Explore the Psychological effect of Health Provider during Lockdown of Hospitals in Dhaka City

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Abstract

Background
Within a little period of time, the Covid-19 pandemic took the shape an emergency. Health workers were suffering from mental imbalance during the lockdown in Bangladesh. The scare of infection and the lockdown system changed a lot in the daily life of healthcare providers in Dhaka city. The aim of this study is in discover the psychological influence the disease of COVID-19, particularly factors in the hazardous of mental stress, anxiety, loneliness and depression.

Methods
The study, conducted with a sample of 588 subjects distributed by eighteen hospitals in Dhaka city, allowed us to collect information about the health provider’s findings on the psychological impact of the health provider during the lockdown of hospitals in Dhaka city.

Results
This investigation show that more than half of the sample considered among the healthcare providers in Dhaka city hospitals had levels of stress, depression and anxiety. Depression and anxiety depend significantly on the healthcare providers of Dhaka city hospitals for a number of reasons. These include fear of Covid-19, excessive compulsive work stress, job insecurity, helplessness, anxiety about family members, salary deduction etc.

Conclusions
We conclude that the lockdown system had a very strong psychological effect on the healthcare providers in Dhaka city. During the lockdown in Bangladesh, health workers were suffering from mental imbalance. This finding showed that aloneness, sadness, anxiousness and difficulty sleeping were among health providers during lockdown. Although they have been able to overcome this situation to a great extent at the present time.

Keywords: Explore psychological effects, Lockdown, Hospitals in Bangladesh, Health providers, Psychological effects of Health staffs, Mental Health, Covid-19.

Abstrata

Fundo
Em pouco tempo, a pandemia de Covid-19 tomou a forma de uma emergência. Os profissionais de saúde sofriam de desequilíbrio mental durante o bloqueio em Bangladesh. O medo da infecção e o sistema de bloqueio mudaram muito a vida cotidiana dos profissionais de saúde na cidade de Dhaka. O objetivo deste estudo é descobrir a influência psicológica da doença de COVID-19, particularmente fatores no risco de estresse mental, ansiedade, solidão e depressão.

Métodos
O estudo, realizado com uma amostra de 588 indivíduos distribuídos por dezoito hospitais da cidade de Dhaka, permitiu-nos recolher informação sobre as conclusões do profissional de saúde sobre o impacto psicológico do profissional de saúde durante o bloqueio dos hospitais na cidade de Dhaka.
Introduction

The COVID-19 disease effect the coronavirus became a global epidemic including Bangladesh that is part of SARS-CoV-2. (Ritchie et al., 2021) The Corona pathogens were confirmed to have spread to Bangladesh in the March of year 2020. Bangladesh's first three Covid-19 cases were detected from the country's Institute of Epidemiology, Disease Control & Research on March 8, 2020. (Reuters, March 2020) Since then, corona has spread rapidly and the rate of infected patients has increased. India ranks first in South Asia, followed by Bangladesh with the highest number of Covid-19 affected patients. (Shamsad et al., 2021) To decrease the expansion of epidemics and infections, the government announced a nationwide 'lockdown' from March 23 to May 30. Observance to keep this epidemic out of Bangladeshi population and to spread awareness among them, it has taken necessary steps in a few steps and continued it. (Reuters, March 2020) Globally have over 78.5 million hospital staff which wares about 10% of the overall population. (Bobby and Merlyn, 2016)

Corona has made a detrimental impact on the healthcare providers, including whole global population. Ubiquitous, a necessary method of controlling Covid-19 disease is to maintain distance from each other and isolation to protect against infection. In this context, numerous countries were beginning adopted national control system or lockdown system from January 2020. One of the significant steps taken by the government during the lockdown was to close down government and non-government organizations, shopping malls, some factories and industries, tutor homes, schools, colleges, universities and gathering places. It's a risky situation that leads to understand of aloneness, anxiousness & tension. (Shen et al., 2020) The government of Bangladesh begins a national control program or lockdown to reduce the expansion of disease, which influences the social, financial and mental status of the people in the country. (Zhu and Duan, 2020) COVID-19 is usually transmitted through breathing droplets or contact with infected individuals. This scare of infection has largely affected people's lifestyle changes, deteriorating, relationship conditions & psychogenic health. About 52.1% of people felt worried for Corona disease, and among them 57.8%–77.9% persons was needed psychological collaboration from their household and friends. (Ma and Zhang, 2020) In Bangladesh Covid-19 started spread from Dhaka city, than whole Bangladesh, in November 2020 and spread rapidly; transmission occurred primarily in hospitals, often to healthcare providers (HCPs). (Tam et al., 2004)

