# The Psychological Effect of a COVID-19 Pandemic-Related Stress Reduction Program on Educator's Mental Health, Resilience, and Degrees of Burnout

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## Abstract

The COVID-19 epidemic has put tremendous strain on educators, increasing stress, burnout, and lowering well-being. An evidence-based stress management program that included mindfulness, relaxation exercises, and cognitive-behavioral techniques was implemented to address these problems. One of the countries with the highest COVID-19 infection rates among medical personnel is Spain. This study aims to investigate depression, Posttraumatic Stress Disorder (PTSD), and anxiety during the COVID-19 pandemic. Examines are done on the relationships between factors, including resilience, burnout, demographics, COVID-19, and work. The cross-sectional data of 1419 different health professionals were analyzed. 56.3% of Healthcare (HC) professionals show signs of posttraumatic stress disorder, 58.3% have anxiety disorders, 46.2% have depressive disorders, and 41% report feeling emotionally spent. A medical worker that meets this description is a woman that is employed at a hospital in the Autonomous Community of Madrid, worries that someone she lives with could be infected, and believes that is very likely to get ill. Risk factors for anxiety and sadness consist of working 10- or 24-hour periods, being a woman, and worrying that relatives may be infected. Depersonalization and emotional weariness indicate risk for mental diseases, while resilience and individual satisfaction are protective factors with low values. Data are supplied to enhance worker occupational health prevention strategies. The Descriptive data analysis showed that program participants had better self-care habits and self-awareness. These results emphasize the significance of focused interventions to assist educators' Mental Health (MH) and well-being through emergencies like the COVID-19 epidemic.

## 1. Introduction

According to recent studies, numerous psychological issues, including stress, dread, and dissatisfaction, has been linked to isolation. Even if wearing a face mask in public and maintaining separation from others are prescribed COVID-19 precautions, there is still skepticism that the virus will ever be completely eradicated. As a result, our daily routines have undergone substantial alterations due to uncertainty around COVID-19 and the length of the homebound period (Yıldırım & Solmaz, 2022). Burnout syndrome is a psychologically distressing condition that causes changes in attitude, mood, and degree of motivation at work, among other symptoms. It seems that long term exposure to particular amounts of stress may have an important impact on the manner that the illness manifests. The World Health Organization (WHO) has also defined this construct, classifying it as a condition conceived as a consequence of persistent industrial stress that has not been efficiently restricted. The worldwide COVID-19 pandemic has altered educational paradigms and required educators to put forth much effort to adapt to a new and dangerous situation (Martínez-Ramón et al., 2021). According to research, several diverse demographic samples, including students, the general public, and HC professionals, have low rates of seeking psychological assistance after the COVID-19 outbreak. Studies have shown that some coping mechanisms can help us reduce stress while encouraging positive psychological outcomes. In contrast, others could encourage adverse MH effects, accelerate psychopathology symptoms, and even increase stress (Vilovic

