

THE APPLICATION OF SOCIAL SUPPORT THEORY IN PREDICTING STRESS, ANXIETY AND JOB BURNOUT OF HEALTH CARE WORKERS IN THE POST PANDEMIC OF COVID-19

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Abstract

Background: The COVID-19 epidemic was a major crisis in health, causing health care providers to suffer mental stress as health care providers. On the other hand, social support is effective in mental health, helping people cope with stressful and anxious situations and reducing psychological harm.

Objectives: The study aimed to determine the relationship between stress, anxiety, and unemployment after the outbreak of the influenza-19 depression with social support received by health workers in the city of Ardabil in 2023.

Methods: This cross-sectional analysis study was conducted with 216 health workers using a stratified random sampling method. Data collection tools include demographic questionnaires, DASS 21, Maslach, and MSPSS 12. The data were analyzed in two sections of descriptive statistics and analysis using SPSS 22 software.

Results: The average stress, anxiety and job burnout of health workers were 9.11, 6.44 and 39.30, respectively, and the average social support received was higher than the average. According to Spearman's correlation coefficients, there is a linear inverse correlation between the social support perceived by caregivers and stress, anxiety and job burnout. According to multiple regression models, 25 per cent of changes in stress, 16 per cent in anxiety and 23 per cent in burnout changes of employees are described by perceived social support. The place of work of caregivers affects the perception of social support and mental health.

Conclusions: Stress, anxiety, and burnout among healthcare personnel are inversely related to their perceived social support. Furthermore, healthcare personnel in metropolitan areas have poorer perceived social support and more psychological issues. Strategies for increasing social support can help improve mental health and reduce occupational burnout.

Keywords: Stress, Anxiety, Burnout, Social Support, health care workers, COVID-19.

1. Background

The Covid-19 pandemic, which was first detected in December 2019 in Wuhan, China, has sparked considerable anxiety and concern due to its rapid spread and lack of definite therapy (Farnoosh et al., 2020). In January 2020, the World Health Organization recognized the pandemic as an international health emergency. Iran has 7,536,217 corona patients until September 1401, with 7,311,837 surviving and 144,085 dying (Shadmehr et al., 2020). The condition has caused disruptions in many facets of life, including job losses, increased fear, and stress (Yarandi et al., 2020). Wang et al. found that during China's initial phase of the outbreak, 53.8% of people assessed the disease's psychological impact as moderate or severe, with 16.5% experiencing sadness and 28.8% experiencing anxiety. These symptoms may be

more severe in the office due to increased workload and stress levels (Wang et al., 2020). Human power is one of the important pillars of any organization, and hospitals and health centers are like an industrial unit, consisting of production factors such as capital, human power, technology and management, which are used to maintain, restore and promote health. Humans take steps (Bigdeli & Karimzade, 2007). During the outbreak of the Covid-19 disease, health workers, in addition to being exposed to social, economic, cultural and family stressors like other members of the society, were also faced with the stresses of their jobs (Roohafzaei, 2021). (As a result of these actions, health workers are exposed to a lot of mental pressure and their stress, anxiety and job burnout increase and their mental health is affected compared to many other professions. In addition to personal life, these people have been directly related to this disease in their professional life, and as a result, compared to other sections of society, they have experienced double pressure, and studies confirm this. The results of studies conducted on doctors and hospital health workers in Wuhan, China, during the spread of the Covid-19 disease, showed that medical care workers had symptoms of depression (50.4 percent), anxiety (44.4 percent), insomnia (34 percent) and pain (71.5 percent) have experienced. The more important results of this research were that women and people in direct contact with patients infected with Covid-19 reported a higher rate of the mentioned psychological symptoms). Wheaton et al., 2012 (In Iran, in a study, Farahati found the psychological consequences of the spread of the virus on the mental health of the community, the mental health of children, the mental health of health care workers, the feeling of collective sadness, the reaction of unexpressed grief, and family conflicts). FARAHATI, 2020 (

