

## IMPACT OF THE COVID-19 PANDEMIC ON THE PSYCHOLOGY OF HEALTH WORKERS

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### ABSTRACT

Corona virus severe acute respiratory syndrome was first released on December 31, 2019 the corona virus spread to many countries around the world. The COVID-19 pandemic has put healthcare workers around the world on the front lines, putting healthcare workers under pressure. The purpose of this study is to review articles regarding the impact of the COVID-19 pandemic on the psychology of health workers. The scoping review obtained data from Pubmed, Scienedirect and Wiley with Appraisal studies and using Critical Appraisal Hawker, using the PEOs framework. nine articles discuss the impact of psychology on health workers. Anxiety and depression are felt due to fatigue, busy working hours make work results poor and health workers receive less pandemic training. Risk factors for anxiety are fear of infection, community stigma so that health workers feel a lack of social support and no access to mental health services such as psychiatrists. The results of 9 articles that have been reviewed by researchers have the impact of COVID 19 on health workers and risk factors for anxiety during the COVID 19 period. The impact of covid on health workers is anxiety and depression, negative work results and training in handling COVID. The risk factors for anxiety are being a health worker, community stigma and limited access to mental health services.

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### Introduction

Severe acute respiratory syndrome coronavirus was first released on December 31, 2019 as pneumonia and has since spread to many countries around the world which led the World Health Organization (WHO) to declare it a worldwide pandemic on March 1,

2020 (Si et al. , 2020). The rapid spread of COVID-19 has made national public health interventions and quarantines implemented in most countries and in recent months, containment measures, including mandatory quarantine and long-term distancing can

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increase mental disorders, such as depression, anxiety, mental disorders and stress. Dubey et al., 2020). The COVID-19 pandemic puts healthcare workers around the world as the front line, making health workers work under pressure. Therefore, health workers are an important component in addressing public health on a large scale. Therefore, promoting the mental well-being of those exposed to COVID 19 needs to be done immediately (Elhage et al., 2020) According to research by Antonijevic et al., (2020) anxiety and fear are the first symptoms that appear among health workers, then depression and post-traumatic stress symptoms which then cause severe consequences and cause long-term effects on the mental health of medical personnel. According to research (Qasem Surrati et al., 2020) Chinese health workers reported 1257 health workers, especially nurses who were directly involved in handling COVID-19 care, experienced psychological symptoms such as depression as much as 50% anxiety 45%, insomnia as much as 34% and mental stress 71,5%.old nurse, who works at Jeselo Hospital committed suicide by jumping a river in Italy (Chidiebere Okechukwu et al., 2020). The purpose of the scoping review is to review articles regarding the impact of theA 34-year old Italian nurse, who worked at

the San Gerardo Monza Hospital, committed suicide on the grounds that she tested positivefoer COVID-19 and had been living the the COVID-19 pandemic on health workers. great stress due to fear, distress and Has infected other people. In addition, a 49 year.

**Research methods**

The method used is a scoping review, a systematic review that can be used to identify results with an evidence base, as well as the type of evidence available (Arksey & O'alley, 2005). There are several steps that must be carried out for a screening study:Mengidentifikasi pertanyaan penelitian

**A. Identify relevant studies**

The inclusion criteria of this research are articles published in 2019-2022, International journals, Articles on mental health of health workers, Articles on psychology of health workers, Articles that explain COVID-19 and Articles that explain stress on health workers during the COVID-19 pandemic. The exclusion criteria were national journals, opinion articles, student mental health journals and mental health journals for pregnant and neonatal women.

- 1) Literature search

**Table 1**  
**keyword**

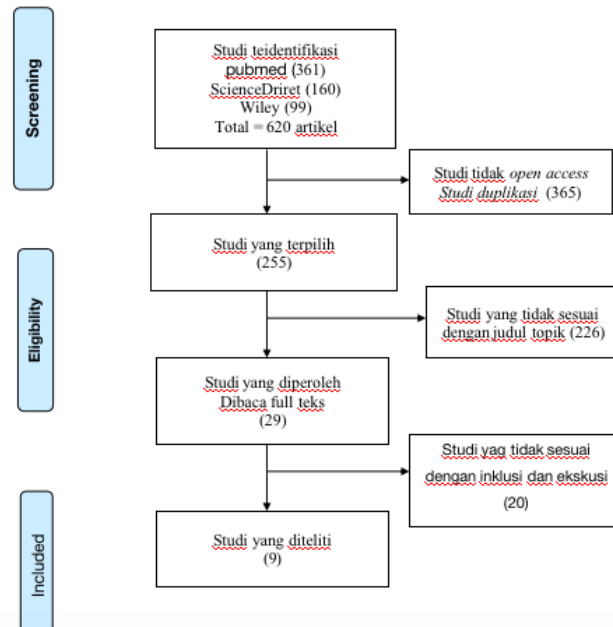
<b>Elements</b>	<b>Keyword</b>
Health workers	"health workers"
COVID - 19	"COVID 19"
	"psychology health workers" OR "health care works"OR"stress"OR"depression"