et al., 2022). Healthcare workers (HCWs) faced significant obstacles and the same repercussions as the general community. HCWs must cope with new and continually changing procedures, a larger and more demanding schedule, a lack of personal safety gear for critically sick patients, and a higher probability of getting and transferring COVID-19 to patients, colleagues, and families. The pandemic's early consequences on medical workers included burnout and psychological suffering (Serrão et al., 2021). Globally, the COVID-19 epidemic has posed significant issues for educators, resulting in higher levels of stress, worse MH, and burnout. Implementing a stress reduction program that suits educators' requirements may significantly influence their well being, resilience, and burnout levels to address these urgent issues. Well established research has shown that pandemics affect MH. Multiple research investigations on the current global epidemic and others have shown sociodemographic characteristics (Di Giuseppe et al., 2021). The initiative would probably significantly negatively affect the MH of instructors. For instance, regular mindfulness practices have been demonstrated to lower stress, boost emotional well being, and increase resilience. The program's encouragement of these behaviors among educators will help them enhance their emotional control and self awareness, resulting in better MH results. One of the most demanding job environments is teaching because there is a high likelihood that professionals will have psychological effects (Salinas-Falquez et al., 2022). Stress management would allow teachers to recognize and take proactive measures against their stresses. The organization would pick up useful tips for attempting to lessen the negative effects of stress on their mental well being, improving the quality of their work life balance, and lowering their risk of burnout. Additionally, by providing access to options for MH, such as counseling services or online support groups, the initiative would foster a caring atmosphere where educators might seek assistance as necessary. Loss of enjoyment, energy, drive, and seclusion from coworkers, irritability, and a sense of trapping are some signs and symptoms of occupational tiredness syndrome. A condition is distinct and greater than job stress (Konstantopoulou et al., 2022). Even in the face of continued difficulties brought on by the epidemic, educators would be better able to handle the demands of their job through developed resilience and improved MH. Higher job satisfaction, improved output, and a more favorable work atmosphere would result from less burnout. This is considering academic performance affects a student's ability to find a satisfying career, enhance an occupation, or be accepted into more educational initiatives. Academic achievement also evaluates students' abilities to satisfy specific learning objectives (Basri et al., 2022). The MH, resilience, and levels of burnout would all improve if educators followed a COVID-19 pandemic related stress reduction program. Monitoring the long term effects of the COVID-19 pandemic on MH and evaluating the MH of medical personnel is crucial in the battle against the disease. It is believed that the battle against COVID-19 will be more successful if HC professionals have support for their MH and resilience (Yörük & Güler, 2021). Physicians, nurses, and other healthcare practitioners (HCPs) are susceptible to burnout that has been the subject of recent discussions. The WHO classified burnout as a syndrome under the International Classification of Diseases (ICD). Programs to reduce the stress associated with the COVID-19 epidemic often provide social assistance. This entails encouraging a feeling of community and connection among those going through comparable difficulties. People may share their experiences, ask for guidance, and support one another via online platforms, forums, or virtual support networks (Sharifi et al., 2021). Developing a stress management program for educators affected by the COVID-19 epidemic aims to support mental wellness, build resilience, and lower the risk of burnout. With the aid of the curriculum, educators will be given the materials, methods, and skills required to successfully deal with the epidemic's particular difficulties.

## 2.      Literature Review

The comprehensive analytical cross sectional survey had 364 nurses that took part as of April to June 2021. Survey example is used to recruit participants. Information was gathered using a demographic checklist, the Maslach Burnout Inventory (MBI), and the Connor Davidson Resiliency Scale. Data analysis was performed using SPSS version 22 software (Jamebozorgi et al. 2022). Baskin & Bartlett (2021) examined HC personnel's capacity for resiliency during the COVID-19 disease; the COVID-19 pandemic was the goal of the present studies. The COVID-19 epidemic is putting HC workers under unprecedented strain globally. Increasing disease toll, inadequate Personal Protection Equipment (PPE), and a lack of hospital beds have all contributed to the already fragile MH of HC employees. Patients' fare is enhanced if resilient staff members provide their care. Duarte et al. (2022) explored the impact of medical student's aptitude to spring up back from stressful situations

