

# Effect of COVID-19 on Psychological State of Elderly Patient at Jazan Community

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## Abstract

Coronavirus disease 2019 (COVID-19) is a respiratory syndrome, amongst a larger family of ribonucleic acid (RNA) viruses, that has infected humans, causing unprecedented numbers of deaths and substantial psychological distress across the globe.

**Aim:** effect of COVID-19 On psychological state of elderly patient At Jazan. This research was applied on 125 respondents selected from Jazan community. We used the electronic questionnaire to reach them. The study findings are, respondent gender from female gender, Saudi nationality, 53% a suspected injury, Confirmed injury by 27%. The 56% of respondents psychological feeling after contracting the virus is supported by those around them, and only 20% feel depressed. Else the finding indicate to the feeling of the respondent family and those around him after he were infected with the virus is They feel psychologically supported by 41% and most of them receive the necessary health care after they contract the virus. This study **concluded** that nearly one-fourth of the sampled general population experienced moderate to severe psychological impact. Following specific precautionary measures appeared to have a protective effect on the individual's mental health. The findings can be used to construct psychological interventions directed toward vulnerable populations and to implement public mental health strategies in the early stages of the outbreak. This study **recommended**, Establish strategies to enhance elderly patient of healthy lifestyle by applying this study on a large sample in various region and accessibility to medical resources and the public health service system should be further strengthened and improved.

**Keywords:** COVID-19, Elderly, Psychological health

## Introduction

The world is suffering from changes caused by COVID-19. Given the argument that the new division of history should be pre- and post-COVID-19 <sup>[1]</sup>, humanity is adapting to a new way of life in a new

era to take preventive measures for nations and individuals. Since the discovery of the first infected case in Wuhan, China, in December 2019, COVID-19 has spread beyond China and Asia and throughout the world, causing an unprecedented public health crisis. Shortly after declaring COVID-19 as a "public

health emergency of international concern (PHEIC)" on 30 January 2020, the World Health Organization (WHO) declared it a "pandemic," an infectious disease at its highest risk, on 11 March 2020 [2,3].

While the early spread in China and East Asian countries have recently slowed down to some degree, the number of confirmed cases and deaths in Europe and the United States has been rapidly increasing since the end of February. Moreover, because COVID-19 has spread to developing countries with relatively poor health conditions, inadequate public healthcare access and information dissemination, and limited (often substandard) medical infrastructure and available professional services, medical supplies, and proper treatment facilities (e.g., several countries in South America, Africa, and Asia among other regions), the pandemic is expected to linger for an unknown period until effective treatments are developed and the supply, distribution, and skilled application are achieved and stabilized over an appropriate time. The widespread occurrence of infectious diseases, such as COVID-19, is closely related to symptoms of psychological distress, mental illness, and physical pain [4].

Furthermore, previous experiences of infectious diseases have shown that the number of people mentally affected by the pandemic exceeds the number of those physically infected by the disease, indicating the massive influence of such disease on mental health [5]. As demonstrated during (Middle East respiratory syndrome) MERS and severe acute respiratory syndrome (SARS), for example, pandemics had a significantly adverse effect on people's mental health. Due to the outbreak of the (MERS) in 2015, countless citizens and patients experienced anxiety and fear [6].

The outbreak of severe acute respiratory syndrome (SARS) in Hong Kong in 2003 also caused mental health problems, such as stress, posttraumatic stress disorder (PTSD), and psychological distress [7]. According to a recent analysis of the psychology and mental state of Korean citizens affected by COVID-19, nearly half of the Korean population (48%), particularly 65% of the population in Daegu, where a mass outbreak had occurred, experienced depressive feelings due to the pandemic [8].

The harmful effects of COVID-19 on mental health are considered more extensive and powerful than those of prior epidemics, and consequently, national mental health is at serious risk. Another concern is that the prolonged pandemic situation may cause not only physical damage to individuals but also a collective form of intense stress [9]. Witnessing or experiencing a disaster causes mental shock, such as anxiety and depression, among individuals and spreads tension and fear like an infection and collectively affects the society. In cases of the Ebola virus, emotions such as fear, panic affected individuals & groups, increasing the occurrence of psychological distress and psychopathic symptoms. Active treatment and intervention for national mental health have become an urgent need to the extent that psychological and mental quarantine, along with COVID-19 prevention, is a significant and increasingly more serious global concern. Furthermore, there is a need for a psychological support system for mental health and against future disasters caused by epidemics [10].

