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CORONAVIRUS ANXIETY AND GENERAL ANXIETY LEVELS OF HEALTHCARE PERSONNEL WORKED IN THE COVID-19 PANDEMIC HOSPITAL

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ABSTRACT

Aim: The aim of this research is to determine the Coronavirus anxiety status and general anxiety status of the healthcare personnel who worked in the COVID-19 pandemic hospital.

Materials and Methods: The population of the research consisted of 143 people who worked in XX Hospital, which was used as a pandemic hospital and no sample was selected. The research was conducted in a descriptive- relational design. The questionnaire, which included the socio-demographic information of the participants, Beck Anxiety Scale and Coronavirus Anxiety Scale were applied online to the participants in the research.

Results: It was determined that 37.0% of the health workers participating in the research were between the ages of 30-41, 86.7% were women, and 67.1% were married. In the research, the median value of the Beck Anxiety Scale total score was determined to be 9.0, and the median value of the Coronavirus Anxiety Scale total score was 1.0. A strong statistically positive correlation was found between the Coronavirus Anxiety Scale scores and the Beck Anxiety Scale scores (rho=0,610; p=0,000). It was found that the difference between the duration of work and the experience of working with a patient previously infected with an infectious disease and Beck Anxiety Scale scores was statistically significant (p<0,05).

Conclusion: As a result, it was found that those who did not feel ready for an epidemic in the early stages of the pandemic, who had previous experience of working with individuals with infectious diseases, and did not have enough experience in pandemic services to adapt to pandemic conditions were found to be at risk for anxiety.

Keywords: Pandemic Hospital, Medical Staff, COVID-19, General Anxiety, Coronavirus Anxiety

1. INTRODUCTION

The concept of COVID-19 entered our lives for the first time on 31 December 2019. With the first case seen in Turkey on March 11, 2020 and the WHO's declaration of COVID-19 as a pandemic on the same date, efforts to combat the virus accelerated and new pandemic hospitals were established (Bohlken, 2020; Çetintepe & İlhan, 2020). With the circular on "pandemic hospitals" published on March 20, 2020, all hospitals that meet the appropriate conditions have been accepted as pandemic hospitals (Kaya, 2020). In the light of these developments, most of the health workers have changed their place of duty to work in these fields.

Health workers had to establish a new order in a short time according to the conditions brought by the suddenly emerging COVID-19 epidemic, and they were also faced with a virus that was constantly changing about the way of transmission and protection methods with a highly contagious

prognosis that differs from person to person. For this reason, the psychology of healthcare workers who are in the middle of the pandemic and who encounter the most COVID-19 positive cases have also been affected in different ways (Sakaoğlu, Orbatu, Emiroğlu & Çakır, 2020). It has been found in studies that being infected or being with people who are positive for COVID-19 increases the negative mental effects (Kaya, 2020; Lu, Wang, Lin, & Li, 2020; Luo, Guo, Yu, Jiang & Wang, 2020). There are many studies examining the anxiety states of healthcare professionals. Studies have shown that healthcare workers are psychologically affected by the pandemic and experience anxiety (Luo, Guo, Yu, Jiang & Wang, 2020; Lai, Ma, Wang, & Cai, 2020; Liu et all, 2020; Jin, Huang, Wang & Zeng, 2020). The literature and the results of the studies; It has been revealed that the anxiety of health workers will also affect their health status and therefore it is necessary to monitor their psychological processes (Ekiz, Ilıman & Dönmez, 2020; Erdoğan & Hocaoğlu, 2020; Zhang et all., 2020; Uzun, Tekin, Sertel & Tuncar, 2020). In this case, healthcare professionals who have previously worked in the pandemic hospital and feel unprepared for COVID-19 may have concerns about the future. For this reason, the level of these feelings experienced by the health workers who worked in the pandemic hospital was determined with the help of this research. In addition, a preliminary step will be formed for the studies to be carried out on this subject. The most important feature of this research that distinguishes it from other studies is that although there have been studies on the mental health of healthcare professionals working in pandemic hospitals or services both abroad and in the country, it is aimed to draw attention to the fact that the people participating in the research are working in a private branch hospital as a pandemic hospital that they have not encountered before. Being prepared for future pandemics requires protecting the mental health of healthcare professionals. In this context, it is important to determine the level of situations that may adversely affect their mental health. For this reason, this research was conducted to determine the coronavirus anxiety and general anxiety states of healthcare personnel who worked in the COVID-19 pandemic hospital.

