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THE PSYCHO-EMOTIONAL IMPACT OF COVID-19 INFECTION ON MEDICAL STAFF IN THE FIRST-LINE MEDICAL INSTITUTION IN MOLDOVA

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ABSTRACT — The outbreak of the COVID-19 pandemic has substantially affected the lives of people around the world, especially after the World Health Organization declared a global pandemic in the second week of March 2020. The research and the clinical observations in this field show that, during the pandemic, many people display stress, anxiety or depression, which are fuelled by fear and the pathological worry of infection, of coming into contact with possibly contaminated objects or surfaces. It exacerbates the fear of strangers who might have an infection, the fear of socio-economic consequences and the symptoms of the traumatic stress associated to the pandemic. During the COVID-19 pandemic, the medical population proved to be susceptible to burnout syndrome - physical and emotional exhaustion, poor performance, indecision, fatigue, insomnia, anxiety, depression, all due to the increased work requirements, prolonged work, frustration in case of failure to save the patients' lives, pandemic-related uncertainty, fear of getting sick and infecting the family members. The frontline workers may face additional stressors during the COVID-19 outbreak: stigmatization of those working with COVID-19 patients; strict bio-security measures; physical pressure by the protective equipment; physical isolation which makes it difficult to ensure the comfort of a sick or suffering person; constant awareness and vigilance; strict procedures to be followed in order to prevent spontaneity and autonomy.

KEYWORDS — psycho-emotional impact, burnout syndrome, anxiety, depression, first-line medical staff.

INTRODUCTION

The COVID-19 pandemic is still very strong worldwide. The people are tired and need more support to face this situation. A mental health crisis is as important as any other healthcare crisis. It might be difficult to predict exactly when a crisis will occur and it can occur without any warning (Luca et al., 2020a). The World Health Organization (WHO, 2020) declared mental health as the second public health priority during the COVID-19 pandemic. A crisis

can occur even when a family has a crisis prevention plan and has applied the techniques taught by mental health professionals (Radulescu et al., 2020). We all do our best to cope with, using the information and the resources we have at the time of a crisis.

The work of medical services and of their staff is affected (Grigoras & Ciubara, 2021). Given the risk of the significant increase in the number of mental health conditions, it is essential to underline the need for urgent investments in mental health services. The COVID-19 pandemic has impacted or blocked the main mental health services in 93% of the world's countries, and the demand for mental health care is higher, according to a new WHO survey. The survey was conducted in 130 countries. It gives the first global data about the catastrophic impact of COVID-19 on the access to mental health services and points out the pressing need for enhanced funding in this area. The frontline healthcare workers are at a particular risk of COVID-related psychological distress, because of the heavy workload, life-or-death decisions to be taken and the risk of infection. Healthcare workers in China have reported high rates of depression (50%), anxiety (45%) and insomnia (34%) during the pandemic, and 47% of healthcare workers in Canada have reported the necessity for psychological support. Fear and worry about one's own health and the health of the loved ones, about the financial situation or job or about the loss of support services; changes in sleep or in eating patterns; difficulty in sleeping or concentrating; worsening of chronic health problems; worsening of mental health condition; increased use of tobacco and/or alcohol and of other substances are among the most frequent consequences of stress during an infectious disease outbreak (Luca et al., 2020b).

It is now crystal clear that mental health needs to be treated as a core element of our response to and recovery from the COVID-19 pandemic, Dr Tedros Adhanom Ghebreyesus stated. This is a collective responsibility of governments and civil society, with the support of the whole United Nations system. A failure to take people's emotional well-being seriously will lead to long-term social and economic costs to the society (Baroiu et al., 2021). The scaling-up and reorganization of mental health services

that are now needed on a global scale are an opportunity to build a mental health system that is fit for the future, said Dévora Kestel, Director of Mental Health and Substance Use Department, WHO. *This means developing and funding national plans that shift care away from institutions to community services, ensuring coverage for mental health conditions in health insurance packages and building the human resource capacity to deliver quality mental health and social care in the community.*

METHODS

On 1st of June 2020, we conducted an online meeting with the team of mental health supporters (to promote the algorithms for the provision of psycho-emotional support for the medical staff) and an online training programme for the medical staff working in national/municipal/district hospitals on managing the psycho-emotional stress and mental health maintenance in the context of the pandemic of the novel coronavirus infection (COVID-19) was provided.

The training promoted several tools for assessing the burnout, the anxiety and the depression, chosen among those available and internationally validated, which were stored on Google drive and all the participants were requested to fill them out:

- Personal Data;
- Depression Test;
- Anxiety Test – TAG 7.