Previous findings have shown clear connections between epidemic diseases and health anxiety and increased symptoms of stress, post-traumatic stress and suicide. In a study on health care workers in China, Lius and colleagues reported that most of the participants in the study had symptoms of depression, anxiety, insomnia, and anxiety, and a large number of people during the outbreak of an infectious disease had significant fear and anxiety from a clinical point of view. have experienced) Brooks et al., 2020 (. Also, previous studies have shown a significant relationship between stress, anxiety and perceived social support (Bapolisi et al., 2022; Karadaş & Duran, 2022; Sun et al., 2023).

Considering the multitude of factors affecting mental health, theories and patterns of behavior change can play a prominent role in identifying the factors affecting it. One of the behavior change theories that examines both personal and social factors affecting behavior is the social support theory. Social support is an interpersonal exchange between members of a social network, which is in the form of two-way and informal relationships, usually spontaneous and beneficial. Kassel defines social support as a type of social solidarity, and Cobb considers it a protective factor against psychological stress, so that it has a great effect on health and social performance. According to Sarafino (2000), social support is defined as the amount of love, companionship, care, respect, attention and help received by a person from other people or groups such as family members, friends and important others. Some consider social support to be a social reality, while others consider it to be a result of a person's perception and imagination. In general, it can be said that social support means: the feeling that a person is noticed by others and that others value him and that he belongs to a social network. To explain the effect of social support on health, researchers use two models of direct effect and indirect effect or buffer hypothesis against stress). Locher et al., 2005)

The indirect or knock-on effect model states that social support is effective on mental health mainly when the stress level is high. According to this model, social support protects people against the pathological effects of events that intensify psychological pressure. Based on the direct effect model, social support has beneficial effects regardless of whether a person is under stress or not, and its lack has negative consequences on people's health. The main

hypothesis of this model states that a person's health and well-being is affected by the amount of social support he has

Also, social support has two structural and functional dimensions. The structural dimension usually refers to the objective aspects of support and is defined as the existence of basic and primary connections such as membership in communities, personal social networks and strong ties. The functional dimension also considers the qualitative aspect of social communication) Riahi et al., 2011 (. The available evidence shows that social support plays an important role in reducing the negative effects of psychological pressures that come from the environment and society).(Ashcroft et al., 2023)

2. Objectives

The current research aims to determine the predictors of stress, anxiety and job burnout of health care workers working in the comprehensive health service centers of Ardabil city in the post-pandemic era of the Corona virus, based on the theory of social support, in order to use the dimensions of this theory to analyze the psychological consequences and Job burnout of health care workers after the COVID- 19 pandemic in 2023.

3. Methods

In this cross-sectional analytical study, the research community consists of health care workers working in comprehensive health service centers and health centers who were active in health units during the Covid-19 pandemic. Considering the correlation between social support and anxiety at least with a weak intensity of 0.25, as well as the confidence level of 95% and the power of 0.80 and compensation for the deficiency in completing the questionnaire to the amount of 10%, the required sample size was estimated to be at least 136 people. Considering 10 samples for each independent variable for regression analysis (8 variables), the required sample number increased to at least 216 people.

The samples were selected through a job selection list and stratified random sampling. The intended classes included the job positions of the employees (family health expert, midwife expert, nursing expert, supervisor care expert, liaison expert, laboratory expert, nutrition expert, etc.). In this way, a list of working health care workers was first prepared for sampling according to family health occupations, nurses, midwives, laboratory personnel, etc. The sampling was done in a simple random manner.

For this purpose, in the Excel software, random numbers were generated for the required sample size and according to these random numbers, people were selected from the row numbers of the prepared list of employees, and if they did not meet the inclusion criteria, the next person in the list was selected.

