

MENTAL CONDITION OF HEALTH CARE PROVIDERS IN THE REPUBLIC OF ARMENIA AND REPUBLIC OF ROMANIA WHO PROVIDED PROFESSIONAL ASSISTANCE TO PATIENTS WITH COVID-19

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Abstract

In these difficult days, the "white army" - doctors and paramedics perform the most important, responsible work with a number of risks, fighting for the lives of people on the front line. The article represents the types of emotional temperament of medical personnel working in various medical institutions of the Republic of Armenia and Republic of Romania providing professional aid to patients infected with COVID-19.

Since 2019 and then in 2020, the COVID-19 epidemic has expanded and spread even more, which continues at the same pace and claims many lives. The flow of information about the coronavirus in Armenia, which is repeatedly duplicated on all channels, forms in our society (already saturated with stress) another, new, extraordinary stress.

The new coronavirus epidemic has paralyzed the global health system. The health care system of the Republic of Armenia and Republic of Romania did not stand aside either. In these difficult days, doctors and healthcare professionals are working on a range of more important and responsible risks in an effort to save lives. Doctors and healthcare professionals use their full professional potential to help patients, while sparing their own physical and mental health. The work of doctors is increasing, as well as responsibility for the life of each patient. Insomnia, responsible daily work leads to the development of stress, psychological disorder, physical weakness, decreased ability to work and even suicide. In this respect, healthcare workers are among the most vulnerable. The coronavirus epidemic endangers not only physical health, but also contributes to the emergence and development of a number of psychological problems.

As a result of the study we revealed the following data: 56 per cent of respondents showed an immature type of emotional temperament, that is the way to develop a predisposition to depressive, manic, psychopathological emotional reaction,

which can be already found in the clinical picture of the spectrum of affective disorders. Only about 4% had a mature type of emotional temperament. However, we received a different indication from the employees of the medical institutions of the Republic of Romania: only 15% of the subjects were observed immature types of emotional temperament, and about 5% were mature types of temperament.

Thus, in order to prevent the above-mentioned negative phenomena among doctors and medical staff, it is necessary to ensure a high level of organization of work in medical institutions, particularly, the organization of medical-psychological care, which will lead to a reduction of poor mental conditions in the crisis time.

Analysis of various factors affecting the decline in the mental well-being of medical personnel showed the importance of organizing activities to reduce psychological stress, stress levels, physical discomfort and psychological risks. And also for doctors and medical staff, it is necessary to ensure a high level of organization of work in medical institutions, in particular, the organization of medical and psychological assistance, which will lead to a decrease in unfavorable mental performance in these crisis conditions.

Medical and psychological assistance to medical staff working with patients with COVID should be considered as a complex stage of specialized anti-stress medical care based on a systematic approach to the provision of medical care - medical and psychological, psychotherapeutic or psychiatric.

Keywords and phrases: coronavirus, medical staff, emotional response, types of adult immature emotional temperament, the organization of medical-psychological care.

**ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ ԵՎ ՌՈՒՄԻՆԻԱՅԻ
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Համառոտագիր

Այս դժվարին օրերին առավել կարևոր, պատասխանատու և մի շարք ռիսկերի հետ կապված աշխատանք է կատարում «սպիտակ բանակը»՝ բժիշկներն ու բուժաշխատողները, առաջնագծում պայքարելով մարդկանց կյանքերի համար: Այս հոգվածում մեր կողմից ներկայացված են Հայաստանի Հանրապետության և Ռումինիայի Հանրապետության տարբեր բուժհաստատություններում աշխատող բուժանձնակազմի հոգեմկիճակը, հուզական խառնվածքի տիպերը, ովքեր ցուցաբերել են մասնագիտական օգնություն COVID-19 վարակված հիվանդներին:

2019 թվականից տարածվեց COVID-19 համավարակը, որը դեռևս շարունակում է բազմաթիվ կյանքեր խլել: Կորոնավիրուսը և դրա պատճառով հայտարարված արտակարգ դրությունը տարբեր կերպ են ազդել մարդկանց հոգեկան առողջության վրա, ինչը պայմանավորված է անձի խառնվածքի տիպերով, բնավորության գծերով, խնդիրներով, իրենց աշխարհայացքով, ինչպես նաև տարբեր բնակավայրերի և բուժհաստատություններում աշխատող բուժանձնակազմով և մի շարք այլ գործոններով:

