

Psychological Status of the Pandemic Covid19 Infections on Healthcare Staff

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The current Covid pandemic has had important psychological and social impact on the health emergency in the world's population, but has additionally been regarded as an efficient factor in the several symptoms of mental disorders (1). With the creation of the coronavirus COVID-19 pandemic, human society, in addition to the physical complications of this disease, has also faced widespread psychological complications of this disease (2, 3). The corona virus epidemic is well-known in the world due to its pervasive prevalence; in fact, the amount of life and psychological harm caused by this virus has piqued the world's interest. In addition, people who have gone through a trauma have very strong psychiatric effects; if these symptoms are not treated, they will have an irreversible impact on the mental health of individuals and society (4). In every culture, social damages are seen as a danger to the social order. The cornerstone of every culture is dependent on its citizens adhering to its principles and norms. When members of society break social rules, society is unable to perform its roles successfully, and it becomes disorganized (5). The dilemma of how to accept crisis is one of the aspects that is considered a breach of the protocol. A crisis is a situation that allows priorities and habits to be disrupted (6). The critical point is that person has different ways of analyzing traumatic circumstances and communicating with anxiety in disturbed situations, and they employ different coping steps to control and cope with crisis (7, 8). Increasing the incidence of chronic disorders and disability in crises leads to a decrease in life



expectancy and the average age of people in society, pandemic crises such as covid-19 have been shown to affect mental health (9).

It is expected that the impact of viral diseases on mental health-related activities will rise in the near future. Infectious diseases (e.g., smallpox, AIDS, measles, and Ebola) are caused by unexplained causes that have had far-reaching effects and problems for mankind (10, 11). People were subjected to a great deal of stress as a result of covid-19, both physically and mentally, as well as culturally and socially (12). While certain behavioral changes, such as communication sharing, isolation from human populations, population avoidance, and involvement in antiviral therapy, have had some beneficial impact in various countries, these changes have largely failed to impact physical wellbeing and eradicate the psychological repercussions of illness (13).

As well as certain strategies, such as long-term quarantine, have resulted in traumatic psychiatric effects for individuals, including post-traumatic stress disorder, confusion and rage, resentment, burnout, financial loss, and self-labeling. Because of its high transmissibility, closeness, and invisibility, the disease has posed a major threat to the world. Panic, anxiety, stress, and fecundity are also examples of psychological disorders (14, 15). Post-traumatic stress disorder is the most frequent result of such crises, and it has a negative impact on people's functioning. Fear, denial, and despair have been the most frequent irritant reactions to the fear response in the majority of patients and individuals at risk for SARS, respectively. The rapidly growing number of coronaviruses has raised public anxiety and concern in many countries. People are worried for their health, so fear and worry (which are common characteristics of infectious diseases) are understandable. Unfortunately, such concerns hinder awareness of illness-related matters, adding to other psychosocial difficulties such as depression, bigotry, and other unaddressed psychosocial dimensions (16).

In more than one survey (17-19) of people with a Covid-19 experience revealed a plethora of emotional consequences, including quarantine,

such as tension, depression, irritability, insomnia, terror, uncertainty, rage, annoyance, fatigue, and stigma. Many of these cases, such as social shame, remained after the quarantine was removed, and some have displayed rejection, physical violence (inappropriate words), and abusive actions before and after the quarantine. In epidemics, stress refers to the marking, derogatory behavior, or lack of treatment services for people who have been infected or harmed. People with epilepsy face social isolation and injustice in both developed and developing countries. In individuals with epilepsy, there is a major positive association between stress and learned helplessness, stress, anxiety, elevated disease-related physical symptoms and other health issues, reduced self-esteem, and lower life satisfaction. Adults with elevated levels of stress may also struggle to manage the disease by surgery, medicine, and diet. People's health is affected by lifestyle, which is a natural everyday occurrence that they have embraced in their lives. People's lifestyles account for 53 % of their causes of death. Social shame is a worldwide phenomenon that has been investigated in the field of psychology (20, 21). Adults with high stress levels can also fail to treat the disease by surgery, medications, and nutrition. People's wellbeing is influenced by their lifestyle, which is a normal phenomenon that they have accepted in their lives. People's lifestyles are responsible for 53 % of their causes of death. Stress is a global condition that has been researched by psychologists. As a result, grappling with stress must be considered at all levels of the individual, social, and organizational. It is important to increase people's understanding about how to distribute, care about, and avoid pollution through national and social media. Training workshops for workers at different organizations are often used to increase consciousness in order to avoid negative responses to personal fears and sexism in service delivery. In particular, offering reliable and detailed information on reducing the burden of this new disease necessitates the collaboration of all organs, as well as thorough study into the causes of this prognosis (22-24).



Key words

Infectious diseases, Mental health, Quarantine, Psychiatric effects, Stress.