Although there was some research paper obtainable in Bangladesh to guide healthcare provider on how to stay mentally fit, there is no effective research on the effects of Covid-19 were widely studied. Some HCPs working at the healthcare center infected with Covid-19 in lockdown found it difficult to work due to various reasons of helplessness and fear. (Phua et al., 2005) At that time, 18% -57% of healthcare providers were emotionally broken and the reasons for the emotional breakdown were fear, self and household anxiety, extra pressure, loneliness and lack of security. (Chan et al., 2004) The mechanism of transmission of Covid-19, its causes, how it spreads worldwide and the specificities of the fatality proportion were obscure before the coronavirus was characterized, which normally rising the risk. (Bencko and Quinn, 2013)

Although the coronavirus had a stressful effect but fulltime effects of HCPs on Covid-19 are unknown. The Corona virus pandemic was suddenly changed the way healthcare is delivered. Healthcare providers experienced diverse stressors that time, and research records indicate to the Corona wideness has already impact on psychological health of these healthcare providers. In China, healthcare providers who directly treated COVID-19 patients had maximum proportion of anxiousness, sleep disturbances and stress than other healthcare providers. (Lai et al., 2020) In Wuhan specifically, medical staff were twice proportion than administrative staff to perception aloneness and depression. (Lu et al., 2020) Irrespective of the source, psychological distress of health workers is related to poor-quality care and reduced safety for patients. (Salyers et al., 2017) Health crises are associated with hospital staffs loss.
employment and an increased likelihood of providers leaving the health care profession. (Oyeleye et al., 2013)
Together, these observations underscore that addressing psychiatric support necessity of COVID-19 medical staff is of high priority. We conducted the study to find out what the psychological impact of healthcare providers was during the lockdown and the reasons behind it.

**Literature Review**

In Asia, a study was conducted in August 2021 to discover the limitation of psychological impact in hospital staff during the Corona epidemic. The researchers conducted cross-sectional studies on a total of 124925 health workers in 18 countries in Asia. The objective of the research was to confirm the extent of psychological impact on health workers in different regions of Asia. The study found stress (31.72%), anxiety (34.81%), insomnia (37.89%), post-traumatic stress disorder (15.29%), and depression (34.61%) in a total of 18 Asian countries. This research showed that the psychological impact on health staffs in different countries were associated to the type, gender, occupation and region of health staffs. Researchers believe that effective intervention and support are urgently needed to improve the mental health of health workers.

Lai J et al. (2020) conducts a study in China to find out the impacts related to psychological Health result among hospital staff exposed to COVID-19. The researchers collected data from a total of 1257 people in 34 hospitals and completed the study using cross-departmental methods. The study linked anxiety, distress, depression and insomnia to the questionnaire to observe the psychiatric of health workers, and the Chinese version corrected the symptoms and identified the related causes. The proportion of respondents in this study was 68.7%. Of all participants, physicians and nurses accounted for 493 (39.2%) and 764 (60.8%), respectively. Their symptoms included anxiety 44.6%, distress 71.5%, depression 50.4% and insomnia 34.0%. Here, Female medical staffs in China, indicated more risky psychological impacts than other health staffs.

Galehdar N et al. propulsion and study in Iran on nurses treating patients with COVID-19 to explore their psychological effects. The study was conducted to highlight the psychological effects and experiences of nurses serving patients with Covid-19. The researchers completed the study by selecting an analysis method of nurses serving corona disease patients in Iran from March to May 2020. Here, the data was collected through 20 phone calls and analyzed using Lundman and Grenheim research methods. The analysis of the data provided by the nurses in their study revealed a variety of psychological effects, including fear of family and self-infection, anxiety about death, anxiety about burial, anxiety about unspecified causes of illness, pain of wasting time, emotional distress to tell sick relatives. There were also issues related to anxiety, loneliness, and bad feelings about wearing protective equipment, inadequate preventive measures and fear.

