



IMPACTS OF COVID-19 PANDEMIC ON PSYCHOLOGICAL AND SOCIO-EMOTIONAL BEHAVIOUR AMONG MEDICAL HEALTHCARE PROFESSIONALS IN UNIVERSITY OF ABUJA TEACHING HOSPITAL, ABUJA, NIGERIA

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Article history:	Abstract:
<p>Received: September 3rd 2021 Accepted: October 4th 2021 Published: November 28th 2021</p>	<p>The research examined the impacts of covid-19 pandemic on the psychological and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. The research used descriptive survey design. The research population constituted all medical healthcare professional (i.e doctors, nurses and laboratory scientists) in University of Abuja Teaching Hospital (UATH) in Gwagwalada Area Council, Federal Capital Territory (FCT), Abuja. The instrument use for data collection was self-structured questionnaire. The questionnaire was titled: Socio-Emotional Behaviour Questionnaire (SEBQ), Anxiety Questionnaire (AQ) and Stress Questionnaire (SQ). The data collected was analyzed using descriptive statistics. Pearson Product Moment Correlation (PPMC). The hypotheses were tested at 0.05 level of significant. The results of the findings revealed among others: there was significant relationship between psychological impact of COVID-19 pandemic and socio-emotional behaviour (coefficient .001, $p < 0.05$), anxiety (coefficient .000, $p < 0.05$) and stress (coefficient .000, $p < 0.05$). The study therefore, recommends that affected vulnerable medical healthcare professionals will need to be screened to detect their mental health problems. Frontline staff should be engage with modern equipment such as screening tools, special clinics and retraining programme will be necessary to improve the psychological out-come.</p>

Keywords: COVID-19 Pandemic, Psychological, Socio-emotional Behaviour, medical healthcare professionals

1. INTRODUCTION

Since December 2019, health systems around the globe have struggled with an increasing number of cases of viral respiratory syndrome that emerged in China. The global outbreak caused socio-emotional behaviour and fear among many individuals, families, friends and the society at large. The lives of infected individuals were at stake due to the perpetuated potential effects of the 2019 Novel Coronavirus (COVID-19) pandemic. The outbreak that started in China turned into pandemic as it infected more than 118,000 people in over 114 countries as at March 11, 2020. On March 17, 2020, the COVID-19 outbreak was declared a national emergency in the United States as

the number of cases grew over 4,226 with a death toll of about 75 (Xiang, Yang, Li, Zhang, Cheung, 2020).

Coronavirus disease (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2). The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province and has since spread globally, resulting in the ongoing 2019–20 Coronavirus pandemic (World Health Organization, 2020). As of 29 April 2020, more than 3.11 million cases have been reported across 185 countries and territories, resulting in more than 217,000 deaths while more than 932,000 people have recovered (Dashboard, 2020).



Common symptoms of Covid-19 include fever, cough, fatigue, shortness of breath and loss of smell. While the majority of cases are mild symptoms, some progress to viral pneumonia, multi-organ failure, or cytokine storm. Other symptoms include difficulty breathing, persistent chest pain, confusion, difficulty waking, and bluish skin. The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days. The virus is primarily spread between people during close contact, often via small droplets produced by coughing, sneezing, or talking. The droplets usually fall on the ground or on surfaces rather than remaining in the air over long distances (WHO, 2020).

People may also become infected by touching a contaminated surface and then touching their face. It was observed that the virus may survive on surfaces for up to 72 hours. It is most contagious during the first three days after the onset of symptoms, although spread may be possible before symptoms appear and in later stages of the disease. According to (WHO 2020), measures to prevent infection include frequent hand washing, maintaining physical distance from others (especially from those with symptoms), covering coughs and keeping unwashed hands away from the face and using face mask by the general public. Currently, there is not enough evidence for or against the use of masks (medical or other) in healthy individuals in the wider community (Van, Bushmaker, Morris, Holbrook, Gamble and Williamson, 2020).

The term psychology can be described from the point of view of human mindset and its effects on behaviours. Within the context of this study behaviour relates to panic, fear, anxiety and stress and emotions. The World Health Organization has reported several types of viral infections and millions of people are at risk for these diseases in various ways worldwide. COVID-19 imposes reversible psychological impacts on humans' health. For example, complete quarantine and restrictions prevent people from going out, fear of suffering from the disease, anxiety about losing of loved ones and more importantly, socio-emotional behaviour following losing friends and family. Presently both developed and developing countries, the COVID-19 outbreak created anxiety and fear among people, especially to medical healthcare professionals (Al-Hazini, 2016; Al-Rabiaah, Temsah, Al-Eyadhy, Hasan, Al-Zamil and Al-Subale, 2020).