Research Questions; 1- What is the general anxiety level of the health personnel who worked in the pandemic hospital?**;** 2- What is the coronavirus anxiety level of the health personnel who worked in the pandemic hospital?**;** 3- Is there a relationship between the coronavirus anxiety level and the general anxiety level of the health personnel who worked in the pandemic hospital?**;** 4- What are the factors affecting the coronavirus anxiety level of the health personnel who worked in the pandemic hospital?; 5- What are the factors affecting the general anxiety levels of the health personnel who worked in the pandemic hospital?

2. MATERIALS and METHODS

This research was carried out as a descriptive-relational research.

Participants

No sample was selected for the research. The entire population consists of 143 people who worked as nurses, midwives, physicians, health officers, medical secretaries, and patient caregivers at Kayseri Emel-Mehmet Tarman Maternity and Children's Hospital between 20 March 2020 and 27 May 2020. These people formed the sample of the research.

Inclusion Criteria for Research

- Working as a health personnel at Emel-Mehmet Tarman Maternity and Children's Hospital between the dates of 20 March 2020 and 27 May 2020.

- Being Volunteer.

Exclusion Criteria for Research

- Not working in the departments related to the pandemic in the hospital (Cleaning, cafeteria, security, etc.).

-Participants' declaration that they did not have any psychiatric diagnosis during the pandemic (included in the survey questions)

Data Collection Tools and Data Collection

Introductory Information Form, Coronavirus Anxiety Scale Short Form and Beck Anxiety Scale created by the researcher by literature information were used as a data collection tool in the research

Personal Information Form: It consists of a total of 19 closed-ended questions, including socio-demographic characteristics of the participants such as age, gender, marital status and place of residence, and employment status such as working year and occupation (Lai, Ma, Wang & Cai, 2020; Jin, Huang, Wang & Zeng, 2020; Ekiz, Ilıman & Dönmez, 2020; Lee, 2020).

Short Form of the Coronavirus Anxiety Scale: The Turkish validity and reliability study of the scale developed by Lee in 2020 was carried out by Biçer et al. in 2020 (Lee, 2020; Biçer, Çakmak, Demir, & Kurt, 2020). The scale is a 5-point Likert-type scale consisting of 5 questions and one dimension. This scale is a self-assessment scale and is used to determine the frequency of coronavirus anxiety symptoms experienced by individuals. Having a score of 9 and above is an indication of having a pathological coronavirus anxiety (Lee, 2020). Cronbach's alpha value has been reported as 0.83.[15] In our study, the Cronbach's alpha value was found to be 0.88.

Beck Anxiety Scale: The Turkish validity and reliability study of the scale, which was developed by Beck in 1988, was performed by Ulusoy et al. in 1998 (Beck, Epstein, Brown & Steer, 1988; Ulusoy, Şahin & Erkman, 1998). The scale is a 4-point Likert-type scale consisting of 21 questions and one dimension. The scale, which is used to determine the frequency of anxiety symptoms experienced by individuals, is a self-assessment scale. The high score obtained from the scale indicates the severity of the anxiety experienced by the individual. Having a score in the range of 8-15 points on this scale indicates mild anxiety symptoms. Having a score in the range of 16-25 points on the scale indicates moderate anxiety symptoms. A score between 26 and 63 indicates severe anxiety symptoms (Beck, Epstein, Brown & Steer, 1988). Cronbach's alpha value has been reported as 0.88 (Ulusoy, Şahin & Erkman, 1998). Cronbach's alpha value was found to be 0.95 in our research.