and their overall existence approval on the link between perceived stress and burnout in COVID-19. These 462 students replied to an online questionnaire used for a transversal evaluation. This recommends implementing initiatives to foster MH, focusing on building resilience and altering perspective on the world. The management techniques that may be used to help HC professionals become more resilient during and after the COVID-19 pandemic are summarized in this article. There is no more time and opportunity to implement policies that can grow, repair, and maintain the workforce's well being now and in the future because disease spread has been successfully slowed in many countries. The workload resulting from restrictions on surgical procedures in many institutions has decreased (Heath et al. 2022). As frontline educators, teachers faced enormous changes to their position, increased job expectations, inadequate resources, and the pandemic's repercussions. As a result, the survey-based study investigated the role of resilience in the relationship between South African schoolteachers' burnout and the dread of COVID-19 (Padmanabhanunni et al. 2023). Litam et al. (2021) determined whether perceived stress, coping mechanisms, resilience, and PTSD predict burnout, secondary traumatic stress, and compassion satisfaction in a nationwide sample of professional counselors that provided services during the COVID-19 epidemic. Strength showed a significant positive association with fatigue from compassion and a strong negative correlation with burnout, according to the results of multiple regression analysis. Merino-Godoy et al. (2022) analyzed the relationship between emotional fatigue and resilience and the psychological suffering of students having completed their nursing courses after the COVID-19 pandemic's peak. The pandemic has impacted nursing students' MH, although resiliency mitigated the harm. The overall score for emotional exhaustion is more critical than the total score for resilience and tends to be lower. The COVID-19 pandemic is a distressing occurrence that drastically altered working conditions and negatively impacted employees' health, especially those in the HC industry actively responding to the situation. By examining the current scientific information, this narrative review seeks to evaluate the benefits of the COVID-19 pandemic and potential health preventive and promotion methods (Finstad et al. 2021). AlKudsi et al. (2022) determined that community pharmacists' fear of COVID-19 is linked to outcomes of interest, including burnout, resilience, and levels of stress, anxiety, and depression during the pandemic. The pharmacists had mild burnout but moderate resilience, demonstrating their capacity to overcome obstacles. Future personal, societal, and organizational actions are necessary to improve the health of pharmacists by reducing stress, boosting self-efficacy and resilience, and avoiding burnout. According to a wealth of research, healthcare professionals now fighting COVID-19 have not been immune from the pandemic's effects on their psychological and MH. There aren't many types of research that examine the coping mechanisms, resilience, and social support interactions to keep HC workers' mental health safe during the epidemic (Labrague, 2021).

## 3. Methodology

### 3.1 Participants

Non-probabilistic sampling resulted in the inclusion of 1529 individuals in the sample. As a condition of exclusivity, the participants must continue communicating with COVID-19 patients. Because it wasn't medical practitioners with direct contact with these people, 116 were eventually rejected. A total of 1218 women and 193 males made up the study's sample. The range of ages was between 18 and 67, with a mean age of 43.8.

### 3.2 Measurement Variables and Instruments

The characteristics of COVID-19 that is important concerning finding a job. To better understand that the syndrome affects these professionals, participants in the present study gathered information on demographics related to work variables, modifications to the residence, possible interactions with others while working, COVID-19 tests, admissions to hospitals, isolation, defensive tools, importance across suitable impure, and apprehension to a relations member or an important person the live with may be infected.

### 3.2.1 Posttraumatic stress

A revised version of the Impact of Event Scale (IES-R) was used. A stressful life event's accompanying emotional suffering was measured using this scale. The scales include intrusion, avoidance, and hyperarousal, with 21 items altogether. According to the study, the cut-off point for posttraumatic stress was a score of 22. A

total IES-R value of at least 23 is connected to a mental disorder diagnosis, and an average score of 15 is related to a non analysis of a psychiatric illness.

### 3.2.2 Depression and Anxiety

The Hospital Anxiety and Depression Scale (HADS), in its Spanish Translation (ST), were used for this assessment. Consisting of 14 questions on a Likert scale with a range of 0 to 2, with sadness and anxiety each having six items. I feel tense, nervous, slow, and awkward are examples of items on the anxiety and depression scales, respectively. It assesses patients and the general public's signs of anxiety and despair.

### 3.2.3 Burnout

The Maslach Burnout Inventory-MBI-HSS test, that evaluates burnout syndrome, was used in its ST. It has 22 questions with seven possible responses on a Likert scale range from 0 to 5. The Spanish sample's cut-off values for health workers were utilized to determine the probability of the various burnout elements of this study.

### 3.2.4 Resilience

The Brief Resilience Scale (BRS) in Spanish be used. The capacity of the subject to manage environmental challenges and bounce back from trying situations is assessed using the resilience construct. It consists of 6 questions that must be answered on a Likert scale from 1 to 4. The more points received the more resilience to adversity the individual demonstrates.

### 3.3. Procedure

Before starting the research, it was accepted by the Deontological Committee of the Complutense University of Madrid's Faculty of Psychology. To inform them about this study, researchers contacted the trade unions and coordinators of health centers. Due to the lockdown, data were gathered through an online survey from April 1 to April 30, 2020, that contained the instruments mentioned earlier. Participants have to provide informed permission prior to beginning the survey in order to proceed.