The criteria for entering the study were employment in health centers and bases for at least 6 months and the criteria for exiting the study were the absence of the employee during the researcher's presence at the workplace, incomplete completion of the questionnaire, and the presence of a known mental illness as stated by the individual. Sampling and completion of questionnaires were done between December and March of 1401. Data collection was done using the following tools:

Depression, Stress and Anxiety Questionnaire (DASS): The initial and long form of depression, anxiety and stress scale (Dass-42) was created by Lovibond and Lovibond in 1995 (Li et al., 2020). The shortened form of the DASS consists of 21 items, each 7 of which measures a psychological factor or construct. The scoring of this scale is based on a four-point Likert scale from zero (not at all) to three (extremely). The minimum and maximum points that can be obtained in each structure (depression, anxiety and stress) are 0 and 21,

respectively. The total score of each subscale is multiplied by 2 before being recorded in the DASS-42 sheet, and then interpretation of the scores is possible by referring to the data of the complete standard scale table. (Lovibond & Lovibond, 1995) Cronbach's alpha coefficient DASS-21 samples from the general population for depression 0.87, for anxiety 0.85, for stress 0.89 and for the whole scale 0.91 and this coefficient in clinical samples for depression 0.89 for anxiety 0.91, 0.87 for stress and 0.93 for the whole scale have been reported (Najafi Kalyani et al., 2013).

To check the validity of the DASS-21 criteria, the simultaneous implementation of Beck's depression, Zang anxiety and perceived stress questionnaires was used. The correlation of the DASS depression subscale with the Beck depression test was 0.70, the correlation of the DASS anxiety subscale with the Zang anxiety test was 0.67, and the correlation of the DASS tension subscale with the perceived stress test was 0.49). Sahebi et al., 2005(

Job burnout questionnaire: The job burnout questionnaire was created by Maslach and has 22 items. This questionnaire measures emotional fatigue, depersonalization phenomena and lack of individual success in the context of professional activity. The scoring of the items in this questionnaire is based on a 7-point Likert scale. The options of this test are marked with never (score 0), very low, low, medium, above average, high, very high (score 6). The minimum and maximum job burnout scores are 0 to 132 in total, 0 to 54 in the emotional exhaustion dimension, 0 to 30 in the depersonalization dimension, and 0 to 48 in the personal success dimension. Obtaining a high score in the subscales indicates higher job burnout (Grossi & Khoda Parast, 2014). Maslach and Jackson (1981) have evaluated the reliability coefficients of the burnout scale and its components, which include emotional exhaustion, depersonalization, and personal failure, using Cronbach's alpha method of 0.90, 0.79, and 0.79, respectively (Rezaei Nadeh et al., 2023). Qudsi (2005) in a study, the reliability coefficient and Cronbach's alpha for burnout (0.88 and 0.90), emotional exhaustion (0.86 and 0.89), depersonalization (0.84 and 0.86) and Individual failure has obtained (0.85 and 0.84).

Social Support Questionnaire: Multidimensional Scale of Perceived Social Support (MSPSS) was prepared by Zeman and his colleagues in 1988 in order to measure perceived social support from family, friends and important people in a person's life. This scale has 12 items and the respondent indicates his opinion on a 5-point scale from 1 for completely disagree to 5 for completely agree. The range of points that can be obtained in this scale is 12 to 60 in total and 4 to 20 in each of the scales. A score between 12 and 20 indicates low perceived social support, a score of 20 to 40 indicates moderate social support, and a score above 40 indicates high perceived social support.

In the original version, the reliability coefficient of the scale was obtained using the re-implementation method of 0.7. The validity of the questionnaire has been confirmed through its correlation with the Maslach depression list in the study of Babaei et al. (2015), ($r = -0.34$) (Babaieamiri et al., 2016).

The reliability of the questionnaire is also based on the study of Shokri et al. (2013) through internal consistency with the calculation of Cronbach's alpha coefficient of 0.89 for the entire questionnaire, and Cronbach's alpha coefficients of 0.85, 0.91 and 0.89 for the family subscales, respectively, friends and important people have been confirmed (Omid et al., 2015).

