ANALYSIS AND EVALUATION OF THE IMPACT OF COVID-19 ON THE COMPLEX SYSTEM OF THE 19 TSRM AND PSTRP HEALTH PROFESSIONS.

A PSYCHOLOGICAL READING OF THE DATA EMERGING FROM THE RESEARCH

Nissi Claudia

Psychologist, Psychotherapist, Lecturer

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ABSTRACT

In the pandemic emergency, work-related stress in paramedical professions has reached levels never imagined before. A questionnaire was administered to understand the stress or burnout, generated by the Covid 19 pandemic. The psychological theory reported explains the results that emerged and the correlations with the factors that intensified the impact of stress, to produce burnout situations among health professionals.

INTRODUCTION

The emergency situation has exposed health personnel to a series of specific risk factors related to the care of the infected patient, but also to substantial changes in work with regard to organizational, relational and safety-related aspects, which have contributed to the increase in psycho-physical stress. The prolongation of the health emergency over time can lead to a state of greater fear and lead to a chronicization of work-related stress, which, prolonged over time, can determine a depletion of psychological resources and in some cases favor the emergence of burnout.

Burnout is a syndrome of psychophysical discomfort, similar to a type of work stress, which affects the "help" professions, daily in relation to people who live in a situation of suffering and discomfort. The syndrome is described as a loss of interest on the part of the professional towards the people they should be caring for. Initially associated with the health professions, over the years it has seen the involvement of all categories of workers in constant contact with the public.

The triggers can be both individual (introversion, presence of unrealistic goals, a hyperactive lifestyle...), and social and depend on the work context, the ways in which people interact and how the professional covers his job. For this reason it can involve the entire organizational structure.

The main social factors that can contribute to triggering burnout are: excessive workload, pressure in carrying out tasks, monotony of work activities, requests that are not relevant or excessive with one's role, staff reorganizations.

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Symptoms may include psychological and physical symptoms, which may reach a real pathological manifestation, and the professional feels tired, exhausted, and experiences a feeling of failure and loss of interest in his or her work; there may also be a general physical malaise with the development of symptoms such as: insomnia, lack of appetite, anxiety crises, gastrointestinal problems, depression.

The discomfort, initially felt in the professional sphere, can reach the personal sphere and even lead to alcohol and/or substance abuse.

Numerous studies on the subject have also shown a higher incidence of burnout within facilities that treat chronic and terminal illnesses: the failure of the intervention is often associated with personal failure.

This situation of helplessness is consistent with the experience of professionals especially during the first wave of the pandemic due to the high number of deaths.

In the state of emergency, health workers in fact experienced stress, fear, nervousness and sleep disturbances to the point of clinical repercussions and situations of depression, anxiety and post-traumatic disorders.

Prevention and training are fundamental to the risk management that professionals have to face in order to guarantee quality performance and, at the same time, maintain a balance of personal and professional well-being.

Therefore, the analysis and evaluation of the impact of Covid-19 on the complex system of health professions can help to prevent and reduce those variables that have intensified the perception of stress levels

As we have seen, burnout is not only a symptom of individual suffering but also an indicator of organisational shortcomings, therefore it is important to consider all aspects of operational procedures through workplace health promotion.
Among the professional categories, healthcare workers can be identified as the workers at greatest risk of exposure to the virus and their frontline commitment to healthcare emergency management has led to an increasing operational and emotional overload.
The research data, reported in Volume - 2 Evaluation of the impact of the COVID-19 emergency in health care workers and professionals | Journal of Advanced Health Care (jahc.eu) allow for a better understanding of what factors contributed to the perception of increased stress by health care professionals and to act with a view to a possible restorative or preventive intervention.
The emergency situation has exposed health care personnel to a number of specific risk factors, related to the care of the infected patient, but also to substantial changes in the work with regard to organisational, relational and safety aspects, which contribute to the increase in psycho-physical stress.
The prolonged nature of the health emergency has led to an increase in pressure and fear of work-related stress, which, if prolonged in time and accompanied by high intensity, can lead to a depletion of psychological resources and in some cases foster the emergence of burnout.
This article provides a theoretical overview of social psychology models, which explain the results from the questionnaire administration.