COVID-19 has caused psychological distress amongst health workers and the general public for the following reasons. First, KSA currently has the largest confirmed number of cases in the Arabian Gulf countries, which means that the likelihood of pressure on the health system and fear of infection, which could cause distress, remain high. Second, despite the potential for increased psychological distress in KSA, no study has been conducted to identify the groups that might be suffering the most in terms of distress due to the pandemic. Third, the Arabian Gulf region has specific unique characteristics, such as a natural resource-financed health system, that would necessitate that the public health response to COVID-19 be different from the rest of the world, hence the demand for special academic attention. Finally, as the Arabian Gulf countries have similar backgrounds, culture and religion and are facing similar challenges, this study on KSA could inform policy design to mitigate COVID-19 related distress in the entire region. [11]

### **Significance of the study**

As the COVID-19 pandemic rapidly spread across the world, it is inducing a considerable degree of fear, worry, and concern in the population at large

and among certain groups in particular, such as older. As countries are affected by COVID-19, the elderly population will soon be told to self-isolate for “a very long time” all over the world, although it is well known that social isolation among older adults is a “serious public health concern” because of their high risk for cardiovascular, autoimmune, neurocognitive, and mental health problems. [12]

### **Aim of Study:**

This study aimed to explore effect of the COVID-19 on psychological health state of elderly patients.

### **Research question:**

Does covid-19 affect on the psychology state of elderly patients?

### **Research design:**

Explorative descriptive design, quantitative research to study the effect of COVID-19 on psychological state of elderly patient at Jizan, KSA. This study followed a cross-sectional design to assess the general population’s psychological impact on the COVID19 pandemic at the time of curfew and lockdown in the kingdom of Saudi Arabia. We used an online-based questionnaire distributed through social media apps, like WhatsApp and Twitter, participants were encouraged to distribute the survey. Participants have received the survey request through WhatsApp’s groups of colleagues, family, or friends. In another platform, “Twitter,” they received tweets or messages via different accounts in Saudi Arabia. These messages showed the study purpose, link, and asked for participation. The survey was titled Psychological Impact in Saudi Arabia. After clicking on the link of the survey, a cover page showing the study’s title, purpose, and needed time for completion showed up. If they agreed to participate, they were

asked to click “starts the survey,” and then they start answering the survey questions.

### **Setting:**

This study was conducted at Jazan community at elderly home in Jazan.

### **Subjects:**

This research is applying on 120 respondents selected from Jazan community. At the first, 10 questionnaires will be distributed and the initial results analyzed, after which the remaining 110 questionnaires will be distributed to the rest of the sample to see the final results of the study.

### **Tools for data collection:**

After review of data medical reports, books, internet sites such Google, researches journal. Researcher design questionnaire to collect information from respondents in Jazan community. And it applying on Jazan region. We make questionnaire with multiple-choice, we will use electronic questionnaire link and send the link to our research sample. and then we considered receiving the responses to these responses.

**Ethical Considerations:** An official permission was granted from the directors of the pre mentioned setting, with reference number (REC43/6/106). Each client was informed about the purpose of the study then an oral consent was obtained before starting the data collection. Confidentiality was ensured throughout the research study process, and the clients were assured that all data was used only for research purpose. Each client was informed that participation is voluntary and free to withdraw from the study at any time.

### **Statistical design:**

Data were verified prior to computerized entry. Descriptive statistics were applied (e.g., mean, standard deviation, frequency and percentages).