### 3.4. Data Analysis

The statistical software SPSS 26 was used for the analyses. As mentioned earlier, analysis was done on the percentage of cases that displayed symptoms of the diseases. Descriptive studies have all been conducted on the symptoms of PTSD, burnout, resilience, and anxiety. To assess the nature of the association that exists between each of the variables, linear regression equations were used, regardless of whether or not there was an accompanying symptom. The R2 value and the standardized $\beta$ coefficient were used. Calculating the way each of the variables would be affected by sadness, anxiety, and posttraumatic stress disorder was the goal. This was done using dummy variables. In the end, linear regression models were used to identify the factors that were reciprocally related to the symptom of PTSD, anxiety, depression and. The forward extraction method was used to estimate the model using least squares. Educators have experienced elevated levels of stress and burnout due to the COVID-19 epidemic. A stress-reduction program designed explicitly for educators has been implemented to address these issues. The main goal of this program is to offer educators through the support and tools required to appropriately handle and reduce the stress brought on by the epidemic.

## 4. Results and Discussion

### 4.1 Analyses of the Proportion of HC Cases Involving Symptoms of Potential PTSD, Anxiety, Depression, and Burnout

Analysis was done to determine the percentage of medical cases that showed signs of probable PTSD, sadness, anxiety, and burnout at varying degrees of severity. Table 1 presents the findings for both genders. PTSD, depression symptoms, and anxiety vary by gender. Additionally, there are differences in the depersonalization scale of burnout among women and men.

**Table 1:** Number of patients exhibiting symptoms of anxiety, depression, posttraumatic stress disorder, and burnout (n = 1419)

| Variable | Total | Man | Woman | Total |
|---|---|---|---|---|
| **Anxiety (HADS)** | | | | |
| No disorder | 293(21.8%) | 65 (21.9%) | 231 (79.3%) | |
| Possible/probable disorder | 832(59.7%) | 109 (13%) | 726 (87%) | $X^2$=27.39** |
| Severe disorder | 294 (21.8%) | 23 (8.6%) | 274 (93.6%) | |
| **Emotional exhaustion (MBI-HSS)** | | | | |
| Low | 509 (36.10%) | 81 (15.8%) | 430 (85.4%) | $X^2$=3.830** |
| Medium | 327 (24.1%) | 37 (12%) | 293 (90%) | |
| High | 583 (41%) | 79 (14.5%) | 507 (87.7%) | |
| **Posttraumatic stress (IES-R)** | | | | |
| No psychiatric disorder | 241 (18%) | 56 (23.8%) | 188 (78.4%) | $X^2$=39.264** |
| Average score | 374 (27.5%) | 69 (19.2%) | 307 (82.10%) | |
| Psychiatric disorder | 804 (57.7%) | 72 (9.9%) | 735 (92.3%) | |
| **Personal accomplishment (MBI-HSS)** | | | | |
| Low | 119 (9.5%) | 24 (20.3%) | 98 (81.9%) | $X^2$=5.53 |
| Medium | 137 (10.8%) | 23 (16.10%) | 117 (85.2%) | |
| High | 1163 (82.10%) | 150 (13.9%) | 1016 (88.3%) | |
| **Depersonalization (MBI-HSS)** | | | | |
| Low | 925 (66%) | 106 (12.4%) | 822 (89.8%) | $X^2$=28.131** |
| Medium | 279 (20.7%) | 36 (12.6%) | 246 (88.6%) | |
| High | 215 (15.3%) | 55 (26%) | 163 (76%) | |
| **Depression (HADS)** | | | | |
| No disorder | 691 (49.7%) | 118 (17.9%) | 576 (84.2%) | $X^2$=13.51** |
| Possible/probable disorder | 647 (46%) | 66 (11%) | 584 (91%) | |
| Severe disorder | 81 (5.4%) | 13 (14.7%) | 71 (86.5%) | |

## 4.2 Data of Internal Consistency

The results of the analysis of the variables' internal consistency and correlations with the instrument used are shown in Table 2.