Նոր կորոնավիրուսային համավարակը կաթվածահար է արել համաշխարհային առողջապահական համակարգը, անմասն չեն մնացել Հայաստանի Հանրապետության և Ռումինիայի Հանրապետության առող-

ջապահական համակարգերը: Անքնությունը, ամենօրյա պատասխանատու աշխատանքը հանգեցում են սթրեսածին գործոնների զարգացմանը, հոգեբանական դիսթրեսի, ֆիզիկական թուլության և աշխատունակության անկման, նույնիսկ՝ ինքնասպանության: Այս առումով առողջապահական համակարգի աշխատակիցներն ամենախոցելիներից են: Կորոնավիրուսի համաճարակը վտանգում է ոչ միայն ֆիզիկական առողջությանը, այլև նպաստում է մի շարք հոգեբանական խնդիրների առաջացմանն ու զարգացմանը:

Հետազոտության արդյունքում ստացվել են հետևյալ տվյալները՝ հետազոտվողների 56%-ն ունեցել է հուզական խառնվածքի ոչ հասուն տիպ, այսինքն՝ դեպրեսիվ, մանիակալ, հոգեախտաբանական հուզական հակազդման նախատրամադրվածության ձևավորման հակվածություն, ինչն էլ արդեն իսկ աֆեկտիվ խանգարումների սպեկտրի կլինիկական պատկերում կարող է իր տեղը գտնել, 4%-ն ունեցել է հուզական խառնվածքի հասուն տիպ: Սակայն տարբերվող ցուցանիշ ենք ստացել Ռումինիայի Հանրապետության բուժհաստատությունների աշխատակիցների մոտ՝ հետազոտվողների միայն 15% մոտ է նկատվել հուզական խառնվածքի ոչ հասուն տիպ, իսկ 5% մոտ խառնվածքի հասուն տիպ:

Այսպիսով՝ վերը նշված բացասական երևույթները կանխարգելման նպատակով անհրաժեշտ է ապահովվել բժիշկների և բուժաշխատողների շրջանում բուժհաստատություններում աշխատանքի կազմակերպման բարձր մակարդակը, մասնավորապես՝ բժշկա-հոգեբանական օգնության կազմակերպում, որը և կրերի հոգեկանի դրսևորման ոչ բարվոք ցուցանիշների նվազեցմանը այս ճգնաժամային պայմաններում:

COVID-ով վարակված հիվանդների հետ աշխատող բժշկական անձնակազմի բժշկա-հոգեբանական օգնությունը պետք է դիտարկվի որպես բարդ հակասթրեսային մասնագիտացված բժշկական օգնության փուլ, որը հիմնված է բժշկա-հոգեբանական, հոգեթերապևտիկ և հոգեբուժական բժշկական օգնության տրամադրման համակարգված մոտեցման վրա:

Բուժանձնակազմին աջակցություն կարող է տրամադրվել կանոնավոր կապի միջոցով՝ ծագող իրավիճակները քննարկելու համար, ինչպես նաև իրենց հոգեկան և հոգեբանական բարեկեցությունը ստուգելու համար: Երբ արտակարգ իրավիճակից անցում կատարվի բնականոն պայմանների, ապա անհրաժեշտ է իրականացնել մոնիթորինգ, տրամադրել աջակցություն և անհրաժեշտության դեպքում հոգեբանական վերականգնում և բուժում:

Բանալի բառեր և բառակապակցություններ. կորոնավիրուս, բուժանձնակազմ, հուզական հակազդում, հասուն և ոչ հասուն հուզական խառնվածքի տիպեր, բժշկա-հոգեբանական օգնության կազմակերպում:

ПСИХИЧЕСКОЕ СОСТОЯНИЕ МЕДИЦИНСКИХ РАБОТНИКОВ, ОКАЗЫВАЮЩИХ ПРОФЕССИОНАЛЬНУЮ ПОМОЩЬ ПАЦИЕНТАМ С COVID-19 В РЕСПУБЛИКЕ АРМЕНИЯ И РЕСПУБЛИКИ РУМЫНИЯ

