

Some Features of Self-Assessments by Doctors of Quality Own Life During the Coronavirus Pandemic

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Abstract

The term VUCA has recently appeared in the information field of the first decades of the 21st century. It quite clearly reflects the basic features of modern life: instability (Volatility) — due to the need to take into account many factors that change in the process of making certain decisions; uncertainty — the real impossibility of predicting the future and its main prospects; Complexity — lack of real understanding of the essence of many events; ambiguity — ambiguity and clear uncertainty in the interpretation of a considerable number of life situations. All this together could not help but affect the self-assessment of young doctors about their quality of life (QoL) during the COVID-19 pandemic.

The purpose of the study: is to trace the dynamics of changes in the self-assessment of certain indicators of quality of life among young medical workers and students of the O.O. Bogomolets National medical university against the background of the negative impact of the infodemic and attempts to at least somehow "relieve" this chronic stressful situation by improving one's appearance with the help of cosmetics during the COVID-19 pandemic during 2020— 2021

Results and Discussion: Interpersonal contacts with students of the 4th year of the medical and dental faculties were due to the circumstances of their distance learning during the pandemic at the department of dermatology and venereology with a course of cosmetology of the O.O. Bogomolets National medical university and were based on the results of their distance self-testing for the period from spring 2020 to December 2021. Such testing took place mainly on the initiative of the medical workers themselves, after they learned about the possibility of objectively assessing their psychological state and quality of life. An objective analysis of the dynamics of self-assessments of their own quality of life over the past two years in complex, rather unpredictable due to instability, ambiguity and certain uncertainty in the conditions of the pandemic indicates their rather successful psychosomatic adaptation to training and clinical work. Their averaged self-assessments of quality of life should be considered as a kind of positive standard when compared with the data of similar tests conducted among other segments of the population in the same period of time.

Conclusions: An objective analysis of the dynamics of self-assessments by young doctors of their own quality of life over the past two years indicates their rather successful psychosomatic adaptation in the conditions of the infodemic and pandemic of 2020-2021. Their point values on the SF-36 scales should be considered as a kind of positive quantitative standard that reflects their generally optimistic psychosomatic adaptation during this difficult period of development of human civilization.

Keywords: COVID-19, Quarantine Restrictions, Changes In Self-Assessment Of The Quality Of One's Own Life By Young Medical Workers, Cosmetics As A Means Of Relaxation

Introduction

Modern society lives in the era of paradoxes, although it is not always adequately aware of it. The most expressive of them is the socio-biological one. The number of social contacts increases dramatically, but the feeling of loneliness only becomes more pronounced. The second paradox has a socio-psychological nature — people gather mainly around alarming and frightening information (pandemic, war), unconsciously forming new subcultures. Fear unites like no other emotion, but simultaneously cultivates ideas of liberalism and self-realization. The sudden

and clearly unpredictable outbreak of the viral pandemic became the dominant trigger not only of fear. In many ways, Covid has changed many areas of human activity and thinking. Medicine suddenly began to have a noticeable impact on the politics and content of globalization. Such concepts as "guaranteed safe place", "reliable forecast", "reliable social planning" have disappeared.

The genetic anxieties and fears of people as a species of intelligent beings were subconsciously triggered. In addition, the

world around us is changing very fast. During these two years, our civilization is rapidly and irreversibly going through something similar to the two world wars in the past. Perhaps, it will not be too much of an exaggeration to say that humanity "imperceptibly" and suddenly entered the third world war with characteristic grandiose rearrangements - qualitative changes in the world. No one can predict the future, but most already foresee that the world of people, if we get out of this virus war, will be completely different. So the situation in which human society finds itself in recent times is indeed somewhat reminiscent of a person who so far manages to balance successfully despite instability, uncertainty, complexity and ambiguity. So it is not for nothing that a relatively new term - VUCA - appeared in the information field of modern civilization as a kind of reflection of this. The vast majority of humanity is still not fully aware of its content, although it clearly reflects 4 essential features of modern life: instability (Volatility) due to the need to take into account many factors on a daily basis before and in the process of adopting various and internally contradictory ones in view of their frequent uncertainty (Uncertainty) of decisions and the frantic pace of change around us; obvious complexity (Complexity) due to the lack of clarity in the meaning and essence of many events; ambiguity (Ambiguity) due to the mostly incomprehensibility of the present by the majority of society. We are indeed forced by circumstances to live and balance in the VUCA world. And, perhaps, one should not be too surprised at the appearance of this term precisely at the time of the outbreak of the global pandemic of the coronavirus infection, when there is a simultaneous massive inadequate overestimation/underestimation of this real infectious threat to all humanity. And all this occurs against the background of a clear increase in various anxiety disorders — as deficits (people simply underestimate the objective danger at best, and at worst - ignore it), and destructive (clear expression of somatovegetative components of emotional reactions). All these circumstances, of course, could not but affect the self-esteem of young medical professionals indicators of the quality of one's own life (QoL) during 2020 and 2021.