The psychological impact of COVID-19 pandemic reveals a severity in socio-emotional distress, anxiety and stress among people. It is also worthwhile to presume that many medical health care professional face Post-Traumatic Stress Disorder (PTSD), depression, anxiety, and burnout after the

cessation of the incidence of such infections (Lee, Kang, Cho, Kim, Park, 2015).

The virus outbreak which demonstrated that 18% - 57% of medical healthcare professionals experiencing emotional distress at the onset, during, and after the outbreak of the infection (Phua, Tang and Tham, 2019). According to (Senga, Pringle and Ramsay, 2019) states that during the outbreak many health workers without traditional patient care roles were mostly infected; in addition, the medical staff worked extra-hours and settings without personal protective equipment and driven mainly by compassion. The situation with COVID-19 is not different and poses a more significant mental health effect on the medical health care professionals, as witnessed in the case of one medical healthcare professionals dying due to the infection as purported (China, 2020).

The consequences of the disease outbreak affect all aspects of medical healthcare professionals. The rate of anxiety and distress among medical healthcare professionals is higher compared with the ordinary individual and families, because they are more at risk for infection and transmission (Al-Rabiaah, 2020). A study found that hardness and stigma have both direct and mediated impacts through stress Among doctors and nurses working in government hospitals during the outbreak of Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) pandemics due to deteriorated mental health (Park, Lee, Park and Choi, 2018). Clinicians have profound psychological distress due to the SARS epidemic than the nurses; this brings in the line of opinion that different professional levels have a disparate mental health impact (Lung, Lu Chang and Shu, 2009).

Healthcare workers can easily experience fear and stress of falling sick or dying, helplessness, or blame of other people who are ill, potentially triggering off a mental breakdown in their line of duty. Significant psychiatric morbidities have been found to vary from depression, anxiety, panic attacks, somatic symptoms, and posttraumatic stress disorder symptoms, to delirium, psychosis and even suicidality, which have been associated with medical healthcare workers. Some medical healthcare workers including paramedics and ambulance personnel, have also been found to display heightened stress, become emotionally affected and traumatized and have higher levels of depression and anxiety (Rubin, Potts and Michie, 2010). This is expected as the anxiety and fear of getting infected is much higher with the risk of exposure. There may also be a fear of transmission to their loved ones and children. The balance between professional duty, altruism and personal fear for



oneself and others can often cause conflict to in many healthcare professionals.

STATEMENT OF THE PROBLEM

Psychologists describe stress as uncomfortable and unhealthy situation that places demands on an individual thereby upsetting the physical, psychological, emotional and cognitive wellbeing. The complexities of life have made stress and anxiety to be an inevitable health concern to man. The medical healthcare professionals are faced with various forms of painful experience which results in socio-emotional behaviour reaction that could be a damaging factor to individual's well being.

It was observed that the medical healthcare professionals are not indifferent to psychological impact of the COVID-19 pandemic. In the course of discharging their duties they tends to experience socio-emotional behaviour, fears and traumatic stress which in turn negatively impact on their patients and their families. During this process, they find it difficult to withstand the stress, tension and lack the coping skills and ability of making proper adjustment and necessary precaution which has resulted to lost of lives among medical healthcare professionals world wide.

According to the data release from Nigeria Centre for Disease Control (NCDC) May 2020, over twenty three medical health care professionals including doctors and nurses were infected with the virus in FCT, Abuja. Due to exposure to the disease unprotected. Ditto to the outcry by health care providers that the government need to reduce their risks through healthcare insurance and compensations.

Based on the empirical studies health care providers outcry and researcher, observations, there is need to investigate the impact of COVID-19 pandemic on psychological and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.

OBJECTIVES OF THE STUDY

The specific objectives are stated as follows.

- i. to find out the psychological impact of COVID-19 pandemic on socio-emotional behaviour among medical health care professionals in University of Abuja teaching hospital, Abuja, Nigeria.
- ii. to determine the psychological impact of COVID-19 pandemic on anxiety among medical health care professionals in University of Abuja teaching hospital, Abuja, Nigeria.
- iii. to determine the psychological impact of COVID-19 pandemic on stress among medical health care professionals in University of Abuja teaching hospital, Abuja, Nigeria.

Research Questions

The following research questions guided the study.

