

Prevalence of Acute Post-Traumatic Stress Symptoms and Perceived Stigma among COVID-19 Patients in Jordan

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Abstract

Objectives: To assess the likelihood of post-traumatic stress symptoms (PTSS) in patients with COVID-19 and to evaluate the social stigma associated with contracting the disease.

Methods: This is a cross-sectional study conducted at Prince Hamza Hospital in Amman, Jordan. Ninety-nine hospitalized COVID-19 patients completed a self-administered questionnaire encompassing demographic data, the Impact of Events Scale-Revised (IES-R), stigma, and the effects of COVID-19 on the patient's life post-recovery. Descriptive and multivariate analyses were then performed.

Results: The participants were 52% males, 48% females, and nearly 61% of them were aged 20–50 years. The results revealed that 45.5% of them had a high clinical concern for PTSD, 31.3% had a likely diagnosis of PTSD, and 28.3% had very severe acute stress symptoms. Regarding social stigma, 64% of participants expected that people would treat them differently to varying degrees.

Conclusions: Almost half the patients reported some degree of acute stress symptoms as well as being stigmatized. This underlines the emotional impact the disease has on patients and the importance of providing psychosocial and mental health support to COVID-19 patients.

Keywords: COVID-19, post-traumatic stress, mental health, stigma

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BACKGROUND

In December 2019, Wuhan, China, became the center of an outbreak of pneumonia cases. By January 7, 2020, scientists isolated a novel coronavirus (Co-V) [1]. On January 30, the World Health Organization declared the outbreak of the current novel coronavirus, termed SARS-CoV-2, to be a public health emergency of international concern [2]. The first case of COVID-19, the

disease caused by SARS-CoV-2, was diagnosed in Jordan on March 3, 2020 [3]. Jordan implemented a curfew across the country on March 21, 2020, to control the spread of SARS-CoV-2 [4]. By August 14, 2021, there were a total of 781,552 confirmed Covid-19 cases and 10,187 deaths [5].

The increased number of cases and deaths throughout the world caused widespread concern, fear, and stress. Vulnerable individuals, especially the elderly and those with underlying poor health, had a higher risk of physical and mental health deterioration [6]. The constant fear, worry, uncertainties, and stressors in the general population during the SARS-CoV-2 outbreak led to long-term consequences within communities, families, and high-risk groups. Some of the specific consequences included:

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deterioration of social networks, local dynamics, and the economy; stigmatization; aggression against government and frontline workers; aggression against children and family members; mistrust of information provided by government and other authorities; mental health problems and substance use disorders [7].

The National Center for PTSD defines a traumatic experience as one that typically involves the potential for death or serious injury, resulting in intense fear, helplessness, or horror. Lifetime prevalence of post-traumatic stress disorder (PTSD) in the general population has been estimated to range from 5.6–8.3% [8,9]. The DSM-5 lists three categories of post-traumatic stress symptoms (PSSS): intrusive, avoidance, and hyperarousal. Five intrusive symptoms are listed, and at least one is required to be present for a diagnosis of PTSD [10]. These symptoms include: distressing memories, distressing dreams of the event, acting or feeling as if the traumatic event was recurring, intense psychological distress, and physiological reactivity (sweating, heart racing, etc.) when reminded of the event. Avoidance symptoms represent attempts to block out unpleasant memories and feelings, and at least three are required for a PTSD diagnosis. Examples of these symptoms are: efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places or people which arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest in participation in significant activities; feelings of detachment from others; restricted range of affect and emotional responsiveness; and, a sense of a foreshortened future. Hyperarousal symptoms cause individuals to feel constantly at risk, and two are required for PTSD. Hyperarousal symptoms are: difficulty in falling or staying asleep; irritability or outbursts of anger; difficulty in concentrating; exaggerated startle response; and, hypervigilance for signs of danger. PTSD should be diagnosed if the symptoms persist for at least one month. If the symptoms remit within one month after the traumatic event, a

diagnosis of acute stress disorder (ASD) is indicated.

PTSD and stigmatization were reported during the severe acute respiratory syndrome (SARS) outbreak as well as during many other disasters [11]. The following have been reported as possible risk factors for PTSD: fear of contagion and infection, feelings of uncertainty, stigmatization and rejection in the patient's neighborhood, and fear of being quarantined. One study showed a significant increase in PTSD among healthcare workers during each of the last three major Coronavirus outbreaks [12]. Similar to prior outbreaks, social stigma and discrimination associated with COVID-19 may be directed towards infected individuals, family members of infected patients, and healthcare workers. A recent study reported a very high prevalence of PTSD symptoms in quarantined COVID-19 patients and also noted that stigmatization of these patients was high during this time [13].

Steps must be taken to address stigma and discrimination at all phases of the COVID-19 emergency response. Understanding how the current SARS-CoV-2 pandemic is affecting the mental health of infected individuals will help us provide a greater level of holistic care to these patients. Furthermore, knowing how patients with COVID-19 are being stigmatized will help us to promote the integration of people who have been affected by the virus without over-targeting them [14]. Thus, this study aimed to assess the prevalence of PTSS among the hospitalized COVID-19 patients in Prince Hamza hospital in Jordan and to explore their perceptions regarding the social stigma associated with contracting the disease.

