

THE IMPACT OF THE COVID -19 PANDEMIC ON THE SOCIAL LIFE OF THE STAFF AND BENEFICIARIES OF THE GĂTAIA PSYCHIATRIC HOSPITAL, IN TIMIŞ COUNTY

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Abstract: *This paper focuses on the impact of the SARS-CoV-2 virus on the social life of the staff and beneficiaries of the Gătaia psychiatric hospital in Timiş County. The aim of the research was to analyze the effects of the pandemic on an emotional and social level, but also to approach elements related to the media pressures on the targeted subjects. We conducted a qualitative data collection, by interviewing 11 employees of the Gătaia psychiatric hospital. The results showed that the respondents felt conditions such as: anxiety, stress and marginalization.*

Key words: *Covid-19, pandemic, anxiety, medical staff.*

1. Introduction

1.1. Conceptual Delimitations

In 2019, the modern world was shaken when Wuhan (China's Hunbei Province) became the epicenter of the spread of a new pandemic. Here, the presence of the coronavirus was noted, which is structurally similar to a virus that causes severe acute respiratory syndrome (SARS). (Fauci et al. 2020).

People infected with this virus may experience symptoms, including a cough, fever, nasal congestion, fatigue, and other forms of upper respiratory tract infection. However, this infection can progress to a more severe disease with dyspnea and severe symptoms like pneumonia (Velavan&Meyer 2020).

As a result of the spread of the virus, the affected countries established a quarantine period, isolation being the first form of infection control (Hethcote 2002). Another form of infection control was represented by the development of several COVID- 19 vaccines, which where administrated to the population on the basis of certain priority rules, a

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thing that generated discussions regarding the ethical implication of the vaccination process (Rogozea et al., 2021).

Quarantine is defined as the period of separation and restriction of the movement of people who have been potentially exposed to a contagious disease to reduce the risk of infecting other people (Brooks et al. 2020). However, while such measures are necessary in the context of a pandemic, previous studies have argued that the restrictive measures implemented by governments were in contradiction with the countries' duty to respect human rights (Coman et al., 2021, p.55).

As a result of strategies to combat the spread of the virus, global economies have suffered a major shock. Areas of public and social functioning such as the economic sectors and the tourism ecosystem were among the most vulnerable during this time of crisis. Furthermore, another field severely affected by the pandemic was the field of education, previous studies revealing that students as well as teachers encountered many difficulties in the educational process during the pandemic (Coman, et al., 2020).

1.2. The Healthcare System during the Pandemic

The major problem when the health system is in an emergency is that not only the health and well-being of individuals is affected, but also that of communities. The latter is affected by economic losses, the closure of jobs and schools, inadequate resources for medical intervention and the poor distribution of necessities. However, the research problem on the health system consists in the emotional state and mental health of the people from the front line in the fight against the coronavirus, affected precisely by establishing restrictions to prevent the spread. (Pfefferbaum et al. 2020)

Thus, it was found that in a study conducted on hospital staff in which it was alleged that contact was made with the virus immediately after the end of the quarantine period, the major stressor for them was the very context of being in quarantine. It was observed that quarantined staff were significantly more prone to unfavorable situations in the workplace by showing acute symptoms of irritability, insomnia, lack of concentration and indecision, anxiety in working with patients, reluctance to work or even considering resignation. In addition to these stressors, inadequate testing, limited treatment options, insufficiency of medical supplies, prolonged workload and other emerging concerns were also reported. (Fauci et al. 2020)

1.3. The Burnout Phenomenon

Due to the high public health problems of the virus, a reorganization of health services was necessary, which resulted in burnout syndrome and physical exhaustion among the medical staff.

Burnout is the state of physical and mental collapse resulting from stress and overwork. In the medical field it has detrimental consequences by endangering the safety of patients, increasing the frequency of medical errors, and predisposing the medical staff to depression. And in the context of the pandemic, physical fatigue adds to the mental stress associated with a possible infection. (Dimitriu et al. 2020)

1.4. Effects and Consequences of the Crisis

Also, to fatigue and exhaustion syndrome physical elements are added such as wearing protective equipment (that generates uncomfortable heat), discomfort and loss of time after wearing and undressing the protective suit when leaving or entering areas.