The purpose of the study is to trace the dynamics of changes in the self-assessment of certain indicators of quality of life among young medical workers-students of NMU against the background of the negative impact of the infodemic and attempts to at least somehow "relieve" this chronic stressful situation by improving one's appearance with the help of cosmetics during the COVID-19 pandemic during 2020— 2021 in the VUCA world.

Materials And Methods

The research used: general clinical methods — for general somatic assessment condition; psychodiagnostic questionnaire — an adapted SF-36 questionnaire for determining quality of life ; biostatistical — for the purpose of mathematical processing of the obtained point values of individual scales [1-4]. Testing and surveys were conducted remotely on a completely voluntary basis by students of the 4th year of medical and dental faculties of O.O. Bogomolets (Kyiv, Ukraine), who had no signs of real somatic pathology. Nobody from them in the course of this survey did not show noticeable anxiety about the state of their own health, did not consider it is necessary to systematically monitor and self-assess

it. With regard to individual data, only the updated the age, gender, place of work of working students, presence in their anamnesis of the last 3-5 years of obvious somatic pathology, as well as ways to actively use your free time from studying.

Tested young medical workers can be considered a kind of control group that combines somatic health and a fairly sober medical view of the epidemic logical features of the pandemic and the real risk of being infected while performing professional their duties. That is, as a result of such a specific combination, they are potentially minimal but psychologically vulnerable to the impact on them of the social infodemic of the last two years. This is directly confirmed by the already published results of other scientists who studied quality of life in very different somatic pathologies, including viral pathology such as hepatitis B [5-12].

Self-assessment of the quality of life of the tested medical workers of all groups was carried out using an automatic Medical Outcomes Study Short Form 36 questionnaire (SF-36, version 1), with an adapted Ukrainian translation. SF-36 belongs to general (non-specialized) questionnaire tests and has been widely used for decades in various studies of quality of life in various patients with somatic pathology [3, 12]. Its basic and attractive feature is that it makes it possible to quantitatively (in conditional points) evaluate various qualitative components of QoL. Traditionally, they divided into 8 separate scales:

Physical functioning (PF) reflects the degree to which the general physical condition limits the performance of various everyday tasks (self-care, walking, lifting stairs, moving heavy things, etc.) and the needs of daily existence.

Role functioning caused by physical condition (RF) is a measure of the influence of any negative their physical findings on the ability to perform usual role functions in the family, at work, at communication and other everyday duties.

Existing physical (pain) sensations (BP) that in one way or another affect the general health a person's sense of well-being and the ability to engage in active daily activities, including home work.

Self-assessment of the general state of health (GH) at the moment and in the future of further treatment.

Vitality activity (VT) reflects the subjective feeling of fullness own strength and energy or, on the contrary, weakness, insufficiency, lack of such strength, impotence.

Social functioning (SF) is a measure of its completeness, sufficiency and adequacy, social activity during communication from the point of view of the tested person.

Role functioning determined by the emotional state (RE) — how much internal emotional condition affects (positively or negatively) the ability to perform usual and necessary daily activities tive roles in everyday life

(including large expenditures of time, reducing the amount of work, reducing not its quality).

Mental health (MH) is a quantitative level of expression of a sufficient or insufficient state own mental activity for everyday life and usual household or industrial activities

bearing Characterizes the mood, presence of depression, anxiety, general indicator of positive emotions.

