

Reflection of COVID-19 on the Psychosocial Structure of Society

Abstract

The COVID-19 outbreak is becoming a global public health issue. Physical, social and psychological effects affect societies. The epidemic process causes uncertainty, anxiety, and anxiety about treatment and when to end. Why reveals the concepts of social distance and social isolation that you use for removal and removal. In this direction, it was aimed to reflect COVID-19 to the psychosocial structure of the society in our study.

Keywords: COVID-19, society, mental health, social life

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Introduction

Novel coronavirus (COVID-19) first appeared in Wuhan, China in December 2019. In a short time, it has spread rapidly to many countries around the world, China in the first place. COVID-19, which has shown a wide spread geographically, has caused many casualties.¹ After the observation of pneumonia cases developed without an identifiable cause and did not respond to any treatment and vaccine, the disease was understood to be caused by a novel coronavirus. Thereupon the disease has turned into an epidemic.² On 30 January 2020, World Health Organization (WHO) announced COVID-19 as an “*International Public Health Emergency of Concern*”; and the disease was recognized as a “pandemic” on March 11, 2020. According to WHO data, COVID-19 has spread to 216 countries and the number of confirmed deaths has been recorded as 317,529.³ COVID-19 is transmitted through the contact of the droplets emitted by sick individuals by coughing, sneezing, etc. with the mucosa of healthy individuals. The common symptoms of the disease are fever, cough, and dyspnea, while in severe cases, pneumonia, severe acute respiratory tract infection, and even death can be observed.⁴ When the cases in China were examined, the time of the appearance of the symptoms of COVID-19 was observed to be 5-6 days (minimum 2 days - maximum 14 days) on average; and the infectious period is not known exactly. Existing studies have determined that COVID-19 is not resistant to ambient conditions. The duration of resistance varies according to the humidity and temperature of the environment and the structure of the infected surface. As is known, the virus loses its viability within a few hours on inanimate surfaces. For this reason, compliance with general hygiene rules is very important in protection from the virus.⁵

As part of the measures for preventing coronavirus infection and controlling the transmission, methods such as hand hygiene, isolation, use of personal protective equipment, school closures, reduction of workload and work mobility in the public and private sector, quarantine, and especially social distancing are applied in society. The main factor in reducing the risk of infection is avoiding crowded environments and close contact with sick individuals.⁶ The COVID-19 pandemic can be considered as an important public health problem that affects the physical health but also the mental health of the individuals.⁷ The high rate of spread of the epidemic, the lack of treatment yet, and the fact that it is a life-threatening disease cause panic, anxiety, and stress in people. Along with changes in people's social lives, this condition adversely affects their mental health as well.⁷ Nurses, being one of the most reliable healthcare professional groups, are at the forefront in the combat against COVID-19, as they have been in many epidemics and pandemics historically. Nurses play a key role in public health education on preventing diseases and reducing prevalence through vaccination and prophylactic measures. Competing with time during the epidemic process, nurses also provide psychosocial care as well as holistic care to heal patients. For this reason, public health nurses should identify process-specific ap-

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proaches and create an appropriate care plan in order to effectively manage the epidemic process and overcome psychosocial problems in society.⁸ Our study aims to evaluate in light of the literature the psychosocial reflections of COVID-19 on society in terms of nursing care.

Reflection of COVID-19 on Psychological Structure of Society

Traumatic events such as global epidemics trigger health anxiety in people and remind them of the reality of death whereby causing negative effects on their mental health. One of the consequences of the COVID-10 pandemic affecting people's mental health is the change in their daily routines.⁹ The lack of a definite answer as to when the epidemic will end and treatment methods, being exposed to a constant flow of information about the epidemic and its effects, reduced social relations, recommendations for spending a long time at home, and prohibitions negatively affect the mental health of individuals.¹⁰ These factors and the increase in the number of cases are thought to cause serious mental health problems in individuals.⁹ Such epidemics can cause people to experience psychological problems such as post-traumatic stress disorder, obsessive-compulsive disorder, depression, anxiety, sleep and eating disorders.¹¹ During and after the SARS epidemic, the incidence of depression, anxiety, and post-traumatic stress disorder was reported between 10% and 18%.¹² In a study investigating the psychological effects during epidemics such as SARS and H1N1, 9.6% of the directly infected and suspected to be infected and 3.7% of the non-infected cases were reported to experience symptoms of depression since the epidemics.¹³ In May and December 2015, 186 infected cases, 38 deaths, and 16,692 quarantined individuals were reported as a result of the outbreak of Middle East Respiratory Syndrome Coronavirus (MERS-nCoV) infection in Korea. Besides, among quarantined individuals who were not diagnosed with MERS-nCoV, the rate of anxiety and anger symptoms was found to be 7.6% and 16.6% respectively.¹⁴

