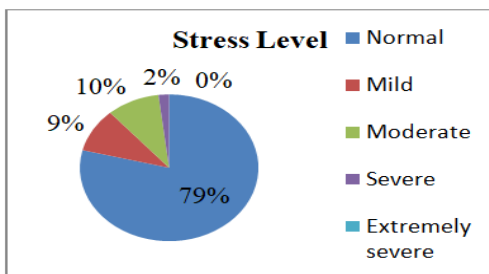
Figure3: Stress level of frontline workers



Source: Field Work (2021)

Similarly, the level of stress among frontline workers is found normal among 43% of total respondents. 53% have mild to moderate level and 3% of total respondents have extremely severe level of stress during COVID-19 pandemic situation in Kathmandu valley.

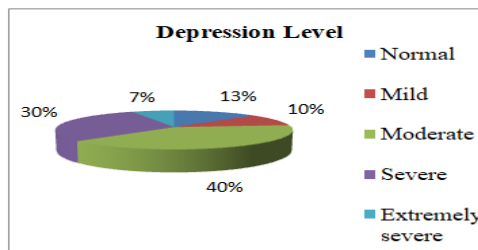
Figure4: Stress level of general population



Source: Field work (2021)

The level of stress among general population is found normal among 79% of total respondents. 19% have mild to moderate level and 2% of total respondents have severe level of stress during COVID-19 pandemic situation in Kathmandu valley.

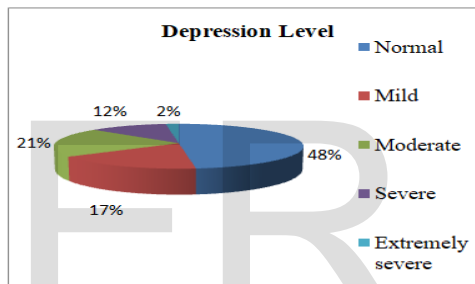
Figure 5: Depression level of frontline workers



Source: Field Work (2021)

The level of depression among frontline workers due to pandemic situation in Kathmandu valley was also measured from the DASS tool. 40% (12 participants of total sample unit) of frontline workers have moderate level of depression. 23% frontline workers from the participants have normal to mild level of depression but 30% have severe and 7% have extremely severe, respectively.

Figure 6: Depression level of general population



Source: Field work (2021)

The level of depression among frontline workers due to pandemic situation in Kathmandu valley was also measured from the DASS tool. 40% (12 participants of total sample unit) of frontline workers have moderate level of depression. 23% frontline workers from the participants have normal to mild level of depression but 30% have severe and 7% have extremely severe, respectively.

Psychosocial Status of Frontline Workers

The given table presents that psychosocial status of frontline workers during pandemic situation in Kathmandu valley. The social checklist is been made according to the present situation observed through the preliminary research, because the researcher lives in Kathmandu valley and closely observed the situation and interacts with the different individual. Primarily, there were 14 questions that were asked to the people and list out the 11 question from them which can address the complete situation that the researcher going to know about them. Each questions have different values from 1-5, on the basis of questions they need to replied any one.

On the basis of their personal feeling and experiences it is going to evaluate about their psychosocial status.

Table No.5: Psychosocial status of frontline workers

questions	option 1		option 2		option 3		option 4		option 5	
	percentage	percentage	percentage	percentage	percentage	percentage	percentage	percentage	percentage	percentage
1	20	20	13	47	0					
2	27	7	23	40	3					
3	23	43	23	10	0					
4	7	17	3	70	3					
5	3	7	13	67	10					
6	37	10	30	20	3					
7	57	23	10	3	7					
8	20	13	10	3	53					

Source: Field Work (2021)

In the above table we can see on left answer options, 1, 2, 3, 4 and 5, and on the other hand the top there are Q1% Q2% and show on; it is the question's answer on percentage. The participants had answer choices up to 5 and among the total population 20% of them had replied the question first's option 1 and 20% option 2, 13% to option 3, 47% of them go for option 4 and nobody right on option 5 respectively. On the basis of this pattern all the 11 questions have been asked and noted down with its detail. The questions and its options are available on the annex.

Participants knew about the corona virus from the different sources, 20% of participants get to know about corona virus from television and hospital respectively. 13% get informed about it from the medical journal but majority of them 47% get to know about it from the social media. From this data it can be said that the nearly half of the frontline workers working as medical personal or somewhere in health setting mostly use the social media as a source of information. Similarly, due to the lockdown, 27% of the participants faced the issues of anger due to unable to share their feeling to their nearest one and 23% reported that they felt fear while 40% have normal because of not sharing their thoughts with their nearest one.