- i. What is the psychological impact of COVID-19 pandemic on socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria?
- ii. What is the psychological impact of COVID-19 pandemic on anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria?
- iii. What is the psychological impact of COVID-19 pandemic on stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria?

Hypotheses

These hypotheses were tested at 0.05% of significance

- H₀₁:** There is no significant relationship between COVID-19 pandemic and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.
- H₀₂:** There is no significance relationship between COVID-19 pandemic and anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.
- H₀₃:** There is no significance relationship between COVID-19 pandemic and stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.

2. METHODOLOGY

The methods deployed to achieve the objectives of this study are as follows:

Research Design

The research used descriptive survey research design. The method involved sampling from the population of the study area and generalizing the findings to be obtained. The descriptive survey design was deemed appropriate for this study because it assist the researcher to gather information on the subject matter.

Participants and Sample Size

The research constituted all medical healthcare professionals (i.e doctors, nurses and laboratory scientists) in University of Abuja Teaching Hospital (UATH) in Gwagwalada Area Council, Federal Capital Territory (FCT), Abuja. Thirty five (35) doctors, Forty five (45) nurses and Twenty five (25) laboratory scientists were selected for this study through a stratified randomized procedure in University of Abuja teaching hospital, Abuja.

Instrumentation

The instrument used for data collection was self-structured questionnaire. The questionnaire was titled: *Socio-Emotional Behaviour Questionnaire (SEBQ)*,



Anxiety Questionnaire (AQ) and Stress Questionnaire (SQ). Response to the items on the questionnaire was structured using four (4) point Likert scales of Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). The instrument was validated and tested for reliability through Alpha Cronbach to obtain a reliability coefficient of 0.87 index.

Method for Data Analysis

The data collected was analyzed using descriptive statistics. Simple percentages and mean scores were

Data Analysis: Demographics

used for tabulating the biographical information and to answer the research questions. Pearson Product Moment Correlation (PPMC) was used to analyze hypotheses at 0.05 level of significant.

3. DATA ANALYSIS, INTERPRETATION AND DISCUSSIONS

The results of the data analysis were presented in tables and three research questions were used to guide the study.

Table 1: Demographics characteristics of Respondents

Gender	Frequency	Percentage (%)
Male	42	40
Female	63	60
Total	105	100
Age		
23 – 35years	15	14
36 – 40years	39	37
41years and above	51	49
Total	105	100
Occupation		
Doctor	35	33
Nurse	45	43
Laboratory Scientist	25	24
Total	105	100
Marital Status		
Single	14	13
Married	88	84
Divorced	3	3
Total	105	100
Working Experience		
1 – 5years	22	21
6 – 10years	74	70
11years and above	9	9
Total	105	100

Source: Field survey 2021

The demographic characteristics selected along their expressed opinion on the psychological impact of Coronavirus Disease (Covid-19) pandemic on socio-emotional behaviour, anxiety and stress among medical healthcare professionals in University of Abuja Teaching Hospital, Abuja were: gender, age, occupation and working experience in the respective departments. The gender distribution 42(40%) of the medical healthcare professionals were male while 63(60%) were female. This indicates that majority of the participants are female. Age distribution shows that 15(14%) were 23-25 years, 39(37%) were 36-37 years while 51 (49%) were 41 years and above. Occupation distribution shows that 35(33%) were

doctors, 45(25%) were nurses while 35(33%) were laboratory scientists. Marital status 14(13%) were single, 88(84%) were married while 3(3%) were divorced. Working experience 22(21%) were 1 – 5years, 74(70%) were 6 – 10years while 9(9%) were 11years and above. Hence, majority of the respondent are female and married nurses with many years of working experience.

Answering Research Questions

Research Questions One: What is the psychological impact of COVID-19 pandemic on socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria?

Data retrieved were analyzed and presented in table 2.

Table 2: Psychological impact of COVID-19 pandemic on socio-emotional behaviour

among medical healthcare professionals in University of Abuja Teaching Hospital, Abuja

S/N	Items	Mean	Std. Dev	Remarks
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1. I always tried to keep at least 2 meters away from patients	3.42	0.617	Agreed
2. I feel worried about the guidelines required in attending to Patients	3.58	0.601	Agreed
3. Sometimes I become aggressive with my patients	2.65	1.065	Agreed
4. I always feel more friendly and outgoing	2.97	0.893	Agreed
5. I feel excessively calm at work	2.74	0.888	Agreed
6. I always feel unhappy at work	2.08	0.917	Disagreed
7. I frequently feel tired and sick at work	1.76	0.714	Disagreed
8. I feel worried too long over humiliating experience	2.90	0.962	Agreed
9. Sometimes I do not feel proud of my profession	3.21	0.895	Agreed
10. At all time, I tried not to participate in group discussion with patients	3.30	0.909	Agreed
Sectional Mean/Std. Dev.	2.86	0.846	Agreed