During the COVID-19 epidemic, problems such as anxiety, depression, fear, stress, and sleep disorders are reported to be likely to be seen more than before.¹⁵ In a study conducted with individuals who were in quarantine due to COVID-19, staying at home was observed to increase health-related and financial concerns, depressive symptoms, and stress, as well as to bring about feeling of loneliness.⁹ In a study conducted on 253 people during the COVID-19 outbreak in China, the incidence of post-traumatic stress symptoms was reported as 7% a month after the outbreak.¹⁶ In a comprehensive study conducted with university students in China, 24.9% of the students were stated to experience anxiety due to COVID-19.¹⁷ According to the findings of a study evaluating the mental health of society and possible risk factors in China and Korea, which are the countries commonly affected by COVID-19, anxiety, depressive symptoms, and impaired sleep quality have been reported to be among the most common mental problems.¹⁸

The effects of the pandemic on individuals are thought to be likely to be related to gender, age, occupation, education, place of residence, chronic disease, presence of previous or current psychiatric diseases. Considering that, anxiety, mood disorders, and sleep problems are more common in women in the general population,¹⁹ women are estimated to be likely to be more affected by the epidemic.²⁰ Advanced age and the presence of a chronic disease pose a risk in terms of getting infected with the virus, experiencing fear of death, as well as physical and mental health.¹⁰ Being in crowded areas involves great risk in terms of the spread of infection. Due to the measures taken and restrictions applied to prevent infection, individuals living in urban areas are expected to be affected psychologically by the COVID-19

pandemic more. The pandemic process is reported to significantly affect the incidence and recurrence of disorders such as anxiety and depression in individuals with a past or current psychiatric history.²¹

If we look at the relationship of the epidemic with professions, healthcare workers are known to be more physically and psychologically affected by the pandemic than other occupational groups.²² Healthcare professionals are experiencing psychological issues such as anxiety, mood disorder, post-traumatic stress disorder (PTSD) in the face of the stress and difficulties caused by the pandemic.²³ When we examine the psychological effects of SARS, which is one of the global epidemics, on individuals, an increase in many psychiatric morbidities such as depression, anxiety, panic attacks, psychomotor agitation, psychotic symptoms, delirium, and even suicide has been observed in the early stage of the SARS epidemic.²⁴ After the SARS epidemic, emergency unit staff have experienced more post-traumatic stress disorder (PTSD) than those working in other clinics. Studies conducted during and after epidemics such as SARS, MERS, and Ebola report that many healthcare professionals have experienced emotional stress, burnout syndrome, PTSD, anxiety, mood disorders, and sleep problems even after the epidemic.¹⁴

Taking into consideration the COVID-19 pandemic that affects the whole world, in the first study conducted on healthcare professionals in Wuhan, China, 71.3% of the healthcare professionals are seen to have sub-threshold and mild, 22.4% of them to have moderate, and 6.2% to have severe mental disorders right after the epidemic.¹⁷ Psychological support services offered to healthcare professionals involved in the pandemic play an important role in improving their physical health perceptions and alleviating their acute mental problems.²²

During the pandemic, the psychological conditions of the patients should be evaluated regularly and psychiatric support should be provided in case of a problem. In bedside procedures, emotional support should be provided to patients with appropriate behaviors such as making eye contact, touching as far as they allow, nodding, handshaking, and thumb-up gesture. This would help them to overcome the process. Patients should be supported to communicate with their families, information exchange should be held continuously, and they should be encouraged to cooperate actively in treatment.²⁵ Patients who are hospitalized and can be mobilized should be told that they need to move and rest on an adequate level, and be ensured to maintain an adequate sleep and nutrition as well as a calm emotional state.⁸

Nurses are providing not only physical but also psychological care and support during the combat against COVID-19, as in the past infectious diseases. During the pandemic process, nurses have not left the patients alone, and they have stayed with them even in the last moments of their lives. In fact, nurses continue their nursing care by making preparations for the transport of the patient in the post-mortem period, by ensuring proper transport and supporting the mourning process of their relatives.⁸