In Taiwan, a study was conducted in June 2020 to discover the Psychogenic Distress, and Stress-alleviation techniques of health staffs facing the Global effect of COVID-19. Aims of this research to identify the psychological complications of nurses and to denotation techniques utilized by these nurses to decrease stress. The researchers completed the study using a cross-sectional approach using a survey form that included mental distress and stress relief among a total of 469 nursing staff. 72.7% participants expressed concern over various issues. Notable among the problems were social isolation and the burden of service delivery. Depression, distress and annoyance, mental anguish and anxiety have also been reported in about two-thirds of the participants. According to researchers, "training and education" is the most accepted method used by nurses to relieve stress.

Brooks’ S et al conduct a study to discover the psychogenic effect of quarantine and how to reduce it. Researchers are still struggling to gather enough evidence before reaching the final conclusions about the nature of the quarantine. They use three electronic databases to discuss the psychological effects of quarantine. The study reviewed 24 episodes out of a total of 3166 participants, most of which mentioned negative effects. These include symptoms of anger, confusion and stress. The researchers discussed the psychological effects of boredom, inadequate information, quarantine duration, stigma, fear of infection, depression, financial loss and inadequate supply. Researchers believe that where quarantine is needed, officials should isolate the patient for longer periods of time, as well as provide information on proper procedures and clear reasoning for quarantine.

**Objectives**

**General Objective** - To find out the psychological impact of healthcare providers during the lockdown of hospitals in Dhaka City.

**Specific Objectives**

a) To find out the Socio-demographic characteristics of the respondents
b) To analyze the work related factors of the respondents
c) To identify the psychological problem of the respondents.
d) To determine health related problem of the respondents.

Methodology

Conceptual Framework

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Dependent Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-demographic factors: Age, Sex, Occupation, Education, Residential area</td>
<td>The psychological impact of healthcare providers during the lockdown in hospitals in Dhaka city.</td>
</tr>
<tr>
<td>Awareness related variable: Following guideline, Regular use facemask, Regular use PPE &amp; hand gloves</td>
<td></td>
</tr>
<tr>
<td>Psychological Factor related variable: Despair about job insecurity, Cut down any percentage of salary, Felt any time helpless, Fear about Covid-19 disease</td>
<td></td>
</tr>
<tr>
<td>Disease related variable: Respiratory disease, Blood Pressure, Heart disease, Diabetes</td>
<td></td>
</tr>
</tbody>
</table>

Study design
It was a cross-sectional study.

Study area
This research was carried out in some hospitals in Dhaka city.

Study Period
The research was driven from September 2021 to March 2022.

Study population
The study population was the healthcare providers of some hospitals in Dhaka city.

Sample Size
588 subjects selected by maintenance of exclusion and inclusion criteria.

Inclusion criteria
- Subjects who work in hospitals in Dhaka city.
- Both sexes are involved.
- Subject who are above 18 years old.
- Who are willing to give consent and participate?

Exclusion Criteria
- Subjects, who are not works in hospitals in Dhaka city.
- Subject who are under 18 years old.
- Subject who are not willing to give consent and participate.

Sampling Technique
Purposive random sampling technique was applied.
Data collection Methods
An online social media medium was used when collecting data for this study. The English question paper has been translated into Bengali. However, local language was used to communicate with the respondents. The researchers first obtained the participants’ permission than send to online question format and collected information from them. All answers were safely recorded. A semi-structured questionnaire was developed for the purpose of the study and finally the data were collected through that questionnaire online social networking.

Data Management & Analysis Plan
• After collecting the data, all the online answer papers were verified for accuracy, completeness and internal compatibility. The inconsistent data were discarded.
• Correct data was entered in SPSS version 23 for analysis.
• Qualitative data have been used for thematic content analysis.

Ethical consideration
The researchers first introduced themselves to the respondents using social media and then explained the benefits, risks, objectives and goals of the study. Information was received from each respondent using the local language. They were then assured that the respondents’ information would be used for research purposes only. The researchers told participants that their names would be kept secret. All privacy is guaranteed and any resection from the respondent is the first priority. The researchers added that the data would only be used to improve health while Reducing risk.