Source: Field survey 2021

Table 2 shows the analysis of psychological impact of COVID-19 pandemic on socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. The sectional mean of 2.86 indicates that medical healthcare professionals in the study area agree with the items on psychological impact of COVID-19 pandemic on socio-emotional behaviour. This suggests that medical healthcare professionals exhibits high

socio-emotional behaviour at work due to COVID-19 pandemic.

Research Questions Two: What is the psychological impact of COVID-19 pandemic on anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria?

Data retrieved were analyzed and presented in table 3.

Table 3: Psychological impact of COVID-19 pandemic on anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja

S/N	Items	Mean	Std. Dev	Remarks
1.	Out of fear, I always feel worried when I see patients coming close to me for enquiries	2.90	0.820	Agreed
2.	I feel worried about the guidelines required in attending to Patients	1.76	0.673	Disagreed
3.	I feel worried seeing patients tested positive with coronavirus Disease	3.53	0.735	Agreed
4.	At work I find myself thinking about my family health	2.58	0.852	Agreed
5.	The more I get prepared for patients the more I get confused	1.82	0.515	Disagreed
6.	I always have good retentive memory while attending to patients	3.05	0.611	Agreed
7.	Schools have enough balls for training during Shell cup competition	3.02	0.808	Agreed
8.	Out of fear, it difficult for me to sit for 30 minutes attending to patients	2.25	0.998	Disagreed
9.	I always go close to effected patients and ask about their feelings	2.20	0.801	Disagreed
10.	I fear about my own health and the health of my colleagues	2.15	0.782	Disagreed
	Sectional Mean/Std. Dev.	2.77	0.759	Agreed

Source: Field survey 2021

Table 3 shows the analysis of psychological impact of COVID-19 pandemic on anxiety among medical healthcare professionals in University of Abuja

teaching hospital, Abuja. The sectional mean of 2.77 infers that medical healthcare professionals in the study area agree with the items on psychological



impact of COVID-19 pandemic on anxiety. This implies that medical healthcare professionals demonstrate high level of anxiety at work due to COVID-19 pandemic.

Research Questions Three: What is the psychological impact of COVID-19 pandemic on stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria? Data retrieved were analyzed and presented in table 4.

Table 4: Psychological impact of COVID-19 pandemic on stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja.

S/N	Items	Mean	Std. Dev	Remarks
1.	I always feel tired at work	2.53	0.883	Agreed
2.	I feel tired and disinterested in my profession	3.15	0.852	Agreed
3.	Sometimes I get aggressive easily to patients due to excessive stress	2.71	0.988	Agreed
4.	Lack of motivation , low wages and inability to cope with dilapidated machines/devices slow down my services	3.74	0.605	Agreed
5.	I always feel worried at work	3.10	0.849	Agreed
6.	I hardly have time for break due to covid-19 pandemic emergency/issues	3.40	0.674	Agreed
7.	Because of my tight schedule, I always close late at work	2.68	0.826	Agreed
8.	I frequently have increase in muscular pains especially in the neck, head and shoulders	3.65	0.693	Agreed
9.	I frequently don't have time in doing what is right at work	2.04	0.784	Disagreed
10.	I frequently pick offended attending to effected patients	2.00	0.500	Disagreed
Sectional Mean/Std. Dev.		2.90	0.765	Agreed

Source: Field survey 2021

Table 4 shows the analysis of psychological impact of COVID-19 pandemic on stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. The sectional mean of 3.09 shows that medical healthcare professionals in the study area agree with the items on psychological impact of COVID-19 pandemic on stress. This suggests

that medical healthcare professionals experienced severe stress at work during COVID-19 emergency issues.

Testing of Hypotheses

The null hypotheses were tested using Pearson Product Moment Correlation (PPMC) at 0.05 level of significance.

H₀₁: There is no significant relationship between COVID-19 pandemic and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.

Table 5: Correlation Test between COVID-19 Pandemic and Socio-emotional Behaviour

Variables	N	r-cal	p-value	Decision
COVID-19 Pandemic	105	.773	.001	Rejected
Socio-emotional Behaviour				

The correlation coefficient on table 5 shows the significance of the relationship between COVID-19 pandemic and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. A significant value of .001 (less than 0.05 level of significance). It is

concluded that there was significant relationship between COVID-19 pandemic and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. This implies that the null hypothesis is rejected. The coefficient of r² value .773 obtained indicates that



about 77% of the variance in socio-emotional behavior can be explained on the basis of COVID-19 pandemic.

