Investigation of Fear of Covid, Coronavirus Anxiety and Burn-Out Among Health-Care Professionals

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ABSTRACT

The aim of the paper is to investigate the fear of COVID, COVID anxiety and burnout among health-care professionals. 269 health-care professionals filled the questionnaire which consists of The Fear of COVID-19 Scale, Coronavirus Anxiety Scale, Maslach Burnout Inventory and socio-demographical information form. It is revealed from the study that COVID fear have a strong relationship between COVID anxiety, emotional exhaustion and depersonalisation. Participants who have higher levels of COVID fear have lower levels of Personal accomplishments. Female healthcare workers' COVID anxiety was higher than in male health-care workers. Losing a close person and being affected by COVID also showed statistically significant differences. Losing a patient, inadequacy in medical equipment and being a victim of violence during pandemic make statistically significant differences especially in depersonalisation and emotional exhaustion among health-care workers.

Key words: COVID-19, fear, anxiety, burnout, healthcare workers, epidemiology

Introduction

Since the end of 2019 COVID-19 has caused extreme fear and anxiety among all people because of its emergence and high mortality rate[1]. In June 2023 there was 767 million of confirmed cases and over 6.9 million deaths due to COVID-19 globally[2]. One of the most important aspects of COVID-19 pandemic was fear[3]. Human beings naturally want to stay away from situations that they consider dangerous, or if they are in a dangerous situation they want to escape/flee or protect themselves[4]. Infectious diseases are transmissible, imminent and invisible[5]. In addition to the COVID-19 pandemic, its contagiousness and the high mortality rate, the lack of a known treatment/vaccine, the closing of the borders of the countries to prevent transmission and even the curfew decisions have also triggered people's concerns[6].

From the first days of the pandemic, healthcare professionals have been the frontline workers with this unknown and uncontrollable virus. Burnout syndrome is defined as "a psychological syndrome involving a prolonged response to chronic interpersonal stressors at work"[7]. Burnout syndrome, which inhibits the ideal work performance of the individual, consists of emotional exhaustion, depersonalization and personal accomplishment sub-dimensions.

Burnout syndrome is mostly seen among professions that need close, face-to-face relationship with others[8]. During COVID-19 pandemic it was reported that health care professionals had higher rates of job burnout due to high workload, stress, time pressure and inadequacies in organizational support[9]. Some studies reported that especially female healthcare professionals had higher levels of job burnout during COVID-19 pandemic because of increased responsibilities at work and home[10].

Another study indicates that especially female nurses and frontline healthcare workers who are responsible for diagnosing, treating or providing nursing care to the patients with suspected or confirmed cases of COVID-19 showed significant symptoms of depression, anxiety, distress and insomnia[11]. Physical symptoms such as irritability, difficulty falling asleep, changes in eating habits, and muscle tension were the most frequent physical symptoms among healthcare workers alongside emotional exhaustion in females[12].

In a review study the fear and anxiety caused by COVID-19 pandemic was dealt more efficiently by frontline workers whose personality characteristics include tolerance to unknown, lower levels of illness anxiety disorder and disgust sensitivity, tolerance to social isolation,

having a sense of media literacy, priority in medical assistance if needed and having financial support and being efficient[13].

Although there are evidence based reports about burnout levels, physical/psychological symptoms and relationships between fear of COVID-19 and burnout of healthcare workers during COVID-19 pandemic, no research has been detected that attempts to identify and investigate the relationships between COVID-19 fear, coronavirus anxiety and burnout syndrome. To address this gap, the aim of the current study was to evaluate relationships between COVID-19 fear, coronavirus anxiety and burnout syndrome among healthcare workers in regard with some variables.