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Аннотация

В эти тяжелейшие дни «белая армия» врачей и медицинского персонала в борьбе за жизнь людей выполняют важнейшую и ответственную работу на передовой в медицинских учреждениях, которая сопряжена с целым рядом разнообразных рисков. Это наличие непосредственной угрозы здоровью и жизни, тяжелые условия труда, моральная нагрузка, связанная с жизнью других людей. В данной статье нами представлены типы аффективных темпераментов медицинских работников различных медучреждений Республики Армения, оказывающих профессиональную помощь пациентам, инфицированным COVID-19.

Эпидемия коронавируса COVID-19, начиная с 2019 года и в последующем 2020 году, а также до сих пор распространяется по всему миру все больше и больше, распространяясь, она продолжает теми же темпами уносить большое количество человеческих жизней. В связи с эпидемиологической ситуацией вводится "чрезвычайное положение", которое по-разному влияет на психическое здоровье людей, что обусловлено различными типами личности, чертами характера, проблемами, их мировоззрением, а также отражается на психологическом состоянии медицинского персонала, работающего в разных медицинских учреждениях и рядом других факторов.

Новая пандемия коронавируса парализовала всю мировую систему здравоохранения, не остались в стороне и системы здравоохранения Республики Армения и Республики Румыния. Во время пика пандемии работники медучреждений работают в чрезвычайных ситуациях, сопровождается круглосуточной напряженной работой, бессонницей, ответственностью за жизни пациентов, приводят к развитию стрессов, психологических расстройств, физической слабости, снижению трудоспособности вплоть до суицида. В этом отношении медицинские работники являются одними из самых уязвимых.

Эпидемия коронавируса ставит под угрозу не только физическое здоровье, но и способствует возникновению и развитию ряда психологических проблем у врачей и медперсонала в целом.

В результате исследования были получены следующие результаты: у 56% исследованных была отмечена предрасположенность к формированию незрелых эмоциональных реакций (депрессивных, маниакальных, психопатических), что находит отражение уже в клинической картине спектра аффективных расстройств. И только у 4% исследованных наблюдается склонность к формированию зрелой эмоциональной реакции (адекватность ситуации, согласованность поведения и эмоционального состояния индивида, успешность саморегуляции, позволяющая сохранять социальную адаптивность). Однако от работников медицинских учреждений Республики Румыния мы получили иной показатель: только около 15% опрошенных отмечают незрелые типы эмоционального темперамента, а около 5% - зрелые типы темперамента.

Медико-психологическую помощь медицинскому персоналу, работающему с больными COVID во время пандемии, следует рассматривать как комплексный этап специализированной антистрессовой медицинской помощи, основанный на системном подходе - медико-психологический, психотерапевтический или психиатрический. Медицинскому персоналу может быть оказана помощь на регулярной основе при обсуждении возникающих ситуаций, а также для проверки их психического и психологического благосостояния. При изменении ситуации с чрезвычайной на нормальную необходимо проводить мониторинг, оказывать поддержку - при необходимости психологическую реабилитацию, лечение.

Таким образом, для профилактики и исключения выше упомянутых негативных явлений среди медицинского персонала необходимо обеспечить наиболее высокий уровень организации работ в медучреждениях, в частности, организацию медико-психологической помощи, которая приведет к снижению показателей психического неблагополучия в период пандемии.

Ключевые слова и словосочетания: коронавирус, медперсонал, эмоциональное реагирование, зрелые и незрелые типы аффективного темперамента, организация медико-психологической помощи.

The article presents the mental state of medical personnel working in various medical institutions of the Republic of Armenia and Republic of Romania, who provided professional assistance to patients infected with COVID-19.