The use of mask is mandatory for frontline workers to protect from corona virus during the pandemic situation but the researcher want to know whether there is any severe impact of continue use of mask into human psychology or not. 23% of them respond as difficulty in breathing and feel suffocation respectively but majority of participants replied they feel safe. In other hand there is new equipments in use since corona virus introduced as pandemic situation; PPE- personal protective equipment. More than two thirds of frontline workers feel difficulty to use PPE, 70% of them have similar views regarding the use of PPE. Three percent of them said they feel anxiety to wear that PPE and 17% have itching problem while using it.

Examining the dreams of frontline workers working in different setting when the general people have to lockdown themselves for months, the researcher found that 67% of the respondents have no problems, they never see the horror dreams throughout the pandemic situation but, 3% of them had horror dream once in a week. Society who lockdown into their houses have different types of reaction towards frontline workers and how the individual's been treated when he is she meet faced the

society or any general populations. 37% react as usual, nearly 60% have abnormal reaction, such as avoid touching, making distance and general public seems in fearful. Similarly, while examining the relationship with their family members, it is found that 57% of them had similar relationship as they had before, 10% have more close and 3% of them had degrading status. On the other hand frontline workers are running for saving the general populations during this pandemic situation but the general populations have abnormal reaction towards frontline workers. How do they feel when general people react in awful ways? 53% of them said normal but 3% of them said it is fearful action they show to the frontline workers.

The relationship between frontline workers and society is also very important to understand the psychosocial status of frontline workers. 73% of them said they have same relationship with society as they had earlier and 7% of them had closer connection with society since pandemic started. Likewise, 37% of participants respond as they feel alone while sitting in isolation after treating the COVID-19 patients and 7% of them feel relaxed. 3% of total participants said that they thought not to join duty throughout the lockdown and 37% have thought of not joining the duty again right immediately after the duty whereas, 20% have feeling of not joining the duty while they were in isolation ward.

Psychosocial status of General Populations

The psychosocial status of general population was measured through the checklist made by researcher himself on the basis of preliminary research and close observation. The table below presents that psychosocial status of general population during pandemic situation in Kathmandu valley. The psychosocial checklist is been made according to the present situation observed through the preliminary research, because the researcher lives in Kathmandu valley and closely observed the situation and interacts with the different individual. Primarily, there were 9 questions that were asked to the people and list out the 7 question from them which can address the complete situation that the researcher going to know about them. Each questions have different values from 1-5, on the basis of questions they need to replied any one. On the basis of their personal feeling and experiences it is going to evaluate about their psychosocial status.

Table No.6: Psychosocial status of general population

Questions	option 1		option 2		option 3		option 4		option 5	
	percentage	percentage	percentage	percentage	percentage	percentage	percentage	percentage	percentage	percentage
1	42	4	0	54	0					
2	87	8	4	2	0					
3	71	15	2	12	0					
4	21	48	27	4	0					
5	8	2	10	81	0					
6	25	31	2	42	0					
7	8	27	19	46	0					

Source: Field Work (2021)

In the above table we can see on left answer options, 1, 2, 3, 4 and 5, and on the other hand the top there are Q1% Q2% and show on; it is the questions answer on percentage. The participants had answer choices up to 5 and among the total population 42% of them had replied the question first's option 1 and 4% option 2, nobody on option 3, 54% of them go for option 4 and nobody right on option 5 respectively. On the basis of this pattern all the 7 questions have been asked and noted down with its detail. The questions and its options are available on the annex.

Majority of general population which is 54% of total agrees that they get to know the information about corona virus from social media. 42% of them replied that they knew about it from television and 4% from hospital. Similarly, 86% of total population argued that they had similar relationship with family member as they had before and 4% had closer connection but 2% had deteriorated condition.

Subjective Experiences of Frontline Workers

On the basis of key informants interview and case studies, and the various steps from raw data to theme it can be narrated on the basis of their responses. Researcher's question about the difficulty to meet nearest one regarding frontline worker faced during COVID-19 pandemic situation, most of them worker have no problem to meet the dear and near one. But the person with 21 years of age who is single and lives alone in Kathmandu worked at hospital setting had face difficulty to meet beloved one due to the travelling restriction. Similarly, it can be inferred from the data that is collected from the participants, the person who earns more than 3 lakhs per year were in less problem. Due to their earning most of them have personal vehicles and therefore can go here and there during lockdown. In another hand, they had no restriction to travel like common people due to the emergency rule issued by the government of Nepal.