Researches have shown that MSPSS is a three-factor structure that has good to excellent internal consistency and retest reliability with Cronbach's alpha 0.81 to 0.98 in non-clinical samples and 0.92 to 0.94 in clinical samples. it shows (Wongpakaran et al., 2011).

3.1. Data Analysis: The data was analyzed using SPSS version 22 software and in two sections of descriptive and analytical statistics. In descriptive statistics, for qualitative characteristics absolute frequency and relative frequency, and for quantitative characteristics, center tendency indices including mean and median and dispersion indices including standard deviation, minimum and maximum were reported.

In analytical statistics, to check the normality of distribution of values, coefficients of skewness and kurtosis and Q-Q graph as well as Kolmogorov-Smirnov and Shapiro-Wilk tests were used according to the number of samples in the subgroups. Except for the number of years of service, the emotional exhaustion and depersonalization dimensions scores from the job burnout questionnaire, as well as the perceived social support score (in total and each of the subscales), other quantitative characteristics had a normal distribution.

In cases of non-establishment of normal distribution for quantitative data, non-parametric tests were used. Also, to investigate the two-by-two relationship between perceived social variables and stress, anxiety and job burnout, Spearman's non-parametric correlation coefficient and the corresponding test were used.

3.2. Ethical Considerations: This study was carried out with the permission of the Research and Technology Vice-Chancellor and the Ethics Committee of Gilan University of Medical Sciences. Necessary explanations were provided to the participants regarding the goals, importance of the research, working methods and voluntary participation in the research, as well as the confidentiality of all information.

4. Results

Of the total participants in the study, 1/77% were women, with the majority of them being eligible (2/86%). The average age was 37 years, with the youngest and oldest being 22 and 58 years old. People had an average of 9 years of service, with the majority having a bachelor's degree (6/65 percent). In terms of place of service, the majority of the study participants were in urban centers (7/53 percent), 7/30 percent in rural centers, and 6/15 percent employed in town halls. 6/71% of those with a history of coronavirus, 2/3 percent of those with a history of hospitalization due to corona, and 7/3 percent of participants in the study experienced the loss of family members.

According to the results of Table 1, the average and deviation of the stress ratio were 11/9 and 64/5, the average and deviation of the anxiety ratio were 44/6 and 23/5, and the mean and deviation of the employment ratio were 30/39 and 02/19, respectively, and the average overall social support score understood was 47, with a minimum of 20 and a maximum of 60. The average scores revealed that the study participants' stress, anxiety, and occupational agitation rates were lower than usual, while their perceived social support rate was greater.

The findings of Table 2 show the relationship between the perceived social support of healthcare workers and their stress, anxiety and job burnout. According to the results of this table, considering that the P-value is less than 0.05, it can be stated that there is an inverse and strong linear correlation between the variable of social support perceived by the employees and their stress, anxiety and job burnout. There is an average (respectively with correlation coefficient values of -0.338, -0.364 and -0.364).

The results of multiple regression analysis in Table No. 3 in determining the relationship between perceived social support and stress, anxiety and job burnout after adjusting for the confounding variables related to stress, anxiety and job burnout show that assuming other variables are constant, perceived social support It has a significant and inverse relationship with stress, anxiety and job burnout with regression coefficients of -0.202, 0.188 and 0.904 ($P < 0.001$), respectively.

According to this regression model, under the condition that other variables are constant, one unit increase in the perceived social support score is associated with a decrease in stress score of 0.202, anxiety score of 0.188, and job burnout score of 0.904. The coefficient of determination of the multiple regression model for stress, anxiety and burnout is 0.25, 0.16 and 23 respectively, which states that 25% of changes in stress, 16% of anxiety and 23% of burnout are determined by perceived social support.

