



“A Study on Impact of Corona on Emotional Stability of Faculty-Dindigul”

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Abstract

This study was conducted to test the post covid effectiveness of Faculty members in Dindigul after the Pandemic Crisis in India. The Research supports the evidence that Emotional Stability of Faculty members working in College were psychologically hugely affected by the Pre pandemic scenario. The research has shown that the Psychological and Emotional Stability of Professional has optimistically influences by Post Pandemic Covid time. Faculty has better performance and work effectiveness after the post covid period.

Keyword

Post covid, Emotional Stability, Faculty emotional stability, Post covid Work Effectiveness

Introduction

In December 2019, the new corona virus disease 2019 (COVID-2019) started spreading in the Chinese city of Wuhan (Hubei province). The most typical symptoms of the disease are fever, myalgia, fatigue, and dry cough. Other referred symptoms are chills, coryza, sore throat, nausea, vomiting, and diarrhea (Chen et al., 2020; Huang et al., 2020). These symptoms are usually mild, and some infected people are asymptomatic (Rothe, 2020; Ryu et al., 2020). According to the World Health Organization (World Health Organization, 2020), about 80% of infected people easily recover from COVID-19, without the need of any specific treatment. However, about 1 out of 6 cases of infection courses with severe pneumonia (Bermejo-Martin et al., 2020), which can lead to respiratory failure, cardiac injury, acute respiratory distress syndrome and death (Holshue, 2020). COVID-19 virus spreads from person to person via virus-laden respiratory droplets produced when an infected person talks, coughs, exhales or sneezes. These droplets can be inhaled by the people nearby, and/or fall over objects and surfaces, which another person can touch, and then touch their nose, eyes or mouth and get infected (World Health Organization, 2020; Centers for Disease Control and Prevention, 2020). COVID-19 is considered a highly contagious virus (Yang and Wang, 2020). Thus, even though only a minority of infected people develops severe symptoms, COVID-19 is a global health threat. In fact, on 30 January 2020, the WHO declared the health outbreak caused by COVID-19 a public health emergency of international concern. Considering its rapid spread, it is not surprising that the first cases of infected people in Europe were reported only a few weeks after. The first transmission was reported in Italy, on February 21st 2020, and it soon became the largest COVID-19 outbreak outside Asia (Spina et al., 2020). Shortly after, by the end of February, the outbreak started in Spain. On March 11 2020, the WHO upgraded the status of the COVID-19 outbreak from epidemic to pandemic. According to official data (European Center for Disease Prevention and Control, 2020), by April 9th 2020, there were nearly 1.5 million cases worldwide and over 87,000 deaths. The majority of infected people live in the United States. Spain is the second country in confirmed cases (146,690) and the third in deaths (14,555). As of April 3rd, the number of daily new cases in Spain per day seems to have stabilized and even begun to decrease, although the number of active cases is still increasing. This is mainly due to the severe movement restrictions taken by the Spanish Government in order to mitigate the spread. This unusual situation of health emergency and the social restrictions taken to control the COVID-19 spread are likely to have negative consequences on Spaniards mental health (Wang et al., 2020; Xiang et al., 2020). However, there is a lack of information regarding the psychological impact of the COVID-19 pandemic in the general Spanish population. The aim of the present study is to fill this gap in the literature.

As indicated, different measures have been taken in Spain to mitigate the virus spread. One of the first measures taken (between the 11 and the 13 of March depending on the Spanish province) was canceling every on-site educational activity from kindergarten to the University. Shortly after, on March 14, 2020, the Spanish Government declared the state of alarm, which came into effect the following day when extraordinary measures were implemented to limit viral transmission at a national level. The state of alarm was first declared until the 29 of March, and then extended twice, the first time until April 11, and the second until April 26. During the state of alarm, citizens are allowed to be on public roads and streets only for the purchase of essential items (e.g., food, medicines), attend health centers, go to work (only for jobs considered essential, such as food suppliers), return to the usual residence, assist and care for dependants and other cases of force majeure.

