

Social and Psychological Effects of COVID-19 on Health Care Providers

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Received: July 01, 2021; **Published:** July 28, 2021

Abstract

The health care providers are similarly susceptible to COVID-19 infections as the rest of the people, particularly, the frontline providers. The current paper aimed to examine the main literature on the subject of the psychological and social effects of COVID-19 on health care providers. The electronic examination was including EBSCO, CINHALL and PubMed databases. Symptoms of anxiety, fear, depression, insomnia were found within the health care providers. This review highlights the significance of considering the psychological and social effects of COVID-19 pandemic on Jordanian health care providers.

Keywords: COVID-19 Pandemic; Health Care Providers; Psychological Effects

Introduction

Any country that has high population, medical professional's shortage, insufficient equipment and health care centers, scarcity of testing facilities and surveillance, and poor awareness of people will fail to control the COVID-19 as a pandemic and so, put more pressure on the health system [1].

The health care providers are not protected against the risk of infections. They are similarly susceptible to infections as the rest of the people, particularly the frontline providers. According to prior figures, health care providers create a significant percentage of the infected cases [2]. For example, in China the COVID-19 infection was reported among 3387 health care providers, and 22 health care providers (0.6%) died as a result of the disease [3]. In the same way, Spain (14%), Italy (20%), and France (above 50 deaths between health care providers) described high rates of health care providers' COVID-19 infection [4,5].

The health care providers working in close interaction with COVID-19 infected patients are susceptible to adverse psychological health consequences. Studies were carried out in past pandemics indicated that increasing workload, frustration, fear of infection, fatigue and insufficient personal equipment had a significant effect on the psychological health of health care providers [6].

Anxiety and high levels of stress may decrease morale of staff, increase absenteeism, decrease level of quality of care and work satisfaction [7]. The past studies focused mainly on the disease and how to treatment, and less attention was given to the psychological and social effect on health care providers [8-21]. Consequently, it is a priority to recognize the psychological and social needs of our health care providers so as to offer them with the suitable tools to alleviate the harmful effects of dealing with the COVID-19 pandemic.

Aim of the Study

The current paper plans to examine the main literature on the subject of the psychological and social effects of COVID-19 on health care providers.

Method

Search methods

The electronic examination was including EBSCO, CINHALL and PubMed databases. The keywords were “Psychological impact”, “COVID-19”, “health care providers”.

Studies published between 2008 and 2021 were found. Those studies published in the English language that discussed the psychological and social effects of COVID-19 on health care providers were included in the present review. Studies involving comments, editorials, letters, books, and thesis reports were omitted from the present study.

Search outcome

A literature search created 150 headings for review. The last consideration resulted in 10 articles, not including studies comprising merely the study abstract and unrelated studies.

Results and Discussion

There was a profound effect of the COVID-19 pandemic on the psychological and social health of the health care providers, and results from worldwide studies may help to prepare the Jordanian health care system for the possible effects. Several studies were described a range of psychological and social health in frontline health care providers throughout the COVID-19 pandemic.

A recent study on Indian health care providers stated significant psychological and social health problems because of the COVID-19 pandemic. It found that physicians had the highest anxiety level among the health care providers. Both nurses and physicians perceived a greater level of irritability than the other health care providers. Also, compared to physicians and nurses, other health care providers were more expected to have insomnia. The greater perception of anxiety was associated with younger age, female gender, higher education and urban habitat. While the significant predictors of irritability were older age, being quarantined, and single marital status [22]. A cross-sectional study was carried out among health care providers in three hospitals in Ghana. The study found that Above 40% of health care providers have fear, whereas 27.8%, 21.1%, and 8.2% have anxiety, depression, and stress, correspondingly [23]. A psychological study indicated that the rates of insomnia, anxiety, depression, and stress symptoms among health care providers involved in COVID-19 pandemic control and prevention were as high as 36.1%, 44.7%, 50.7%, and 73.4% correspondingly [24].

The current studies revealed that the scores of psychological stress for health care providers in isolation units were mostly higher [25], and in clinical work the nurses showed more psychological distress [26], comprising physical symptoms such as headache, dizziness, and difficulties in breathing [27]. In Italy, a study found that about 63.2% of health care providers described COVID-19 related traumatic experiences at work and 53.8% revealed signs of post-traumatic distress; also, 50.1% revealed signs of anxiety and about 26.6% indicators

of moderate depression. The multivariable logistic regressions indicated that nurses, women, healthcare providers directly involved with COVID-19 patients and those with pre-existing psychological problems were at greater risk of psycho-pathological effects of the COVID-19 pandemic [28].

In the United Kingdom, a study intended to evaluate the social effects of the COVID-19 pandemic, in the workplace, as perceived by health care providers working in mental health services. The findings indicated that about two thirds of health care providers sensed there was a change in how they felt about interacting with others, and many had lost confidence in their capability to communicate emotionally with others. A majority of health care providers believed that distancing social and face masks may have a negative consequence on communication and relationship within the workplace [29].

Finally, there are many reasons that may cause psychological and social problems among health care providers such as long working hours, dealing with patients directly and fear of acquiring infection and transmitting it to their families [30-39]. In addition to their absence from their families for a long time [40]. Nurses, who are more susceptible to mental problems, may have a higher workload and greater risk of direct exposure to patients with COVID-19 [41]. Research has shown that worrying about family members may be one of the main sources of stress in nurses and other health care provided, indicating the critical role of community support for a nurse's mental health [41-70].

Conclusion

The present review confirms that front-line health care providers are at risk of significant psychological and social distress as direct consequences of the COVID-19 pandemic. The published studies propose that symptoms of anxiety, fear, depression, insomnia were found within the health care providers. This review highlights the significance of considering the psychological and social effects of COVID-19 pandemic on Jordanian health care providers and proposes creating psychological and social support services for providing sufficient professional care. More research in social care and primary care settings is recommended.

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Volume 10 Issue 8 August 2021

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