Reflection of COVID-19 on Social Structure of Society

Being a serious public health problem, pandemics also cause many social, professional, political, and economic problems in the countries where they spread. The epidemic is seen to turn into a pandemic in that countries are not ready for the COVID-19 epidemic, and due to the delay and confusion regarding the measures to be taken, as well as the rapid spread of the virus.²⁶

In Turkey, the Ministry of Health established the Operation Center against possible risks after the onset of the COVID-19 outbreak in

China on January 10, 2020, and urgently formed the Scientific Board, which is of critical importance in epidemic management. COVID-19 epidemic management is carried out under the coordination of the Ministry of Health and through the cooperation among the sectors within the framework of the "Pandemic Influenza National Preparation Plan", taking into account the recommendations of the Scientific Advisory Board. The impact of the COVID-19 measures taken by the central institutions and organizations is increased by the city-specific evaluations made by the "Provincial Pandemic Committees."²⁷

In this regard, COVID-19 points to much more than a health crisis. This pandemic, which shakes every country it spreads, is a global health problem that has the potential to cause economic, political, and social crises that will leave devastating deep traces for today and the future. The pandemic causes uncertainty as to when people will start a normal life, as well as job and income anxiety.²⁸

The COVID-19 pandemic is negatively affecting people from all walks of life. Disadvantaged individuals are the leading groups among those most affected during the pandemic process. People who are homeless or with low socioeconomic status, prisoners, elderly people living in nursing homes, children under institutional care, disabled people, migrants, and refugees have difficulties in accessing healthcare and psychosocial support services. The COVID-19 pandemic causes disadvantaged groups to be more at risk.²⁹ Especially for the disadvantaged groups, taking the epidemic under control socially, and as part of the combat against the virus, maintaining social distancing, increasing the activities of social support groups, providing psychosocial support services are extremely important.

There are some misconceptions on the social level in terms of slowing down the spread of the epidemic, taking measures, and providing psychological support to individuals affected. The fact that people who do not follow scientific guidelines and do not have scientific competence about pandemic-related issues misinform society through television and online platforms may increase the stress loads of people by alarming them. In dealing with the stress factors to which people are exposed during the pandemic process, it is quite important that individuals buy into the statements provided by scientific authorities such as WHO, Ministries, and health professional organizations.³⁰ In this context, the use of media and information technology is important for the prevention and control of the COVID-19 pandemic and for society to obtain accurate and complete information.⁷ In order to reduce the anxiety caused by the pandemic news, it is recommended that individuals obtain information from official and reliable sources and that access of children and vulnerable groups to the news be restricted.²⁹

In the pandemic, as part of public health management, measures are taken and implemented for the infection chain specific to COVID-19. These measures can be classified as source-oriented measures, measures related to the mode of transmission, host-oriented measures, reducing the possibility of exposure to the agent, early diagnosis, and treatment of the cases.²⁷ Community-level measures have been initiated while identifying and monitoring the cases and their contacts. When initiating or terminating a measure taken for society, factors such as cost, social problems, and the "precaution fatigue" in society are taken into account making sure that they will not cause an increase in the number of cases again.²⁷ Collective activities of the masses and communities were also restricted to prevent the spread of the COVID-19 pandemic. Within this scope, cultural, social, scientific, and sports events, as well as political mass meetings have been postponed. Some international events, mass gatherings, such as Um-

rah, Hajj, and the Olympic games have been suspended. Schools have been closed, and the public and private sectors have ended up reducing working hours, switching to flexible working and working from home, or stopping their activities. As can be understood from these measures, maintaining social distance in the society plays an important role in preventing the spread of the infection.⁷ Different communication strategies are used effectively to ensure social participation in the efforts for preventing the spread of the epidemic.²⁷ Compliance with the measures by society is an important factor in controlling the pandemic. The compliance of the society with the measures taken is monitored with qualitative and quantitative methods, and measures are taken against the decrease or fatigue in compliance over time. The extent of the measures may vary depending on the risk level of the disease and local measures may be required. Surveillance data are used to decide these issues.²⁷

As a global pandemic, COVID-19 continues to wear out all societies psychologically and socially. In light of the information we have obtained from the literature, the lack of exact treatment of the disease, its rapid spread, and the fact that it causes loss of lives increase the level of social stress and anxiety, and negatively affect social life. At this point, the role of public health nurses who raise public awareness providing reassuring, effective and indiscriminate care to the society to which they render service is of great importance.³¹