Since 2019 and then in 2020, the COVID-19 epidemic has expanded and spread even more, which continues at the same pace and claims many lives. The flow of information about the coronavirus in Armenia, which is repeatedly duplicated on all channels, forms in our society (already saturated with stress) another, new, extraordinary stress [5]. The new coronavirus epidemic has paralyzed the global health system. The health care system of the Republic of Armenia did not stand aside either. In these difficult days, doctors and healthcare professionals are working on a range of more important and responsible risks in an effort to save lives. Doctors and healthcare professionals use their full professional potential to help patients, while sparing their own physical and mental health. The work of doctors is increasing, as well as responsibility for the life of each patient. Insomnia, responsible daily work leads to the development of stress, psychological disorder, physical weakness, decreased ability to work and even suicide [4, p.8-45]. In this respect, healthcare workers are among the most vulnerable. The coronavirus epidemic endangers not only physical health, but also contributes to the emergence and development of a number of psychological problems [2, p. 39-49]. The growing number of epidemics requires a global reorganization of medical facilities to provide care for patients with COVID-19 infection, while medical personnel are forced to work under conditions of high stress and high risk of infection [1].

The research group includes 60 medical workers: nurses, clinical residents, doctors. The study was carried out in various medical institutions in the Republic of Armenia. From 20 medical workers of medical institutions of the Republic of Romania. The age of the medical staff of the examined doctors is 26-60 years old in the Republic of Armenia, and 29-70 years old in the Republic of Romania. The study was conducted in August-September 2020, during the relatively stable period of the coronavirus. During the study, the following methods were used:

1. Questionnaire for assessing emotional temperament TEMPS-A / Akiskal H. S./

In accordance with this questionnaire, we distinguish 5 emotional traits of a person. Dysphoric (D); Cycloid (C); Hyperthymic (H); Irritable (I); Anxious (A). Depending on the respondent's response, a person may have more than one emotional state. If he answered in the affirmative to more than 65% of the questions, it means that he has such an emotional temperament.

2. Methodology for self-assessment of mental states (according to Eysenck).

The questionnaire consists of 40 questions, according to which the level of anxiety, frustration, aggression, and rigidity is assessed.

3. Questionnaire of doctors and medical staff, consisting of 10 questions, compiled by us: "Gender"; "Age"; "Profession"; "Labor activity /number of years/"; "Do you notice distraction, difficulty concentrating?" "Do you notice a decrease in your ability to work?" "You have become irritable, any insignificant situation or event can upset you"; "Do you notice changes in your communication with family members?" "Has communication with other people become difficult"; Self-efficacy in your workflow. The choice of methods was due to the fact that the coronavirus and the state of emergency declared in connection with it affected the mental health of people in

different ways, depending on the type of personality, character traits, problems, their worldview and a number of other factors.

Table 1 Questionnaire of mental health of doctors and medical staff from the Republic of Armenia

	YES		NO		Sometim es	
	%	pe rso n	%	pe rso n	%	pe rso n
You have become inflamed, any minor situation or event can upset you	22 %	13	52 %	31	26 %	16
Do you notice a change in communication with family members?	13 %	8	55 %	33	32 %	19
Communication with other people is difficult	28 %	17	42 %	25	30 %	18
Do you notice distraction, difficulty concentrating?	16 %	10	55 %	33	28 %	17
Have you noticed a decrease in working capacity	25 %	15	45 %	27	30 %	18
Self-efficacy in your work process	High		Low		Average	
	42 %	25	16 %	10	42 %	25

We have highlighted several questions from the questionnaire. Only 8% of respondents have working experience from 0 to 1 year. The number of people with work experience from 1 to 5 years slightly differs from this indicator - 12% (7 people). About 25% of respondents (15 people) have 5-10 years of work experience. The number of people with more than 10 years of work experience exceeds the indicated number of respondents and is 55% (33 people), that is, more than half of the respondents. So, only 16% (10 people) answered in the affirmative to the question “Do you notice distraction, difficulty concentrating,” and 55% (33 people) answered “no”, the answer “sometimes” was registered only in 28% (17 people).

Only 25% of respondents (15 people) had a decrease in working capacity, and 30% (18 people) had a partial decrease in working capacity, 45% (27 people) did not report such an indicator. When asked if you became irritable, any insignificant situation or event can upset you: 22% (13 people) answered in the affirmative, 52% (31 people) answered negatively, and 26% (16 people) answered “sometimes”.