**Table 2**: Numerical outcomes of the Correlation matrix

| | Factors | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Resilience | -0.362** | -0.325** | -0.435** | -0.413** | -0.462** | -0.461** | -0.325** | -0.162** | 0.260** | 2 |
| 2 | Personal accomplishment | -0.05 | -0.021 | -0.021 | -0.019 | -0.161** | -0.299** | -0.201** | -0.240** | 2 | |
| 3 | Depersonalization | 0.172** | 0.220** | 0.219** | 0.226** | 0.290** | 0.295** | 0.516** | 2 | | |
| 4 | Emotional exhaustion | 0.375** | 0.346** | 0.424** | 0.421** | 0.513** | 0.485** | 2 | | | |
| 5 | Depression | 0.481** | 0.393** | 0.530** | 0.516** | 0.525** | 2 | | | | |
| 6 | Anxiety | 0.585** | 0.483** | 0.551** | 0.432** | 2 | | | | | |
| 7 | Posttraumatic stress | 0.913** | 0.877** | 0.928** | 2 | | | | | | |

| 8 | Hyperarousal | 0.82 6** | 0.69 7** | 2 | | | | | | | |
| 9 | Avoidance | 0.66 7** | 2 | | | | | | | | |
| 1 0 | Intrusion | 2 | | | | | | | | | |
| | $\alpha$ | 0.86 7 | 0.82 9 | 0.74 1 | 0.93 3 | 0.853 | 0.849 | 0.877 | 0.66 1 | 0.79 2 | 0.83 0 |

## 4.3. PTSD, anxiety, and Depression Symptoms Are Associated with Job-Related Sociodemographic Factors

Numerous studies that have been completed have looked into the relationship between different educational levels, including doctoral, postgraduate, bachelor, baccalaureate, secondary, and primary education, and Job Related (JR) sociodemographic factors and symptoms of PTSD, depression, and anxiety. This research tried to comprehend that outcomes related to MH in various occupations are influenced by educational achievement and other variables. According to a study, having more education often correlates with having less posttraumatic stress disorder, anxiety, and depression. Occupational status, employment expectations, work-life balance, and particular occupational stresses may all influence MH symptoms, regardless of educational degree. To create tailored treatments and support systems for people in diverse occupations, it is essential to take into account the interaction between educational achievement, workplace variables, and MH outcomes (Figure 1 and Table 3).
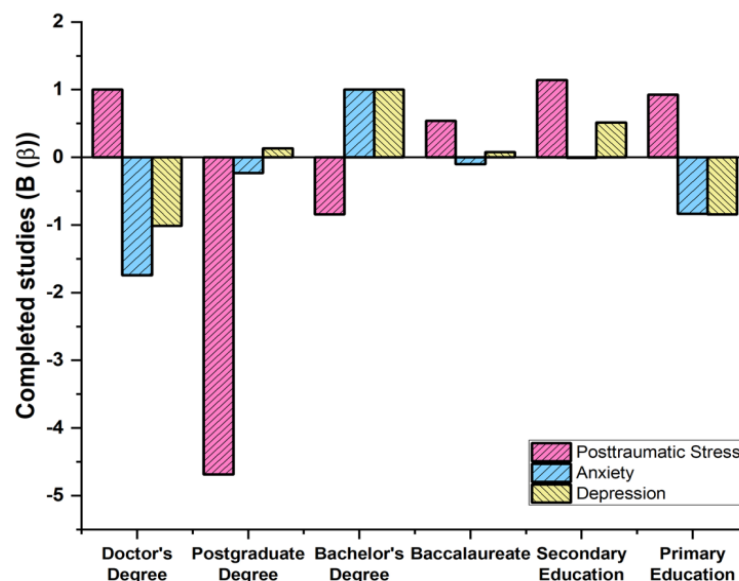


**Figure 1:** Completed studies

**Table 3**: Numerical Outcomes of Completed Studies

| | Completed studies(B($\beta$)) | | |
|---|---|---|---|
| | **Posttraumatic Stress** | **Anxiety** | **Depression** |
| Doctor's Degree | 1 | -1.744 | -1.012 |
| Postgraduate Degree | -4.688 | -0.233 | 0.133 |
| Bachelor's Degree | -0.843 | 1 | 1 |
| Baccalaureate | 0.538 | -0.102 | 0.077 |

| Secondary Education | 1.141 | -0.007 | 0.516 |
|---|---|---|---|
| Primary Education | 0.926 | -0.835 | -0.844 |