Results
The following Table 1 explains the sex ratio of respondents to hospitals in Dhaka metropolis. That place ratio between a total of 588 respondents is 323(54.9%) and 265(45.1%) man and women respectively.

Table 1: Delivers of participants by sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>323</td>
<td>54.9</td>
</tr>
<tr>
<td>Female</td>
<td>265</td>
<td>45.1</td>
</tr>
<tr>
<td>Total</td>
<td>588</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2 explains the giveaway of age on the basis of the respondents' years. Here researcher discover that 47% of the majority of respondents in the hospital area were 18-32 years old, 22.8% were 33-47 years old, 19.0% were 48-62 years old, and 11.2% of participants were over 63 years of age.

Table 2: Dispense of participants by Age (in year).

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 32</td>
<td>276</td>
<td>47.0%</td>
</tr>
<tr>
<td>33 – 47</td>
<td>134</td>
<td>22.8%</td>
</tr>
<tr>
<td>48 – 62</td>
<td>112</td>
<td>19.0%</td>
</tr>
<tr>
<td>63 +</td>
<td>66</td>
<td>11.2%</td>
</tr>
<tr>
<td>Total</td>
<td>588</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 3 shows the marital status of the respondents. It was shown here that in the hospital area most of the respondents were 69.9% respondents were married and 30.1% respondents were unmarried.

Table 3: Participants’ marital status

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>411</td>
<td>69.9%</td>
</tr>
<tr>
<td>Single</td>
<td>177</td>
<td>30.1%</td>
</tr>
<tr>
<td>Total</td>
<td>588</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

In the following Figure 1, this study explains the distribution of respondents by profession in a total of 19 hospitals in Dhaka metropolis. Of the 588 respondents in the hospital, 45% were doctors, 15% technologist, 20% paramedics, 15% nurses and 5% from other professions.
In the following table 4, the average monthly income (money) of hospital staff in Dhaka area is distributed in our study. Of the 588 respondents, 33.5% were below 20,000, 37.2% were 21-35,000, 21.8% were 36-50,000, 51-65,000 of 5.3% were above 66,000 (BDT) of 2.2%.

**Table 4**: Average Monthly income of the hospital staffs

<table>
<thead>
<tr>
<th>Monthly Income (Taka)</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 20,000</td>
<td>197</td>
<td>33.5</td>
</tr>
<tr>
<td>21,000 – 35,000</td>
<td>219</td>
<td>37.2</td>
</tr>
<tr>
<td>36,000 – 50,000</td>
<td>128</td>
<td>21.8</td>
</tr>
<tr>
<td>51,000 – 65,000</td>
<td>31</td>
<td>5.3</td>
</tr>
<tr>
<td>66,000+</td>
<td>13</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>588</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The following Figure 2 study illustrates whether hospital staff followed any guidelines while on duty. Of the 588 respondents at the hospital, 89% followed the guidelines and 11% weren't following any hospital guidelines while performing their duties.

**Figure 2**: Follow guideline in Participants duty time

Figure 3 below explains whether the hospital staff in Dhaka hospitals regularly used facial masks or face shields. Total among 588 respondents, 100 percent used face masks or face shields regularly while performing their duties.
The following Figure 3 explains the ordination of whether the respondents of Dhaka city hospitals in our study used PPE regularly while on duty. Of these, 40% used PPE and 60% did not use PPE regularly while performing their duties.

![Figure 3: Wearing face mask or face shield in Participants regularly](image)

The following Figure 4 explains whether the respondents of Dhaka city hospitals in our study used PPE regularly while on duty. Of these, 40% used PPE and 60% did not use PPE regularly while performing their duties.

![Figure 4: Using PPE in Participants regularly](image)

The following Figure 5 explains whether the hospital staff in the Dhaka area in this investigation used hand gloves while treating patients regularly. Of them, 78.4% used hand gloves and 21.6% did not use hand gloves during their duty.