## Results

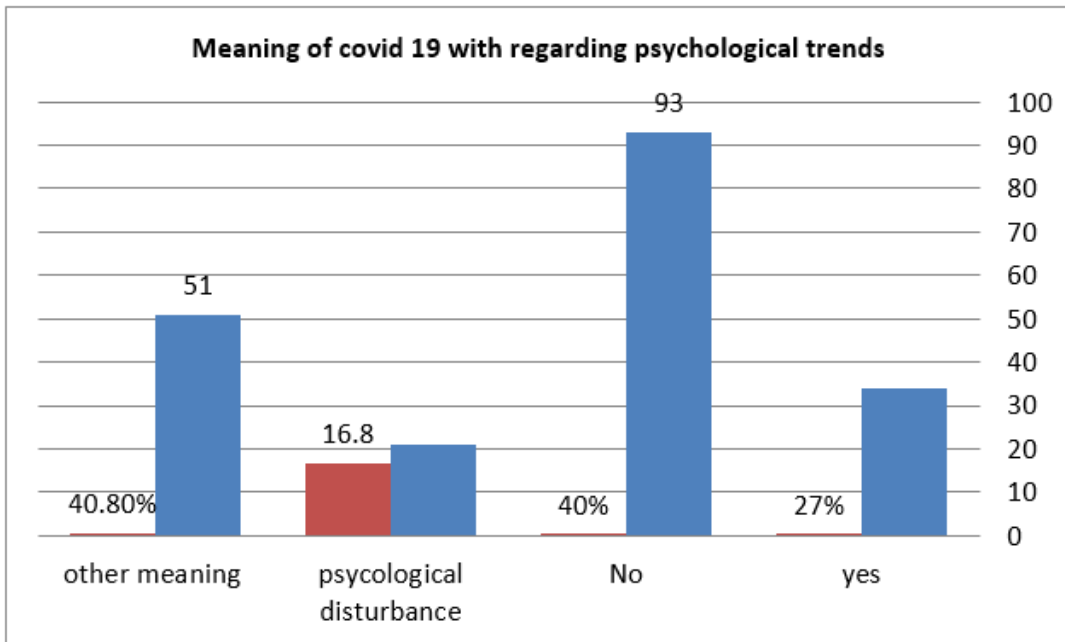


Figure (1): shoes that, psychologically, mean of corona disease; found that 40.80% see other meaning corona virus and 30% is social disease.

