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Bioscience Research

Print ISSN: 1811-9506 Online ISSN: 2218-3973

Journal by Innovative Scientific Information & Services Network



LETTER TO EDITOR

BIOSCIENCE RESEARCH, 2021 18(S1-1): 78-80.

OPEN ACCESS

COVID-19 and Mental Health among health care providers: A comment

Rania Mohammed Ahmed

Radiological Sciences Department, Applied Medical Sciences College, Taif University, Taif city, **Kingdom of Saudi Arabia**

*Correspondence: rania_awad1@hotmail.com Received 01-11-2021, Revised: 21-11-2021, Accepted: 22-11-2021 e-Published: 23-11-2021

I found that the publication on "Mental health among healthcare providers during coronavirus disease (COVID-19) outbreak in Saudi Arabia" is very interesting indicated that during the COVID-19 pandemic, depression and anxiety are common among healthcare providers.^[1] D.A. AlAteeq et al. noted that "Despite the fact that efforts to promote their psychological well-being have been increased, more attention should be made to the mental health of females in the 30–39 age bracket as well as nursing personnel. In addition to pushing for solidarity, generosity, and social inclusion, promoting healthcare service as a humanitarian and national obligation may help make it a more meaningful experience. Beside that they highlighted that "In order to produce evidence-based therapy, longitudinal research studies on the mental health symptoms of healthcare practitioners are required."^[1] Depression and anxiety symptoms were reported by 55.2 percent and 51.4 percent of healthcare practitioners in Saudi Arabia, respectively, with varying degrees of severity., also anxiety is most likely associated with adverse outcomes services to the patient services offered to the patients during COVID-19 outbreak.^[1]

I would like to share ideas on this important issue on COVID-19 and mental health in KSA during outbreak. There are other recent reports on this issue worldwide. While data on the impact of depression and anxiety during COVID-19 outbreak and associated risk factors are unclear; Simmi Gupta et al. noted that 'Female gender, younger

age, and the nature of the employment were all risk factors for anxiety symptoms, while working in a primary care hospital and being younger were also risk factors for depressive symptoms.'^[2]

Negative feelings were indicated in high percentage of the people who took part in the survey, as D.A. AlAteeq et al. noted that "Fears of spreading the COVID-19 virus to relatives outside the hospital, anxiety about the unknown and those who refuse to obey social distancing regulations, exhaustion and stress from the workload, and despair with hopelessness were among the emotions felt".^[1]

According to an earlier data from literature "Nurses reported a substantially higher mean anxiety level than other healthcare practitioners, which is unsurprising. Healthcare providers, particularly nurses, have a greater chance of experiencing emotional distress such as depression, anxiety, and burnout as a result of work-related stress".^[3] In India, one of the biggest countries attacked by COVID-19 virus; as India is facing lockdown during stage II they reported prevalence of anxiety and depressive among health care providers symptoms as 37.2% and 31.4% between female and male, respectively.^[2]

According to a recent report of Chinese health care providers, 44.6% of them had anxiety symptoms and 50.4% have depression symptoms.^[4] However, because this study was performed during the peak of the COVID-19 pandemic, the increase in anxiety and depression symptoms in

the population may be to blame. [4]

In another report from Singapore, a comparable report found a prevalence of 25.3% psychological illness among health care providers at a screening center. Lower prevalence could be related to the COVID-19 virus being exclusively tested in hospitals.[5]

An important consideration is the lack of case-control study to determine the effect of impact of the health care services provided by the health care providers to the patients during COVID-19 outbreak. The data on depression and anxiety among COVID-19 outbreak are usually not available and it usually lacks for the data on the previous history of mental health of health care providers before outbreak.

A number of studies have identified female gender and young age group as risk factors for anxiety, whereas experience or service for more than 20 years has been found as a protective factor. [6]

Nurses were shown to have higher degrees of anxiety and distress symptoms than other health care practitioners. One probable explanation for this is the nurse's lengthier time spent with patients than other health care workers.[7], which might not be recognized and its effect on COVID is usually interesting. during COVID-19 outbreak. Also, health anxiety and work stress of health care providers are the causes of the greatest psychological impact during the SARS outbreak.[8] Self-health, the spread of the virus and changes in daily work responsible for health care workers during the severe acute respiratory syndrome (SARS) outbreak main source of stress. [7]

Deemah A. AlAteeq, et al study [1], they also noted that; educational level, residency location, and employment of healthcare practitioners did not converge significantly on their mean log-transformed depression and anxiety score.

Many researches also done among healthcare practitioners during the SARS outbreak revealed that social stigmatization, ostracism of family members, social isolation, loss of control, one's own, family's, and others' health, changes in job, and the propagation of the virus were among the causes of distress.[9,10]

Anxiety during emergency situations may be explained by work-related stress and high job demands. [11]

Finally, it should also add that, positivity was also reported by 37.85% of the respondents; Moreover, the majority of them were hopeful, optimistic, or had faith in God's plan. Despite the fact that their requirements were primarily

workplace-related, many of them stated that they required additional physical, psychological, and financial support. [2]

CONCLUSION

Anxiety and stress are normal reactions to all types of threats. As a result, people's concern during the COVID-19 epidemic is understandable, so we should care about each other during COVID-19 pandemic to ensure that the pandemic is safely passed.

CONFLICT OF INTEREST

The author stated that the current study was conducted without any conflicts of interest.

ACKNOWLEDGEMENT

I'd like to express my gratitude to the Ministry of Health and other health-care providers in Saudi Arabia for their strong response to the COVID-19 outbreak, as well as to all authors of the articles evaluated in this paper.

AUTHOR CONTRIBUTIONS

As a single author I wrote the hole article, revised, read and approved the final version.

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