The scores obtained after data processing for each such scale vary from 100 (maximum symbolic result = complete well-being) to 0 (*tsunami*). Scientists also combined all these 8 scales fall into two qualitatively different groups: the physical component of health, or physical well-being (PH), and the psychological component of health, or mental well-being (Mh). Long-term and statistically significant analysis of the results of many independent specialists of studies of quality of life using the SF-36 test in the various groups interviewed shows that there are all reasons consider [2-4,13]:

- 30 points or less in the literature is traditionally described as a "stormy" zone, or "*You are at sea You don't have any problems or even an oar!*". That is, a person is at the beginning of its development certain psychoneurological pathology;
- 31-39 points is a zone of clearly negative self-assessment of quality of life - psychologically it is already "storming!" and the person is still trying to somehow fight with it, although it is clearly unsuccessful;
- 40-49 points is a zone of distinct psychological "risk", when the self-assessment of the quality of life is clearly underestimated and tends to further deteriorate under the influence of very different factors;
- 50-55 points is a zone of only certain "risky instability", when it is equally likely both its possible slight, mostly dynamic decrease-deterioration, and its improvement increase-increasing;
- 56-64 points are at an average acceptable level, or conditional average the norm, when the significance of all scales fluctuates at the level of 60 points;
- 65-75 points are associated with an unambiguously positive physical and mental "comfortable which";
- 65-79 points are a zone of unambiguously positive physical and mental "comfortable which";
- 80-90 points means guaranteed and stable mental and physical "well-being";
- 91-100 points. For a qualitative assessment of this range, the specialized literature uses they use the aphoristic expression - "*You have been touched by the Buddha*" [7].

The structure of this questionnaire makes it possible to quantitatively determine the severity of each of these 8 scales and to qualitatively "see the fine points of subsidence" of the self-assessment of QOL. And this is critically important when preparing both preventive and complex therapeutic and communicative measures. Timely awareness of this information is especially significant in chronic-relapsing of many somatic diseases and in

the presence of preclinical somatic abnormalities that cause the appearance and further development of various psychosomatic pathologies.

The harsh reality of our life from the fall of 2019 to the summer of 2022 is that all these months society lives under the conditions of the COVID-19 pandemic and various quarantine restrictions. All these two years, no person feels really protected from a possible viral infection and the development of infectious pathology in her. All this time, it was the medical workers who were at the forefront of the fight and are able to realistically assess the scale of the pandemic and its intermediate and remote consequences for people regardless of their social status, political their preferences and economic situation. The outbreak of this viral infection made the extreme clear limited pharmacological possibilities of modern medicine. We all became forced witnesses how the myth about the supposed existence of guaranteed medical care was spread very loudly and universally security in the 21st century. if only for residents of the most developed countries. COVID-19 is fast and quite radically equalized the life chances of completely different people. And as a result, the world is fast and irreversibly changed qualitatively. Human society seems to have failed in the past times of the "black death" — a plague pandemic that wiped out about half of the world's population at the time. And as then, governments were only able to offer people strict quarantine restrictions in the absence of real medical aid, i.e. the fact that we are now tolerantly and politically disengaged we call it self-isolation in one's own residence. And we are all now in this new harsh reality we must somehow continue to live, work, study, love, raise children, communicate live, dream and die. So, due to these circumstances, we are really forced to live in a VUCA world!

Numerous informational messages in the media and scientific publications during the pandemic period provide agree with the conclusion of N.A. Nasrallah is the editor-in-chief of the professional magazine «*Current Psychiatry*», which stated that "the viral pandemic has created a parallel epidemic of anxiety", and therefore, significantly worsened the quality of life of many members of society [14]. To understand the complexity and heterogeneity significance of the general situation that developed over these two years also led to such socio-economic strong factors: poverty — as a result of COVID-19 on a global scale, 420-580 million may the number of people living in poverty will increase; job closures — lockdowns during the winter of 2019-2020 temporarily eliminated 81% of the global workforce (2.7 billion) jobs, which led to the economic downturn and increased the risk of being unemployed you are still for 1.25 billion working people; strengthening of socio-economic inequality, which lies in based on many other risk factors for deterioration of mental well-being. According to the data official statistics, in Great Britain the death rate from COVID-19 turned out to be twice as high in poor areas compared to the index in wealthy ones; global lack of food insecurity pecs — 820 million people in 2019-2020 were "hungry already today", and this situation does not even have at least some tendency towards improvement in 2022; social isolation caused by quarantine restrictions, is supplemented by numerous advice on physical distancing and shortens the opportunity to participate in activities that strengthen mental

health: active leisure, clubs tour activities, helping other people; internal stress related to daily work of workers and other persons who provide systematic care for patients with COVID-19.