This whole situation has drastically changed the life of people living in Spain in a matter of days. The population is experiencing a new, unpredictable and rapidly evolving situation. They have to stay confined at home, family dynamics have remarkably changed, travel is restricted, and there has been a reduction in leisure activities and social life. The work situation has also changed thoroughly; many people have temporarily or permanently lost their jobs, many are working from home, sometimes with insufficient preparation for doing so, and those who work in sectors considered essential appear to experience heavy workloads, increased levels of stress and a greater exposure to the virus. The Spanish health system has been overwhelmed and there have been shortages of space in the hospitals (mostly in the Emergency rooms and in the Intensive Care Units, UCIs), of health equipment (mostly ventilators) and of personal protective equipment (PPE). This situation seems to be lived with a high level of fear and concern about the pandemic and its consequences. In fact, in Wuhan, residents compared this health crisis with “the end of the world” (Lima et al., 2020).

The majority of the research conducted about COVID-19 relates to its clinical characteristics (Xu et al., 2020), likelihood of survival (Ruan, 2020), genomic characterization of the virus (Lu et al., 2020) and drug and therapeutic options (Al-Tawfiq et al., 2020). Significantly less scientific efforts have been placed into analyzing the psychological impact of COVID-19 pandemic. Moreover, given that the outbreak started in China, the scarce literature about the psychological consequences of this global health crisis relate to the Chinese population. According to Xiang et al. (2020), patients with confirmed COVID-19 or with compatible symptoms may experience fear of the consequences of the disease, and some symptoms, such as fever or shortness of breath can aggravate mental distress and anxiety. In addition, the unpredictability of the current crisis, and the misinformation derived from it makes the whole situation more stressful (Bao et al., 2020). These psychological difficulties to cope with the current situation are aggravated with the extreme measures taken by the Governments of different countries to ameliorate the virus spread, especially by keeping people in quarantine. According to the recent review conducted by Brooks et al. (2020), being forced to stay at home

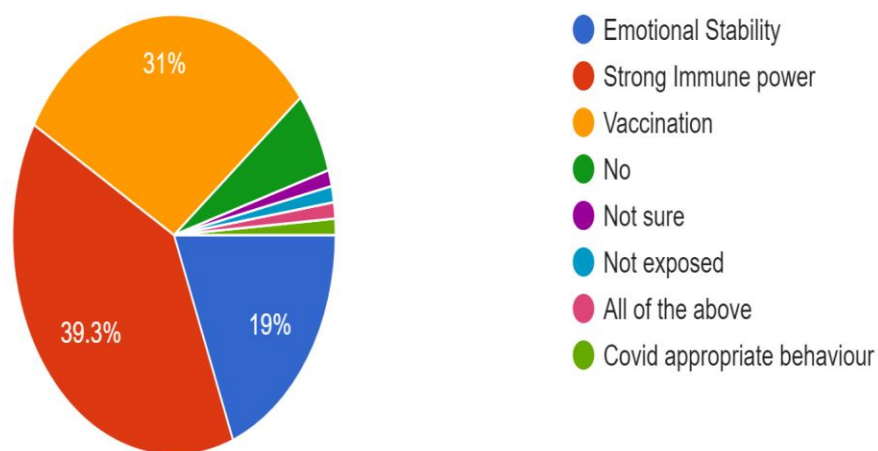
leads to negative psychological effects such as fear, frustration and anger. The negative impact of confinement can have long-lasting effects. In line with this review, people in China experienced boredom, loneliness and anger while being confined, as well as an increase in psychological problems, such as anxiety, stress and depression (Duan and Zhu, 2020). In such a difficult context, many authors recognize that taking care of the population's mental health is essential (Brooks et al., 2020; de Carvalho et al., 2020; Duan and Zhu, 2020; Zandifar and Badrfam, 2020), and that more research is needed in different parts of the world to fully understand the negative psychological consequences of the pandemic and, accordingly, formulate psychological intervention to mitigate them (Xiang et al., 2020).