5. Discussion and Conclusions

The spread of the Covid-19 virus, high workload, high risk of infection, lack of protective equipment, long working hours and heavy tasks, and working in high-risk environments; It has brought fatigue, burnout and reduced mental ability for health workers. Considering the importance of maintaining the health of the health care workforce as guardians of the health of other members of the society, it is necessary to measure the psychological consequences in them so that based on the results obtained, steps can be taken to maintain and improve their mental health. Because psychological parameters are among the most important components in determining the job performance of employees (Ashoori, 2017; Khademian et al., 2021). The results of the present study showed that the level of stress, anxiety and job burnout of health care workers in the post-pandemic period of covid-19 is below average. While the findings of numerous studies related to the period of the Covid-19 pandemic have shown an increase in these levels in health workers (Ashcroft et al., 2023; Brooks et al., 2020; Corlade-Andrei et al., 2022; Fazaeli et al., 2021). In this way, it can be stated that the scores of stresses, anxiety and job burnout of health workers have changed with the emergence and end of the Covid-19 pandemic, and while the results of most internal and external studies show an increase in the ratio of stress, anxiety and job burnout of health workers with the emergence and They have shown the progress of the Covid-19 pandemic;

At the time of conducting this study, due to the reduction of work pressure, we have seen a lower level of stress and anxiety and job burnout in this occupational group. Also, the findings of this study show that there is an inverse linear correlation with moderate intensity between the variable of social support perceived by employees and their stress, anxiety and job burnout (respectively with correlation coefficient values of -0.338, -0.364 and 0.364 -) and the results of the present study showed that perceived social support has a significant and inverse relationship with stress and 25% of changes in health care workers' stress is explained by their perceived social support.

The findings of the present study in this field are consistent with numerous foreign and domestic studies. including Xiangjie Sun's study in China about the role of perceived social support, especially from superiors, on the stress of the role of nursing educators (Sun et al., 2023) and Achille Bapolisi, who studied the psychopathology of Congolese health workers during the covid-19 pandemic, and also that the amount of stress disorder and He assessed depression as very common among health workers, and reported the dimensions of social support (instrumental, emotional, informational) with a reduction in the stress level of related workers, which is in line with the results of the present study (Bapolisi et al., 2022). In the findings of her study, Lu-shao-bo Shi has shown the mediating effects of social support and resilience on work stress related to Covid-19 and symptoms of anxiety and depression (Shi et al., 2021). Also, Ayshe Karadash investigated the effect of social support on the stress of health workers in the covid-19 pandemic and while achieving similar results, she showed a negative correlation between work stress and social support of health workers ($P < 0.001$ and $r = -0.223$) (Karadaş & Duran, 2022).

The findings of the present study are similar to Moosavian 's study, which examined the relationship between perceived social support and secondary traumatic stress and perceived

stress in nurses. In his study, Moosavian showed that there was a difference between the perceived social support score of the participants and the secondary traumatic stress score ($r = -0.49$ and $P < 0.001$) and their perceived stress ($P < 0.001$ and 0.52). There is a negative and significant relationship (Moosavian Khorasani et al., 2019). In another research, Rostaminia showed in her study that the higher the level of quality of life and social support, the less the job stress of employees, which is consistent with the results of the present study (Rostaminia & Hejazizadeh, 2022). Another study showed that, according to the results of the current study, the higher the quality of life and social support levels, the less the employer's stress on the job. The result of Abdolahnezhad's study showed that social support has a moderating role in the relationship between anxiety about covid-19 and mental health of students and weakens this relationship (Abdolahnezhad et al., 2021). And also the result of Fazaeli et al.'s study has shown the existence of a negative and significant relationship between occupational stress and hospital support in nurses (Fazaeli et al., 2021). In this regard, the study of Perez-Fuintez et al. (2020) stated that the perceived threat of the Covid-19 disease can cause severe psychological maladjustment such as depression, anxiety and stress (Isfahani et al., 2023). The results explain that social support is one of the most important predictors of children's and adults' physical and psychological health and acts as a shock absorber against stress (Shi et al., 2021). This phenomenon protects against traumatic stress. In the shadow, people can gain a deep sense of their abilities and creativity and change the assessment of traumatic stress and positive thinking (Aghaei & Asadi, 2020).