**B. Study selection**

Researchers searched 3 databases, namely: Pubmed, ScienceDrirect and Wiley. Journals obtained from Pubmed 361 journals,

journals obtained from Sciencedirect 160 journals and from Wiley 99 journals, a total of 620 journals were then imported into the

Mendeley bibliography machine. The findings of the number of articles and the screening process will be discussed in the PRISMA flowchart as follows:



**Figure1**  
**PRISMA Flowchart**

**Results and Discussion**

**A. Impact of COVID 19 on health**

Anxiety and depression

The results of the article [1] found that most health workers reported a significant increase in psychological problems where (54%) health workers experienced anxiety and depressive symptoms (27%). In line with research by Adhikari et al., (2021) which stated that the prevalence of anxiety and depression was 46.95% and 41.31% in health workers. The results of the research article [2] revealed that levels of anxiety, depression and moderate stress were found to be 35.5%, 27.9% and 72%, respectively, among health workers. This increased level of anxiety and depression suggests a potential increase in stress-related disorders. In line with the results of the

study Preti et al., (2020) stated that health workers, especially including doctors, nurses, and auxiliary staff, reported symptoms of post-traumatic stress during an outbreak, with symptoms lasting after 1-3 years in 10-40%. Depression symptoms were reported 27.5-50.7%, and severe anxiety symptoms 45% this is in line with the research theory. The results of the research article [4] where from 276 respondents (10.1%) showed increased symptoms of depression. the prevalence of depressive symptoms was more common among nurses than among other health professionals. 25.4% of respondents showed symptoms of anxiety. In line with the research of Khanal et al., (2020) found that 41.9% of health workers had symptoms of anxiety and 37.5% had symptoms of depression.

The article [9] found that nearly 43% of mental health problems were work-related including fatigue, anxiety, stress, depression and emotional distress. This is in line with the research by Huang & Zhao, (2020) conducted by front-line health workers involved in the direct diagnosis, treatment, and care of patients with COVID-19 were associated with a higher risk of depressive symptoms ( $P = 0.01$ ), anxiety (OR,  $P < .001$ ), and distress ( $P < 0.001$ ).

The article [7] revealed the same thing where 36% of medical staff had mental health disorders below the threshold, 34.4% of health workers had mild disorders, 22.4% had moderate disorders and 6.2% had severe disorders. The results of the two articles found are in line with the research of Gupta et al., (2020) showing the prevalence of anxiety disorders is 37.3% among health workers, with the majority of participants having mild anxiety and 8% of participants experiencing depression. Work stress can be caused by various factors such as a pandemic situation that can trigger stress on the pandemic phenomenon, stress during this pandemic is a form of alertness to exposure to the COVID-19 virus. *dilingkungan kerja (Priyatna et al., 2021)*.

Other factors that cause stress are organizational factors where personal protective equipment is depleted, concerns about not being able to provide competent care, lack of access to up-to-date information and communication, lack of certain medications, shortage of ventilators and intensive care unit beds needed to treat surges. patients exposed to COVID 19 (Hasibuan, 2020).

#### **B. Negative results**

The results of the article [7] stated that health workers with changing work

schedules such as night shifts, rotating shifts and flexible hours also resulted in employee absenteeism and intention to move. Thus, further mutations from the COVID-19 pandemic will contribute to increased stress and resignations as health workers. This is in line with the research of Kwaghe et al., (2021) who expressed frustration and sometimes wanted to quit their job. Higher perceived COVID-19 risk and induced psychological distress were associated with burnout among healthcare employees. Burnout is usually caused by prolonged stress at work and is associated with unfriendly working conditions, which have an adverse effect on employee performance [7]. in line with the research of De los Santos & Larague, (2021) showed that the perceived risk and fear of contracting the virus resulted in demotivation and low morale among employees. In addition, absenteeism from work is usually caused by the psychological pressure felt to work meet the demands of work, work discomfort, excessive workload, and long working hours. Working in the midst of media and everyone's attention, the long duration of work may not be unprecedented for health workers triggering negative psychological effects on work outcomes. Psychological effects that are felt are emotional disturbances, depression, stress, bad moods, panic attacks, phobias, symptoms of insomnia and emotional exhaustion (Handayani et al., 2020).

#### **C. COVID 19 handling training**

The results of the study [9] stated that almost all doctors reported obtaining information on COVID 19 from institutional or professional sources, 46% from newspapers and TV. Almost half reported having received training for telephone triage, while only 14% received formal training in the management of

COVID 19. The results of this study are not in line with the research conducted by Kotian et al., (2020) who conducted a study on COVID-19 based on knowledge and understanding among the public. medical imaging professionals, where they reported that only 46.5% of participants had received training in the safe use of PPE.

