

Developed Systems in Covid-19 Pandemics with Depression, Anxiety, and Stress Levels among Physicians

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Abstract

The globe has been dealing with Covid-19, a new contagious disease, since December 2019. It was initially mentioned in Wuhan, China, and has since spread throughout the world. There is a great deal of concern and anxiety in the public due to the disease's quick spread, the rising number of infected individuals, and related mortality. 53.8% of participants in an early study looking at the general population's acute psychological response to the Covid-19 epidemic in China judged the psychological impact of the outbreak as moderate or severe.

Keywords: Depression; Anxiety; COVID 19

Introduction

In addition to the psychological effects of the outbreak on society, healthcare workers (HCWs) also experience additional stress as a result of treating infected patients directly, increased risk of infection, fear of spreading the disease to their families, worries about their own health and the health of their loved ones, feelings of rejection and stigma, and working under intense time constraints. On the other hand, over time, factors such as an increase in disease cases and related mortality, a high workload over a long period of time, and the wear and tear on PPE can lead to emotional and physical exhaustion [1, 2].

Variables in the total sample that are connected to psychiatric symptoms

About 10% of healthcare professionals have reported experiencing stress reaction symptoms such anxiety, depression, somatization, and hostility during and after past outbreaks. A Taiwanese study that looked at stress reactions among hospital personnel during the recent SARS outbreak found that 5% of them had acute stress disorder, 20% felt stigmatised, and 9% were reluctant to go to work or had contemplated quitting. In a different study looking into the long-term psychological impacts of the SARS outbreak on healthcare personnel, it was shown that in a 3-year follow-up, 23% of the staff had moderate to severe depression symptoms. More recently, during the Covid-19 pandemic, prevalence of symptoms linked to stress, anxiety, and depression was found to be 50.7%, 44.7% [3, 4].

Based on this viewpoint, we investigated the levels of anxiety, stress, and depression among doctors during the Covid-19 outbreak and looked at related aspects in both clinical and general settings. We thought that our research would improve understanding of the psychological requirements of our co-workers during this tragedy and develop measures to protect their mental health [5].

To evaluate the psychological reactions of healthcare professionals and associated factors during the Covid-19 outbreak, a cross-sectional survey was created. To reduce in-person interactions and make participation easier for healthcare professionals who are working hard during this emergency moment, we used an online survey. Doctors who were interested in taking part in this study were contacted as a convenience sample. The poll was distributed around numerous social network groups representing diverse specialties. When asked a yes-or-no question at the start of the survey asking about their readiness to participate in the study, every respondent gave their informed consent. Between March 10 and March 15, 2020, data was gathered [6, 7, and 8].

Discussion

Turkey was home to the first confirmed instance of the Covid-19 outbreak as of March 11, 2020. Immediate action was taken in our nation as well as the rest of the world as a quick transformation and adaption process began in the healthcare system. Many inpatient units have been transformed to Covid-19-related wards in order to increase the number of beds available for Covid-19 patients. Frontline roles were given to doctors from several specialisations. Healthcare professionals are not permitted to take any non-emergency leaves for the next three months.

Conclusion

In order to maintain healthcare services as we fight Covid-19, it is essential to provide for the mental health of healthcare professionals. Our research indicates that women, young people, and those with less experience, particularly those in front-line jobs, are in the risk group and need to be regularly monitored. The results of our study also showed that the frontline physicians are more emotionally affected by the excessive workload (increased total patients cared for and increased weekly working hours, working both day and night shifts), lower logistic support, lower support from peers and supervisors, and lower feelings of occupational competence during covid-19 related tasks [9,10].

Acknowledgement

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Declaration of Competing Interest

None.

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