The positive value of 'r' points direction of relationship between the variables. It indicates direct relationship showing that there is increase in one variable corresponds to increase in the other. Hence, it

established that COVID-19 pandemic related with high socio-emotional behaviour.

H02: There is no significant relationship between COVID-19 pandemic and anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.

Table 6: Correlation Test between COVID-19 Pandemic and Anxiety

Variables	N	r-cal	p-value	Decision
COVID-19 Pandemic Anxiety	105	b.759	.000	Rejected

The correlation coefficient on table 6 shows the significance of the relationship between COVID-19 pandemic and anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. A significant value of .000 (less than 0.05 level of significance). It is concluded that there was significant relationship between COVID-19 pandemic and anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. This implies that the null hypothesis is

H03: There is no significant relationship between COVID-19 pandemic and stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria.

rejected. The coefficient of r^2 value .759 obtained suggests that about 75% of the variance in anxiety can be explained on the basis of COVID-19 pandemic. The positive value of 'r' points direction of relationship between the variables. It indicates direct relationship showing that there increase in one variable corresponds to increase in the other. Hence, it established that COVID-19 pandemic related with high anxiety.

Table 7: Correlation Test between COVID-19 Pandemic and Stress

Variables	N	r-cal	p-value	Decision
COVID-19 Pandemic Stress	105	.665	.000	Rejected

The correlation coefficient on table 7 shows the significance of the relationship between COVID-19 pandemic and stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. A significant value of .000 (less than 0.05 level of significance). It is concluded that there was significant relationship between COVID-19 pandemic and stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. This implies that the null hypothesis is rejected. The coefficient of r^2 value .665 obtained indicates that about 66% of the variance in stress can be explained on the basis of COVID-19 pandemic.

The positive value of 'r' points direction of relationship between the variables. It indicates inverse relationship showing that there is increase in one variable corresponds to increase in the other. Hence, it established that high COVID-19 pandemic related with high stress.

Major Findings

The major findings of the research are as follows.

1. It was found that medical healthcare professionals exhibits high socio-emotional behaviour at work due to COVID-19 pandemic. Also, there was significant relationship

2. The study found that medical healthcare professionals demonstrate high level of anxiety at work due to COVID-19 pandemic. Similarly, there was significant relationship between COVID-19 pandemic and anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. Meanwhile 75% of the variance in anxiety can be explained on the basis of COVID-19 pandemic.
3. It was found that medical healthcare professionals experienced severe stress at work due to COVID-19 pandemic. Likewise, there was significant relationship between COVID-19 pandemic and stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. 66% of the variance in stress can be explained on the basis of COVID-19 pandemic.



DISCUSSION OF FINDINGS

The study was unique of being undertaken at the time of the lockdown in the middle of the pandemic which provides valuable findings on psychological impact of COVID-19 pandemic on socio-emotional behaviour, anxiety and stress among medical healthcare professional in University of Abuja teaching hospital, Abuja, Nigeria. Finding showed that medical healthcare professionals exhibits high socio-emotional behaviour at work due to COVID-19 pandemic. Also, there was significant relationship between COVID-19 pandemic and socio-emotional behaviour among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. This finding is contrary to the finding of Lee, Kang, Cho, Kim and Park (2018) revealed the psychological impacts of COVID-19 outbreak and found that socio-emotional behaviour among health care workers were very high. Similarly, Van Bortel, Basnayake, Wurie, Jambai, Koroma and Muana, (2018) showed that the psychological impacts of the COVID-19 outbreak on healthcare practitioners, society, and the world. This disease infected nearly 28,000 people from 2013 to 2016 and led to 11,000 deaths. The results demonstrated that people experienced severe psychological trauma due to observing other people's death and having a fear of death.

It was found that medical healthcare professionals demonstrate high level of anxiety at work due to COVID-19 emergency issues. Similarly, there was significant relationship between COVID-19 pandemic and anxiety among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. This finding is in line with the opinion of Wang, Pan, Wan, Tan, Xu and Ho, (2020) showed that 53.8% of these people experienced severe psychological impacts of the outbreak. Moreover, 16.5%, 28.8%, and 8.1% of the respondents reported moderate to severe levels of anxiety and stress during discharging their duty.