The researchers believe that social support improves the person's self-esteem and activity, improves mental health and quality of life, and nurses with high social support can improve environmental conditions as much as possible (Ataollahi et al., 2016). During the COVID-19 outbreak, health workers played an essential role in the control of the outbreak through appropriate care and preventive and therapeutic measures. In any case, many studies have shown that the epidemic of COVID-19 caused many psychological problems for the group (Cheraghbeigi et al., 2022). However, during the outbreak, these employees, especially medical personnel, received great moral support from people with extensive media ad campaigns, and were more respected and praised by various sections of society than ever before, and were more respected and valued for themselves and their dignity. It should be noted that health workers and other health workers working in comprehensive health services centres enjoyed relatively few benefits despite their valuable efforts in controlling the epidemic; the results indicate that adequate social support to health workers helps them fully use their professional talents and thus improve the quality of their services to the target population (Ataollahi et al., 2016; Isfahani et al., 2023). In this regard, the reduction of stress and burnout in the workplace can improve employee satisfaction at work and mental health (Aghaei & Asadi, 2020). The results of the study also showed that 16 percent of changes in the anxiety of healthcare workers were explained by their perception of social support, and the relationship between anxiety and perception of social support was negative and reversed. The results obtained are consistent with several studies. Similar to Alnazly's research, which investigated anxiety, depression, stress, fear, and social support among healthcare workers in Jordan during the Covid-19 pandemic, the study found that the employees had an average anxiety level of 20.37 ± 10.80 . Additionally, a weak correlation was observed between the participants' social support and their anxiety levels (Alnazly et al., 2021). Furthermore, Yang's research has demonstrated a direct correlation between stress, anxiety, and depression and insufficient levels of social support (Yang et al., 2021). Sofia Pappa has assessed the mean levels of anxiety and psychological distress among healthcare professionals in Greece, taking into account their access to protective equipment and the support they receive (Pappa et al., 2021). Conversely, Wang Lixia's study has demonstrated a substantial correlation between anxiety and social support among healthcare professionals (Locher et al., 2005). The results of

our internal research align with the findings of previous studies conducted by, Moradi et al (Moradi et al., 2023) Regarding the outcomes, it can be stated that the Covid-19 pandemic has generated demanding circumstances for individuals directly engaged in the provision of care and treatment to patients. Unprecedented increase in workload and resulting fatigue, along with the fear of infection and death of oneself and loved ones, can be one of the causes of anxiety in health workers. Anxiety is actually a response to real or perceived threatening events or situations by people.