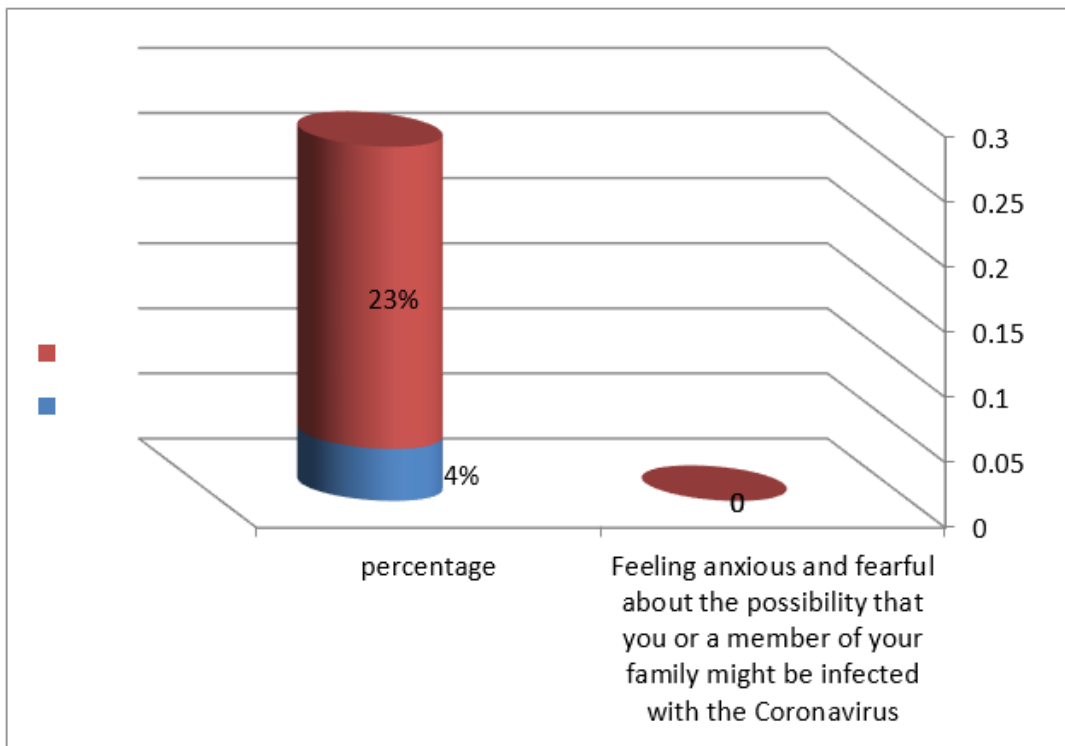
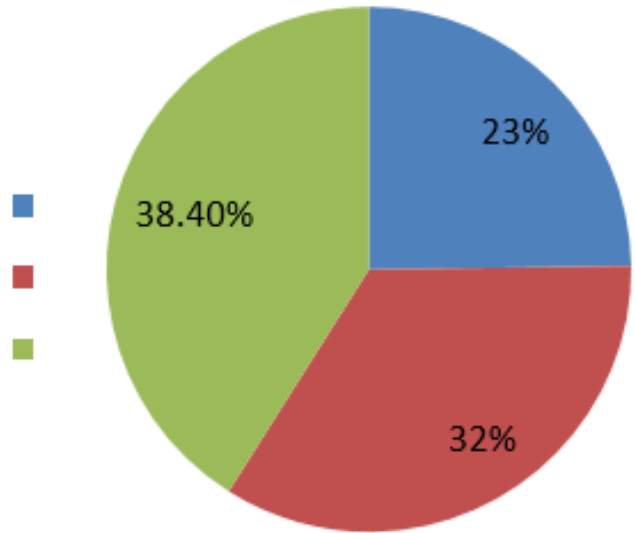
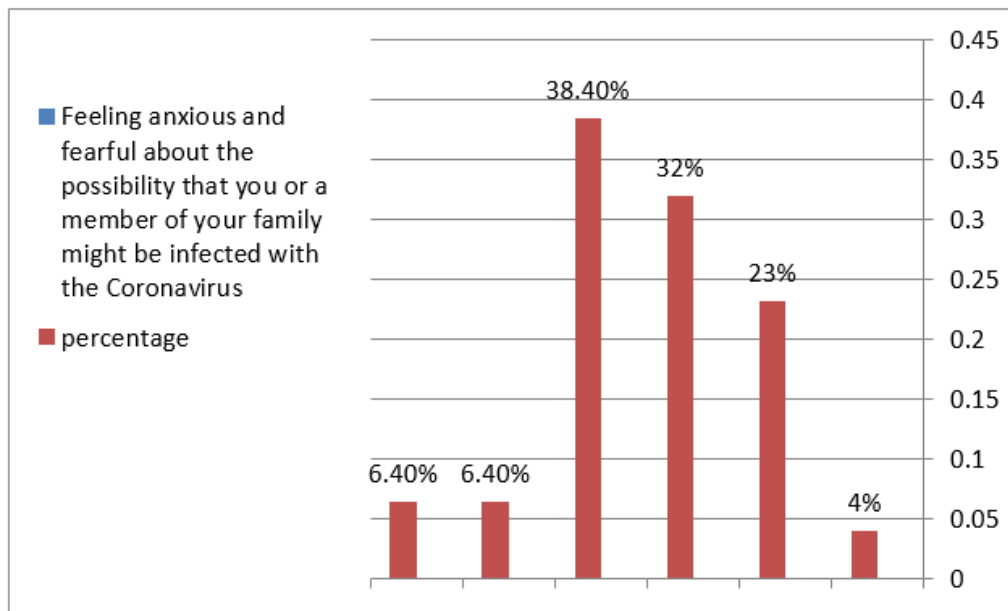


Figure (2): illustrates that individuals need psychological help as a result of the spread of Corona virus, found that most respondents by 74.4% not need psychological help.