The study found that medical healthcare professionals experienced severe stress at work due to COVID-19 pandemic. Likewise, there was no significant relationship between COVID-19 pandemic and stress among medical healthcare professionals in University of Abuja teaching hospital, Abuja, Nigeria. The findings corroborate with finding of Tiong, and Koh, (2013) revealed that medical healthcare workers have also been found to display heightened fear, stress, become emotionally affected and traumatized, and have higher levels of depression and anxiety. This is expected as the anxiety and fear of getting infected is much higher with the risk of exposure. There may also be a fear of transmission to their loved ones and children. The balance between professional duty,

altruism and personal fear for oneself and others can often cause conflict and dissonance in many medical health care workers.

5. CONCLUSION AND RECOMMENDATIONS

Conclusion

Although the World Health Organization has taken necessary measures controlling the wide spread of the COVID-19 pandemic. There is still a great need for making sustained efforts to tackle such virus in the future. Conclusively, at the peak of the COVID-19 outbreak, the results of this study showed the there was impacts of COVID-19 pandemic on psychological and socio-emotional behaviour among medical healthcare professionals in FCT, Abuja which result to directly infiltrate fear, anxiety and socio-emotional distress among medical healthcare professionals.

Recommendations

Based on the findings of the study and its implications, the following recommendations were made:

1. The study indicates high level of common mental healthcare disorder among the health care providers. This calls for public health measures that will promote the mental health and resilience of the medical healthcare professionals.
2. There is a need to design a designing psychological interventions to improve mental health. Increasing the welfare of medical healthcare workers by the government to counter the wide spread of the virus and reducing the risk of been effected.
3. Affected vulnerable medical healthcare professionals will need to be screened to detect mental health problems. Frontline staff should be engage with modern equipment such as screening tools, special clinics and retraining programs will be necessary to improve the psychological out-come.

REFERENCES

1. Al-Hazmi, A. (2016). Challenges presented by MERS corona virus, and SARS corona virus to global health. *Saudi J Biol Sci.* 23(4):507-11.
2. Lin, C.Y., Peng, Y.C., Wu, Y.H., Chang, J, Chan, C.H., &Yang, D.Y. (2007). The psychological effect of severe acute respiratory syndrome on emergency department staff. *Emerg Med J.* 2007, 24:12-17.
3. Lung, F.W., Lu, Y.C., Chang, Y.Y., Shu, B.C. Mental symptoms in different health professionals during the SARS attack: a follow-up study. *Psychiatr Q.* 2009, 80:107-116. 10.1007/s11126-009-9095-5.
4. Park, J.S., Lee, E.H., Park, N.R., & Choi, Y.H. (2018). Mental health of nurses working at a



- government designated hospital during a MERS-CoV outbreak: a cross-sectional study. *Arch Psychiatr Nurs.* 2018, 32: 2-6. [10.1016/j.apnu.2017.09.006](https://doi.org/10.1016/j.apnu.2017.09.006).
5. Phua, D.H., Tang, H.K., & Tham, K.Y. (2003) Coping responses of emergency physicians and nurses to the 2003 severe acute respiratory syndrome outbreak. *Acad Emerg Med.* 2005, 12:322-328.
 6. Rubin, G.J., Potts, H.W., & Michie, S. (2010). The impact of communications about swine flu (influenza A H1N1v) on public responses to the outbreak: Results from 36 national telephone surveys in the UK. *Health Technol Assess.* 2010;14(34):183–266.
 7. Tiong, W.W., & Koh, G.C.H. (2009). Ethical considerations in the review of Singapore's H1N1 pandemic response framework in 2009. *Ann Acad Med Singapore* 2013; 42:246–50.
 8. Tucci, V, Moukaddam, N, Meadows, J, Shah, S, Galwankar, SC, & Kapur, G.B. (2017). The forgotten plague: Psychiatric manifestations of Ebola, Zika, and emerging infectious diseases. *J Glob Infect Dis.* 2017;9(4):151–6.
 9. World Health Organization (2020). "Coronavirus disease 2019 (COVID-19): situation report, 29". World Health Organization (WHO).
 10. Xiang, YT, Yang, Y, Li W, Zhang, L, Zhang, Q, & Cheung, T, (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry.*
 11. Van-Bortel, T,, Basnayake, A, Wurie, F, Jambai, M, Koroma, A.S., & Muana, A.T. (2016). Psychosocial effects of an Ebola outbreak at individual, community and international levels. *Bull World Health Organ.* 2016;94(3):210–4.

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