![Figure 5: Using Hand gloves of Participants regularly](image)

In Figure 6 below, it is explained whether the staff of Dhaka city hospital regularly used hand sanitation or washing in our research. Of the 588 respondents, 100% have repeatedly sanitized their hands or washed their hands regularly.
Figure 6: Frequently sanitized or wash hand regularly

Figure 7 below, explained that whether the respondents treated a COVID-19 patient during the lockdown. Of the 588 respondents at the hospital, 52% treated Covid-19 patients.

Figure 7: Treated Corona positive patients by respondents

In Figure 8 below, the study explains whether additional compulsory work pressure was created on hospital staff in the Dhaka metropolis. Of the 588 respondents, 48% created additional work-related stress and 52% worked normally.

Figure 8: Were respondents made extra mandatory work-related stress during the lockdown

The following Figure 9 This study explains whether the hospital staffs in Dhaka city have had covid-19 disease. Here, 35% of the 588 respondents were infected with Corona disease.
In the following Figure 10, this study explains whether the family members of hospital staffs in Dhaka area have been infected with Covid-19 disease. In total 588 respondents' family members here, 31% contracted Covid-19 in lockdown period and 69% did not contract Covid-19.

**Figure 10:** Whether any of the family members of the participant has been infected with Covid-19

Figure 11 below explains whether the hospital staffs of our research in Dhaka metropolis were suffering from job insecurity. Among them, 59% were fear about losing their jobs and 41% were not frustrated with job insecurity into the lockdown period.

**Figure 11:** Respondents were disappointed with job insecurity

In the following Figure 12, this study explains whether any portion of salary was deducted during the lockdown of the hospital staff in Dhaka metropolis. Of the total 588 respondents, 48% of the hospital staffs had a minimum salary cut from their account in lockdown.
Figure 12: Was any percentage of salary deducted from respondents during lockdown

![Figure 12: Was any percentage of salary deducted from respondents during lockdown](image12)

Figure 13 below describes whether the hospital staffs in our investigation were concerned about coronary heart disease during the lockdown. Of these, 82% were apprehensive about Covid-19.

**Figure 13: Were respondents apprehensive about Corona disease**

![Figure 13: Were respondents apprehensive about Corona disease](image13)

The following Figure 14 illustrates whether the respondents by hospital in Dhaka city had any concern for their children or family members. These studies explain 100% of the hospital staff had worries about their children or family members during lockdown period.

**Figure 14: Respondents had worries about their children or family members**

![Figure 14: Respondents had worries about their children or family members](image14)

As discussed in Figure 15 in the following, hospital staffs in Dhaka metropolis whether they felt helpless during the lockdown. Of them, 65% respondents are feeling helpless.
Figure 15: Did respondents feeling helpless during lockdown

The following Figure 16 explains whether the respondents in Dhaka city hospitals had sleep disturbances. Of these, 35% had sleep disturbances and 65% had no sleep disturbances.

Figure 16: Did the participants suffer from sleep disturbances

In the following Figure 17 it is explained whether the respondents in the hospitals in Dhaka city experienced distance in each other's relationships in lockdown period. Of them, 61% felt distances had increased and 39% did not think that the distance between interpersonal relationships increased in the lockdown.

Figure 17: Whether respondents felt distance in each other's relationship in the lockdown

The following Figure 18 explains whether the respondents in the hospitals in Dhaka city had breathing problems in lockdown. Only 13% of the 588 respondents at the hospitals had breathing problems.

Figure 18: Whether the hospital staffs have any breathing problems
In the above Figure 19 this study explains whether the hospital staffs in Dhaka city have any health issues. In total 588 respondents, 5% had high blood pressure, 4% had low blood pressure, 6% had diabetes mellitus, 8% had asthma, 2% had heart disease, and 75% had no problems.