Data Collection

In the research, data collection tools were collected digitally via Google Forms and WhatsApp 100 people participated in the online survey. Since the number of samples could not be reached, a face-to-face survey was applied to 43 people, and data were collected with a total of 143 people.

Evaluation of Data

Cloud-based TURCOSA Analytical statistics software was used in statistical calculations (Turcosa ,2020). All statistics were made at the 95% confidence interval. Data for continuous variables were shown as Mean±Standard Deviation. Categorical data were shown as n (%).Whether the data of the scales conformed to the normal distribution was checked by looking at the Shapiro-Wilk normality test. Since the data did not fit the normal distribution, the analysis was continued with non-parametric tests. The Mann Whitney-U test was used to find the difference between two independent groups. The Kruskal Wallis test was used to find the difference between more than two groups, and the Mann Whitney-U test was used to determine the group that made a significant difference in the Kruskal Wallis test. Spearman-Rho correlation analysis was used to measure the direction and strength of the relationship between Beck Anxiety scale scores and Coronavirus Anxiety scale scores (Aktürk & Acemoğlu, 2011).

Ethical Aspect of the Research

Academic Committee Decision was taken from XX University Faculty of Health Sciences in order to carry out the research. Scientific Research Studies permission was obtained from the Ministry of Health on 27.08.2020. In addition, XX University Faculty of Medicine Clinical Research Ethics

Committee approval was received on 23.09.2020 with the decision number 2020/468. In addition, informed consent was obtained from those individuals who participated in the research both online and face-to-face.

Limitations of the Research

The fact that the study is single-centered and therefore the sample size of the study is small are among the limitations of the study. In addition, one-to-one interaction with face-to-face participants could be provided to answer questions, but this was not possible with online participants. A certain standard was not provided for the time of the survey.

3. RESULTS

Distribution of participants by socio-demographic characteristics and working conditions were given in Table 1. Among the subjects with difficulty in working with COVID-19 patients, the fear of infecting family members was determined with a rate of 83.2%. It was found that 3.5% of the participants did not have any problems (Figure 1).

The median value of the participants' Beck Anxiety Scale total score was 9.0. Since this score is between 8 and 15, it can be stated that the participants experienced mild anxiety symptoms on average. The median value of the Coronavirus Anxiety Scale total score was 1.0. Since this score is below 9, it can be stated that the participants did not actively experience symptoms of coronavirus anxiety (Table 2).

The difference between duty time and Beck Anxiety Scale scores was found to be statistically significant in the research ($p<0,05$). It has been determined that this difference is due to the distinction between those with a working period of 11 years and above and those with a working period of 0-1 years. It was determined that the difference between the duty status and Beck Anxiety Scale scores of the patient who was infected with a contagious disease before was statistically significant ($p<0,05$). It has been determined that the difference between the state of feeling psychologically ready in the first period of the pandemic and the Coronavirus Anxiety Scale scores was statistically significant ($p<0,05$). It was determined that the difference between the service worked and the Coronavirus Anxiety Scale scores at the time of the survey was statistically significant ($p<0,05$) (Table 3).

It was determined that there is a positive, strong and statistically significant correlation between the scale scores as a result of the Spearman Rho Correlation analysis performed to get information about whether there is a relationship between the participants' Beck Anxiety Scale and Coronavirus Anxiety Scale scores, and if there is a relationship, to get information about the strength and direction of this relationship ($r=0,610$; $p=0,000$) (Table 4).

4. DISCUSSION

With the COVID-19 epidemic, changes have occurred all over the world, and healthcare workers have been the occupational group most affected by this process. In our research, it was found that healthcare professionals mostly have the fear of infecting their family members. Fear of being a COVID-19 patient is in the second place, the use of protective equipment is in the third place, and meal and break times are in the fourth place (Figure 1). Similarly, in a qualitative research examining caregivers of COVID-19 patients, it was determined that healthcare professionals felt fatigue, discomfort, helplessness, excessive workload, fear, anxiety, and fear of infecting family members. It has been found that health care workers have difficulties in areas such as wearing protective clothing and working in a pandemic hospital has a negative psychological effect on health workers (Lee, 2020; Turale, Meechamnan & Kunaviktikul, 2020; Liu, et all. 2002; Cao, et all. 2020; Chen, et all. 2020; Sun, et all. 2020).