The study revealed a direct correlation between an individual's perceived level of social support and their level of anxiety towards the coronavirus. Specifically, it found that higher levels of perceived social support were associated with lower levels of anxiety related to the virus. In this way, people with higher social support use problem-oriented coping styles more effectively and as a result experience less confusion and higher mental health. Individuals who possess a sense of social support have the belief that others will provide assistance during difficult times. As a result, they are capable of immediately mitigating or at least diminishing the adverse consequences of stressful circumstances. Indeed, these individuals experience less psychological distress due to their extensive engagement in social activities with family and friends, as well as their access to abundant social resources. It can also be said that the perceived social support creates a kind of self-confidence to face the disease effectively and reduces the amount of tension caused by the corona virus, and in general, the more social support increases, the less interpersonal conflicts and people face each other. They show more resistance to stressful life events. An analysis of anxiety rates among healthcare professionals in Iran has revealed a notable surge in anxiety levels following the onset of the epidemic, as compared to the period prior to it. The findings of the present study have shown the reduction of this amount in the post-pandemic period of covid-19 and the enjoyment of the perceived social support of health care workers to a moderate extent. Therefore, social support can be used as a solution to deal with anxiety caused by any common disease or other stressful situation (Marler et al., 2021). Additionally, the results of this study demonstrated that the perceived social support of healthcare professionals explains 23 percent of changes in burnout. In his research, Steve Hyman discovered a similar outcome in the statistical population of anesthesiologists (Hyman et al., 2021). However, Liz Skiles found a modest association between social support and nurses' burnout and stress, despite the fact that her study did not look into support from family and friends (Skiles & Hinson, 1989). In contrast, Lisa S. Meredith et al. shown in their study that perceived social support, particularly from system management, has a high association with the likelihood of job burnout and has a protective effect against employee burnout (Meredith et al., 2022). In this context, Sharifian et al.'s findings revealed a negative link between occupational burnout and perceived social support. Nurses have increased job burnout when they receive less support from friends and colleagues, particularly during stressful situations such as disease outbreaks (Sharifian et al., 2023). The study by Khazaei et al. found that the support of family, friends, and influential people can explain variations in job burnout (Khazaei & Khazaei, 2021). To explain these findings, it may be claimed that people suffering from job burnout have or are experiencing high levels of stress and have a poor quality of life. They are more prone to physical disease, have a reduced sense of collaboration and responsibility, and are more likely to suffer from mental problems like anxiety and sadness. These variables contribute to employees' feelings of indifference, unhappiness, and dissatisfaction with their jobs and coworkers, resulting in poor mental health (Fernandez et al., 2020). Today, it is common to experience some level of stress in any location or job position, but job burnout is the result of enduring various stresses, which manifest as physical symptoms such as headaches and stomach ulcers, psychological symptoms such as anger and depression, and behavioral symptoms such as absenteeism, loss of performance, and so on. People suffering from job burnout are frequently fatigued, unable

to sleep, and have altered food patterns. They frequently feel ineffective, impotent, and stuck in their jobs. They are skeptical of others and view the world around them with a grey perspective (Caballero Martín et al., 2001). As a result, burnout as a syndrome, when combined with excessive stress and anxiety, has a wide range of repercussions on employees' physical and mental health. It appears that those who have high expectations of themselves and enter the workplace with aspirations, hoping that clients' care needs are high, are more likely to experience burnout (Jafari-Nodoushan et al., 2022). On the other hand, failure to pay attention to the actions of health care providers in comprehensive health service centers in terms of controlling the spread of the disease, preventing the occurrence of new cases, and reducing disease complications, despite the importance of these efforts, can lead to a decrease in their sense of individual success. However, it appears that those who have intimate relationships with friends and family members can share their issues with them, and the emotional support they provide lessens friction in the workplace. Because social support relieves the burden of experience by functioning as a mediator between stressful life events and the onset of physical and mental illnesses, as well as enhancing people's knowledge. Fortunately, the personal environment of the Iranian family is still regarded as an important source of social and emotional support for people. The presence of such an emotional resource ensures that employees always feel as if they have a reliable source of support and assistance when dealing with problems and stressful life situations, which has had a significant impact on reducing tension and concerns about the Covid-19 pandemic. Because the guy believes he is liked by others. It is valuable and respected, and it is part of a communication network; of course, the more these support and communication networks exist, the better it helps individuals cope with environmental stressors and psychologically calms them down. In any event, health care workers' burnout is critical given their function and position during disease pandemics, and counter-strategies should be implemented to mitigate the effects of health care personnel's burnout on the quality of their services. It is vital to lessen and manage their occupational pressures.

The present study found that health care professionals' perceived social support is inversely related to their stress, anxiety, and job burnout. Health care workers' work environments appear to influence the amount of social support they receive and their psychological difficulties, with caregivers working in urban areas being more vulnerable to stress, anxiety, and job burnout, as well as having lower perceived social support. According to the findings of this study, healthcare workers require additional support due to the nature of their job, the importance of their role, the impact of their health on the health of the community, and the unknown nature of new epidemics in order to improve their mental and functional status. The experience of dealing with this catastrophe demonstrated the necessity for society to examine management policies at all levels.