The respond to the relationship status of frontline workers during COVID-19 pandemic situation, many had no problem with their relationship. It was normal as usual. But for some it was hard time with their nearest one. Lockdown has great impact on unmarried but mingle life of frontline workers to meet each others. Overall, married life has not negative impact but those who are mingle and living separately has noticeable impact on relationship according to their respond.

Participants responded to the question how you feel when you are going to enter into the COVID-19 ward or corona contaminated place where you can be infected from corona virus, their response was mixed with respect to their understanding and age. Many of them who are over age of 30 respond as fearful to enter into COVID-19 ward to get transmitted whereas age below 30 are less fear and they replied

More than two third of total population; 71% replied that they had similar relationship with the society, 12% had worsen condition however 2% of them had better than before. In the same way, nearly half of the population replied that they had comfortable, however, 52% of them said; they have suffocation, tired and difficulty in breathing respectively. Talking about the dreams they had during the pandemic situation, their responses are noted in this way; 81% of them have never dreamed like horror. 2% of them had horror movie twice a week but 8% had terror dream every week.

One third of total population had stress due to they couldn't share their thoughts with the nearest one. 42% of them were in normal situation, they don't have any problem and 2% of them felt fear while not sharing their hot thought with the nearest one. Likewise, 46% replied they can meet the COVID-19 patients by using precautions, 7% of them said; they can visit normally but 19% reported that they never visit the corona patient.

it is not easy to visit corona patients by using safety measures. However, some of responded had no worries to enter into COVID-19 ward they can go or visit corona ward with safety guidelines.

According to their respond to the habit they adapt due to COVID-19 pandemic or during pandemic situation were almost similar, they continue using mask, hand wash and sanitation. Nothing permanently changes in their behavior except the use of mask and sanitation whereas few have respective perspective on this. one of doctor from Brahmin community and studying master of medicine replied we need to cultivate the patience during difficult time but the counselor from Kshetri community adapted the habit of smoking and drinking during difficult time. One of respondent working as HA in hospital develops the habit of over thinking due to hard time. Rests of hospital staff have developed the habit of using safety measures strictly.

Respondent replied to the question, what kind of difficulty they bear during lockdown or pandemic situation in Kathmandu valley. Most of them had difficulty of food and transportation. Some had toilet and exercise problem. 3 of respondent from doctor background, HA and counselor had problem to rejoin duty. They said the all equipments they used during the duty hour really gives them pain and feel discomfort able. Rest of others are having no such remarkable issues but somehow they said it was difficult time and we faced little bit obstacle to buy favorite food and others groceries.

How do the frontline workers families behave in this situation? Everyone was staying at home but their family members are working to save others and in frontline so working as frontline workers it was difficult task to be safe and make everyone safe. Therefore, the society was in full of fear with frontline workers,

in some places they were miss behaving and yes the researcher want to know that how their family behave or house owner behave them after returning from duty? Almost all respond as normal. Few said family member use precautions such as masking, sanitation and offer us to change the clothes that they wear while in duty. 2 of them said their family member behave them differently after returning from duty. They lived in combine family and earn more than 2 lakhs per annum. How the frontline workers families behave in this situation? Everyone was staying at home but their family members are working to save others and in frontline so working as frontline workers it was difficult task to be safe and make everyone safe. Therefore, the society was in full of fear with frontline workers, in some places they were miss behaving and yes the researcher want to know that how their family behave or house owner behave them after returning from duty? Almost all respond as normal. Few said family member use precautions such as masking, sanitation and offer us to change the clothes that they wear while in duty. 2 of them said their family member behave them differently after returning from duty. They lived in combine family and earn more than 2 lakhs per annum.

How do they feel while getting ready to enter into COVID-19 ward or the place where corona virus positive are living? Many of them had similar responses; they feel fear to get infected while entering into COVID-19 infected place and check are all the equipments are okay or not? Some said it was difficult to wear the safety equipments. They feel worried to wear them such as face shield, personal protective equipments and double masks all these create them headache and pain before entering into corona infected place. Again, two of the respondent working as hospital staff and local representative who have education level of school leaving certificate are having no problem at all. Nothing impacted them to meet or visit corona positive place.

Subjective Experiences of General Population

On the basis of case studies of general population in order to understand them about their experiences regarding COVID-19 and the impact of it's on them. Open ended checklist were asked and their responses been noted below respectively. According to the qualitative data and interview, overall experiences are narrated here.