Conceptual Model

One's career choice and the work one does is important in the 'construction of the self' of an individual and in the perception of oneself. According to the psychologist Erickson (1964), an exponent of the Psychology of the Ego, job choice is rooted in rational, emotional aspects and is influenced by one's expectations and future prospects.
One's image is thus structured in both the personal and social components.
The former is filtered through subjective schemes and relates to that set of characteristics that the individual thinks he or she possesses (aptitudes, skills, attitudes, potential). The second derives from the awareness of belonging to a specific social group and the value weight that society attributes to each specific profession.
In an analysis of reality at a systemic level that takes into account the complexity of interacting groups, an individual's dialogue with the world takes place through processes of construction of personal meanings in constant interaction with the environment in which he or she lives.
It is through these complex processes, strongly intertwined with relational dynamics, that self-esteem, the perception of self-efficacy and locus of control are formed, essential elements in determining our behaviour and expectations.
Personal and social identity are thus inextricably linked.
The concepts of self-esteem, internal locus of control and self-efficacy are almost synonymous with each other.
The internal locus of control (Rotter, 1966) imparts a bias in favour of the self in the case of success, as subjects are more likely to attribute the achievement of personal goals to internal causes (such as their own abilities). In contrast, the external locus of control indicates the perception that events are conditioned by external causes outside one's own will.
One's failures are usually attributed to external causes, e.g. task difficulties. This internal or external attribution is the result of cognitive and motivational factors, which can vary between public and private contexts.
Social psychology research emphasises the presence of 'social cognition', i.e. a social component in infl -encing the encoding and information processing processes of a given stimulus event. In line with what we will see in the cognitive dissonance theory (Festinger, 1957), information congruent with our expectations is stored and remembered much more easily than incongruent information.
In the social comparison theory, Festinger, an American psychologist and sociologist, argues that personal attitudes and opinions are evaluated by comparison with others.
The author assumes that the individual has an innate urge to evaluate his own opinions and abilities by comparing them with those of other people with opinions and abilities similar to his own, because it is difficult to make reliable comparisons when the gap between oneself and others is too wide.
Specifically in the work environment by observing the performance of a skill of others with a similar status to our own, we are able to assess our own competence in that same area. This comparison is absolutely necessary in order to assess ourselves and the comparison is made with people belonging to the same professional category.
In comparing ourselves with other people, each of us will be inclined to reduce the discrepancies between our personal abilities and those of others and this will cause a drive to improve our own abilities.
Festinger, therefore, suggests that 'social influence processes and certain types of competitive behaviour are aspects of the same socio-psychological process'.
The drive to self-evaluate and improve oneself is based on comparison with others with similar characteristics to oneself.
Any factor that increases the importance of a particular group as a reference group increases the pressure to conform to the abilities or opinions of that group (Festinger, 1954).
Festinger extended his theory on social comparison, hypothesising that the tendency to aggregate and move in groups that are homogeneous in terms of opinions and abilities is reflected in the constitution of groups composed of relatively similar people.
The psychologist Tajfel (1978), emphasises the need to distinguish between behaviour
interpersonal and intergroup behaviour. The former indicates actions performed by the individual as such. The second term, on the other hand, refers to the actions performed by the individual as belonging to a certain category (e.g. health professions).
Ultimately, appearance to a group defines our personal identity. By asking the question who we are, the definition of ourselves will mainly be in reference to a group, more or less explicitly.

Tajfel and Turner (1986), through social identity theory, point out that the processes involved in social identity could condition intergroup behaviour.
All these considerations help us to understand the extent to which social conditioning influences the processes of caring for and helping the other, intrinsic to the role of the health professional. Added to this is also the definition of the group to which each professional belongs (e.g. doctors, nurses...), as well as the category-specific intergroup behaviour and opinions with respect to them.
The presence of an 'audience' may increase the possibility of caring for one's neighbour, especially when this makes the individual feel competent.
In fact, the act of helping one's neighbour may be a proof of bravery, so much so that it increases the individual's self-esteem and sense of self-efficac . The diffusion of responsibility may reduce altruistic behaviour, but this too may depend on the number of onlookers.
Social psychologists have pointed out that in cases of 'threat', the person is more likely to want to be with others, to confront group members, reduce anxiety and seek information.
The perception of being part of a group can also foster 'emotional contagion'.
In any group that experiences a common destiny, in fact, social identity sometimes surpasses individual identity, and in order to understand the individual's behaviour, it is necessary to see the behaviour of the group to which he or she belongs.
When the stimulus events are relevant to the individual's personal desires and values, the emotional experience will connote the cognitive aspects.
According to the mood congruence principle, there is a tendency that people in a good mood will tend to perceive, encode and retrieve information in line with how they feel. However, a positive mood can result in better performance than a negative mood, in tasks that require creativity and productive thinking, as well as the ability to adapt and implement flexible behaviour.
The outcome of cognitive processes is not only produced by a person's internal evaluations and motivations, but also by the environment acting on the individual. Everyone in the relationship will be infl -enced by the language used to describe interpersonal behaviour and the emotions that come into play.
The weight of language in the perception of one's role will be even more amplified by media communication.
In talking about the work of health professionals we cannot fail to consider their belonging to a well-defined group with precise boundaries
Finally, we must emphasise the tendency of people to prefer a positive self-concept rather than a negative one.
Personal identity is defined in belonging to a group, which, in line with the theory of cognitive dissonance, we would be inclined to consider more positively than others.
Picking up on Tajfel and Turner's contribution, in fact, the two authors emphasise how evaluations are essentially relative in character, in that we are more inclined to evaluate our group in terms of prestige by comparing it with other groups.
The outcome of this comparison indirectly contributes to the consolidation of our self-esteem and is therefore of decisive importance for the definition of our identity.
Social identity is that part of the self-concept derived from one's knowledge of or membership of a group, together with the value and emotional significance recognised in that membership (Tajfel, 1978).
The authors and the theories cited provide a theoretical framework within which one can formulate hypotheses for interpreting the results revealed by the questionnaire administration.