After the webinar on burnout, an email was drafted and all the counsellors further sent it to the specified addresses, informing about the psycho-emotional support services, and requested to fill out the questionnaire. Weekly psycho-educational support webinars for the medical staff on possible mental health problems and how to overcome them were conducted throughout six weeks.

RESULTS

As a result of the application of the Vocational Burnout Questionnaire to first-line medical workers, the following results were obtained: 137 out of the total number of people were receptive and accepted to participate. The Vocational Burnout Questionnaire has a minimum score of 24 points and a maximum score of 120 points; 24 points means that the person does not go through a vocational burnout and 120 points — that the person has a very high level of vocational burnout.

Out of the 137 respondents: 16 people do not go through a vocational burnout; 67 people face a low level of professional burnout; 38 people face a medium level of vocational burnout; 17 people — a high level of professional burnout. Sample distribution by

residence environment: 70,8% — urban environment; 29,2% — rural environment. Sample distribution by age: 20–29 years of age — 12,4%; 30–39 years of age — 27%; 40–49 years of age — 20,4%; 50–59 years of age — 32,1%; over 60 years of age — 8%. Sample distribution by professional activity: 32,8% — doctors; 56,2% — nurses; 10,9% — other (human resources, accounting, technical assistance, etc). Among the surveyed medical population, 89,1% presented different levels of exhaustion, requiring a psychological and/or pharmacological intervention. 119 out of the 137 respondents work at the National Centre for Prehospital Emergency Care (CNAMUP) and 11 — at the Emergency Medicine Institute (IMU). Of these 2 institutions which are in the frontline of COVID-19 expressed openness to the vocational burnout questionnaire. The other institutions did not have any reaction. We are preparing the informative materials, including short videos, simple techniques for the institutions and people who have not reacted to the burnout test and will send them by e-mail.

Working with the 40 community mental health centres (CMHCs), an instrument was developed and promoted to evaluate the work of the centres with the population and the medical staff in terms of provision of psycho-emotional counselling, coping with anxiety and depression and all professionals providing the above services were requested to fill out a questionnaire. 195 service provision questionnaires were filled out. Here are the reasons for service request: 62% (121 p.) — anxiety; 59,5% (116 p.) — signs of depression; 52,3% (102 p.) — asthenia, fatigue; 44,6% (87 p.) — occupational exhaustion; 40% (78 p.) — sleep disorders, etc. Only 10% of services were provided directly, the rest of them - through other indirect methods. 68,7% of interventions (134 p.) consisted in psycho-education, 36,4% (71 p.) — in motivational counselling, 29% (57 p.) — in prescribing medication and 13% (26 p.) — in psycho-therapy techniques. 79% of service requests were made by women and 21% — by men.

A training on starting the provision of psycho-emotional support for managers and medical staff working in hospitals all over the country in the national context of the COVID-19 epidemic was conducted for hospital managers countrywide. This training was attended by managers and persons in charge (key persons) of providing psycho-emotional support from 14 municipal institutions. Measures and actions needed to provide psychological support for infected people from the general population during the COVID-19 epidemic were developed. In order to improve the quality of recovery care provided to patients with COVID-19 infection at all stages of healthcare, an

online training seminar on the implementation of the national guidelines was conducted: Medical Recovery of Patients with COVID-19 Infection. After the launch of the WHO patient's guide — Recommendations for the development of self-care skills in the rehabilitation period after COVID-19 — this concept was used in the national guidelines on patient rehabilitation approved by an order of MHLSP. We subsequently drafted a letter to mental health services countrywide to launch this activity. An information and support campaign for people in the recovery period started in December 2020: "Support for the physical and psychological rehabilitation after COVID-19".

DISCUSSION

The coronavirus disease 2019 (COVID-19) pandemic may cause stress among people. Its repercussion, such as fear and anxiety about this new disease, can be overwhelming and give rise to powerful emotions in adults and children. Coping with stress in a healthy manner makes people and carers, as well as the community stronger. The obsessive-compulsive disorder seems to be one of the most serious long-lasting mental health issues related to the Covid-19 pandemic, according to the psychologists. They point out that, because of its unprecedented nature and scale, the coronavirus crisis brings another layer of uncertainty, if compared to previous financial crises. As a result, people who "are not good at dealing with uncertainty" or those who struggle to handle the situations beyond their control, can face an especially challenging situation.

Moldova and its population are quite special, as people in our country consider that suffering is part of us and that asking for help is somehow shameful, but the medical staff's needs to be supported in spite of this fact. Thus, we opted for different intervention methods: submission of the questionnaires with positive signs (+) of burnout to counsellors; sending to each person emails with the results and providing solutions, sending emails with a series of personalized support messages and links for the screening of depression and anxiety and recommendations, communicating with each person by email and receiving their possible requests.

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