Researcher want to know about the perception of general population towards corona virus and they replied; in mixed ways, many said this is simple virus, some said its dangerous virus; few argue that it is a communicable virus. Whereas one of the participants originally from Kavre and studying business in Kathmandu belongs to middle class background argue that it is a Business idea. Three of respondent said they are in doubt, sometimes they feel its dangerous virus and almost all time they think it's not virus. The entire respondent are from retired

background permanently lives in Kathmandu. The relationship of general population with their nearest and dearest one was usual, good, partial good and few had experienced as hard time. Most of students had good and usual relationship with their nearest one but those who are married and working somewhere had some sorts of issues with dearest one. Those who are in relationship but yet to marriage had problem of continuing relationship smoothly. They said it is unusual to talk without meeting for day, week and even for months.

All most all had adapted the habit of hand wash, masking and sanitation after the corona virus introduced as pandemic situation whereas some of participants continued unique habit due to COVID-19; home stay and helping household work. Some of participants developed exercise habit due to this pandemic situation, they added to avoid the over thinking we started exercise and it gave us relief. A male originally from Sindhuli, currently living at Koteswor worked as a teacher in secondary school earn 2 lakhs per annum started smoking from lockdown and continue till the date. Similarly, a female from Kathmandu working as manager also continued smoking since lockdown. So many had no effect on habit formation, they had no changes.

When we see what kind of difficulties they had most during the lockdown, the general populations experienced are unique. Most of them had faced none of difficulties, it covers maximum students. Many of general population had faced food issues due to lockdown who lives in Kathmandu. Few had issues of moving here and there, doing exercise doing shopping. 2 respondents said they had issues of eating outside food such as momo chow mine and etcetera. However, one of participants had difficulties of studying.

The researcher question regarding their family perception; it is where a person lives; towards them when they return back from corona positive places or COVID-19 wards, most of their family perception is normal. They don't follow or restrict them into house hold activities. Many had normal issues like when they come back from corona outspread places their family members use safety measures. Some of their families prefer to stay at quarantine while returning from such places. Meanwhile, two of the participants family members offer to change all the clothes and took bath after get in touch with corona virus contaminated place. However, one person who used to be teacher originally from Sindhuli and currently living in Kathmandu on rent had issues of discrimination. His house owner refuses to stay at his room.

Discussion

COVID-19 Pandemic situation is completely different pandemic from the past one due to new and emergency rule introduced worldwide by World Health Organization (WHO) and

implemented locally through the government of respective countries. Lockdown is new words and for everyone but the affect of this is not similar for everyone; because of these changes in country normal environment is completely abnormal for few months and created unusual impact in different layers of society and individuals. Frontline workers who worked hard to prevent from infection and treatment for those who are infected during the emergency and crisis period in the country had greater issues. From this research it is found that the psychological status of those who worked in difficult situation and it is found that, very minor (3%) of total sample populations is in extremely severe level of anxiety and stress during the pandemic situation. A similar study in china conducted by Liu and his team (9) depict that just 6% of total participants had severe stress and 28% are in mild to moderate level.

This study indicates that the pandemic situation has affected individual's psychology. Particularly they are suffering from anxiety and depression 36% and 14% respectively which are closely related to the giant studies on disease outbreak in the past and recent COVID-19 outbreak have demonstrated increased psychological distress and adverse impacts on mental health and psychological wellbeing. Data from more than 17 countries and more than 62 studies by Luo, Guo and his team (11) on impact of COVID-19 on mental health shown that 28 % of total population had anxiety and 33% had depression respectively.

Talking about the psychosocial situation of the participants what they had experience during the pandemic situation where various rules are implemented to prevent people from infection. It is found that people have bad experience with all these rules, because they faced social issues like relationship problems, loneliness, and breakup with nearest one, anger issue, food problem, suffocation and fear respectively and therefore it is also matched with the recent study of Paudel and Subedi (12) in Nepal. Although these measures are taken for the protection of people from COVID-19, it has created fear, anxiety and uncertainty among the Nepalese, which needs to be, addressed immediately.

During the COVID-19 pandemic situation in Kathmandu valley, people were lockdown into their houses and they have just few time to go for buying groceries accordingly and despite of that nobody has faced the severe level of stress during the pandemic situation however 10% of them have severe level of anxiety and it can be connected to the online survey conducted by Kamal Gautam and his team (4) indicates that 50% of the respondents have at least one symptom of psychological issues where as one third of sample unit have two or more than two symptoms of psychological problem since lockdown started in Nepal.