Materials and Methods

Participants

Participants of the study were the healthcare workers who are working in pandemic hospital which serves as a diagnosis and treatment center. All of the suspected and confirmed cases of Covid-19 cases were sent to this hospital from other city hospitals. 269 volunteer healthcare workers filled the questionnaires. The participants mean age was calculated as 36.08 (minimum 20 and maximum 65 years old). The distribution according to gender 63.2% (n=170) was female and 36.8% (n=99) male. The majority of participants (62.5%, n=168) were married, 31.2% (n=84) were single and 5.2% (n=14) were divorced.

Methods

The ethics committee approval of the research was obtained before the data collection procedure started (01.11.2021, BAYEK001.10). Researchers informed the participants about the study by sending a short message post to their cell-phones and personal e-mail with the informed consent and the link to the questionnaire. The participants who were willing to participate in the study answered the questionnaire. This is a cross sectional, hospital-based research with the convenience sampling method.

Instruments

The questionnaire consists of 4 parts. Sociodemographic information includes variables such as gender, marital status, age, profession, working hours, having patient or friend lost due to COVID-19 and if the healthcare worker caught COVID-19 or not.

Maslach Burnout Inventory (MBI)

MBI was developed by Maslach and Jackson. The scale consists of 22 items and 3 subscales named Emotional Exhaustion (α=0.90), Depersonalization(α=0.79), Personal Accomplishment(α=0.71) [14]. Emotional Exhaustion describes the feelings of being exhausted and consumed by one's work, Depersonalization describes one's feelings of being deprived of emotion towards those whom one cares for and serves, as if they were not human, and Personal Accomplishment describes feelings of competence and ability to cope with problems in the work of a person who constantly provides services to people[15]. The scale was translated and adapted to Turkish language by Ergin. The internal consistency coefficients were found as 0.83 for Emotional Exhaustion, 0.65 for Depersonalization and 0.72 for Personal Accomplishment [16].

The Fear of COVID-19 Scale (FCV-19S)

FCV-19S was developed by Ahorsu et al. and consists of 7 items with internal consistency coefficient 0.82. The scale is one-dimensional, and high scores on the scale indicate a high level of fear about COVID-19[17]. Turkish adaptation, reliability and validity study of FCD-19S was done by Artan et al. It was determined that the scale had one-dimensional factor structure similar to the original study with the internal consistency coefficient 0.87[18].

Coronavirus Anxiety Scale (CAS)

CAS developed by Lee in order to measure the participants' coronavirus anxiety. The scale consists of 5 items with the internal consistency of 0.93[19]. adaptation and psychometric evaluation of the Turkish version of the CAS was done by Koç and Arslan. The internal consistency of the CAS Turkish version was found as 0.81[20].

Statistical Analysis

Data analysis was performed using SPSS statistical software version 22.0. The scales were tested as normally distributed. Skewness and Kurtosis results were in acceptable ranges and parametric tests were used. Skewness and Kurtosis values between ±2 and in some cases ±3 were considered to be normally distributed[21].

Results

In order to see relations among the certain variables of the study Pearson correlation analysis was conducted (see Table 1),

Regarding Pearson correlation analysis among variables of the study, Covid fear correlated positively (r= .598) with Covid anxiety, emotional exhaustion (r= .229) and depersonalisation (r= .205). On the other hand, Covid fear correlated negatively with personal accomplishment (r= -.220) and loss of someone close (r= -.126). In addition, results revealed that Covid anxiety is correlated positively with emotional exhaustion (r= .224) and depersonalization (r= .214). Also Covid anxiety is correlated negatively with personal accomplishment (r= -.126) and loss of a close one (r= -.129 (see Table 2).