By default, there are symptoms of dehydration, malnutrition and lack of sleep generated by changes in work schedule and activity time. (Dimitriu et al. 2020). High financial losses, contradictory messages from the authorities and the imposition of health measures that restrict personal freedoms contribute to the spread of emotional stress in the population. Following research on mental health in the event of disasters, it was observed that emotional suffering is ubiquitous among the affected population, which will be true among the population affected by the virus. (Pfefferbaum et al. 2020)

2. Method

2.1. Scope

Analysis of the emotional, social impact and media pressures on the staff and beneficiaries of the Gataia psychiatric hospital in Timiș County during the state of emergency generated by the COVID-19 virus pandemic.

2.2. Objectives

Analysis of the emotional state of staff and beneficiaries related to the state of emergency determined by the Covid-19 virus.

Identification of the professional interaction between employees and beneficiaries during the state of emergency determined by the Covid-19 virus.

Analysis of the social worker's responsibilities and management of the difficulties during generated by the Covid-19 crisis.

Exploration of the influences of the media on staff and beneficiaries, during the state of emergency determined by the Covid-19 pandemic.

2.3. Research Questions

How did the pandemic change the way of life and professional activities for the staff and beneficiaries in the Gătaia psychiatric hospital?

Did the media have a significant impact on the moods of employees and beneficiaries following the media coverage of the effects of the Covid-19 virus?

What was the role of the social worker during the state of emergency?

2.4. Sample, Instrument, Data Collection

The sample includes 11 respondents. Eleven individuals, staff of the Gătaia psychiatric hospital, were interviewed. Of these, 9 are female and 2 are male, and their average age is 42 years. The positions held by respondents at the hospital are diverse, including 4

nurses, 3 orderlies, a medical registrar, a cleaning caretaker, a director, and a social worker. Regarding the period of activity on these positions, the respondents stated that they had been working in the hospital for a minimum of 4 years, a maximum of 29 years. Data was collected with an interview that included a total of 32 questions, of which 4 are identification questions. To collect the data, access was allowed inside the Gătaia psychiatric hospital, where a room was reserved specifically for the face-to-face interview of the subjects, thus avoiding direct contact with the beneficiaries of services within the hospital. The 11 interviews were audio recorded, after each interviewee gave their consent.

2.5. Ethics

Anonymity was respected, and the subjects' answers were not influenced or modified by the interviewer. A formal approach was maintained in the interaction with the respondents. The well-being of the beneficiaries was not disturbed by the interviews, and interaction was limited, thus avoiding any danger of the virus spreading inside the hospital. Also, in the interaction with the respondents, protective equipment was used, and social distance was respected. The pandemic context was a limitation in conducting the field research because the questions for beneficiaries were addressed to the staff.

3. Results

The data analysis was divided into 5 sets of questions, with different topics:

- Emotional states felt during the crisis period
- The family ecosystem and the social life of the respondents
- Changes in the field of activity
- The influence of the media
- Welfare management of beneficiaries

In the first phase, we aimed for allowing the respondents to understand the subject, more precisely the impact of the pandemic, through the questions like "How did the state of emergency make you feel?". Following the answers, it was found that the subjects suffered from anxiety, fatigue, marginalization, and stress, some being even affected by the viral infection: "At first I felt... marginalized... because everyone was running away from us because we were working in the hospital ... they also avoided my child."