Guided by updated information from public health institutions, public health nurses undertake important tasks in informing society about issues such as appropriate isolation, triage, care, infection control, providing public education on prevention of diseases, prevention of misinformation circulating within the society, individual hygiene rules, maintenance and importance of social distance, necessary medicine and food stock. A great task falls to nurses in ensuring and maintaining the privacy of patients during the epidemic process. Public health nurses should provide education to the public and patients on evidence-based infection prevention strategies taking into account WHO and Disease Prevention and Control Center directives. They should advocate national policies and support regional readiness and prevention efforts, especially during the COVID-19 pandemic.³¹

The pandemic has a direct impact on the psychosocial lives of individuals in society in every aspect. This causes a decrease in the quality of life and difficulties in coping with the situation. Considering the social and psychological effects of the COVID-19 pandemic, how the psychosocial states of individuals are affected is an important question that needs to be answered. Supportive interventions to improve the quality of life should be multidimensional and holistic.³²

Conclusion

COVID-19 infection is a global public health problem. Uncertainty about the consequences, duration, and symptoms of the pandemic, high infection and mortality rates create a threat perception in people, initiate the stress response, and cause chronic anxiety. Many people experience loneliness, stress, and anxiety due to the uncertainty created by the Coronavirus.

Being exposed to the constant flow of information about the pandemic, decrease in social relations, and spending a long time at home bring about many mental problems. As a result of epidemics, many mental diseases such as depression, anxiety, mood disorders, post-traumatic stress disorder, obsessive-compulsive disorder, and eating disorders are seen in individuals. Accordingly, community-based mental assessment and counseling, support, treatment, and psychological

assistance services should be provided, especially for risky and disadvantaged individuals. In this regard, public health nurses have a great responsibility.