To examine gender based differences mean scores analysis was conducted via independent samples t-tests. As can be seen in Table 2 for Covid anxiety scores of the

TABLE 1

CORRELATIONS AMONG CERTAIN VARIABLES

		1	2	3	4	5	6	7	8
Covid Fear	Pearson Correlation	1							
	Sig. (2-tailed)								
Covid Anxiety	Pearson Correlation	.598**	1						
	Sig. (2-tailed)	.000							
Emotional Exhaustion	Pearson Correlation	.229**	.224**	1					
	Sig. (2-tailed)	.000	.000						
Depersonaliza-tion	Pearson Correlation	.205**	.214**	.601**	1				
	Sig. (2-tailed)	.001	.000	.000					
Personal Success	Pearson Correlation	−.220**	−.126*	−.292**	−.396**	1			
	Sig. (2-tailed)	.000	.039	.000	.000				
Having Covid	Pearson Correlation	−.068	−.119	−.061	−.055	−.035	1		
	Sig. (2-tailed)	.268	.050	.318	.366	.564			
Loss of Close One	Pearson Correlation	−.126*	−.129*	.044	.033	−.147*	.047	1	
	Sig. (2-tailed)	.038	.034	.473	.588	.016	.443		
Equipment Accessibility	Pearson Correlation	.045	−.088	−.153*	−.127*	−.041	−.035	.058	1
	Sig. (2-tailed)	.464	.152	.012	.038	.504	.573	.342	

**. Correlation is significant at the 0.01 level.   *. Correlation is significant at the 0.05 level.

TABLE 2

BETWEEN GROUP COMPARISONS REGARDING GENDER

	Gender	N	Mean	Std. Deviation	Std. Error Mean	t	p
Covid Fear	Women	170	17.55	5.32	.408	1.917	.056
	Men	99	16.25	5.44	.546		
Covid Anxiety	Women	170	2.11	3.11	.239	2.482	.025*
	Men	99	1.32	2.11	.212		
Emotional Exhaustion	Women	170	16.63	7.75	.595	.291	.772
	Men	99	16.34	8.25	.829		
Depersonalization	Women	170	3.81	3.17	.243	.074	.941
	Men	99	3.78	3.13	.315		
Personal Accomplishment	Women	170	22.13	4.69	.360	−2.918	.004*
	Men	99	23.79	4.16	.418		

* p ≤ .05

participants statistically significant differences were determined (t= 2.482, p= .025). Women participants group differed with significantly higher means (n=170, Mean=2.11) than men (n=99, Mean = 1.32). Regarding personal accomplishment women participants had lower scores (n= 170, Mean = 22.13) than men (n= 99, Mean = 23.79) (t= -2.918, p= .004). In addition, the mean Covid fear for all participants was found as 17.074 ±5.392.

Between groups comparisons via One Way Anova revealed no statistically significant differences between the mentioned participant groups. Regarding education levels of participants of the study, between group analyses was conducted via One Way Anova. No statistically significant differences werebdetermined in terms of Covid fear, Covid anxiety, emotional exhaustion, depersonalization and personal accomplishment scale by education levels of the participants.

The participants who did not lose any patient during the pandemic and those who did were compared regarding Covid fear, Covid anxiety, emotional exhaustion, depersonalization and personal accomplishment mean scores by using independent samples t-test analysis. The results revealed no statistically significant differences between these groups except for depersonalization means (t= 2.365,

p= .019). The participants who informed about a patient loss during pandemic (n=104, Mean=4.375) differed with higher depersonalization means from the participants who reported no patient loss during pandemic (n=165, Mean=3.448).

Between the participants who experienced violence while doing their job during pandemic and who did not independent samples t-test analysis were conducted to examine probable differences regarding Covid fear, Covid anxiety, emotional exhaustion, depersonalization and personal accomplishment mean scores. As can be seen in Table 3, the results revealed statistically significant differences between these two groups in emotional exhaustion mean scores (t= 2.473, p= .001). The participants who experienced violence -by patients or relatives of patients- differed with significantly higher emotional exhaustion mean scores (n= 84, Mean= 18.28) than the participants who did not experience violence (n=185, Mean= 15.72).

In addition, regarding depersonalization statistically significant differences were also found (t=3.367, p= .001). The participants who experienced violence differed with significantly higher depersonalization mean scores (n= 84,

Mean= 4.75) than the participants who did not (n=185, Mean= 3.37).