**Figure (3):** demonstrates that the person felt fear and anxiety about the Corona virus, most respondents 56% felt fear and anxiety and said yes.



**Figure (4):** includes that the extent of felt anxious and fearful about the possibility of individual or family member contracting the Coronavirus, 38.4% felt for a little while, 32% don't think too much about it.

**Discussion**

The COVID-19 has claimed 145,533 lives with 2,158,594 confirmed cases across 213 countries and territories as of the date. China with the largest ageing population had high number of associated deaths in older adults. However, there is currently very little known about the broader impact of COVID-19

on global mental health, in general, and geriatric mental health, in particular. Mental health problems are common in older adults with the prevalent depressive symptoms. The rapid transmission of COVID-19 pandemic outbreak, higher mortality rate, self-isolation, social-distancing and quarantine could exacerbate the risk of mental health problems. Mental

health problems (new or existing) could worsen and further impair cognitive and emotional function. Unlike young segment of population efficiently equipped with the modern contraptions and internet services, most of the older adults have limited access and cognizance of internet and smart phones. A small fraction of older adults familiar with the online services might have decline in the physical activity, or dependence on others. [13]

The spread of the COVID-19 presents serious risks in Saudi Arabia and globally, which has reported 27,011 cases and 184 deaths as of the 4th of May 2020. Saudi Arabia has exceptional circumstances as it is a hub for millions of foreign workers and pilgrims from across the globe. In response to the pandemic and to combat the spread of the disease, the government took swift decisions and closed the two holy mosques, suspended travels to the country and closed most businesses and limited individuals' movement. Further, the government is also creating a national narrative to encourage citizens' adherence to emergency measures to respond to the pandemic. Therefore, this research aimed at assessing the anxiety and depression among people living in Saudi Arabia during the COVID-19 outbreak. [14]

The impact of mental health on older adults varies around the world and the factors impacting geriatric mental health could differ from low-middle income to developed countries. KSA being a collectivistic culture depends highly on extended joint filial and fraternal family system, predominant role of elderly especially grand-relatives including group dining and joint sleep-overs, seeking social-cohesion and family support through multiple events led by older members of the family, family's social and economic dependence on elderly and the decision-making of household through older adults are one of the main tenants in KSA's system [15]

The reliance on social media could act as a tool to prevent loneliness, boredom and tediousness in young group but for older age group the need of social support, liveliness, and daily functioning remain unmet. Online technologies and digital sources are now harnessed to provide virtual-digital social support network and a perceived sense of belonging but the disparities in access to literacy of

these modern technicalities are lost at the most of the elderly group of population.

The mass quarantine and transport restraint have inevitably constricted the activities of older adults: regular walk-and-talk in the park, acquaintance meetings, voluntary service and social care, congregational gatherings, limited contact with plants and animals, and obstacle on accessing prescribed nutrition, medication and treatment. Thus, further aggravating challenges in the wake of COVID-19 for mental health of older adults in the community. Insufficient and inadequate attention has been paid to the mental health of older age group in terms of timely and quality psychological crisis intervention. Social isolation, social distancing, social disconnectedness, and loneliness were found to be mediated with depression and anxiety in a similar study [16].

Action-based psychological preventive public health strategies could cultivate social connection and promote healthy relationships with own-self and others. Cognitive skills and social support networks could help older adults to foster meaningful connection and sense of belongingness during isolation period. Cognitive, behavioral, social, positive and brief therapies delivered online or in-person could enhance mental wellbeing, improve social affiliation and support while simultaneously diminishing perceived loneliness. [17]

Social isolation and social disconnection a documented bidirectional and complex relationship between mental health issues and social disconnectedness - itself poses a serious public health concern among older adults especially due to the psychosocial reasons and physiological health problems such as mental health problems, cardiovascular, autoimmune, neurocognitive, neurobiological, and other at-risk health problems. KSA's government should take concrete instructions for elderly people socially isolated at home or quarantined at healthcare facilities (hospital, clinic, isolation unit, daycare, community center, and place of worship) to have prescribed diet and medications and communicate about the meaning of social in-contact to mitigate their physical and mental health consequences. However, adherence to social isolation

strategies could be weakened with time and such well-timed reinforced implementing preventive measures would efficiently prevent the aggravated morbidity of COVID-19 related to affective mental health problems in older adults.<sup>[14]</sup>