General populations have faced to lockdown differently even though the virus is same for everyone; due to the role of frontline workers and general populations; it varies and their experience is different to each others. The experiences and opportunities faced by frontline workers and general population have different and accordingly the consequences of pandemic situation. The world had faced many pandemic situation and the various researches are available on psychosocial impact. Examining previous research on SAARS which has also created pandemic situation showed that frontline workers were in more psychological problem than general population. Not only had this but the MERS pandemic also had similar result of the study conducted by Lee S. M and team (7) on 2015 on psychological impact of MERS on frontline works and general populations depict that health workers were in high risk of mental health issue than general populations.

In other hand, it has been examined that though frontline workers are allowed to move anywhere they have no restriction but their economic status and family situation depicts that they have faced difficulties of transportation due to lockdown. High class family who worked as frontline workers were stressed and anxious, they do care more about everything, their rule are more hard than emergency rule. Their practices are like bathing to enter into home and remove all clothes outside after returning from outside home which implies that they lived more in fearful situation. At the same time for middle and lower class family background, they may face difficulties of traveling, food and other accessories but their family relationship with nearest and dearest one is satisfied. They faced difficulties to enter into their room where they were rented into upper class family backgrounds (upper family class is basically described as graduated and household families in Kathmandu valley).

Much frontline worker fear scary to enter into COVID-19 ward not just because of contamination but they said the safety and precaution measures equipments like PPE and etcetera are making them more scary and difficulties for toilet and many more. Not only in Nepal but the qualitative study conducted by Aughterson, McKinlay & Fancourt and their team (1) in psychological impact on frontline workers in United Kingdom has indicated that all these rules implemented by the WHO and the governments created them difficulties. Wearing PPE and other equipments are awful for them. 70% of total respondent felt difficulty with PPE while 17% have itching issues with it. In the initial phrase, the patients into COVID-19 wards felt terror while entering with this entire appliance. It also elucidate that they had great impact on social relationship. Some of participants frontline workers started over thinking habit and smoking due to not able to meet their family member who live in outside the valley but their duty are in Kathmandu. Due to this situation different people continued different habit with

reference to their problems. Nurses and others hospital staff said they have no such changes in their habit but using PPE and others safety measure are now in used to, If they don't use that they feel like they missed something. General populations have continued the habit of hand sanitizer and face mask after the pandemic started, and which is yet in practice but few participants replied that they had habit of taking alcohol during strict lockdown in Nepal and having problem to leave it. They argued that due to sitting at single place, with no job, they get bored and started to drink to make feel relax.

From the both data about psychosocial status of frontline workers and general populations it is clearly presented that, Presented that, both of them nearly fifty percent of participants responded that they knew the information about corona virus from social media. Majority of them have faced problem due to not able to share their hot thought with their nearest-one during the lockdown in pandemic situation in Kathmandu valley, which is almost 60% of the total populations but the rest of all have no issues due to lockdown. Similarly, almost all participants didn't see any nightmares during the lockdown but yes it can be said that general population had more dreams than frontline workers, during the lockdown in Kathmandu valley, once a week, they see 6% more nightmares than frontline workers.

Nearly 90% of common people have usual relationship with their family as it used to be but the number of participants who had normal relationship with their family is little bit less in frontline workers which is about 60%. However, few participants from both have bad relationship with their family due to lockdown. Meanwhile their social relationship was as usual for two third of total sample unit from both participants; frontline workers and general populations, is more than 70%. Similarly, both participants agree that they have some short of difficulty to wear a mask. Those difficulties are, breathing issues, suffocation, and tired respectively. More than 70% of frontline workers had faced difficulty while wearing Personal protective equipments; PPE. Nearly 40% of participants argue that they are been treated as normally when they meet general populations but 30% of total participants made distance while talking to them. More than fifty percent of frontline workers also replied that they feel normal when common people react like that. 37% of total sample unit responded that they feel alone while they go for isolation after the close contact with corona virus positive patients. Interestingly, 3% of frontline worker are found that they feel happy while sitting for isolation. Most of frontline workers had thought of not joining the duty right after returning from the duty and 7% of them have similar thought throughout the corona pandemic situations.