All these combined have deepened and spread the VUCA atmosphere in society, consisting of instability, ambiguity, uncertainty and complexity. And it was the understanding of this really unfortunate situation that prompted us to continue the remote testing of students of the 4th year of the medical faculties of O.O. Bogomolets (Kyiv) and some colleagues-clinicians. Our choice was due to several reasons, and first of all, a sudden (in just a week) sharp transition from the usual traditional direct communication with patients and students to remote online communication. The second important reason for choosing 4th-year medical students for testing was the constant online communication with them during dermatovenerology and cosmetology classes. The third reason was the countless of their out-of-class questions to their clinical teachers during quarantine and of the lockdown and the obvious anxiety felt in these questions. The fourth was lightness, with in which fellow clinicians and students voluntarily and actively agreed to undergo anonymous testing. Against the background of the pronounced infodemic in society, it was the young students of the senior year of NMU who turned out to be sufficiently professional and unrealistically formed and, in this regard, ready to calmly and judiciously give a fairly objective self-assessment to various aspects of their own quality of life. In addition, according to the data of their survey, no one was found to have signs of a real somatically understandable pathology. And this despite the fact that some of them have already contracted COVID-19 in a mild form.

If we abstract somewhat from the peculiarities of the clinical characteristics of the manifestations of COVID-19, then we can generally present this infectious disease as a kind of biological trauma of the human body, which almost always gives rise to biopsychological injury to the person, which got sick. And since the vast majority of people live in families, biological trauma (human work) of one of its members causes a microsocioal trauma of the entire family and can lead to a macrosocioal total injury of a certain number of work colleagues. Visually, it resembles the appearance of rings on a pond into which a stone was thrown. In case of mass biological injury during a pandemic COVID-19 should definitely expect distant results of such trauma in the form of appearance psychosomatic disorders, anxiety and distress of various severity and direction [13].

Results And Discussion

Interpersonal contacts with fellow clinicians and students of the 4th year of medical and dental faculties related to distance testing for the period from spring 2020 to december 2021, took place exclusively remotely due to quarantine restrictions and re- it is important on the initiative of the medical workers themselves, who independently learned about the possibility to objectively assess one's psychological state and quality of life. This testified both to their considerable anxiety about the ambiguity and uncertainty of their own position and the real daily danger of getting themselves a biological trauma-disease. During such sporadic contacts it was established that the majority of fellow clinicians who came to us had problems with sleep, as well as

unmotivated emotional breakdowns. This became a reason for us to offer you to such persons as to anonymously undergo a remote psychological examination. A similar desire expressed by numerous senior students of National medical university, who objectively assessed their own psychological state as ambiguous and unstable. On average, we evaluated and analyzed the results of only 2-3 test subjects per day. This work became possible mainly due to the use of the automated calculation algorithm (in points) given by D.Ya. Raigorodskiy in his electronic version of the monograph "Practical Psychology", and some other algorithms of such analysis [1,2, 13].

Therefore, about a hundred medical workers of both sexes were gradually examined remotely aged from 20 to 73 years. After receiving and analyzing the results of the first dozen people, we faced the problem of the lack of a kind of "control group", that is, people without pronounced clinical manifestations of an understandable accompanying somatic pathology. This forced us to select a separate group of 38 medical students who, according to their survey, categorically denied having any somatic pathology from January 2020 to December 2022, that is, for two years. Allocating them into a separate group allowed us to find have "clean" self-assessments of QOL, which were mainly influenced only by external stressors of the infodemic, partially severed social contacts due to various quarantine restrictions and the difficulties caused by them in the performance of functional duties by these persons at work place during constant communication with various patients with somatic diseases. Initially, this "control" group consisted of almost 49 people. However, it turned out that some of some of them developed certain somatic problems, and another 7 have already contracted the coronavirus infection. Therefore, this publication ultimately included the results of only 38 4th-year medical students aged 20 to 22 years old. They were in more adequate conditions for receiving informational messages than the main sections of the population.