This study aimed to assess the psychological impact of COVID-19 pandemic on elderly patient at Jazan community, Saudi Arabia; Our results suggest that concerning the early psychological impact of the general public, 23.6% of respondents reported moderate or severe psychological impact of the outbreak and severe symptoms of stress were experienced by 51%, which is similar to the 45% who experienced severe symptoms of anxiety and 41% who experienced severe symptoms of depression. Our findings are in line with previous findings of a study conducted during the pandemic in Iran where it reported the level of severe anxiety to be 19.1% and another study in Spain where it reported the level depression, stress, anxiety to be 9.9%, 7.8%, 11.6% respectively <sup>[18]</sup> <sup>[19]</sup>. Contrary to the findings of our study, a recently published study in china where 53.8% reported their psychological impact of the outbreak moderate or severe, 16.5% and 28% reported depressive and anxiety symptoms ranged from moderate to severe, while 8.1% reported moderate to severe stress levels. <sup>[20]</sup>

The high prevalence in our study could be attributed to the cases have been reported in Saudi Arabia with the majority of cases are imported from. The findings of this study, in many aspects, were in agreement with those reported during the pandemic in other countries. Therefore, a worldwide collaborative effort is required to develop measures that can address mental health during the COVID-19 pandemic and manage it. And that 32% of society prefer to go to a psychiatrist if they have psychological symptoms due to Corona virus, and that 62% use social networking sites to track psychological symptoms. Respondents with poor self-rated health status found to have a greater psychological impact and poorer mental health compared to the majority of the respondents who view their health status to be (good or very good). Moreover, the most reported physical symptom were headaches, sore throat, muscle pain, symptomatic respondents had poorer psychological status when compared to non-

symptomatic. Similarly, this was seen in the study carried out in Mainland, China, during the COVID-19 pandemic <sup>[20]</sup>. This may be explained by the fact that the novel coronavirus found to be more aggressive on people with comorbidities and below-optimal health status, which may result in more psychological burden and excessive worry <sup>[21]</sup>.

Also using a protective mask regardless of the presence of the symptoms was associated with worse IES-R score in contrary to findings by a recent study where they found that mask-wearing was associated with lower levels of anxiety and depression. When comparing our results to a previous study during the outbreak of influenza A (H1N1) in Saudi Arabia, about 61% of the population reported that they did not take mild or minimal precautions to prevent infection <sup>[29]</sup>. There is an increase in using precautionary measures right now, which can be attributed to social media campaigns that are focused on boosting public awareness and emphasizing the importance of wearing masks to prevent spreading of the virus in the community; moreover, the Saudi government adopted new regulations mandating masks wearing in public places <sup>[22]</sup>.

The findings of this study emphasize the need for governments to adopt new strategies to improve psychological services for community and individuals level by focusing on delivering accurate, evidence-based information to minimize the effect of fake news and to identify and support high- risk groups especially those with preexisting mental illness by expanding tele psychiatry services, promoting mental wellness and psychological interventions nationwide.

## Conclusions

Based on the findings of the current research; the research concluded that research question are supported. Elderly (> 60 year) patients with different comorbidities have a higher risk to contract the virus. Psychological symptoms are likely to arise because of fear, depression and anxiety from the disease, but most of the time these symptoms disappear with the disappearance of the infection. Some are affected by fear, obsession and anxiety from the disease and also because of the quarantine and lifestyle changes.

## Recommendations

Based on the research findings, the following was recommended:

1. Accessibility to psychological support and the public health service system should be further strengthened and improved, particularly after reviewing the initial coping and management of the COVID-19 epidemic;
2. Nationwide strategic planning and coordination for psychological first aid during major disasters, potentially delivered through telemedicine, should be established; and
3. A comprehensive crisis prevention and intervention system, including epidemiological monitoring, screening, referral and targeted intervention, should be built to reduce psychological distress and prevent further mental health problems among this population.

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