**Discussion**

The investigation of this data was collected to seeing the problems associate to the psychogenic effect of health staffs in hospitals in Dhaka city in lockdown period a small part of Bangladesh. It was essential for hospital staffs in Dhaka area to discover the psychological impact during the lockdown. Goal of the research is to investigate the socio-demographic status in lockdown period, the responsible factors of psychological impact, the factors related to health issues, factors related to economic status, etc. Much information was presented in this present paper. Here, out of the total 588 participants, 323(54.9%) are male and 265(45.1%) are women are health staffs in Dhaka city. Their ages were 47% respectively ranging from 18 to 32 years, 22.8% were 33 to 47 years old, 19% age were 48 to 62, and only 11.2% of health providers over the age of 63 years were in the current investigation. The marital status researchers are discovering that 69.9% are married and 30.1% are single. In this inquiry 45% of hospital staffs in Dhaka metropolis were doctors, 15% technologists, 15% nurses, 20% paramedics and 5% another professional. The average monthly income of hospital staffs were below 20,000 of 33.5%, between 21 and 35,000 of 37.2%, between 36 and 50,000 of 21.8%, between 51 and 65,000 of 5.3% and only 2.2% had above 66,000 (BDT).

The hospital staffs in Dhaka metropolis performed their duties cautiously during the lockdown and 89% followed the guidelines at work. Of them, 100% used a regular facemask, 40% used PPE regularly, 78.4% used hand gloves while treating the patient, and the respondents used to clean or sanitize their hands 100% frequently. In lockdown period pandemic, 52% of the health staffs were directly involved in the care of corona patients and 48% of them were forced to work overtime. Many of the hospital staffs and member of their family have suffered from corona disease in the corona epidemic in the lockdown. Here, 35% of health care providers and 31% household members are suffering from corona disease.

During the Corona epidemic in Lockdown, healthcare providers suffered from depression for a several reasons. In our research, we have been capable to uncover several logical reasons. In that time, 59% of healthcare providers feared job insecurity. Back then, 48% of hospital staffs were partially deducted from their monthly salaries. At the time, many healthcare providers worked with fear and risk in the Corona epidemic. Many healthcare providers have worked with fear and risk during the Corona period. They were 82% terrified of the Corona epidemic and 100% worried about household members. In lockdown period, respondents were emotionally disturbed for a several reasons. 65% of them felt helpless then. Depression is a disorder that is affecting more and more people. During the same time, 35% of healthcare providers had sleep disturbances.

Many healthcare providers feel that the distance in the relationship was created because relatives and friends did not meet each other for a lengthy period time during the lockdown. At that time, 61% of them thought that there was a distance between each other's relationships. Many of the hospital staffs had some associated health-related problems. Of these, 76 (12.9%) had respiratory problems. There were also HBP 29 (4.9%), LBP 24 (4.1%), diabetes mellitus 35 (6%), asthma 47 (8%) and heart disease 12 (2%).
Conclusion and Recommendation
The outcomes of this study examine the psychological effect of healthcare providers during lockdown in Dhaka city. We investigate the outbreaks of aloneness, depression, anxiousness and sleep disturbance into the health providers respectively. We were found the socioeconomic factors, several disease and psychological status of the medical staffs. At last, on account of the lockdown measures, a significant section of hospital staffs in Dhaka metropolis seem to have suffered emerging psychological consequences due to the Corona pandemic, because of depression, job insecurity, job-related additional mandatory workload, fear of COVID-19 disease, helplessness, sleep disturbances etc.

Objective of the research were discover explore the psychological effect of healthcare provider during lockdown of some Dhaka area hospitals. Though the investigation had some limitations but some further step that might be taken for the better accomplishment of further research. The main recommendations would be as follow:

- The period of the study was short, so in future wider time would be taken for conducting the study.
- Only 588 participants were selected for this research, in future the population size would be more.
- In this survey, the patients were selected only from Dhaka metropolis hospital for the study. So for further study we strongly recommended to include the patients from all over the Bangladesh to ensure the generalizability of this research.

Limitation of the Study
There were some limitation and barriers during conducting the study project. They are as mention below:

- Number of question was selected.
- Sample size is small but chosen purposively.

Acknowledgement
Special thanks to Almighty Allah for give us a great opportunities to complete our research. We sincerely respect the respondents for participating in this study. We deeply respect our household members for inspiring our survey.

Conflicts of Interest
All researchers participated in (a) providing ideas and designs, or interpreting by analyzing data; (B) draught for important content; And (c) Permission of the ultimate version. This paper has not been reviewed elsewhere not or publication. We can represent our-self and our workplace. We also want positional promotion with professional background. No potential conflicts of interest to publish it.

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