Only 13% (8 people) noticed a change when communicating with family members and 55% (33 people) did not notice changes, 32% (19 people) sometimes noticed a change when communicating with family members. A relatively high frequency was observed in 28% (17 people) of difficulties in communicating with other people, 42% (25 people) did not observe changes in communication with other people, and 30% (18 people) had episodic communication difficulties.

Self-efficacy in the work process was high in 42% (25 people), as well as a similar indicator of self-efficacy in the average work process in 42% (25 people). Only 16% (10 people) reported low self-efficacy. According to the questionnaire of the

doctors and mental state of the medical staff, we received the following results in different medical institutions of the Republic of Romania (see Table 2).

Table 2 Questionnaire of mental health of doctors and medical staff from the Republic of Romania

	YES		NO		Someti mes	
	pe rs on	%	pe rs on	pe rs on	%	pe rs on
You have become inflamed, any minor situation or event can upset you	30 %	6	70 %	14	0 %	0
Do you notice a change in communication with family members?	5 %	1	75 %	15	20 %	4
Communication with other people is difficult	5 %	1	70 %	14	25 %	5
Do you notice distraction, difficulty concentrating?	0 %	0	65 %	13	35 %	7
Have you noticed a decrease in working capacity	10 %	2	75 %	15	15 %	3
Self-efficacy in your work process	High		Low		Average	
	60 %	12	15 %	3	25 %	5

We have highlighted several questions from the questionnaire. The number of people with work experience from 1 to 5 years slightly differs from this indicator -20% (4 people). About 25% of respondents (5 people) have 5-10 years of work experience. The number of people with more than 10 years of work experience exceeds the indicated number of respondents and is 55% (11 people), that is, more than half of the respondents. We have highlighted several questions from the questionnaire. The number of people with 0-1 years of work experience in the research group of the Republic of Romania was 0%.

So, 0 % (0 people) answered in the affirmative to the question “Do you notice distraction, difficulty concentrating,” and 65% (13 people) answered “no”, the answer “sometimes” was registered only in 35% (7 people).

Only 10% of respondents (2 people) had a decrease in working capacity, and 15% (3 people) had a partial decrease in working capacity, 75% (15 people) did not report such an indicator. When asked if you became irritable, any insignificant situation or event can upset you: 30% (6 people) answered in the affirmative, 70% (14 people) answered negatively, and 0% (0 people) answered “sometimes”.

Only 5% (1 people) noticed a change when communicating with family members and 75% (15 people) did not notice changes, 20% (4 people) sometimes noticed a change when communicating with family members. A relatively high frequency was observed in 5% (1 people) of difficulties in communicating with other people, 70% (14 people) did not observe changes in communication with other people, and 25% (5 people) had episodic communication difficulties. Self-efficacy in the work

process was high in 60% (12 people), as well as a similar indicator of self-efficacy in the average work process in 25% (5 people). Only 15% (3 people) reported low self-efficacy.

According to the method of self-assessment of mental state / According to Eysenck / we have received the following results in different medical institutions of the Republic of Armenia (see Chart 1.).

Chart 1. Methodology for self-assessment of the state of mind / according to Eysenck /in different medical institutions of the Republic of Armenia

According to Eysenck, 10% (6 people) of the respondents had a high level of anxiety, 72% (43 people) - an average level, and 18% (11 people) - a low level of anxiety. Only 7% of respondents (4 people) had a high level of disappointment. According to the diagnostic method, people who have a high disorder, avoid difficulties, are afraid of failure, have low self-esteem. We noticed an average level of disappointment in 73% of respondents (44 people). A low level of disappointment was recorded in 20% (12 people), i.e. such people are resistant to failure, not afraid of difficulties. About 8% of respondents (5 people) recorded high aggressiveness, that is, according to the methodology, they are aggressive, unrestrained, and have difficulties in working with people. A low level of aggressiveness was noted in 17% (10 people), i.e. people are calm, reserved. We recorded an average level of aggressiveness in 75% (45 people) of the respondents. 8% of respondents (5 people) have a stiffness index, i.e. there is a strong stiffness, stability of behavior, attitudes, judgments, it is difficult for them to adapt to changing jobs and families. The average level was registered in 75% (45 people), but the low level was in 17% (10 people), that is, there is no stiffness, they easily switch from one type of activity to another. Analyzing the result of the study, according to the diagnostic method of self-assessment of the mental state, it can be said that in the 4 indicated groups there was a predominant average level.

