

EFFICACY OF COGNITIVE BEHAVIORAL THERAPY ON MENTAL HEALTH IN HOSPITAL HOUSEKEEPING STAFF

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Dear Editor,

We would like to share our experiences with the Psychiatric Danubina audience that anxiety and stress was a major health issues among hospital housekeeping workers. Anxiety was persistent, excessive, unreasonable distress that interferes with day-to-day functioning (Pulagam P & Satyanarayana PT 2021). The failure to resolve mental conflicts leads to anxiety, resolving psychological conflicts takes up considerable portion of person's mental capacity (Salari N et al. 2020). Stress was defined as a psycho-physiological response to perceived demands (Gonzalez et al. 2019). Stress become an unavoidable aspect of daily life and had a detrimental impact on employee's mental and physical health lead to a poor work performance (Keshavarzi N et al. 2021). Hospital housekeepers were subjected to a range of risks from COVID-19 pandemic including biological, psychological and physical risks which leads to workplace anxiety and stress (Lazzari C et al. 2020).

Studies had shown that Cognitive Behavioral Therapy (CBT) was effective method when given for 30–40 minutes once a week, for addressing occupational distress (Tuna O & Ermis C 2022). Here, we presented a study diagnosed with anxiety and stress, who had shown positive impact after administration of CBT. This study was approved by ethical committee of the institution on human subjects (01/022/2023/ ISRB/PGSR/SCPT) and conducted in accordance with Declaration of Helsinki 1995 (revised in Edinburgh 2000). The study procedure was explained and the subject was willing for the treatment. Informed consent was obtained and subject's anonymity was preserved. A 36-year-old female working in a tertiary hospital complained of lack of concentration, racing thoughts, insomnia, palpitation, suicidal feelings, social withdrawal for about 6 months and not received any kind of counselling or psychological treatment and no history of psychosis, mental illnesses.

We obtained a detailed history of her mental status in a hospital where she informed that she's facing in her daily life both financially and personally. She was uneducated and working as a housekeeper in a hospital for 3 years. Being the eldest daughter in a family she's taking care of her parents and her

husband was alcoholic and no kids results in emotional burden. Due to financial problems she had to work for 8 hours in hospital and 3 hours in outside clinic. Due to a variety of challenges, increased workload, inadequate sleep due to change in shift hours, prolonged standing postures, repetitive works, weight lifting worsened her physical health which leads to musculoskeletal disorders. She explained that she was tested once for COVID-19, two-year back and critically ill, admitted in ICU for a week and still fears to contract infections again and pass it to families which made her stress in both the personal and professional domains, she also added that she frequently washes her hand due to fear. She also mentioned that she was assigned to different sectors each week and was exposed to more contaminated and isolated area. Although she performed her duties with the aim of ensuring hygienic and comfortable environment with minimal risk of contamination in promoting patient and professional safety but her work was unappreciated and unnoticed.

We have assessed her with Generalized anxiety disorder-7 and Perceived stress scale which was a classical scale for assessing the anxiety and stress in which she had scored of 18/21 and 32/40 which would be considered as high anxiety and stress levels. Following assessment, treatment plan had been administered using CBT for about 8 weeks thrice a week, a total of 24 sessions for 45 minutes. The interventions were based on each week by introducing CBT principles, assessments, psychoeducation on anxiety and stress disorders in the workplace, cognitive restructuring techniques, assigning homework in the form of thought logs, learning coping strategies included pain management, progressive muscle relaxation, deep breathing and review progress made in previous sessions by revisiting key strategies and discussing their application. Self-care CBT techniques, overall progress and achievements, prevention plan and strategies for managing setbacks, reinforce skills learned were addressed. After 8 weeks of intervention, there was subsequent decrease in the GAD-7 and PSS score to 9/21 and 12/40 which would be considered as mild anxiety and stress.

Through CBT, she was able to identify stress and anxiety triggers, improve her problem-solving abilities, and create new,

healthy coping mechanisms. She also gained confidence and improved her ability to deal with situations, which improved her quality of sleep and her ability to carry out daily tasks. She had demonstrated decreased signs of stress and anxiety, which enhanced her overall mental and self-efficacy, enhanced her relationships with others and improved her physical and job satisfaction. In the end, CBT had a positive impact in anxiety and stress management in hospital housekeeping worker. I believe that this work will significantly suggest advance in understanding and application of CBT as a technique for reducing mental health issues in future studies.

Sincerely,
Shareen A.

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