METHODS

Study design

A cross-sectional study was conducted at the Prince Hamza hospital, the main governmental hospital that provides care to COVID-19 patients in Jordan. This study received ethical approval from the Hashemite University Research Ethics Committee in March, 2020. All the hospitalized patients with a confirmed COVID-19 diagnosis who were able to speak

between March 26–28, 2020 participated in this study. This excluded any patients on ventilators or those who were too short of breath to respond to the questions. Informed consent forms were signed by all the participants prior to their participation in this research. Confidentiality and autonomy were assured, and they were informed about the purpose of the study, the voluntary nature of their participation, and their right to access findings.

Measuring instrument

A questionnaire was developed based on the literature to collect demographic data of the patients along with the Impact of Events Scale-Revised (IES-R) [15]. IES-R is a 22-item self-report measure that assesses subjective distress caused by traumatic events. Two additional questions were added to assess stigma and the impact of COVID-19 on the patient's life post-recovery. The IES-R is based on three clusters of post-traumatic stress symptoms identified in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) as indicators of PTSD. The three clusters of symptoms are intrusion (eight questions), avoidance (eight questions), and hyperarousal (six questions).

The IES-R score relies on a patient's own report of symptoms and is used to gauge their response to a traumatic event, as well as to evaluate their recovery. Examples of questions from each of the three clusters are: 1) Other things keep making me think about it (intrusion); 2) My feelings about it are kind of numb (avoidance); and, 3) I feel irritable and angry (hyperarousal).

Evidence substantiates the use of the IES-R as a valid and reliable measure of evaluating intrusive and avoidance behavior and as a low-cost measure to help detect PTSD [16–18]. The scale was developed by comparing a variety of traumatized groups with non-traumatized groups and used the previous seven days as the timeframe. While the scale is not designed to give an absolute diagnosis of PTSD, it has been shown that IES-R scores one week after a traumatic event predict PTSD six months later with 92% sensitivity [19].

Two additional questions were added to assess the psychological effect of stigma on

patients diagnosed with COVID-19. These questions were: 1) Do you think this infection will affect you in the future? and 2) Do you think people will look at you in a different way in the future after you leave the hospital? Responses were graded on a five-point Likert scale ranging from not at all to extremely likely.

Data collection

Of the total of 105 patients diagnosed with COVID-19 and were under treatment in Prince Hamza Hospital, 99 of them gave written consent to participate. The 99 patients who completed the questionnaire were in various stages of hospitalization of at least two weeks, which was the minimum allowed length of hospitalization for COVID-19 patients in Jordan at that time. Patients' symptoms ranged from mild to moderately severe. To comply with infection control, data were collected by the nurses already assigned to care for the patients to avoid exposing additional personnel to the risk of infection. After explaining the objectives of the study and the strict fulfilment of all the ethical considerations, the nurses gave the patient who agreed to participate in the study a consent form to sign and the questionnaire to be self-completed. Upon completion, the nurses would take photographs of the questionnaires and consent forms and discard the papers and pens in the room. The photographs were sent to the principal investigator who conducted the data analysis.

Statistical analysis

Data were analysed using statistical package for social studies (SPSS), version 24 (IBM Corp., Armonk, NY, USA.). Descriptive and multivariate analyses were used. Means and standard deviations were utilized to describe the continuous variables, and percentages were used to describe the categorical data. Chi-square analysis was used to compare variables and using p -values of <0.05 were considered significant. IES-R scores were tallied. A score of above 24 on the IES-R indicated PTSD was at least of clinical concern. Individuals with scores in this range who did not have a complete diagnosis of PTSD were considered to have partial PTSD or PTSS. Scores above 32 indicated an individual with a probable PTSD diagnosis. A score of more than 37 indicated a

patient with very severe post-traumatic symptoms.

RESULTS

A total of 99 COVID-19 patients participated in this study (52% males and 48% females). Their sociodemographic characteristics are described in Table 1. There were thirteen patients (13.1%) aged below 20 years, 60 (60.6%) aged 20–50 years, 24 (24.2%) aged 50–70 years, and two (2.0%) over 70 years.

According to the IES-R scores, 28.3% of the participants had very severe post-traumatic symptoms (score ≥ 37) and 31.3% had symptoms indicating a probable diagnosis of PTSD (score ≥ 33) if the symptoms persisted for greater than one month. Almost half of the patients (45.5%) had a score high enough to give at least a clinical suspicion of PTSD (score ≥ 24). The distribution of patients according to total score is shown in Table 2.