Independent samples t-test analysis were conducted to examine between group differences in Covid fear, Covid anxiety, emotional exhaustion, depersonalization and personal accomplishment scale means participants who could have medical equipment accessibility and those who could not while doing their job during pandemic. As can be seen in Table 4, the results revealed statistically significant differences for emotional exhaustion (t= 2.532, p= .012) and depersonalization (t= 2.090, p= .038). The participants who could have medical equipment accessibility differed with higher means (n= 95, Mean=18.16) than the group who could not (n=174, Mean= 15.63) regarding emotional exhaustion. Besides, regarding depersonalization the group of participants who could have medical equipment accessibility differed with higher means (n= 95, Mean= 4.34) than the group who could not (n=174, Mean= 3.51).

As can be seen in Table 5, the results revealed statistically significant differences for Covid anxiety mean scores of the participants (t= 1.965, p= .05). The partici-

TABLE 3

T-TEST RESULTS OF GROUPS BASED ON VIOLENCE EXPERIENCE

	Violence Experience	N	Mean	Std.Deviation	Std.ErrorMean	t	p
Covid Fear	Yes	84	16.15	5.81	.634	−1.894	.059
	No	185	17.49	5.15	.378		
Covid Anxiety	Yes	84	1.75	2.94	.320	−.295	.768
	No	185	1.85	2.76	.202		
Emotional Exhaustion	Yes	84	18.28	7.72	.842	2.473	.014
	No	185	15.72	7.91	.582		
Depersonalization	Yes	84	4.75	3.45	.377	3.367	.001
	No	185	3.37	2.91	.214		
Personal Accomplishment	Yes	84	23.02	4.37	.477	.668	.505
	No	185	22.62	4.65	.342		

*p≤ .05

TABLE 4

T-TEST RESULTS FOR GROUPS BASED ON MEDICAL EQUIPMENT ACCESIBILITY

	MedEqAc.	N	Mean	Std.Deviation	Std.ErrorMean	t	p
Covid Fear	Yes	95	16.74	5.720	.586	−.734	.464
	No	174	17.25	5.213	.395		
Covid Anxiety	Yes	95	2.15	3.105	.318	1.436	.152
	No	174	1.64	2.631	.199		
Emotional Exhaustion	Yes	95	18.16	7.441	.763	2.532	.012*
	No	174	15.63	8.067	.611		
Depersonalization	Yes	95	4.34	3.490	.358	2.090	.038*
	No	174	3.51	2.924	.221		
Personal Accomplishment	Yes	95	23.00	4.232	.434	.670	.504
	No	174	22.60	4.750	.360		

*p≤ .05   Abreviation: MedEqAc.= medical equipment accessibility

pants who were infected with Covid differed with significantly higher scores (n=59, Mean = 2.45) than the group who were not (n=210, Mean= 1.64).

The results revealed that the health workers who did lose a friend during pandemic, differed with significantly higher means than the participants who did not experience it, in terms of Covid fear mean scores (t= 2.082, p = .03) and personal accomplishment subscale mean scores (t = 2.426, p= .01).

The examination for predictors of fear of Covid was conducted via stepwise regression analysis. As can be seen in Table 7, Covid Anxiety entered the regression equation at the first step. In other words, Covid anxiety was found as the first predictor of the Covid fear that explains 35.5 % of the variance of the Covid fear. As total predictors of Covid fear, Covid anxiety, separation from family, personal accomplishment, years at current job, and education entered the regression equation consequently. 43 % of the variance of Covid fear explained by all these mentioned variables while other variables were excluded from the equation.