Numerous professional categories, such as Executive, Intermediate, and Base positions and job-related sociodemographic factors, have been studied concerning depressive, anxious, and posttraumatic stress disorder symptoms. These studies seek to comprehend the potential effects of employment duties and positions within each category on MH outcomes. According to research, people in higher professional categories, like executives, could feel different degrees of stress, anxiety, and depression than those in Intermediate or Base jobs. The incidence of these symptoms within each occupational category may be influenced by job autonomy, workload, job security, and work-life balance. Understanding that sociodemographic factors associated with the workplace affect MH outcomes across different occupational categories may assist in guiding the development of customized support systems for people in diverse employment types and efforts to enhance mental well-being (Figure 2 and Table 4).
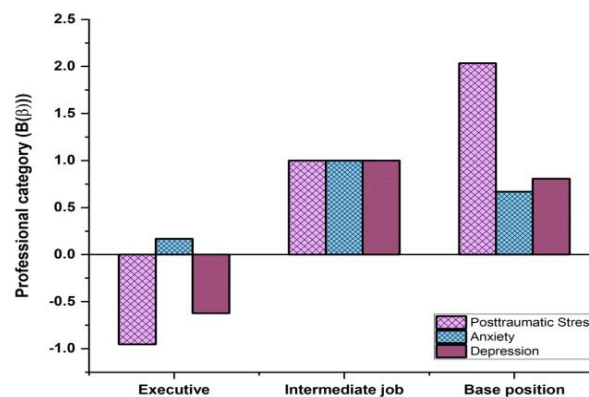


**Figure 2**: Professional categories

**Table 4:** Numerical outcomes of Professional categories

| | Professional category(B($\beta$)) | | |
|---|---|---|---|
| | **Posttraumatic Stress** | **Anxiety** | **Depression** |
| Executive | -0.953 | 0.169 | -0.623 |
| Intermediate job | 1 | 1 | 1 |
| Base position | 2.035 | 0.668 | 0.806 |

Findings have looked for the way various types of centers affect sociodemographic factors associated with employment and symptoms of PTSD, depression, and anxiety. These centers include hospitals, primary care, nursing homes, and day centers. These researchers seek to comprehend that the working environment and particular features of each kind of center may affect the results in terms of MH. According to research, individuals that work in various types of centers could feel differing degrees of stress, anxiety, and depression. Within each kind of center, elements including patient volume, quality of treatment, accessibility to services and support, and organizational culture might influence these MH symptoms. Interventions and support systems to enhance well-being and address the particular issues encountered by professionals in various HC settings may be informed by understanding the link between center types, JR individuality, and MH outcome (Figure 3 and Table 5).
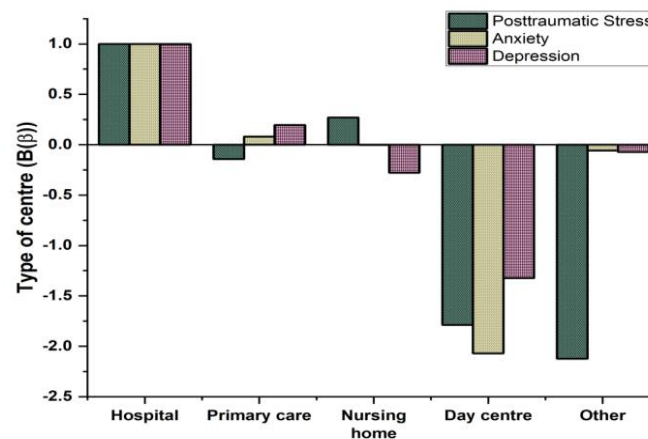
**Figure 3:** Types of centers