Strengths and Limitations

The assessment of papers revealed that the majority of the studies focused on nurses, with only a few targeting health care workers. This study's limitations were the use of accessible sample methods, geographical restrictions, limits in generalizing findings, and self-reporting. To strengthen external validity, it is recommended that this research be conducted in a different community and geographical location, using a random sampling approach, and be controlled in future research (employee social and economic position).

Footnotes

Recognition: The current essay is an excerpt from the master's thesis, and the authors thank everyone who helped with the study.

Authors' Contribution: Author participation includes partial and religious philosophy, study design, data collecting, results analysis, and article writing. The data processing took five minutes, and the final editing was done by the problematic part.

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Appendix

Table 1. Demographic characteristics of the participants (n=218)

Variables	N (%)
Gender n (%)	
Female	168 (77.1 %)
Male	50 (22.9 %)
Marital status n (%)	
Married	188 (86.2 %)
Single	30 (13.8 %)
Age in years Mean±SD (Middle) (The most, the least)	37 ± 6.9 (38) (58, 22)
Work experience in years Mean±SD (Middle) (The most, the least)	11.7 ± 7.6 (9) (32 , 1)
Education level n(%)	
Diploma	27 (12.4 %)
Associate degree	14 (6.4 %)
Bachelor's degree	143 (65.6 %)
Master's degree	24 (11 %)
Ph.D. and higher	10 (4.6 %)
Workplace	
urban center	117 (53.7 %)
Rural center	67 (30.7 %)
City Health Center	34 (15.6 %)
History of corona virus infection	
Yes	156 (71.6 %)
No	62 (28.4 %)
History of hospitalization due to corona virus	
Yes	7 (3.2 %)
No	211 (96.8 %)
History of losing family members due to corona virus	
Yes	8 (3.7 %)
No	210 (96.3 %)

Table 2. Description of perceived social support, stress, anxiety and burnout of study participants

Variables	Mean	SD	Skewnes s	kurtosis	Mean (0 to 100)
Stress	9.11	5.64	0.11	- 0.93	43.4
Anxiety	6.44	5.23	0.57	- 0.44	30.6

Burnout	39.30	19.02	0.39	- 0.03	29.8
Exhaustion emotional	16.06	12.05	0.71	- 0.21	29.7
Depersonalization	4.11	4.07	1.48	3.37	13.7
Lack of personal accomplishment	19.12	7.50	0.04	0.47	39.8
Perceived Social Support	45.87	8.75	- 0.85	0.70	70.6
Perceived social support from the family	16.04	3.12	- 0.72	0.12	75.3
Perceived social support from friends	14.27	3.49	- 0.63	0.24	64.2
Perceived social support from others	15.56	3.68	- 0.11	1.10	72.2

Table 3. Correlation of perceived social support with stress, anxiety and burnout

Variables	Perceived Social Support	
	Correlation Coefficients	P-value
Stress	-0.338	<0.001
Anxiety	-0.364	<0.001
Burnout	-0.364	<0.001
All correlation coefficients are significant at the 0.01 level.		

Table 4. Multiple regression model of the relationship between perceived social support and stress, anxiety and job burnout

Components	Unstandardized Coefficients		R^2_{adj}	Standardized Coefficients β	t	P-value
	B	SD				
Constant	14.935	2.363			6.31	<0.001
Social support (stress)	-0.202	0.039	-0.314	0.24	-5.16	<0.001
Constant	13.011	2.056			6.32	<0.001
Social support (anxiety)	-0.188	0.038	-0.315	0.16	-4.95	<0.001
Constant	62.287	7.669			8.12	<0.001
Social support (job burnout)	-0.904	0.134	-0.416	0.23	-6.74	<0.001
SD: Standard Deviation						
R^2_{adj} : Adjusted R squared						