Chart 2. According to the method of self-assessment of mental state / According to Eysenck / we have received the following results in different medical institutions of the Republic of Romania (see Chart 2.).

According to Eysenck, 35% (7 people) of those surveyed had a moderate level of anxiety, 65% (13 people) had a low level of anxiety, and a high level of anxiety was reported in those surveyed. We have not recorded a high level of frustration. We noticed an average level of frustration in 60% (12 people) of the respondents, a low level was registered in 40% (8 people), ie such people are resistant to failures, are not afraid of difficulties. We registered high aggression in 10% of the respondents (2 people), that is, according to the methodology, they are aggressive, unrestrained, we have difficulties in working and communicating with people. A low level of aggression was observed at 25% (5 people), ie people are calm and restrained. We registered an average level of aggression in 65% of the respondents (13 people). We did not show a high rate of resentment, ie strong expressed resentment, stability of behavior, views, judgments, difficulty in adapting to work there is no change in the family of the respondents. We have registered an average level of 90% (18 people), and here is a low level of 10% (2 people), that is, there is no disability, they easily switch from one activity to another. According to the results of the research conducted in the Republic of Armenia, as well as the results of the research conducted in the Republic of Romania, according to the methodology of self-assessment of mental state, we can say that in the above-mentioned groups a moderate to low level prevailing index was observed. As a result of the statistical formulas used during the analysis of the methodology, we have stated that according to the alarm feature, there is a reliable connection between the subjects of the Republic of Armenia and the Republic of Romania. This indicator is statistically significant $P < 0.05$. There is a statistically significant correlation between $P < 0.05$ $df = (2)$ in the studied groups according to the Frustration feature. There is a statistically significant correlation between $P < 0.05$ $df = (2)$ in the studied groups according to the indicator of mental aggression. There is a statistically significant correlation between $P < 0.05$ $df = (2)$ in the study groups according to the index of disability.

According to the questionnaire for assessing emotional temperament TEMPS-A (AKISCAL H.S.), we received the following results (see Table 3).

Table 3. Types of emotional temperament in the medical staff of different medical institutions of the Republic of Armenia

<i>Emotional temperament assessment questionnaire TEMPS-A (AKISCAL H.S.)</i>		
<i>(D) Dysphoric</i>	<i>35%</i>	<i>21 people</i>
<i>(C) Cycloid</i>	<i>0%</i>	<i>0</i>
<i>(H) Hyperthymic</i>	<i>5%</i>	<i>3 people</i>
<i>(I) Irritable</i>	<i>28%</i>	<i>17 people</i>
<i>(A) Anxious</i>	<i>22%</i>	<i>13 people</i>

As you can see, 35% (21 people) of respondents have a dysphoric (D) emotional temperament, such people are flexible, tend to blame themselves for problems that are unimportant to others. They put the needs of others ahead of their own and are easily offended by criticism or rejection. They find it difficult to communicate with new people.

Hyperthymic (H) emotional temperament is observed only in 5% of respondents (3 people), happy people with big money, like to enjoy life, are optimistic, confident, can take initiative, are always ready to act, calmly communicate even with strangers, they are always surrounded people.

Irritable (I) 28% (17 people) are inherently disgruntled people, get excited easily, sometimes the anger is so great that they can throw whatever they can get their hands on, or even hit people. They are skeptical, jealous of a loved one.

22% (13 people) correspond to the type of anxious person (A); unexpected voices can be frightening, they are constantly waiting for bad news about people who are important to them. It is noteworthy that the cycloid (C) emotional temperament was not registered among respondents. 12% of respondents (7 people) simultaneously have two types of emotional temperament: dysphoric and irritable. In other words, these people have both the ability to “compromise” and the tendency to blame themselves in relation to themselves, to obey the needs of others (vulnerability, difficulties in communication, as well as dissatisfaction, irritability, skepticism). 7% of respondents (4 people) simultaneously have two types of emotional temperament: irritable and anxious. In other words, these people simultaneously experience increased anxiety and irritability at the same time.