DISCUSSION

According to psychologist Bandura (1995), known for his social learning theory, work structures much of people's everyday reality and is a major source of personal identity and sense of worth.
Appearance to a group defines our personal identity and influences the dynamics of inte group behaviour.
In the light of what is present in the reading, we can make some hypotheses about the interpretation of the data that emerged from the answers to the questionnaire.
The data report that the greater the importance attached to one's job, the greater the perceived responsibility of the worker, which has an impact on stress levels. This aspect is confirmed by the theories mentioned, in that the more the professional activity determines and qualifies the personal image, the greater the 'weight' the professional feels in carrying out his or her activity. The variables Exposure to the risk of contagion, Limits of the health system, Own Activity Contribution have a "negative" impact on the frequency of stress, i.e. as one point increases in one of these variables, considering the others fixed, the frequency of stress increases on average.
This finding also explains the fact that professionals who worked in Covid departments, where these variables certainly have a stronger impact, perceived higher levels of stress.
The impossibility of activating telemedicine processes, while continuing to work on the ward, increases the perceived stress level.
The possibility of activating telemedicine processes would seem to decrease the perception of stress at work in both a Covid and a Non-Covid ward, as it allows the healthcare worker to work safely and reduce the impact of the "risk of contagion".
The variables listed above (Exposure to the risk of contagion, Limits of the healthcare system, Own Activity Contribution) may also explain why there is a difference between the south and the north of Italy, an area where professionals perceived a higher level of stress probably because there were more contagious people, especially during the 'first wave' when the data were collected.
The differences between the categories of the variables Infected and Type Public or Private Facility were found to be statistically non-significant
It is likely that health professionals do not have a different perception of the variables listed above: in the public or private context and whether or not they have been infected.
Finally, aspects such as: social relationship, educational qualificat on as well as working in a metropolitan city were also found not to be statistically significant in relation to stress.
With regard to the impact of the media, one might as-

sume that the greater the media pressure on the health professions, the greater the stress levels. On the other hand, the data indicate that the more positive the media's attention on the employment and professional utility of the categories analysed, the greater the perception of consideration and respect towards this activity, which can reduce the stress load of health care workers and professionals.

This could be explained in terms of secondary benefits

The positive reinforcement coming from social consideration for one's own group functions as a reinforcer, mitigating the perception of stress in view of social recognition.

Furthermore, media pressure that might intimidate the individual health worker dissipates by referring to a group of professionals.

Social psychology emphasises the presence of dispersion of responsibility in a negative or positive sense when the individual belongs to a group.

In group situations, actual performance will be the resultant of potential performance from which process losses must be subtracted and gains added.

Potential performance means the result of the performance generated by the group, which is usually lower than the actual performance, since the larger the group, the greater the loss of motivation of the individual may be. This phenomenon is referred to as 'social inertia'.

When working in a team, as is the case for many health professionals, losses may occur because the individual's resources do not always combine optimally in the group. However, it is sometimes believed that group performance is less burdensome than performing the same action alone, partly because others act as spectators of the work itself.

This can occur when the individual's effort can be minimised within a group that works and makes up for the individual's lack of motivation.

All actions that become routine are more easily performed in the presence of others, who take on the value of an audience. Furthermore, in the group with a high shared identity, with high cohesion, as in the case of health professionals facing an emergency, regulatory pressures may be relatively strong (Festinger, 1950).

Finally, it would appear that the presence of an audience favours the activation of dominant responses, i.e. those responses that appear first in an audience's response repertoire.

dominant responses, i.e. those responses that appear first in a subject's repertoire of responses to a given stimulus situation.

subject when faced with a given stimulus situation. Subjects feel aroused by the presence

of an audience because they have been accustomed to associating the presence of others with an evaluation of performance and this increases the level of activation.

Ultimately, if the group is able to amplify the individual's efforts, the loss of individual motivation will be less and the individual's contribution to the group's productivity will be greater.

The data indicate that young people perceived higher levels of stress than adult professionals, who probably had greater professional competence and preparation 'in the field'

Furthermore, due to the emotional contagion hypothesis mentioned earlier, it is possible that in those subgroups where the level of perceived stress was higher, social confrontation in the face of threat also led to intensified stress levels

The data also reported that those who have children perceived lower levels of stress than those who do not, but this could be related to the age of the professionals, who having children have a higher age and therefore greater professional competence due to which they perceive a lower level of stress than younger people.

Any factor that increases the importance of a particular group as a reference group increases the pressure to conform to the skills or opinions of that group (Festinger, 1954).

Therefore, in the light of this consideration, the analysis of the data and the reading of the situation experienced by healthcare personnel as being potentially at risk of burnout, it is possible to reason about the critical issues encountered by these professionals during the pandemic in terms of support and possibly prevention.

CONCLUSION

The questionnaire administered was aimed at measuring the perceived impact of Covid-19 on the professional life of healthcare professionals.

The literature, especially in the field of social psychology research, has emphasised how closely professional identity is linked to personal identity.

The questionnaire identifies a number of conditions that have increased the perception of stress at work in the helping professions.

The adoption of innovative tools for the prevention of such situations, in particular the risk of burnout, could be envisaged in the future.

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