

## Search for factors of anxiety incidence in midwifery students during the COVID-19 pandemic

Dear Editor,

We were impressed by this article and found it very informative and yet an easy read.

The coronavirus disease (COVID-19) that started in China was declared a pandemic by the World Health Organization on 11 March, 2020 (coronavirus). COVID-19 is a contagious disease caused by a newly discovered coronavirus and detected by pneumonia clusters.<sup>1,2</sup> It is very rare that a new disease becomes a pandemic in such a short time. Since its appearance in Wuhan, China, in late 2019, coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19 severe acute respiratory syndrome, has spread to almost all countries of the world in just a few months. However, the COVID-19 epidemic takes different shapes in terms of its impact on communities.

Mental health protection and psychosocial health management of healthcare professionals in a crisis such as COVID-19 are as important as managing their physical health. Fear, worry, and anxiety are inseparable elements of their work when they themselves are at risk of death.<sup>1</sup> The introduction of continuous prevention in this area, in consequence, will not allow significant absenteeism in the critical/strategic infrastructure area, which is health care. At the same time, it constitutes a complementary element of the role of occupational medicine, regardless of the type of threat (pandemic, armed conflict, earthquake, etc.). It should also be considered that maintaining the continuity of education of future medical staff is crucial in the area of these issues. Sögüt et al., who studied the relationship between the level of knowledge about COVID-19 and anxiety states in midwifery students during the outbreak, did an excellent job. A total of 972 female midwifery students were involved in the study, and the rate of return is 9.7%. From the study by Sögüt et al., it follows that with the required number of the subjects in the study, 370, and with the fixed 95% level of confidence, the maximum error was 3%. In the study, the authors used standardized and validated "Beck Anxiety Inventory" and their own questionnaire assessing the level of knowledge about COVID-19.<sup>1</sup> The minimum required number of subjects in the sample was calculated (the sample of 10,000 midwives in the study), assuming individual parameters. The specified value indicates how many people should be examined in the study to obtain the given value of the minimum error in the measurement, with a fixed level of confidence in the result (e.g., 95%). The majority of female midwifery students (94.4%) experienced low anxiety, followed by moderate anxiety (4.5%) and potentially concerning level of anxiety (1.0%).<sup>1</sup> The surveyed female students presented a high level of knowledge about COVID-19 with 16.57 ( $\pm 1.29$ ). This study

examined whether there is a relationship between the anxiety state of midwifery students and their sociodemographic characteristics, the changes they experience in everyday life due to coronavirus, and their level of knowledge about COVID-19. The results of these studies showed that the level of anxiety was higher in the midwifery students who took on work in the hospital after the outbreak of COVID-19 and whose parents or relatives suffered from chronic illnesses. However, no significant relationship was found between the other variables tested in the study and the level of anxiety. It was observed that only 5% of midwives experienced moderate or high levels of anxiety. The relationship between anxiety and knowledge about coronavirus was not statistically significant. Midwifery training was interrupted and the students stayed in their homes, where it was safe to protect oneself from COVID-19. These two situations can be considered as the reasons for experiencing a low level of anxiety. According to Sögüt et al., the psychological impact of the epidemic on individuals and society is inevitable, and these psychological consequences may continue long after the epidemic has ended. Therefore, further research is recommended in a distant time.<sup>1</sup>


Perhaps, in further studies, the influence of forming social competences in students of nursing, midwifery, emergency medicine, and medicine on the level of anxiety in a crisis should be considered. Bologna experts pointed out that special problems may be related to the verification of learning effect in the category of social competences, especially those that are related to preparing the student to perform various social functions and forming readiness to act for the public interest. Preparing a 21st-century nursing staff demands future-oriented curricula that address the population's evolving healthcare needs.<sup>3</sup> It should be noted that some employees refused to work with a patient with confirmed or even suspected COVID-19. It can be said that such a decision could have been underpinned and dictated by fear, and yet the code of professional ethics states otherwise. Therefore, there is a strong need to implement changes in both undergraduate and postgraduate education systems, so that social competences are built up continuously and strengthened by dealing with a given problem and an unforeseen situation. The features such as creativity, teamwork, crisis management, and leadership skills are essential for healthcare professionals. Actions to improve social competences of future nursing personnel can result in a painless process of acquiring and consolidating transgenerational cultural competences in this professional corporation, social competences needed so much in the situations of experiencing anxiety while working with another

person constituting a part of the threat, for example, the COVID 19 epidemic.

Sögüt et al.'s work is an excellent basis for further research on the influence of external factors on the psychophysical condition of students and soon-to-be healthcare professionals.<sup>1</sup>

### CONFLICT OF INTERESTS

The authors declare that there is no conflict of interests.

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