In the research, the median value of the participants' Beck Anxiety Scale total score was 9, and the mean value was found to be 13.85 ± 13.64. Since this score is between 8 and 15, it can be said that the participants experienced mild anxiety symptoms. Similarly, in the study conducted by Avcı and

Yağcı with healthcare professionals working in the emergency room during the pandemic period, the mean score of Beck Anxiety Scale was found to be 8.54±6.83 (Avcı & Yağcı, 2021). In the study conducted by Kabeloğlu and Gül, the mean Beck Anxiety Scale score of healthcare workers during the COVID-19 process was found to be 10.49 ± 8.54 (Kabeloğlu & Gül, 2021).

In addition, while the rate of participants who felt ready for such an epidemic in the first period of the pandemic was 21.0%, the rate of participants who felt ready for an epidemic at the time of the survey was 58.7% (Table 1). This is an indication that health workers feel ready for the epidemic over time, and therefore, it is likely that the psychological exposure of health workers will be more in the first period of the pandemic. In a systematic review by Uyurdağ and Eskicioğlu, it was found that health workers who worked on the front lines had more psycho-social influences and they experienced more psychosocial influences in the early stages of the epidemic (Uyurdağ, Eskicioğlu, Aksu & Soyata, 2021).

In the research, the median value of the Coronavirus Anxiety Scale total score was found to be 1, and the mean scale score was found to be 2.44±3.63. Since this score is below 9, it can be stated that the participants do not actively experience symptoms of coronavirus anxiety. In the study of Hoşgör et al. using the Coronavirus Anxiety Scale with emergency service workers, the average scale score was found to be 1.95±1.10. In other words, healthcare professionals do not actively experience coronavirus anxiety (Hoşgör, Ülker & Sağcan).

However, among the difficulties experienced in the COVID-19 pandemic in the study, it was determined that 54.5% of them had the fear of being a COVID-19 patient and this problem took the second place. It is reported in the literature that the fear of being a COVID-19 patient is more common in healthcare workers than the other individuals (Ekiz, Ilıman & Dönmez, 2020). Although the coronavirus anxiety of healthcare professionals is low, they have fear of getting sick, so it makes us think that fear is an issue that needs to be addressed.

As the main element of the research, the relationship between the Coronavirus Anxiety Scale scores and Beck Anxiety Scale scores of healthcare professionals working in a COVID-19 hospital was examined. There has been no previous study on this subject in the literature. As a result of our research, a positive and strong relationship was found between the scores of the two scales. Accordingly, it can be stated that as the coronavirus anxiety levels of healthcare professionals increase, their general anxiety levels also increase. When we look at the previous studies in the literature, it has been determined that the increased general anxiety level negatively affects the work life of health workers by causing fatigue, insomnia, memory disorders and pain. In this context, we can interpret that as coronavirus anxiety increases, the level of general anxiety increases, and as the level of general anxiety increases, the work life of healthcare professionals is negatively affected (McVicar, 2003; Yıldırım & Hacıhasanoğlu, 2011; Muşlu, Baltacı, Kutanis & Kara, 2012).

In the study, the Coronavirus Anxiety Scale scores of those who did not feel psychologically ready for the COVID-19 epidemic in the first period of the pandemic were found to be higher than those who felt themselves psychologically ready for the COVID-19 epidemic ($p<0.05$). In addition, it was determined that the participants in the study did not have experience of working in infection services (Table 4.4.1.). As can be understood from this situation, many of the participants had to work in a field that was not their area of expertise. In the study of Chen et al. (2020), it was stated that nurses who do not have expertise in infectious disease have difficulty in adapting to the COVID-19 epidemic, which is a new work environment for them, and in addition, these nurses experienced stress (Chen, et all., 2020).