1. Risk factors for anxiety during COVID 19

2. Become a health worker

The results of the study [1] most of the health workers fell ill due to COVID 19 but they considered the risk of infection as part of their job. Significantly higher percentage of staff, more conflict among coworkers, increased workload, unusual extra tasks and greater fear of infection. This is in line with the research of Kwaghe et al., (2021) Accepting COVID-19 assignments is mostly expressed as a call to duty based on specialization. They felt it was something they had to do. However, this is not without initial fear and anxiety as expressed by some respondents. The results of the study [3] that the risk factors for anxiety were significantly related to the lack of training in controlling infection. In contrast, severe stress levels are only associated with existing medical problems. This is because medical practitioners on the front lines of the fight against the virus are experiencing traumatic events arising from the patient's condition and high mortality rate. There have been reports of traumatic stress among medical practitioners in the fight against COVID 19, including cases of medical practitioners taking their lives. This is in line with research by

Susanti et al., (2020) showing that health workers have a strong sense of responsibility and teamwork when facing great pressure from heavy workloads, lack of protective equipment and feelings of helplessness with patients. The results of the research on risk factors for anxiety that occur due to the limited availability of health resources and lack of training on pandemic management are the reasons for higher levels of health workers in Pakistan. article [7] also shows that most of the medical workers experiencing high levels of fatigue amid the COVID pandemic adjusting to new work schedules. The risk of infection of health workers can be reduced by adequate precautions in health facilities. Primarily, this involves the use of personal protective equipment (PPE) including gowns, gloves, face masks, and face shields or goggles. Carefully putting on and taking off this equipment remains the main defense, but requires adequate training and supervision. Findings from the article [8] extension of health care emergencies requiring sustained high levels of workload in the context of continued uncertainty on the effectiveness of safety procedures and clinical management protocols have led to a significant increase in symptoms of depression and fatigue among healthcare workers. This is in line with the research of [Ran et al., \(2020\)](#) The risk of infection in health workers seems to be related to shift duration and hand hygiene. Longer working hours have a widespread negative influence on mental health. While excessive working hours have

become commonplace under disease outbreaks, the health staff is very fragile, with mental health so fragile it needs to be recognized as soon as possible to avoid further harm. Long work duration triggers negative psychological effects including emotional disturbance, depression, stress, low mood, irritability, panic attacks, phobias, symptoms, insomnia, anger, and emotional exhaustion (Brooks et al., 2020).

3. Community stigma

Stigmatization, fear of infection, and perception of high risk to their work. This is an issue of great concern to medical care workers in the COVID-19 outbreak and other similar pandemics, and has been shown to be associated with adverse psychological outcomes [2]. In line with the study of Miconi et al., (2021) health workers reported 17.3% of the sample reported having experienced discrimination related to COVID 19, with the highest prevalence reported by East and South Asian participants.

The results of the article [3] reported the absence of social support. In addition, the absence of social support can be attributed to the lack of security measures taken by health agencies to protect their staff, thus resulting. psychological tension of the participants, as they not only face the threat of fighting the pandemic, but also from being attacked. In line with research Adhikari et al., (2021) found that frontline worker status was associated with stigma so that frontline workers were three times more likely to experience stigma compared to those who did not work in the frontline. Infectious disease outbreaks have been found to cause stigma among health care workers.

The global health emergency due to the COVID-19 pandemic has triggered a social crisis marked by discriminatory behavior and stigma against people who are considered suspects, diagnosed, or survivors of the virus. Ironically, despite their role in treating COVID-19 sufferers, health workers are no exception to being stigmatized (Bagcchi, 2020).

Around the world, health workers also experience negative actions that are a result of stigmatization, such as harassment and violent attacks inside and outside their workplace which are exacerbated by long working hours, psychological stress, burnout, and job burnout that are often attached to work. they. Stigma and harassment leading to intimidation and violence against health workers. These acts of violence have been shown to increase stress levels and, consequently, exacerbate the psychological sequelae of moral injury. People who have experienced discrimination and stigma are at high risk for mental illness, including anxiety, depression, post-traumatic stress disorder and suicide (Brewis et al., 2020)

4. Limited access to mental health services

The results of the article [6] revealed the lack of availability of psychologists and psychiatrists for psychological treatment for distressed medical personnel, including less personalized sources of support such as psychological materials and psychological resources available from the media. The availability of psychologists and psychiatrists positively contributes to reducing mental health problems and physical discomfort caused by risk factors such as exposure to close contact with COVID 19. This is not in line with the

research of [Kang et al., \(2020\)](#) where in China psychological assistance (consisting of volunteers) who had received training in psychological assistance in dealing with the pandemic provided telephone guidance to help with mental health issues. Hundreds of medical workers received these interventions, with good response, and their provision extended to more people and hospitals.

The number of people suffering from mental health impacts after the COVID-19 event is greater than the number of people who are physically injured, and mental health effects can last much longer. Nonetheless, mental health attracts far fewer personnel for planning and resources ([Allsopp et al., 2019](#)). The Global Mental Health Commission's observation that the use of digital technology can provide a variety of mental health interventions ([Patel et al., 2018](#)).

Psychological advice and guidance in printed resources and disseminated in the media can provide a level of protection for medical and nursing staff, improve mental health by reducing the impact of stress caused by a high risk of infection ([West et al., 2014](#))

## Conclusion

The results of the 9 articles that have been reviewed by researchers are the impact of COVID 19 on health workers and risk factors for anxiety during the COVID 19 period. The impact of COVID on health workers is anxiety and depression, negative work results and training in handling COVID. The factors that cause COVID are being a health worker, community stigma and limited access to mental health services.

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