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References

- Chen H, Guo J, Wang Ch, Luo F, Yu X, Zhang W, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: A retrospective review of medical records. *The Lancet*. 2020; 395(10226): 809-15. doi: 10.1016/S0140-6736(20)30360-3.
- Malik YS, Kumar N, Sircar S, Kaushik R, Bhat S, Dhama K, et al. Coronavirus disease pandemic (COVID-19): Challenges and a global perspective. *Pathogens*. 2020; 9(7): 519. doi: 10.3390/pathogens9070519.
- Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*. 2020; 395(10227): 912-20. doi: 10.1016/S0140-6736(20)30460-8.
- Spinelli A, Pellino G. COVID-19 pandemic: Perspectives on an unfolding crisis. *The British Journal of Surgery*. 2020; 107(7): 785-7. doi: 10.1002/bjs.11627.
- Xie J, Tong Zh, Guan X, Du B, Qiu H, Slutsky AS. Critical care crisis and some recommendations during the COVID-19 epidemic in China. *Intensive Care Medicine*. 2020; 46(5): 837-40. doi: 10.1007/s00134-020-05979-7.
- Le TT, Andreadakis Z, Kumar A, Roman RG, Tollefsen S, Saville M, et al. The COVID-19 vaccine development landscape. *Nature Reviews Drug Discovery*. 2020; 19(5): 305-6. doi: 10.1038/d41573-020-00073-5.
- Zandifar A, Badrfam R. Iranian mental health during the COVID-19 epidemic. *Asian Journal of Psychiatry*. 2020; 51: 101990. doi: 10.1016/j.ajp.2020.101990.
- Georgiou N, Delfabbro P, Balzan R. COVID-19-related conspiracy beliefs and their relationship with perceived stress and pre-existing conspiracy beliefs. *Personality And Individual Differences*. 2020; 166: 110201. doi: 10.1016/j.paid. 2020. 110201.
- Chen Q, Liang M, Li Y, Guo J, Fei D, Wang L, et al. Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*. 2020; 7(4): e15-e6. doi: 10.1016/S2215-0366(20)30078-X.
- Tucci V, Moukaddam N, Meadows J, Shah S, Galwankar SC, Kapur GB. The forgotten plague: Psychiatric manifestations of ebola, zika, and emerging infectious diseases. *Journal of Global Infectious Diseases*. 2017; 9(4): 151-6. doi: 10.4103/jgid.jgid_66_17.
- Yao H, Chen J-H, Xu Y-F. Patients with mental health disorders in the COVID-19 epidemic. *The Lancet Psychiatry*. 2020; 7(4): e21. doi: 10.1016/S2215-0366(20)30090-0.
- Fardin MA. COVID-19 and anxiety: A review of psychological impacts of infectious disease outbreaks. *Archives of Clinical Infectious Diseases*. 2020; 15: e102779. doi: 10.5812/archcid.102779.
- Zmigrod L, Ebert T, Götz FM, Rentfrow PJ. The psychological and socio-political consequences of infectious diseases: Authoritarianism, governance, and nonzoonotic (human-to-human) infection transmission. *Journal of Social and Political Psychology*. 2021; 9(2): 456-74. doi:10.5964/jspp.7297.
- Huang J, Liu F, Teng Z, Chen J, Zhao J, Wang X, et al. Care for the psychological status of frontline medical staff fighting against Coronavirus disease 2019 (COVID-19). *Clinical Infectious Diseases*. 2020; 71(12): 3268-9. doi: 10.1093/cid/ciaa385.
- Ho CS, Chee CY, Ho RC. Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Annals of the Academy of Medicine*. 2020; 49(1): 1-3. doi:10.47102/annals-acadmedsg.202043.



16. Ornell F, Schuch JB, Sordi AO, Kessler FHP. "Pandemic fear" and COVID-19: Mental health burden and strategies. *Brazilian Journal of Psychiatry*. 2020; 42(3): 232-5. doi: 10.1590/1516-4446-2020-0008.
17. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*. 2020; 7(6): 547-60. doi: 10.1016/S2215-0366(20)30168-1.
18. Madison AA, Shrout MR, Renna ME, Kiecolt-Glaser JK. Psychological and behavioral predictors of vaccine efficacy: Considerations for COVID-19. *Perspectives on Psychological Science*. 2021; 16(2): 191-203. doi: 10.1177/1745691621989243.
19. Wilson MP, Jack AS. Coronavirus disease (COVID-19) in neurology and neurosurgery: A scoping review of the early literature. *Clinical Neurology and Neurosurgery*. 2020; 193: 105866. doi: 10.1016/j.clineuro.2020.105866.
20. Zhang J, Li Z. Book Review: The Psychology of COVID-19: Building Resilience for Future Pandemics. *Frontiers in Psychology*. 2021; 12. doi: 10.3389/fpsyg.2021.744926.
21. Händel M, Stephan M, Gläser-Zikuda M, Kopp B, Bedenlier S, Ziegler A. Digital readiness and its effects on higher education student socio-emotional experiences in the context of COVID-19 pandemic. *Journal of Research on Technology in Education*. 2020; 1-13. doi: 10.1080/15391523.2020.1846147.
22. Ye B, Wu D, Im H, Liu M, Wang X, Yang Q. Stressors of COVID-19 and stress consequences: The mediating role of rumination and the moderating role of psychological support. *Children and Youth Services Review*. 2020; 118: 105466. doi: 10.1016/j.chidyouth.2020.105466.