Studies related to previous outbreaks such as Ebola, swine flu or MERS have revealed that such situations cause a deep and wide range of negative psychosocial impacts. Common psychological reactions are fear of contracting the virus and falling sick (Rubin et al., 2010; Al Najjar et al., 2016), of dying, of suffering if being infected, of separation from relatives and stigma, as well as feelings of helplessness (Hall et al., 2008). Such negative emotions tend to intensify with the restrictions usually taken by the authorities to ameliorate the virus spread, such as closure of schools and business (Van Bortel, 2016). For instance, during the Middle East respiratory syndrome-novel coronavirus outbreak (MERS CoV) in Jeddah (Western Saudi Arabia), 57.7% of interviewed people reported moderate levels of anxiety (Al Najjar et al., 2016). In an effort to understand the mental health status of the Chinese general population during the early stage of COVID-19 outbreak, Wang et al. (2020) conducted a cross-sectional study with a sample of more than 1,000 adults. In line with Al Najjar et al.'s (2016) findings, 53.8% of the participants reported a moderate to severe psychological impact. The authors also registered depression, anxiety, and stress levels derived from health emergencies. Considering depression, 13.8% reported mild depression symptoms, 12.2% were considered to suffer from moderate depression, and 4.3% from severe depression. Chinese also suffered from anxiety (7.5% mild, 20.4% moderate and 8.4% severe). In addition, 24.1% reported suffering from mild stress while 8.1% reported moderate or severe stress levels. Sun et al. (2020) explored the prevalence and risk factors of acute posttraumatic stress symptoms (PTSS) in a sample of 2,091 Chinese adults 1 month after the COVID-19 outbreak, and found that 4.6% of the participants reported PTS. In another study, Liu et al. (2020) explored the prevalence of PTSS a month after the COVID-19 outbreak in the Chinese areas that have been more affected by the COVID-19. According to their results, 7% of the participants suffered from PTSS. In both studies, the negative psychological symptoms were more prevalent for women.

Given the high amount of people infected in Spain, the escalating number of deaths, and the severe restrictions taken by the Spanish government to ameliorate the virus spread, especially the quarantine, it is quite likely that Spanish mental health is being diminished. To the best of our knowledge, the psychological impact and mental health of the general population living in Spain during the COVID-19 pandemic is unknown. We believe there is an urgent need to deepen our knowledge about Spaniards mental health as a

first step to develop psychological interventions, so that the lasting psychological negative consequences of the pandemic can be reduced. We have two main aims. The first one is to explore the mental health status of the general adult population in Spain during the first stages of the COVID-19 outbreak, in terms of psychological impact caused by the pandemic (including intrusion, avoidance, and hyper arousal symptoms), anxiety, depression, and stress. The second one is to examine the extent to which the following variables are associated to psychological impact, anxiety, depression, and stress: (1) demographic variables (e.g., age, gender, monthly family income); (2) degree of concern about the current COVID-19 pandemic; (3) environmental conditions during the home confinement (e.g., number of cohabitants, size of the house); (4) work-related variables (e.g., employment status); (5) changes in daily life as a consequence of the pandemic (e.g., whether the way of working or studying has changed significantly); (6) contact with the COVID-19 disease (e.g., knowing someone who is infected by corona virus); (7) actual severity of the crisis (number of cases and deaths in Spain) and perceived severity of the crisis;

The reasons behind not getting Affected by corona were the Psychological impacts as follow:-



Information about the COVID-19 Pandemic

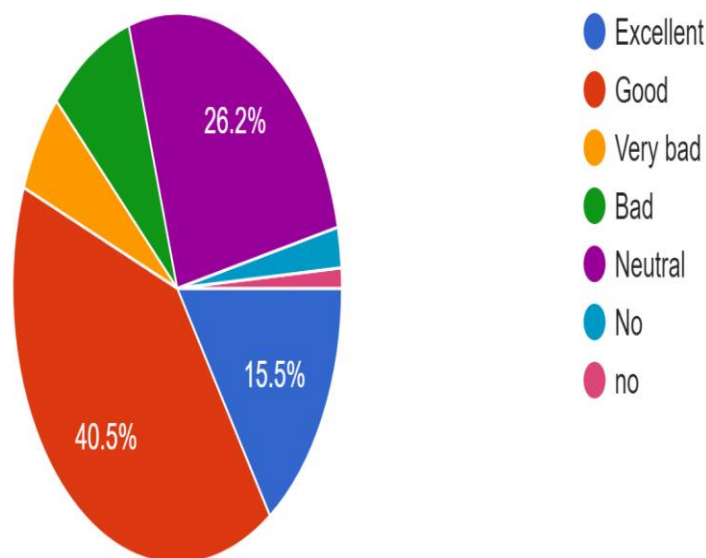
Participants indicated the main information media they had used to receive information about the COVID-19 crisis, their need for more information, and the number of hours invested in the previous 24 h in watching/reading information about the corona virus crisis.

Health Status

Participants indicated their perceived health level (from 0 = very bad, to 10 = excellent), their perception of belonging to the high-risk population in case of being infected by corona virus, the symptoms they had experienced in the previous 14 days (fever of at least 38°C, sore throat, headaches, muscle or joint pain, cough, respiratory distress, fatigue, none of the above), and their utilization of any health services related to corona virus during the last 14 days.