Psychosocial Issues among Frontline Workers and General Population

Different occupational understand the single virus differently; among frontline worker and in general population. It is clear that; individual faced the problem according to their perception towards the corona virus. How they perceived is very important for the consequences that they bear. Two of the doctor from teaching institute of medicine (IOM) and one from civil hospital said that they feel very comfortable to wear all the necessary safety measures but lower ranked workers and hospital staffs said they have some hesitation to wear that regularly. Virus is similar for everyone working into the hospital but their understanding is different, it is clear that though people work in same place may not understand the situation similarly. MBBS and master of medicine studying one of the participants from Brahmin culture, so called high class family background has understanding about the corona virus as extremely lethal and can take her life if she cannot use all these precautions. But one hospital staff from same hospital has different understanding, he is just +2 pass and lives in Kathmandu with his small family said it is not sure that, corona virus can kill or not. He is second line workers working into hospital for months before corona and has found no changes in my life. This means doctors who are called expert for treatment are in more vulnerability than other frontline workers. Study on psychological impact on frontline workers in china conducted by Yan Liu¹, Youlin Long and team (9) had also similar finding that, those who are allocated as expert are facing more psychological problem than respective colleagues.

Similarly in general population who has college and university degree, they thought that they are intelligence people in society, worked in different setting into teaching field are found that they are more vulnerable of psychosocial issues than those who don't care that much to the virus; they focused on daily activities. One of the respondents' aged 29 married lives in Kathmandu originally from Kavre district has nuclear family worked as accountant in a company said it is very powerful virus. He said, we can live only if we wear a mask and make social distance when we asked him about personal experience. He faced some issues regarding relationship with his wife. Before lockdown he sent his wife to the village but months later when he cannot meet her and don't have enough communication started feeling alone at room in Kathmandu. In that situation neither he can go to village due to the practice of inter district boarder restriction, and he thinks that what if he can be infected on the way while going to home and his wife and a child may get positive. Due to that fear he can't couldn't go home and nurture fear into mind and went for duty according to the schedule of company. Meanwhile, a female worked in finance sector lives in Kathmandu with friends, originally from Sindhupalchowk, understand it as simple virus

and use safety measures while need never get panic or scary due to corona virus but she said, she is always calling to office for regular duty join, because of economic crisis.

Through the close observation to the data collected from the different participants, it is said that the individual from different background has different understanding about corona virus and they respondent accordingly. Those who has high education degree and satisfactory wealthy status in society are

highly occupied with psychosocial problems, because they don't get close contact with society and put up with all times in mind about corona virus fear which causes abnormality in their life. Normal people have problem about basic needs and here we can say that those who are struggling for their basics need may not suffer from psychosocial issues.

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Conclusions

The study has shown that the occurrence of psychosocial issues among frontline workers is greater than general populations almost 37% of total frontline workers are in severe and extremely severe level of stress, anxiety and depression, which is 23% higher than general populations. After the months of lockdown the general populations can move here and there without following protocol but doctors or those who are connected to hospital setting are obliged to follow the protocol and therefore that conditioned activities keep them stuck into it. Regular practices creates some sort of fear into mind that if she or he stop it for a days, they can get infected that is why they are in high risk of psychosocial issues. In addition, the informants among higher education status have greater the psychosocial issues in frontline workers. It is, because they need to work closely with the patients and trust on science, but the frontline worker who lower the education found less has affected; they don't have to work directly with patients and found lack of knowledge. Meanwhile, doctors are inured to the all equipments that are using for prevention from corona virus infection before entering into duty room but at the same time, other frontline workers are having some issues with these equipments; headache, agitation and toilet issues respectively. Corona virus is similar for everyone but its impact is in different layers with respect to occupations and the formal education that they had. General populations are also affected from the corona virus pandemic not all but those who have well established status in society. Data reported that in general

population, the upper class and good earning people are having more psychosocial issues than normal person. Middle and low income people have problem too but they are not listed in psychosocial issues; they suffer from other issues. Moreover, unusual practices in family before entering into home is mandatory in upper class family, they are avoiding the compulsory social gathering and due to the fear of corona. According to experience, the regular use of safety measures and social distancing only can save their lives otherwise even doctors can't save the lives so they have still fear of corona virus.

In the context of a pandemic, family/friends support can function as protective factors when at adequate levels. However, low levels or inadequate family and social support, psychological support and inadequate insurance/compensation, were risk factors for mental health. Social rejection or isolation was directly proportionate with poorer mental health outcomes. Frontline workers have to think before enter into home when they return from duty, are they free from virus or not. They think that if I couldn't wear all the safety properly than, my family could infect and they feel scary to seat with everyone whereas general populations are being seated with their family and can share their emotions. This study is based on the participants of Kathmandu valley, so to understand about the psychosocial impact of corona virus on huge population throughout the country, a further study is mandatory from the government side.

