

The Effect of Experiential Avoidance on the Symptoms of Post-Traumatic Stress Disorder with the Mediation of Rumination and Perceived Vulnerability to Infectious Disease in the Treatment Staff of Patients with Covid-19

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Introduction

The coronavirus was identified in Wuhan, China, at the end of 2019. Among the measures taken to contain and control this virus were home quarantine, social distancing, and school and university closures. Among them, nurses and staff in departments related to the coronavirus are considered the most important elements of health care; because they bear the main burden of providing human health services. Therefore, health care workers and nurses may suffer from post-traumatic stress disorder due to high stress when facing critical situations, caring for injured people, frequently witnessing death and trauma, working in crowded environments, interrupting circadian rhythms due to work shifts, and the amount of responsibility in the hospital. The results of studies show that people with post-traumatic stress disorder allocate internal processes that go beyond the specific negative stimuli of trauma; therefore, they may experience difficulties in inhibiting reactions to potentially threatening stimuli. Studies have shown that experiential avoidance plays a central role in the persistence of PTSD symptoms. Another important factor that can be considered to

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describe and explain individual differences and psychological vulnerability to PTSD in healthcare workers is perceived vulnerability to infectious disease. Research findings show that increased perceived vulnerability is associated with increased fear and anxiety about COVID-19. Another coping mechanism for traumatic events is rumination. In relation to traumatic events, rumination causes the individual to focus on the negative consequences of the events, which in turn increases negative emotions and ultimately PTSD. Therefore, the present study seeks to answer whether the model of the relationship between experiential avoidance and symptoms of post-traumatic stress disorder mediated by rumination and perceived vulnerability to infectious disease is appropriate in the treatment staff of patients with COVID-19.

Method

The current research method is descriptive, and the research design is correlational. The statistical population of the present study included the medical staff caring for patients with COVID-19 working in Tehran hospitals in Khordad and Tir 1400. The sampling method was accessible. A total of 516 people completed the questionnaires, and after removing the distorted answers, the sample size included 458 people. Research tools included Mississippi PTSD Citizen Scale by Kane et al., the Perceived Vulnerability to Infectious Diseases Questionnaire by Duncan et al., Rumination Questionnaire by Nolan-Hoeksma and the Acceptance and Act Questionnaire by Band et al. The criteria for entering the research included informed consent and employment in the care work in one of the designated hospitals for COVID-19, and the criteria for exiting included the distortion of the submitted answer sheet. The online method was used to implement the questionnaires, in such a way that the link to the online questionnaire was placed in the working groups of the nurses of certain hospitals for COVID-19, so that they could answer the questions of the questionnaires if they wanted to. For the sample people, before answering the questionnaires, the objectives, the importance of conducting the research, and the criteria for entering the research were explained, and they were reassured about ethical points such as confidentiality of personal information, etc. Data analysis was done using Structural Equation Analysis by Amos version 24 and SPSS version 22 software.

Results

Data analysis showed that experiential avoidance has an effect both directly ($p < 0.0001$) and indirectly through mental rumination ($p < 0.0001$) on

the experience of Post-Traumatic Stress Disorder symptoms. In other words, rumination plays a significant mediating role in the relationship between experiential avoidance and Post-Traumatic Stress Disorder symptoms, but perceived vulnerability does not play such a role.

Conclusion

The present findings showed that experiential avoidance directly affects the experience of PTSD symptoms. Also, the findings showed that the direct effect of rumination on the experience of PTSD symptoms is significant, which was consistent with previous research. In addition, in the present study, it was revealed that experiential avoidance can indirectly affect the experience of PTSD symptoms through rumination. Also, the present results showed that the direct effect of perceived vulnerability to infectious disease on the experience of PTSD symptoms is not significant, and consequently, experiential avoidance could not affect the experience of PTSD symptoms through perceived vulnerability to infectious disease. Among the limitations of the present study were the convenience sampling and the online administration of questionnaires during the COVID-19 pandemic in a few designated hospitals in Tehran; therefore, caution should be exercised in generalizing the findings of the present study to similar groups and other communities. Therefore, in order to increase the generalizability of the results, it is recommended in future research that this study be repeated on many healthcare professionals through random sampling and in person.

KeyWords: Experiential Avoidance, Post-Traumatic Stress Disorder, Rumination, Perceived Vulnerability, Covid-19

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