The Emotional Stability before and after corona were observed as:-

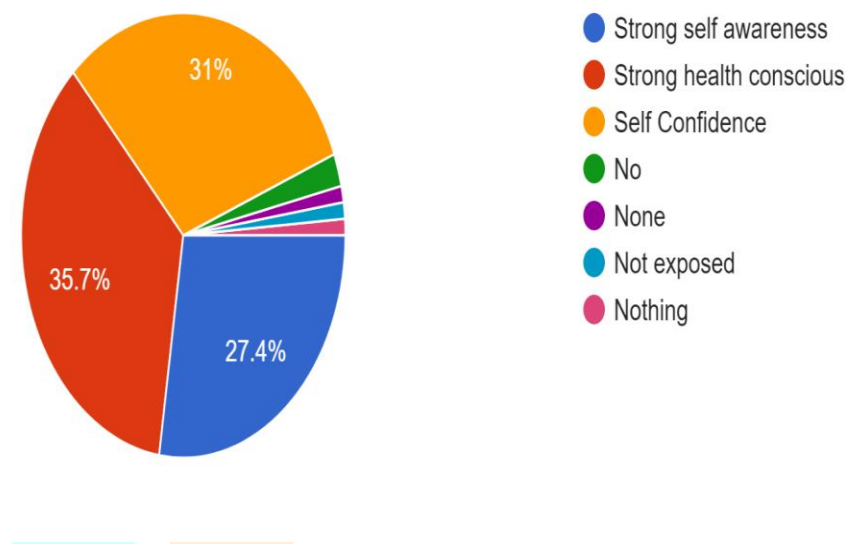
Figure 1



Leisure Activities during Home Confinement

Participants provided information regarding whether they had carried out the following activities in the previous 24 h: physical exercise, watching films/series, reading, watching TV, making crafts or any artistic activity, playing, browsing or sharing contents in social networks, talking to someone (face to face or via telephone, instant messaging, video calls...), other leisure activities, or none of the above.

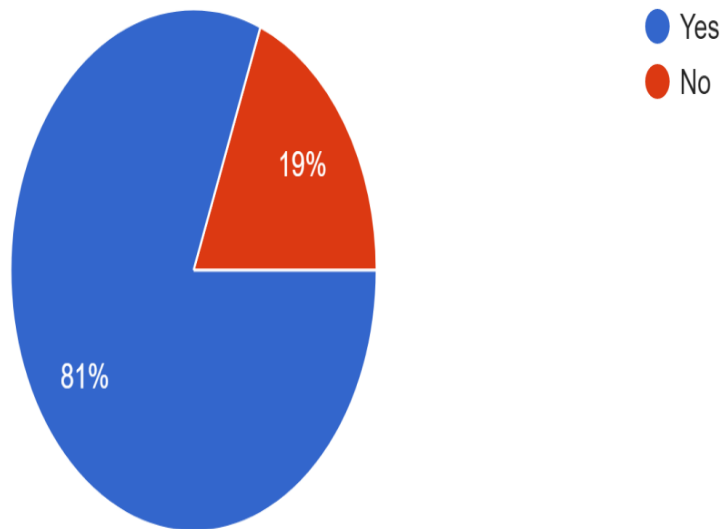
The Emotional stability was due to the strong self awareness and strong health consciousness:-



Procedure

The study was approved by the ethics committees at the first and second authors' universities. Given the restrictions imposed over the face-to face interaction during the data-collection period, data were collected online, through a Google Forms questionnaire. Data collection period comprised between the 17th of March 2020 (2 days after the state of alarm was implemented in Spain and a week after the WHO declared the outbreak a pandemic) and the 24th of March 2020. Participants were contacted by email and social networks (Face book, Instagram, Twitter, LinkedIn, and Whats App), following a snowball approach. All respondents provided informed consent prior to accessing the questionnaires.

According to the respondents the only way to avoid corona was Vaccination for 81 percent of the respondent who got vaccinated too:-



These set of respondents belonged to the category that did not have strong psychological mind and emotional stability. These huge observations were from the category that didn't have good food habits, psychological problems and other issues. Thus it is clearly shown that Emotional stability plays a vital role in Resisting a virus and Individual Stability.

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