During the survey period, it was determined that the Coronavirus Anxiety scores of those working in other services were higher than those working in the pandemic services ($p<0,05$). It is thought that this may be due to the psychological effect of working in these services in the first period of the pandemic, and the fear of health workers working in the normal service at the time of the survey to work again in the pandemic and to be under the same burden again. On the other hand, the

coronavirus Anxiety Scale scores may have been relatively lower, as healthcare workers who continue to work in the pandemic service have adapted to the epidemic over time. In the following period, when another pandemic emerged again, these healthcare professionals had the opportunity to adapt to the first period effects of the epidemic by continuing to work in the pandemic. It is estimated that healthcare workers may be more resistant to the anxiety to be experienced (Seligman, Walker & Rosenhan, 1989).

In the study, the difference between Beck Anxiety Scale scores and working time was found to be statistically significant ($p<0.05$). It has been determined that this difference is due to the distinction between those who have been working for 11 years and over and those between 0-1 years. Similarly, in a study of 5062 healthcare professionals in Wuhan, working for more than 10 years is among the common risk factors for anxiety, depression and acute stress (Zhu, et all., 2020). However, the same situation did not apply to the Coronavirus Anxiety Scale scores, and no significant difference was found in the Coronavirus Anxiety Scale scores according to the working year of the individuals. In this case, it is thought that the participants experience anxiety due to the high workload in the health sector rather than the epidemic, and it can be interpreted that this anxiety increases as the working time increases (Çiftçioğlu, et all. 2018).

In the study, it was determined that the difference between the work status and Beck Anxiety Inventory scores of the patient previously infected with an infectious disease was statistically significant ($p<0,05$). It was found that the Beck Anxiety Scale scores of those working with patients who were previously infected with a contagious disease were higher than those who did not work with a patient infected with a contagious disease. This suggests that the COVID-19 epidemic has a more devastating effect psychologically than other infectious diseases.

CONCLUSION

According to the results of our research, the following should be fulfilled: Those who do not feel ready for an epidemic in the early stages of the pandemic, who have previous experience of working with individuals with infectious diseases, and who do not have enough experience of working in pandemic services to adapt to pandemic conditions should be considered at risk in terms of anxiety and benefit from mental health services. More research should be conducted to examine the factors affecting the general anxiety and coronavirus anxiety levels of healthcare professionals in this process.

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Tables

Table 1. Distribution of Participants by Socio-demographic Characteristics and Working Conditions

Socio-demographic characteristics	*Number (n)*	*Percentage (%)*
Age		
20-30	49	34.3
31-40	53	37.0
41-50	38	26.6
51-60	3	2.1
Gender		
Female	124	86.7
Male	19	19.3
Marital status		
Married	96	67.1
Single	47	32.9
Status of Having a Child		
Participants with children	85	59.4
Participants without children	58	40.6
Place of Residence		
In another district outside the center of Kayseri	25	17.5
Kocasinan	73	51.0
Melikgazi	45	31.5
Occupation		
Midwife	44	30.8
Physician	12	8.4
Nurse	64	44.7
Caregiver	17	11.9
Medical secretary	6	4.2
Duty period		
0-1 years	31	21.7
2-5 years	16	11.2
6-10 years	32	22.4
11 years and above	64	44.7
Services They Have Worked Before		
Gynecology Service	63	44.2
Internal Medicine Service	38	26.6
Chest Diseases and Tuberculosis Service	14	9.8
Infection Service	1	0.0
Other Services	27	19.4
The service worked in the pandemic hospital		
Emergency	33	23.0
Inpatient Service	110	77.0
Service employed at the time of		

the survey		
Other Services	54	37.8
Pandemic Services	89	62.2
Working with a patient previously infected with any infectious disease		
Yes	59	41.2
No	84	58.8
Finding it risky to work with a COVID-19 patient		
Yes	140	97.9
No	3	2.1
The state of feeling psychologically ready in the first period of the pandemic		
Yes	30	21.0
No	113	79.0