Also, words such as stress, exhaustion and anxiety were constantly repeated during the interview, except for one who, contrary to the other subjects, claimed that the crisis period had no impact on his emotional state. Regarding the family ecosystem, respondents were reluctant to questions on this topic. Some respondents felt that they had gotten closer to their family: "It brought us together in a certain way, as a family", and others felt how the pandemic had negative effects on the family environment: "Everyone faced fear, panic". There were also cases in which the pandemic had no influence on the family. At the same time, in the family life, the respondents were mentally affected since they could not see their family members while they were in

isolation. Regarding the social life of the respondents, most of them reported the lack of outings, of friends "I needed fun, to go out, to talk to friends". The fact that they could no longer see their friends generated "socialization problems". One solution in this regard was talking on the phone to keep relationships intact. In the social spectrum, respondents faced certain problems due to the workplace, where they were exposed to the risk of infection with the SARS-CoV-2 virus. The subjects faced marginalization outside the professional space "Yes, marginalized or people look at me differently" or "Everyone avoids you when they hear that you work especially in a hospital, and especially as we also had a Covid support section, it was more difficult. Everyone avoids you; everyone asks questions...". Similar responses were common in discussions with the respondents. Some respondents mentioned problems with neighbors that gradually improved. "They were reluctant at first, but then things relaxed."

In the workplace, most respondents said they were not affected in any way by the pandemic, with some saying they felt less anxious. However, there were also respondents who felt stress during the work schedule. "It was a bit stressful because you didn't know what, how... you were trying to protect yourself and to protect others." Also, changes at work such as: overtime and extended hours, no rest leave, wearing protective equipment, more frequent disinfection, the formation of a triage department, even if they helped to prevent the spread of the virus in the hospital, they also distort the well-being of hospital staff. "I also had periods in which I had to work 7 days - 12 hours. You come at night; you leave at night. You can't find anyone, in my case, at home... And if someone got sick, you would automatically come to work".

Regarding the new triage section, the following explanation was obtained: "We created a special section for triage with yellow area, red area. In the yellow area were placed the patients who had come to the hospital. They were each accommodated in a room with their own toilet and...mm... separated from the others. With packaged food, everything you need. And the red zone was for the patients who were tested after admission and if it came out positive, they were hospitalized and detained for 14 days ... uh ... until a negative test was performed in the red zone department."

The duties of the social worker within the institution were not changed and at the same time the work was easier due to the pandemic situation, but the stress of the illness was constant. "The work has remained the same. Making new IDs, disability files, and revisions. For me, it was easier to travel to Timișoara because it was not so frequent. From this point of view, it was easier... but the stress of the disease was quite high. And even though I wore a mask, I disinfected myself in every office, I had Covid."

Wearing the mask made it difficult to communicate with the beneficiaries. "Uh.. communication was difficult with the mask, because many of them... most consider the mimicry, the smile you wear on your lips, a touch that couldn't happen... for many of them who are... for example, with patients with dementia, the way you communicate with them matters a lot. A mask, a robe, gloves and so on make interpretation difficult. That would be it... mimicry is no longer the same. You don't see the smile with the mask."

Subjects were asked how they felt the doctors' efforts were represented during the crisis through the media. Some of them said they did not know because they were not following the news, while others were stressed because of the information from the

media or simply disagreed: "last year, after the pandemic and isolation madness began, I gave up watching TV and I don't think that ... at most a music channel or ... that's it." Instead, there were also respondents who believe that the media supported the efforts of doctors during this period.

Regarding the pressure, the uncomfortable feeling, the stress caused by the media on a personal level, only one person claimed that he had not had such concerns because he had not followed the media. Answers that stated a negative opinion of what the media published were very common: "No, it created panic, discomfort, agitation, anxiety that I saw it not only in myself but also in the people around me. And it doesn't seem normal to me. It would be normal to calm the world down and tell the truth as it is. Not to distort it or create panic and madness.", "100%. Because the media generally indoctrinates you in certain ways. I have noticed from several cases. I don't dispute the existence of the virus... it certainly exists, only that ... I don't know. And too much information at this level often bothers and I don't know how true the information is." or "Yes, of course. Because a lot of information was wrong, we implemented wrong ideas, totally wrong."

The welfare of the beneficiaries was influenced by limited contact with the family, the access of the family being restricted and achieved by telephone calls, mediated, if necessary, by the hospital staff: "Visits were forbidden in the hospital. And if they brought packages, they were left with... uh ... labels."

Mandatory restrictive measures introduced in hospitals have negatively affected the well-being of patients. They were confused about being isolated in their own rooms and with very limited time outside. Therefore, they felt a strong agitation.

