

COVID-19 Outbreak and Increased Nurses' Anxiety Disorder

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Abstract

The rapid outbreak of COVID-19 at the beginning of 2020 and fear and anxiety caused by possible illness has created a high and destructive psychological burden that can lead to mental disorders, weakening the immune system and reducing the body's ability to fight disease in nurses. The serious spread of traumatic psychiatric symptoms in the current situation can lead to damage to the health system. The method of data collection was a library. The serious spread of traumatic psychiatric symptoms in the current situation can lead to damage to the health system. While efforts are needed in many areas today, spending time and money on the mental health of at-risk patients as well as society as a whole is a necessity.

Keywords: Nurses, Anxiety Disorder, COVID-19

Introduction

One of the most important elements of health care is nurses; Because the main burden of providing human health services is on them, they are constantly experiencing severe psychological stress [1]. Nursing is considered a profession full of physical and emotional stress [2]. Anxiety is the most common emotional response that nurses have these days; Because the prevalence of COVID-19 has caused anxiety among people, especially in affected countries, COVID-19 is a serious threat to public health [3]. This new viral disease is the third epidemic in the 21st century after SARS and MERS-CoV [4]. Due to the outbreak of the disease, the World Health Organization used the term epidemic for the disease on March 11, 2020 [5]. Due to the prevalence of COVID-19 in the world and the rate of deaths from this disease, health care workers are more likely than others to be exposed to psychological disorders and anxiety because they are at the forefront of dealing with this disease. A cross-sectional study of medical personnel in China during the COVID-19 outbreak found that out of 512 employees, about 164 had direct contact with an infected patient. Among these, the prevalence of anxiety was about 5.12%, of which 35.10% experienced mild anxiety, 36.1% moderate anxiety, and about 78.0% experienced severe anxiety [6]. Past studies have shown that mental disorders, including post-traumatic stress disorder, anxiety, depression, panic

attacks, irritability, panic, distrust, and suicidal ideation, were common in nurses caring for SARS patients. These disorders can lead to loss of appetite, fatigue, impaired physical ability, sleep disturbance, numbness, fear, and despair [7]. Possible causes for further anxiety may be concerns about infection, difficulty controlling the epidemic, and lack of medical equipment nationwide [6, 8]. Anxiety among health care workers was higher than others, according to a study by Hong and Zhao in a study conducted during the COVID-19 outbreak in China. Another study in Saudi Arabia showed a high level of concern about MERS-CoV disease in medical students [2, 9]. Research has reported moderate to the severe psychological impact of the prevalence of COVID-19 in China, including depression, anxiety, and stress. An important source of adjustment in stressful situations is the level of support and attention of relatives. Social support includes the provision of emotional, instrumental, and informational assistance provided by others [3,10]. Perceived social support refers to the mental evaluation of individuals of supportive relationships and behaviors and is one of the most important predictors of physical and mental health of individuals from childhood to adulthood. Social support is thought to act as a shock shield against stress [1, 11]. The results of research by Art et al. Showed that the level of social support of friends is a negative predictor of anxiety symptoms. Research has shown that there is a direct relationship between perceived "social support" and anxiety and depression. Symptoms of anxiety and stress are inversely related to social support. The results of the study showed that the social support of colleagues and nurses' families makes it easier to deal with stressful situations [4,12].

The rapid outbreak of COVID-19 at the beginning of 2020 in the world put severe physical and psychological pressure on the medical staff of hospitals involved in the care of patients with COVID-19 To the extent that the risk of post-traumatic stress disorder (PTSD) increased for this group. The study of "the incidence of post-traumatic stress disorder in the staff of COVID-19" shows that medical staff, including nurses, suffer a lot from post-traumatic stress, and their mental health is endangered [13].