Discussion

The first COVID-19 case was identified on 9 March 2020 in Northern Cyprus. The Council of Ministers immediately took precautions in order to prevent local transmission of the virus therefore the peak of the pandemic in Northern Cyprus was delayed and the strict and rapid measures also reduced the number of cases. Since the beginning of COVID-19 pandemic in the world 263 deaths occurred in Northern Cyprus according to the report of Health Ministry of Northern Cyprus[22] Compared to the nearly 7 million COVID-19 deaths of the WHO worldwide[2], it can be thought that 263 deaths in Northern Cyprus were quickly brought under control due to the strict and rapid measures taken by the state, and the Northern Cyprus recovered from COVID-19 pandemic relatively easily.

It can be said that Covid anxiety is determined as the most important predictor of Covid fear while separation from family, personal success, years at current job, and level of education factors are also other predictors of Covid fear. Mertens et al.[23] conducted an online survey to predict

TABLE 5
T-TEST RESULTS BETWEEN GROUPS BASED ON HAVING COVID INFECTION

	Covid	N	Mean	Std. Deviation	Std.ErrorMean	t	p
Covid Fear	Yes	59	17.76	5.85	762	1.044	.29
	No	210	16.88	5.25	.362		
Covid Anxiety	Yes	59	2.45	3.35	.437	1.965	.05
	No	210	1.64	2.62	.180		
Emotional Exhaustion	Yes	59	17.44	7.93	1.032	1.001	.31
	No	210	16.27	7.93	.547		
Depersonalization	Yes	59	4.13	3.17	.413	.906	.36
	No	210	3.71	3.15	.217		
Personal Accomplishment	Yes	59	23.05	4.05	.528	.577	.56
	No	210	22.66	4.70	.324		

*p≤ .05

TABLE 6
T TEST ANALYSIS RESULTS FOR GROUPS BASED ON LOSS OF A FRIEND

	Loss of Friend	N	Mean	Std. Deviation	Std.ErrorMean	t	p
Covid Fear	Yes	25	19.20	6.29	1.25	2.082	.03*
	No	244	16.85	5.25	.33		
Covid Anxiety	Yes	25	2.96	3.78	.75	1.614	.11
	No	244	1.70	2.67	.17		
Emotional Exhaustion	Yes	25	15.44	7.94	1.58	-.719	.47
	No	244	16.63	7.93	.50		
Depersonalization	Yes	25	3.480	2.84	.56	-.543	.58
	No	244	3.84	3.18	.20		
Personal Accomplishment	Yes	25	24.84	4.38	.87	2.426	.01*
	No	244	22.53	4.54	.29		

*p≤ .05

TABLE 7

PREDICTORS OF COVID FEAR

Model	Unstandardized Coefficients		Standardized Coefficients	t	p	F	p	R²	AdjustedR²
	B	Std. Error	Beta						
1 (Constant)	14.983	.315		47.558	.000	148.282	.00	.357	.355
Covid Anxiety	1.146	.094	.598	12.177	.000				
2 (Constant)	11.639	.849		13.701	.000	87.707	.00	.397	.393
Covid Anxiety	1.167	.091	.609	12.773	.000				
Separated From Family	2.168	.514	.201	4.219	.000				
3 (Constant)	15.240	1.644		9.269	.000	61.845	.00	.412	.405
Covid Anxiety	1.136	.091	.593	12.444	.000				
Separated From Family	1.994	.513	.185	3.886	.000				
Personal Accomplishment	−.144	.057	−.122	−2.549	.011				
4 (Constant)	16.209	1.683		9.631	.000	48.508	.00	.424	.415
Covid Anxiety	1.120	.091	.584	12.327	.000				
Separated From Family	2.020	.509	.187	3.968	.000				
Personal Accomplishment	−.184	.059	−.156	−3.136	.002				
Current Job Time	−.005	.002	−.114	−2.326	.021				
5 (Constant)	17.937	1.862		9.632	.000	40.200	.00	.433	.422
Covid Anxiety	1.127	.090	.588	12.477	.000				
Separated From Family	1.822	.514	.169	3.542	.000				
Personal Accomplishment	−.189	.058	−.160	−3.238	.001				
Current Job Time	−.005	.002	−.118	−2.431	.016				
Education	−.463	.220	−.100	−2.108	.036				
6 (Constant)	22.005	2.681		8.208	.000	34.666	00	.443	.430
Covid Anxiety	1.099	.091	.573	12.109	.000				
Separated From Family	1.864	.512	.173	3.645	.000				
Personal Accomplishment	−.209	.059	−.177	−3.564	.000				
Current Job Time	−.005	.002	−.123	−2.548	.011				
Education	−.496	.219	−.107	−2.265	.024				
Friend Loss	−1.843	.879	−.099	−2.097	.037				