We identified those people who simultaneously have three types of emotional temperament: dysphoric, irritable, anxious - 1 person (these people have high anxiety, irritability, impulsivity, as well as a tendency to self-blame, obedience to the needs of others, difficulties in communication) and dysphoric, hyperthymic, irritable - 1 person (these people have sharp contradictory manifestations).

According to the emotional temperament assessment questionnaire TEMPS-A (AKISCAL H.S.) we obtained the following results (see Table 4).

Table 4. Types of emotional temperament in the medical staff of different medical institutions of the Republic of Romania

TEMPS-A (Akiskal H. S.)		
(D) Depressive	0%	0 person
(C) Cyclothymic	5 %	1 person
(H) Hyperthymi	0%	0 person
(I) Irrable	5 %	1 person
(A) Anious	5 %	1 person

As we can see, we did not find any dysphoric (D) and hyperthyroid (H) emotional traits in the subjects. Irritable (I) 5% (1 person) - are dissatisfied in nature, easily inflamed, sometimes the anger is so great that they can throw what they can get their hands on or even hit people. They are skeptical, jealous of a loved one. 5% of the respondents (1 person) correspond to the type of alarm person (A); unexpected voices can be frightening, they are constantly waiting for bad news about people who are important to them. It is noteworthy that Cycloid (C) emotional temperament was not registered among the subjects in the medical institutions of the Republic of Armenia, and only in 5% (1 person) in the medical institutions of the Republic of Romania. As a result of the research conducted in the Republic of Armenia, we have established a correlation between the following indicators. There is a positive correlation between the stress of the dysphoric-cycloidal character: $R = 0.36$; $P < 0.05$ (statistically significant). There is a low-strength positive correlation between dysphoric "hyperthymic indicators": $R = 0.025$; $P > 0.05$ (not statistically reliable). There is a positive correlation of moderate strength $R = 0.41$ between dysphoric "irritants"; $P < 0.05$ (statistically significant). There is a low-strength positive correlation between the dysphoric "alarm index" $R = 0.27$; $P < 0.05$ (statistically significant). According to the cycloid "hyperthymic indicators" there is a positive correlation with weak strength $R = 0.13$; $P > 0.05$ (not statistically reliable). There is a medium-strength correlation positive correlation $R = 0.41$ between cycloid and irritants; $P < 0.05$ (statistically significant). There is a positive correlation $R = 0.31$ between the cycloid alarm indicators; $P < 0.05$ (statistically significant). There is a positive correlation $R = 0.31$ between hypertensive "irritants"; $P < 0.05$ (statistically significant). There is a weak correlation positive correlation between hypertension and alarm indicators = $R = 0.17$; $P < 0.05$ (not statistically reliable). There is a positive correlation positive correlation $R = 0.37$ between irritable "alarm indicators"; $P < 0.05$ (statistically significant).

According to the Republic of Armenia "between medical workers of different medical institutions of the Republic of Romania", there is a statistically reliable connection with the above-mentioned indicators. It is noteworthy that 56% of the subjects observed immature types of emotional temperament, as well as manifestations of one or two more emotional temperaments. However, we received a different indication from the employees of the medical institutions of the Republic of Romania: only 15% of the subjects were observed immature types of emotional temperament, and about 5% were mature types of temperament.

Analysis of various factors affecting the decline in the mental well-being of medical personnel showed the importance of organizing activities to reduce psychological

stress, stress levels, physical discomfort and psychological risks. And also for doctors and medical staff, it is necessary to ensure a high level of organization of work in medical institutions, in particular, the organization of medical and psychological assistance, which will lead to a decrease in unfavorable mental performance in these crisis conditions.

Medical and psychological assistance to medical staff working with patients with COVID should be considered as a complex stage of specialized anti-stress medical care based on a systematic approach to the provision of medical care - medical and psychological, psychotherapeutic or psychiatric.

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