Now let's consider the results of the analysis of their self-assessment of quality of life in this period, that is, in conditions when such self-assessment was dominantly influenced mainly by the administrative and informational component of the infodemic of 2020-21. Quantitatively, this was manifested in the following score values of individual SF-36 scales: PF — 95; RF — 73; BP — 74.4; GH — 82.1; VT — 59.2; SF — 87.5; RE — 58.4; MH — 65.5; PH — 56.7; Mh — 48.7. From the analysis of these point values, it is obvious that in fact all individual components of QoL were in the zone of the conditional average statistical norm (56-64). The lowest point quantitative self-assessment (48.7) fell only on the total scale of mental (spiritual) well-being — DB and quite objectively testified to the risk-expressed general internal excitement of young medical students against the background of public fears and mass infodemic. This was directly confirmed by the high values of virtually all other scales of the SF-36 test, which were within the limits of comfortable physical and mental "peace" or in the zone of guaranteed and stable "well-being" (80-90 points).

Somewhat different average values of the QoL scales were found in this period in 20 students who combined distance learning with the work of the average medical staff. They had much more

realistic and complete professional information regarding this pandemic situation, as they actually communicated professionally every day with doctors and patients with somatic diseases: PF — 87.7; RF — 61.3; BP — 74.4; GH — 54.4; VT — 44.4; SF — 61.8; RE — 31; MH — 43.7; PH — 52.6; Mh is 33. Such a score display of the average results of both subgroups indicates the existence of significant differences in their self-assessments of their own quality of life on many scales. One can clearly see a very significant "slump" of the self-assessment scores on the RE (31) and MH (33) scales all the way into the "storm" zone, into the zone of obvious "risk" on the VT (44.5) and MH (43.7) scales with simultaneous to really complete physical well-being: PF — 87.7, BP — 74.4. That is, such high scores of physical health unequivocally indicate the absence of obvious somatic pathologies in female nursing students, which gives reason to consider them as a kind of "control" group. All the more convincing are their "stormy" results of scales of mental restlessness. That is, for students who, mainly for economic reasons, were forced to combine distance learning with professional clinical work in the conditions of the pandemic, such a combination led to significant psycho-emotional discomfort and a significant decrease in self-assessments of their own quality of life, in contrast to the indicators of other students who only studied remotely and had financial the opportunity to actively use various cosmetic products in your free time according to the received professional information about its positive effect on both the skin and the emotional state after viewing the result in the mirror. This gives us the right to positively evaluate the active professional use of cosmetics also as a kind of effective psychotherapeutic tool when studying at the department of dermatology and cosmetology during the info emic and viral pandemic.

Conclusions

1. Any somatic, and especially infectious disease, is a biological injury that almost always causes biopsychological injury to the patient and provokes microsocioal injury to the entire family and may also cause macrosocioal injury to colleagues at work.
2. One of the main objective indicators of the general state of the health care system and not only during an infectious pandemic are there indicators of self-assessment of the quality of life of the population and their dynamics.
3. Compared to the vast majority of the population, medical professionals are more realistic and adequately assess both the COVID-19 pandemic as a whole and its various negative consequences as a biological and psychological trauma on people's quality of life and health in general.
4. Quantitative indicators of quality of life in medical students without signs of real somatic pathology should be considered as a kind of control-positive standard of such self-evaluation for the population as a whole during the infodemic period.
5. Parallel testing using the SF-36 of medical students proved the greatest vulnerability of the quality of life in those who combined distance learning with work as an average medical staff in various medical institutions. The total point significance of the scale for assessing their mental well-being and mental health was in the "stormy" zone - Mh.
6. An objective analysis of the dynamics of young doctors' self-assessments of their own quality of life indicates their

rather successful optimistic and psychosomatic adaptation to training and clinical work in complex, unpredictable due to instability, ambiguity and certain uncertainty in the conditions of the COVID-19 pandemic and the social infodemic caused by it.

7. The active professional use of cosmetics to improve one's appearance should also be considered as a kind of positive psychotherapeutic means to optimistically "discharge" the surrounding stressful situation and adequately adapt during the period of infodemic and infectious pandemic on the way to the next period of development of human civilization.

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