Recommendations

On the basis of this study it can be recommended

- Impact of COVID-19 pandemic need immediate psychological intervention among the frontline worker more than general population
- Awareness about corona virus is necessary to prevent from victim of infodemic
- To understand various psychological impact the further research is needed
- Frontline workers are in need of proper training about equipments
- Corona virus may harm people in different layer in different way so government should implement appropriate action is mandatory to prevent from it
- This research has not addressed children issues so further research on children may be needed in future.

APPENDICES

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LIST OF ABBREVIATION

WHO: World Health Organization

NEJM: New England of Medicine

BMJ: British Medical Journal

BMC: Biomed Central

NIHM: National Institute of Health and Medicine

COVID-19: Corona Virus Disease-2019

PTSD: Post Traumatic Stress Disorder

EDV: Ebola virus Disease

SARS: Severe Acute Respiratory Syndrome

MERS: Middle East Respiratory Syndrome

CMAJ: Canadian Medical Association of journals

IOM: Institute of Medicine

SLC: School Leaving Certificate

DASS: Depression Anxiety and stress scale

MBBS: Bachelor of Medicine and Bachelor of Surgery

HA: Health Assistance

DASS-21

कृपया प्रत्येक भनाइहरू राम्रोसँग पढ्नुहोस् । यी भनाइहरू तपाईंलाई अधिल्लो हिसामा भएको महशुस गराइ र अनुभवहरूको बारेमा सोधिएका छन् । यी भनाइहरू कतिको हदसम्म मिल्दाजुल्दा थिए त्यसमा (✓)चिह्न लगाउनुहोस् । जस्तै कहिल्यै भएन, कहिलेकाहीं भयो, प्रायःजसो भयो अथवा लगभग सधैं भयो । कुनै पनि भनाइमा चिह्न लगाउन धेरै समय नलगाउनु होला ।

क्र.सं	भनाइहरू	कहिल्यै भएन	कहिलेकाहीं भयो	प्रायःजसो भयो	लगभग सधैं भयो
१	चिन्ताले गर्दा आराम महशुस गर्न अफ्ठ्यारो				
२	मेरो मुख सुख्खा हुने				
३	मैले कुनै पनि सकारात्मक भावना अनुभव गर्न नसके				
४	मलाई सास फेर्न अफ्ठ्यारो भएको महशुस हुने(जस्तै: अत्यन्त तीव्र श्वास, शारीरिक परिश्रमको अभावमा पनि सास फेर्न अफ्ठ्यारो)				
५	मलाई काम सुरु गर्नको लागि पहल गर्न अफ्ठ्यारो				
६	मैले परिस्थितिको आवश्यकता भन्दा बढी प्रतिक्रिया गर्ने				
७	मैले काँपेको अनुभव गर्ने (जस्तै हात काँपेको)				
८	मैले आफूलाई धेरै चोटी आत्तिको महशुस गर्ने				
९	म आफू आत्तिने र लज्जास्पद हुनसके खालको परिस्थितिको बारेमा धेरै चिन्तित हुने				
१०	मलाई आफू अगाडि बढ्न कुनै आशा नरहेको महशुस हुने				
११	मैले आफूलाई बिचलित भएको महशुस गर्ने				
१२	मलाई आराम गर्न अफ्ठ्यारो भएको महशुस हुने				
१३	मलाई आफू दुःखी र हीन भएको महशुस हुने				
१४	मलाई कामगर्न रोक्न खोज्ने कुनै पनि कुरा सहन गाह्रो हुने				
१५	मलाई एकदम धेरै पीर-चिन्ता हुने				
१६	म कुनै पनि कुरामा उत्साहित हुन नसके				
१७	म आफू योग्यव्यक्ति नभएको महशुस गर्ने				
१८	म धेरै भावुक हुने				
१९	मैले शारीरिक परिश्रम नहुँदा पनि मुटुको अवस्था बारेमा थाहा पाउने (जस्तै मुटुको धड्कन बढेको, मुटुको धड्कन हराइरहेको) ।				
२०	मैले कुनै कारणबिना नै डराएको महशुस गर्ने				
२१	मलाई जिन्दगी अर्थहीन भएको महशुस हुने				

Case Studies

Frontline Workers Case: 1

Name; Nirmala Magar (Name changed)