Dependent Variable: Covid Fear,
a. Predictors: Covid Anxiety,
b. Predictors: Covid Anxiety, Separation from Family,
c. Predictors: Covid Anxiety, Separation from Family, Personal Success,
d. Predictors: Covid Anxiety, Separation from Family, Personal Success, Years at Current Job,
e. Predictors: Covid Anxiety, Separation from Family, Personal Success, Years at Current Job, Education,
f. Predictors: : Covid Anxiety, Separation from Family, Personal Success, Years at Current Job, Education, Friend Loss,

factors that are related to the Covid fear and found out that social media exposure alongside the personal relevance of the threat to oneself and loved ones, the feelings of having less control on the risk increased the Covid fear.

In the present study Covid fear mean score for all participants has been found as 17.074 ±5.392. In Luo et al.'s[24] study the highest mean reported in Asia (18.36) and the lowest in Australia (17.43). The Covid fear level of the current study is somewhere between the informed highest and lowest means on the base of continent. On the other hand informed Covid fear mean score for hospital staff was

(19.51) in the same article which is higher than the current study's finding. Therefore, it can be said that, Covid fear levels for the present study are lower than in other mentioned reports. Due to time differences regarding data collection, it can be assumed that at the beginning of the pandemic health workers experienced higher levels of Covid fear due to uncertainties regarding a fatal virus.

The analysis revealed positive correlations regarding Covid fear levels of participants with Covid anxiety, emotional exhaustion and depersonalisation. In addition, Covid fear was associated negatively with "personal ac-

complishment" and "friend loss" experience due to Covid infection during pandemic. While Covid fear and Covid anxiety increased and decreased together which is revealed with a strong positive correlation ratio, "emotional exhaustion" and "depersonalization" scores also tend to increase and decrease with Covid fear and anxiety levels of the participants.

Besides, "personal accomplishment" and "loss of a friend during pandemic" variables were found negatively correlated with Covid anxiety and Covid fear levels of the participants.

In literature women were found as having higher levels of the Covid fear than men[24, 25, 26]. In the present study, though statistically significant differences based on gender were not determined, as can be seen in results section, Covid fear score for the women participants group was found higher than for men.

Besides, in the present study, Covid anxiety scores of women group was found as significantly higher than in men. The mentioned result is in accordance with the related literature[27, 28]. In literature burnout measured via depersonalization, exhaustion and personal accomplishment subscales was emphasized and defined as one of the most important factors regarding well-being of health workers[29,30]. In the present study though no statistically significant differences were determined between men and women participants in terms of emotional exhaustion and depersonalization subscales, higher means in favour of women were found. On the other hand, regarding personal accomplishment mean scores women participants differed with significantly lower scores than men. Therefore it can be said that gender based results regarding burn out are important and must be taken into consideration while planning and implementing interventions for pandemic periods.

The analysis revealed no statistically significant differences between various relation condition groups and in terms of different educational levels for Covid fear, Covid anxiety, and burn out subscales' means which were emotional exhaustion, depersonalization and personal accomplishment. In a study with nursing professionals, living with a partner (married or not) was indicated as having higher risk in terms of depersonalization, and burn out[31]. Perhaps since the present study's data were collected during the pandemic period, it could be interpreted as a finding that points out the importance of different factors which could affect or moderate the participants' responses and hence the results. This is another important issue that must be taken into consideration while conducting more related research in terms of the mentioned variables.