"They were negatively influenced. The triage period in which they are isolated, they are alone in the room. They still have problems, somehow you had to come to them more often to explain why they are in isolation. They were affected quite a lot. "

Despite the increased level of agitation of the patients, their pathologies were not affected in any way. "No... the pathologies were not affected, because the treatment and care were the same as before the pandemic. Their condition has been accentuated, but with our support I think they overcame the situation."

The contact between the beneficiaries and the medical staff remained the same, with some subjects stating that they did not have any difficulty in this regard. Instead, the need for constant socialization was limited. "High-level anxiety. Why am I locked up? Why am I staying here? But why do I have to stay? At first, they didn't understand. There are patients you can get along with. There are those who have a low IQ. I mean severe problems. I am referring strictly to the triage area. After the test has been performed, they are free, they are out, they have a social life."

4. Conclusions

The pandemic had a major emotional impact on the respondents. They often repeated words such as: anxiety, stress, marginalization, and stress, which did not specifically address their own person. Anxiety was exacerbated when subjects referred to loved ones. Family well-being was not affected much due to the pandemic, the inconveniences appeared when the respondents had to isolate themselves from the family. The restrictions

instead created a healthy environment in family life because the respondents managed to spend more time with family members, and close relatives offered their help. Financially, the subjects had inconveniences that were managed over time.

Socially, stress and anxiety were ubiquitous due to the insulting looks and words of people around them when they learned that respondents work in a hospital housing people infected with the Covid-19 virus. The lack of interactions with friends brought a greater inconvenience in carrying out daily activities, but the respondents satisfied their need to socialize in the hospital with colleagues. During activities at work, wearing protective equipment has caused discomfort due to the heat and difficulty in breathing, but because of the benefits of protective equipment, respondents have adapted to the new work rules. However, it was reported that wearing a protective mask made it difficult to communicate with patients who constantly need to distinguish the facial expressions of medical staff. Communication with beneficiaries should ensure that their marginalized status is not worsened (Goian, 2010)

The Romanian state was present in providing financial assistance for hospital staff in special situations.

The media was a major stressor for respondents in their daily activities by presenting information considered erroneous and overwhelming. Some of the respondents preferred to avoid the information presented by the media.

In terms of the well-being of the beneficiaries, it was affected by the virus prevention measures in the hospital. The visits of the families were completely canceled, and the contact between the beneficiaries and the family was made by telephone.

The pathologies of the patients were not affected by the crisis, but they showed a higher level of anxiety due to isolation. Also, the interactions between the medical staff and the beneficiaries did not suffer due to the pandemic, but there was a constant need for socialization and psychological counseling to maintain the well-being of the patients. In a similar way, a study conducted in residential institutions during the Covid-19 crisis has shown that social workers connected more with beneficiaries through activities to which, before the pandemic, they did not give that much time; they also diversified the types of activities carried out with the beneficiaries with the aim of increasing group cohesion. (Trancă, 2021)

In conclusion, the way of life of the respondents was altered by the pandemic situation. They have suffered both socially and professionally. Respondents had to adapt to the new working conditions, to be tolerant of the people around them, to manage multiple problems within the family, such as isolation and the family budget.

The beneficiaries had to spend the crisis period in isolation, the contact with the outside being limited almost entirely, but their pathologies were not affected by the imposition of restrictions, and the interaction with the medical staff was not endangered.

The media generated pressure and uncomfortable situations, the information being considered erroneous, exaggerated, and overwhelming, which led to some respondents breaking contact with any form of media coverage during the crisis period. The beneficiaries did not have contact with the media, the information they obtained coming directly from the medical staff. The work of the social worker remained the

same and there were no changes in the duties. Changes were only in the mediation of the contact between the beneficiaries and the evaluation commissions. The evaluations were performed in a video format, and the presentation of the patients' files was done regularly but without their presence.

It is important to know the realities faced by beneficiaries and staff in these unprecedented times, in order to respond appropriately and ensure basic needs are met and also to combat loneliness and anxiety that may be experienced (Vulcănescu, Vlaicu, Bălăuță, Jivanov, 2021)

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