Cast/ Ethnicity: Magar

Age: 22

Religion: Hindu

Sex: Female

Hubby: Study

Education: +2

Profession: Nurse

Relationship status: Single

District: Ramechhap

Income: 2.5 lakhs per annum

I knew the information about corona virus from hospital; she said. "Sometimes I felt fearful while not able to share my feeling to my nearest one. The continuous use of facemask is safety but use of PPE is not good. I never seen any horror dream since pandemic started. Normal people react as usual; there were no changes in their behavior. I have some issue with my family since it was started in Nepal. I feel very normal to the behavior of the society. I feel loneliness while staying at isolations after treatment of COVID-19 patients but never think about quitting the job. Regarding the personal experience during the pandemic situation I faced no difficulties to meet my nearest one and the relationship with the dearest and nearest one was normal. Which was similar to the relation used to be before the COVID-19 pandemic started. While entering into the covid-19 ward and suspected place where anyone can get infection I felt very normal, common. There was no any fearful situation to enter into COVID-19 ward or the crowd places where can be the possibilities of infection. I didn't cultivate any habit since COVID-19 pandemic started, each and every habit are similar to my previous habits; there is no changes in my habits but the use of mask and hand washing is continuing. I felt little bit discomfort to handle my daily stuffs due to low income since it has been started all other family members are seated at home. My family members react normally when I return from my duty. While wearing of all the necessary equipments for prevention from infection, my body started itching after the use of PPE and Faceshield".

Frontline Workers Case: 2

Name: Suraj Shrestha (Name changed)

Cast/ Ethnicity: Newar

Age: 35

Religion: Hindu

Sex: Male

Hubby: Traveling

Education: Master

Profession: Doctor

Relationship status: Married

District: Kavre

Income: 4.8 lakhs per annum

I knew the information about corona virus from Medical Journal and sometimes I feel normal while not able to share my feeling to my nearest one. The continuous use of facemask is safety but use of PPE is not comfortable. I never seen any horror dream since pandemic started. Normal people react as they are fearful towards frontline workers due to we work in prone areas of infections. I have no issue with my family since it was started in Nepal; it was

normal relationship. I feel very normal to the behavior of the society that is why mine relationship with society is normal. I feel loneliness while staying at isolations after treatment of COVID-19 patients but never think about quitting the job.

Regarding the personal experience during the pandemic situation I faced some difficulties to meet my nearest one due to the health professional I have many responsibilities regarding the transmission issues but the relationship with my nearest one was fine, because we utilize the online media to communicate while in pandemic situation despite of physical distance we were always together from virtual. Which was similar to the relation used to be before the COVID-19 pandemic started. While entering into the covid-19 ward and suspected place where anyone can get infection I felt very normal because of safety measures. I do not adapted any habit since COVID-19 pandemic started, each and every habit are similar to my previous habits; there is no changes in my habits but the use of mask, making social distance at crowd place and hand washing is continuing. It was normal for me to handle my daily stuffs due to low income since it has been started all other family members are seated at home. I enter to home after bathing and washing all the clothes that has been used in duty due to safety measures. While wearing of all the necessary equipments for prevention from infection was normal for me.

General Population Case: 1

Name: Anish Gautam (Name changed) Cast/ Ethnicity: Brahmin
Age: 25 Religion: Hindu
Sex: Male Hobby: Traveling
Education: Bachelor Profession: Student
Relationship status: Unmarried District: Hetauda
Income: 2 lakhs per annum

I got to know about the corona virus from social media; he said. "My relationship with my family member and with society was as usual". He added, due to continuous use of mask I feel suffocation and never experienced the nightmare. "I felt angry while not able to share my hot feeling with the nearest one. I have never met the corona virus infected person till the date. In my personal view, I think this corona virus is a game and propaganda played by medical mafia for income. The relationship with my nearest one was very normal throughout the pandemic situation. I didn't adapt any habit since the corona started and faced no difficulties for daily stuffs. My family member reacts in normal way when I come from outside the home".

General Population Case: 2

Name: Sandip Khanal (Name changed) Income: 2 lakhs per annum
Age: 55 Cast/ Ethnicity: Brahmin
Sex: Male Religion: Hindu
Education: Literate Hobby: Watching
Relationship status: Married Profession: Retired

District: Kathmandu

I got to know about the corona virus from social media and my relationship with my family member was normal but little bit interference with society was as usual; he said. "Due to continuous use of mask I feel suffocation and once in a month I experienced the nightmare. I felt fear while not able to share my hot feeling with the nearest one. I have never met the corona virus infected person till the date. I don't know about corona in detail but I think it's a disease. The relationship with my nearest one was very normal throughout the pandemic situation. I cultivated a habit of fear since the corona pandemic started. I felt some hurdle to eat daily food. My family member talked that once we go outside we need to use sanitizer and mask".

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