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References

1. Arpacı İ, Karataş K, Baloğlu M. The development and initial tests for the psychometric properties of the COVID-19 Phobia Scale (C19P-S). *Pers Individ Dif*. 2020;164:108-110. [Crossref]
2. Aslan R. Tarihten günümüze epidemiler, pandemiler ve COVID-19. *Göller Bölgesi Aylık Ekon ve Kültür Derg*. 2020;8(85):35-41.
3. World Health Organization (WHO). Coronavirus disease (COVID-19) pandemic. Published 2020. Accessed May 20, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
4. T.C Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü. COVID-19 (SARS-COV-2) Enfeksiyonu Rehberi Bilim Kurulu Çalışması. Published 2020. Accessed May 21, 2020. https://COVID19bilgi.saglik.gov.tr/depo/rehberler/COVID-19_Rehberi.pdf
5. Til A. Yeni Coronavirüs Hastalığı (COVID-19) hakkında bilinmesi gerekenler. *Göller Bölgesi Aylık Ekon ve Kültür Derg*. 2020;8(85):53-57.
6. Güner R, Hasanoğlu İ, Aktaş F. COVID-19: Prevention and control measures in community. *Turkish J Med Sci*. 2020;50(3):571-577. [Crossref]
7. Chakraborty I, Maity P. COVID-19 outbreak: Migration, effects on society, global environment and prevention. *Sci Total Environ*. 2020;1(728):138882. [Crossref]
8. Kiyat İ, Karaman S, İşcan Ataşen G, Elkan Kiyat Z. Yeni Koronavirüs (COVID-19) ile mücadelede hemşireler. *THDD*. 2020;1(1):81-90.
9. Öcalan S, Üzar-Özçetin YS. COVID-19 pandemisi sürecinde ruminasyon ve ruh sağlığına etkileri. *Koç Üniversitesi Hemşirelikte Eğitim ve Araştırma Derg*. 2020;17(4):354-358.
10. Özdin S, Bayrak Özdin Ş. Levels and predictors of anxiety, depression and health anxiety during covid-19 pandemic in Turkish society: the importance of gender. *Int J Soc Psychiatry*. 2020;66(5):504-511. [Crossref]
11. Shultz JM, Baingana F, Neria Y. The 2014 Ebola outbreak and mental health: Current status and recommended response. *J Am Med Assoc*. 2015;313(6):567-568. [Crossref]
12. Wu KK, Chan SK, Ma TM. Posttraumatic stress, anxiety, and depression in survivors of severe acute respiratory syndrome (SARS). *J Trauma Stress*. 2005;18(1):39-42. [Crossref]
13. Ko CH, Yen CF, Yen JY, Yang MJ. Psychosocial impact among the public of the severe acute respiratory syndrome epidemic in Taiwan. *Psychiatry Clin Neurosci*. 2006;60(4):397-403. [Crossref]
14. Lee SM, Kang WS, Cho AR, Kim T, Park JK. Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients. *Compr Psychiatry*. 2018;87:123-127. [Crossref]
15. Torales J, O'Higgins M, Castaldelli-Maia JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. *Int J Soc Psychiatry*. 2020;66(4):317-320. [Crossref]
16. Liu N, Zhang F, Wei C, et al. Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter. *Psychiatry Res*. 2020;287:112921. [Crossref]
17. Kang L, Ma S, Chen M, et al. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study. *Brain Behav Immun*. 2020;87:11-17. [Crossref]
18. Huang Y, Zhao N. Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Res*. 2020;288:112954. [Crossref]
19. Alexander JL, Dennerstein L, Kotz K, Richardson G. Women, anxiety and mood: a review of nomenclature, comorbidity and epidemiology. *Expert Rev Neurother*. 2007;7(11 Suppl):S45-S58. [Crossref]
20. Kim SJ, Han JA, Lee TY, et al. Community-based risk communication survey: Risk prevention behaviors in communities during the H1N1 crisis, 2010. *Osong Public Heal Res Perspect*. 2014;5(1):9-19. [Crossref]
21. Lee AM, Wong JGWS, McAlonan GM, et al. Stress and psychological distress among SARS survivors 1 year after the outbreak. *Can J Psychiatry*. 2007;52(4):233-240. [Crossref]
22. İzci F. COVID-19 salgını ve sağlık çalışanları (Editöre mektup). *Anadolu Psikiyatr Derg*. 2020;21(3):335.
23. Bao Y, Sun Y, Meng S, Shi J, Lu L. 2019-nCoV epidemic: address mental health care to empower society. *Lancet*. 2020;395(10224):e37-e38. [Crossref]
24. Türk Psikiyatri Derneği. COVID-19 Tedavisinde Önleyici, Koruyucu ve Tedavi Edici Psikiyatrik Hizmetler. Türk Psikiyatri Derneği. Published 2020. Accessed May 25, 2020. https://www.psikiyatri.org.tr/TPDDData/Uploads/files/COVID19_Pandemi_PsikiyatrikTedavilerTPDRTACB-05052020.pdf
25. Gök Metin Z. COVID-19 hastalığının fizyopatolojisi ve holistik hemşirelik yaklaşımı. *Hacettepe Üniversitesi Hemşirelik Fakültesi Derg*. 2020;7(Özel Sayı):15-24. [Crossref]
26. Üstün Ç, Özçiftçi S. Effects of COVID-19 pandemic on social life and ethical plane : an evaluation study. *Anadolu Klinik Tıp Bilim Derg*. 2020;25(Özel Sayı 1):142-153. [Crossref]
27. Şengül E, Ünal E. COVID-19 salgınında halk sağlığı yönetimi. *Med Res Rep*. 2020;3(Suppl 1):162-171.
28. United Nations Development Programme (UNDP). İnsanlık COVID-19 ile baş edebilmek için liderlik ve dayanışmaya ihtiyaç duyuyor, UNDP Türkiye. Published 2020. Accessed May 25, 2020. <https://www.tr.undp.org/content/turkey/tr/home/presscenter/articles/2020/03/COVID-19-dayanisma.html>
29. Mesa Vieira C, Franco OH, Gómez Restrepo C, Abel T. COVID-19: The forgotten priorities of the pandemic. *Maturitas*. 2020;136:38-41. [Crossref]
30. Türk Psikologlar Derneği Travma, Afet ve Kriz Birim. COVID-19 salgını sırasında ruh sağlığı. Published May 24, 2020. Accessed May 25, 2020. <https://www.psikolog.org.tr/tr/blog/www/COVID-19-salginisi-sirasinda-ruh-sagligi-x656>
31. Işık K. Koronavirüs ve Halk Sağlığı Hemşiresinin Rolü. In: Aylaz R, Yıldız E, eds. Yeni Koronavirüs Hastalığının Toplum Üzerine Etkileri ve Hemşirelik Yaklaşımları. İnönü Üniversitesi Yayınevi; 2020:172-178.
32. Yıldız E. COVID-19 Pandemisinin Yaşam Tarzı ve Psikososyal Alandaki Etkileri. In: Aylaz R, Yıldız E, eds. Yeni Koronavirüs Hastalığının Toplum Üzerine Etkileri ve Hemşirelik Yaklaşımları. İnönü Üniversitesi Yayınevi; 2020:110-119.