**Table 5:** Numerical outcomes of Types of centers

| | Type of centre(B($\beta$)) | | |
|---|---|---|---|
| | **Posttraumatic Stress** | **Anxiety** | **Depression** |
| Hospital | 1 | 1 | 1 |
| Primary care | -0.142 | 0.081 | 0.196 |
| Nursing home | 0.269 | -0.002 | -0.278 |
| Day centre | -1.788 | -2.07 | -1.323 |
| Other | -2.124 | -0.058 | -0.072 |

Numerous studies have examined the effects of different posts in the HC industry, including Medical posts, Nursing posts, Assistant Nurses, Caregivers, and others, on sociodemographic factors connected to the workplace and signs of PTSD, depression, and anxiety. These experiments seek to comprehend that the particular tasks and responsibilities inside each job may affect the results in terms of MH. According to research, people in various positions could feel differing degrees of stress, anxiety, and despair. Within each job, elements including workload, amount of responsibility, exposure to difficult circumstances, and the availability of support networks may play a role in these MH problems. To enhance well-being among HC professionals in various jobs, it might be helpful to identify intervention areas and create focused support systems by understanding the link between post type, job-related characteristics, and MH outcomes (Figure 4 and Table 6).
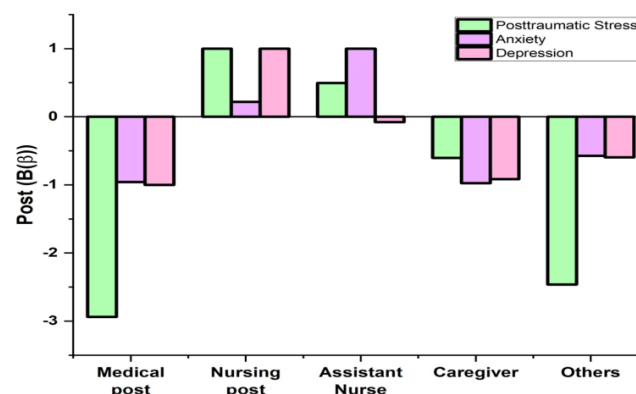


**Figure 4:** Post

**Table 6:** Numerical Outcomes of Post

|  | Post (B($\beta$)) | | |
| --- | --- | --- | --- |
|  | **Posttraumatic Stress** | **Anxiety** | **Depression** |
| Medical post | -2.937 | -0.959 | -1.002 |
| Nursing post | 1 | 0.218 | 1 |
| Assistant Nurse | 0.496 | 1 | -0.08 |
| Caregiver | -0.605 | -0.975 | -0.917 |
| Others | -2.464 | -0.575 | -0.595 |

Numerous contract types, including Statutory Fixed-Term, Full-Time Staff, Interim Staff, Temporary Employee, and In Training, have been studied concerning job-related sociodemographic characteristics and the symptoms of PTSD, anxiety, and depression. These studies seek to comprehend the potential effects of various contract forms on workplace MH outcomes. According to research, people with multiple contract kinds may go through distinct phases of tension, worry, and sadness. Within each contract type, variables, including employment stability, workload, degree of control, and prospects for professional advancement, might impact MH symptoms. Strategies to promote well-being and provide specialized support networks for people in various employment arrangements may be informed by understanding the effects of contract type on job-related sociodemographic characteristics and MH outcomes (Figure 5 and Table 7).
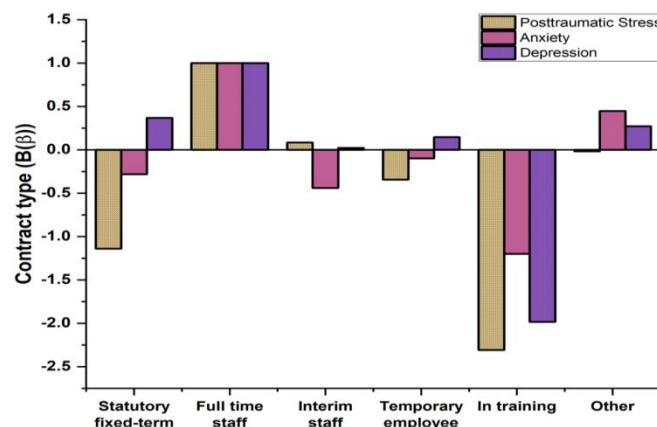