The participants who could have medical equipment accessibility differed with higher means than the group who could not in terms of emotional exhaustion and depersonalization while no differences were detected regarding Covid fear or Covid anxiety. In literature, the importance of equipment accessibility is highlighted as one of the factors related with burn out[32].

The participants who experienced violence at working environment -by patients or relatives of patients- differed with significantly higher emotional exhaustion and depersonalization scores than the participants who did not. The finding is parallel with the "job demands-resources model" which highlights the relationship between burnout and unfavourable conditions at work[33].

The results revealed that the health workers who lost a friend during pandemic, had higher Covid fear and depersonalization. As emphasized in related literature[34], grief was experienced in different and complex ways during the pandemic. It is important to remember that psychological wellbeing of the health workers is an important factor, which could affect overall services provided by them. Therefore, it can be concluded that interventions targeting improved wellbeing and preparedness for health workers are important due to many reasons.

CONCLUSION

Covid anxiety that explains 35.5% of the variance of the Covid fear was determined as the most important predictor of Covid fear. As total predictors of Covid fear, Covid anxiety, separation from family, personal success subscale of burnout scale, years at current job, and education entered the regression equation consequently explaining 43% of the variance of Covid fear.

According to literature on COVID-19 fear, though excessive fear levels could be harmful, a moderate level of fear is regarded as necessary for risk reduction[24]. In other words, it is obvious that certain level of fear has an important role in terms of compliance with health protecting preventive behaviours [35].

Covid anxiety scores of the women participant group were significantly higher than men's. In addition, though it was not a significant difference Covid fear scores of the women was also higher than men. In the present study, though it was not significant regarding emotional exhaustion and depersonalization higher means in favour of women was seen. On the other hand, regarding personal accomplishment women participants differed with significantly lower scores than men. Related literature points out the burnout as one of the most important factors regarding well-being of people especially for health workers[29,30]. Therefore, it can be said that intervention plans for health workers are important. In addition, gender based group differences regarding burn out must be taken into consideration while planning interventions for pandemic periods.

The found Covid fear level of the current study is somewhere between the informed highest and lowest means on the base of continent. On the other hand, in related literature Covid fear mean score for hospital staff was higher than in the current study finding. Therefore, it can be said that, Covid fear levels in the present study are lower than in the other mentioned reports, which could be related with time period that highlights the importance of early interventions during crisis as pandemics, and in addition previous preparedness which is the prerequisite for early interventions.

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ISTRAŽIVANJE STRAHA OD COVID-A, ANKSIOZNOSTI ZBOG KORONAVIRUSA I ISCRPLJENOSTI MEĐU ZDRAVSTVENIM RADNICIMA

SAŽETAK

Cilj rada je istražiti strah od COVID-a, anksioznost i burnout kod zdravstvenih djelatnika. 269 zdravstvenih djelatnika ispunilo je upitnik koji se sastojao od Skale straha od COVID-a, Skale anksioznosti od koronavirusa, Maslach Burnout upitnika i obrasca za socio-demografske podatke. Studija je otkrila da je strah od COVID-a značajno povezan s anksioznosti od COVID-a, emocionalnom iscrpljenosti i depersonalizacijom. Sudionici koji su imali višu razinu straha od COVID-a imali su nižu razinu osobnih postignuća. Anksioznost žena bila je veća nego u muškaraca. Gubitak bliske osobe i obolijevanje od COVID-a također su pokazali statistički značajne razlike. Gubitak pacijenta, neadekvatnost medicinske opreme i izloženost nasilju tijekom pandemije čine statistički značajne razlike, posebice u depersonalizaciji i emocionalnoj iscrpljenosti među zdravstvenim radnicima.