Researchers at Shahid Beheshti University of Medical Sciences have studied the issue of "the incidence of post-traumatic stress disorder in nursing staff involved in the care of patients with COVID-19 in Dr. Masih Daneshvari Hospital." In this study, the amount of physical and psychological stress on medical staff has been analyzed using statistical methods. The statistical population included all nurses and paramedics working in Dr. Masih Daneshvari Hospital in Tehran, during the outbreak of the COVID-19 pandemic in April 2020. Dr. Masih Daneshvari Hospital, since the beginning of the outbreak of COVID-19 in Iran, has been one of the first and most important centers for hospitalization and treatment of patients with COVID-19 in Tehran [6,14].

Findings show that out of 311 hospital staff who participated in the study, 69/3% were nurses, 30/7% were Health Care Workers and their mean age was $36/36 \pm 87/7$. Most of the sample members were female, married, childless, with a university degree, and a nurse. 86.7 of the participants did not show any symptoms of COVID-19 at the time of the study, and the results of their own and first-degree family members' corona tests were negative. Most of the sample members had severe PTSD symptoms and there was no significant difference in the severity of PTSD symptoms between participants with a history of COVID-19 and its absence. The

mean PTSD score was severe in all members of the group. There was a significant difference between different age groups in the depression subscale. People in the age group of 20 to 30 years had the highest and in the age group of 31 to 40 years had the lowest score of lack of depression. There was a significant difference between individuals with different marital statuses in the subscales of intrusive memories, inability to control emotions, and PTSD. Married people had the highest scores on intrusive memories, inability to control emotions, and PTSD. There was no significant difference between the two sexes, people with different numbers of children, levels of education, and different job positions in the field of PTSD. Based on the findings of the present study, the mean PTSD score was severe in 88% of all study members and moderate in only 12%. But none of the sample members had mild PTSD, which indicates the depth and severity of the psychological impact of the current crisis on the treatment staff. The highest score among the subscales was related to intrusive memories and the lowest was related to interpersonal problems among all members of the sample group. This means that the medical staff involved in the care of COVID-19 patients, among the symptoms of PTSD, were more to have recollections of disturbing memories and thoughts about patients, which can have a serious and long-term negative effect on their mental health and functioning [9,12,15-18].

But applying the lowest score to interpersonal problems can indicate that in these difficult situations, individuals' solidarity increased and they suffered less damage in interpersonal relationships, and this can be a positive point that occurs in crises. Because there was no significant difference in the incidence of PTSD between staff with a history of COVID-19 and its absence, the first hypothesis of the study included a significant difference in PTSD in hospital staff with or without a history of COVID-19 was rejected. These findings indicate a serious spread of PTSD when dealing with a fatal pandemic because the depth of the tragedy of direct exposure to patients with COVID-19 can be somewhat unknown and therefore stressful and it seems to affect everyone in the same way, and in particular causes frequent recalls of unpleasant events in the mind. Foreign studies also show that people living in China's Hubei Province, the main center of the COVID-19 outbreak, showed the highest rate of post-traumatic stress symptoms [12,19-24].

The second hypothesis of the present study, including the relationship between demographic variables and PTSD in terms of age and marital status, was confirmed. People had the lowest rate of depression in the third decade of life, but the highest rate of depression in the next decade (fourth decade). This can be due to the spread of excitement in early adulthood. But in the next decade, more involvement in society, especially when facing a crisis, can reduce it. The present study also showed that men and women in the face of a deadly disease were the same in terms of PTSD incidence, but the relative equality of men and women in the face of stressful conditions in the present study, is inconsistent with other studies in this field, It can indicate that women in Iran due to various problems such as war, earthquake, economic crisis, etc. in recent years have become more adaptable and in the face of crises such as a pandemic, necessarily more severe than men Do not react [2, 25-28].

Mental health is an issue of urgent importance in terms of research into the COVID-19 crisis, and delays in addressing it can lead to adverse consequences. The study showed that hospital

staff involved in the treatment of COVID-19 had severe symptoms of PTSD. This issue should be seriously considered for further evaluation of the mental health of the treatment staff of COVID-19 patients [17,21,29-32].

Conclusions

The serious spread of traumatic psychiatric symptoms in the current situation can lead to damage to the health system. While efforts are needed in many areas today, spending time and money on the mental health of at-risk patients as well as society as a whole is a necessity.

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Declaration of competing interest

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