**Figure 5**: Contract type

**Table 7:** Numerical outcomes of Contract type

|  | Contract type (B($\beta$)) | | |
| --- | --- | --- | --- |
|  | **Posttraumatic Stress** | **Anxiety** | **Depression** |
| Statutory fixed-term | -1.14 | -0.282 | 0.366 |
| Full-time staff | 1 | 1 | 1 |
| Interim staff | 0.083 | -0.441 | 0.021 |
| Temporary employee | -0.345 | -0.1 | 0.147 |
| In training | -2.309 | -1.201 | -1.984 |
| Other | -0.017 | 0.446 | 0.271 |

### 4.4. Data on COVID-19, Burnout, and Resilience and its Relationship to PTSD, Anxiety, and Depression Symptoms

Moving into or staying with vulnerable people has a clear correlation with the symptoms of PTSD, anxiety, and sadness. On the other hand, employing PPE while not becoming too concerned those family members are sick being negatively connected through symptoms of PTSD, anxiety, and depression. PTSD is strongly correlated with hospitalization for COVID-19 symptoms and seclusion owing to potential disease transmission.

### 4.5. Regression Models for Depression, Anxiety, and PTSD

Having the basics, working in a hospital, getting extremely worried that a close friend or family member may become infected, and thinking that there's an elevated chance of also contracting COVID-19 are all positively correlated with PTSD. It is additionally associated with emotional exhaustion and depersonalization. The number of guards each month, emotional exhaustion, depersonalization, 10- or 24-hour shifts or on-call periods, intense concern that a household member may be infected, being single, and the conviction that someone may very well get COVID-19 are all risk factors.

### 4.6. PTSD, Anxiety, and Depression Regression Models by Gender

There is Depersonalization, being employed in a hospital, being extremely anxious that relatives may have COVID-19, and believing that acquiring the illness is very probable are all positively related and considerably connected with the symptoms of posttraumatic stress disorder PTSD. Personal achievement, resilience, living with an unmarried spouse, working in nursing homes, being a doctor or having another job, and believing that it is infrequent to have COVID-19 infection, on the other hand, are factors adversely connected to posttraumatic stress.

### 5. Discussion

This research aimed to examine the resiliency and symptoms of PTSD, anxiety, depression, and burnout among Spanish Healthcare (SH) workers during the 2009 H1N1 flu pandemic. The study aimed to identify the essential elements of PTSD, sadness, and anxiety and evaluate the relationship between each variable and their symptoms. The results showed that 56.3% of HC workers had PTSD symptoms. Stress affects up to 58.3% of the population, with severe cases occurring in 20.7%. Moreover, a substantial percentage, in particular 46%, would probably be suffering from depression, and 41% consider themselves emotionally depleted. Therefore, the original supposition would be correct even if a thorough evaluation is necessary for a clinical diagnosis. Compared to depersonalization and a lack of satisfaction in one's life, emotional tiredness stands out as the most crucial aspect of the burnout concept. Others have also noticed the extreme fatigue and negative feelings among emergency team members due to their work on the COVID-19 situation.

### 6. Conclusion

This study thoroughly explains the relationships between many factors and the signs and symptoms of PTSD, anxiety, and depression. No prior research has been discovered for SH professionals to assess these traits, including resilience and its relationships with the factors mentioned. To develop more targeted intervention strategies to lessen these symptoms, one of the study's critical applications is to describe the profiles of SH personnel with a higher likelihood of suffering from PTSD, anxiety, and depression. The information offered is crucial to safeguard the well-being of people that provide patient care during upcoming COVID-19 waves or other comparable scenarios. This study's findings should be considered while developing future longitudinal studies examining the development of these symptoms and the risk profiles mentioned. These initiatives often need more time and materials, and these may not be easily accessible in already overloaded educational environments. With their usual workload, adjusting to new teaching techniques, and juggling online or hybrid learning difficulties, educators may already be overburdened. Future studies should compare program types, factors, and student outcomes. These projects will increase our understanding that stress management practices may enhance educators' resilience, MH, and burnout, improving the overall welfare of educators and students in the educational system.

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