Figure 1. Difficulties in Working with a COVID-19 Patient

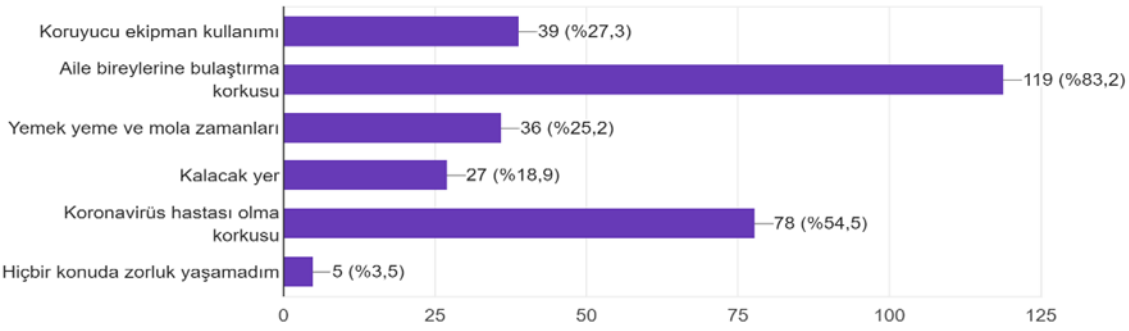

Table 2.The score distributions of Beck Anxiety Scale and Coronavirus Anxiety Scale

Scale	***Median***	***Minimum-Maximum Values***	***X±SS***	***(%25-%75)***
Beck Anxiety Scale Total Score	9.0	0-63	13.85±13.64	5-21
Coronavirus Anxiety Scale Total Score	1.0	0-15	2.44±3.63	0-3

Table 3. Beck Anxiety Scale Score and Coronavirus Anxiety Scale Score Values of Healthcare Professionals by Working Status Characteristics

Working Characteristics	*Status*	*Beck Anxiety Scale*		*Coronavirus Anxiety Scale*	
		Total Score Median Value	**p value**	**Total Score Median Value**	**p value**
Occupation					
Midwife		7.5		1.0	
Physician		6.0	0.166	1.0	0.109
Nurse		11.0		1.0	
Caregiver		9.0		1.0	
Medical secretary		25.0		0.0	
Duty period					
0-1[b]		7.0		1.0	
2-5[a]		10.5	**0.029***	1.0	0.276
6-10[a]		9.0		1.0	
11 years and above[b]		12.5		1.0	
The state of feeling psychologically ready for the COVID-19 epidemic in the first period of the pandemic					
Yes		7.0	0.242	0.0	
No		10.0		1.0	**0.003***
The state of feeling psychologically ready for the COVID-19 epidemic at the time of the survey					
Yes		9.0		1.0	
No		11.0	0.098	1.0	0.053
Working in the emergency room or working in the inpatient service in a pandemic hospital					
Emergency room		11.0	0.062	1.0	
Inpatient service		9.0		1.0	0.289
Service employed at the time of the survey					
Pandemic Services		9.0		1.0	
Other Services		12.5	0.159	2.0	**0.002***
Working with a patient previously infected with any infectious disease					
Yes		11.0		2.0	
No		8.0	**0.034***	1.0	0.075
Finding it risky to work with a COVID-19 patient					
Yes		9.5		1.0	
No		7.0	0.498	1.0	0.705
The impact of the hospital location on transportation					
Positively Affected		12.0		0.0	
Adversely Affected		11.0	0.336	1.0	0.247
Neutral		8.0		1.0	
Transportation to the hospital					
By car		10.5		1.0	
By bus		9.0	0.191	1.0	0.109
On foot		6.0		0.0	

Table 4. The Relationship between Participants' Beck Anxiety Scale Scores and Coronavirus Anxiety Scale Scores

	Beck Anxiety Scale score	*Coronavirus Anxiety Scale score*
Beck Anxiety Scale score	-	-
Coronavirus Anxiety Scale score	rho= 0.610 p=0.000	-

* Spearman-Rho Correlation Analysis Results