Table 1: Impact of events scale—revised (IES-R) Data Information

	Intrusion			Avoidance			Hyperarousal			Total		
	Mean	SD	p-value	Mean	SD	p-value	Mean	SD	p-value	Mean	SD	*p-value
Age group			0.966			0.324			0.764			0.785
<20	1.0	1.1		1.5	1.2		0.9	1.1		25.1	23.9	
20–29	1.3	1.1		1.6	1.1		1.3	1.1		31.4	23.5	
30–39	1.2	1.1		1.2	0.9		0.9	1.1		24.3	21.5	
40–49	1.2	1.2		1.4	1.0		0.8	1.0		25.6	20.9	
50–59	1.1	1.0		1.0	0.9		0.9	0.9		22.0	19.0	
60–69	0.9	0.8		0.8	0.9		0.7	0.6		17.9	17.4	
70+	1.3	0.3		1.4	0.8		1.2	0.2		29.0	2.8	
Gender			0.169			0.144			0.053			0.092
Male	1.0	0.9		1.1	0.9		0.8	0.8		21.9	17.3	
Female	1.3	1.2		1.4	1.1		1.2	1.2		29.0	24.1	
Nationality		0.7	0.198		1.0	0.206		0.6	0.282		17.0	0.191
Iraqi	0.7	0.6		1.0	0.9		0.6	0.9		17.0	13.2	
Jordanian	1.2	1.1		1.4	1.1		1.0	1.0		27.3	21.5	
Others	0.9	1.0		0.8	0.9		0.7	1.0		18.2	21.5	
Cigarette smoker		1.0	0.179		1.1	0.075		0.7	0.120		20.8	0.120
Yes	1.0	0.8		1.1	0.9		0.7	0.8		20.8	16.0	
No	1.3	1.1		1.4	1.1		1.1	1.1		27.7	23.1	
Shisha smoker		0.6	0.658		1.0	0.879		0.5	0.795		15.5	0.798
Yes	1.1	0.9		1.4	0.8		0.9	0.9		25.1	17.8	
No	1.2	1.1		1.3	1.1		1.0	1.1		25.7	22.0	
Total	1.2	1.0		1.3	1.0		1.0	1.0		25.3	21.1	

* Chi-square was used to compare variables, using a p -value of <0.05

The average scores for the three main divisions of symptoms assessed by the IES-R (intrusion, avoidance, and hyperarousal) did not differ significantly according to the studied characteristics. When researching differences between age groups, p -values were 0.966 for intrusion, 0.324 for avoidance, and 0.764 for hyperarousal. Regarding gender differences, p -values were 0.169 for intrusion, 0.144 for avoidance, and 0.053 for hyperarousal.

As for the patients' perception of social stigma, 36% of participants did not expect people to look at them differently. Some 18.1% reported an expectation that people would treat them a little differently, 17.1% reported people would look at them moderately differently, 12.1% reported people would look at them quite a bit differently, and 16.1% reported an expectation that people would look at them extremely differently.

Table 2: Impact of events scale—revised (IES-R) results

				Clinical concern for PTSD		Probable PTSD diagnosis		Very Severe Acute Stress Symptoms
		N	n	%	n	%	n	%
Gender	Male	51	21	41.2%	12	23.5%	11	21.6%
	Female	48	24	50.0%	19	39.6%	17	35.4%
Nationality	Iraqi	9	2	22.2%	1	11.1%	1	11.1%
	Jordanian	79	39	49.4%	28	35.4%	25	31.6%
	Others	11	4	36.4%	2	18.2%	2	18.2%
Cigarette Smoking	Yes	34	12	35.3%	7	20.6%	7	20.6%
	No	65	33	50.8%	24	36.9%	21	32.3%
Shisha Smoking	Yes	20	9	40.0%	5	25.0%	4	20.0%
	No	79	37	46.8%	26	33.8%	24	31.2%
Age group	<20	13	5	38.5%	2	15.4%	2	15.4%
	20–29	21	11	52.4%	10	47.6%	10	47.6%
	30–39	22	10	45.5%	6	27.3%	4	18.2%
	40–49	17	9	52.9%	6	35.3%	6	35.3%
	50–59	16	6	37.5%	5	31.3%	4	25.0%
	60–69	8	2	25.0%	2	25.0%	2	25.0%
	70+	2	2	100.0%	0	0.0%	0	0.0%

DISCUSSION

The results of this study show that nearly half of the COVID-19 patients had a strong clinical concern for PTSD, and about two-thirds of them expected they would face stigma and people would treat them differently to varying degrees. Health care workers often focus on treating the physical health of patients while neglecting to treat the mental health consequences of a disease process. While most diseases have an impact on mental health, the massive scale of the SARS-CoV-2 pandemic places an extra layer of stress on patients diagnosed with the disease. Constant news reports of new cases and patient deaths are inundating the lives of many people around the world. Bombardment with this information places added stress on all individuals, but particularly on those infected by the disease as well as their relatives.

In our study, there was no statistically significant difference in PTSS, as indicated by the IES-R, between individuals of different genders, ages, nationalities, and smoking status. However, there was a trend toward higher scores in females in all categories. A study of 263 COVID-19 patients in a province approximately 1700 kilometres from Wuhan, China found only a mild stressful impact on infected patients with the IES scale, an earlier version of the scale we used [20]. The PTSS scores of Jordanian patients hospitalized with

COVID-19 were surprisingly much higher. This discrepancy could be due to sampling only hospitalized patients rather than including patients not need to be hospitalized.

A study in Hong Kong on the general population during the SARS epidemic that included IES-R also had lower scores than found in our study [21]. The high rates of PTSS found in our study are a clinical concern that underlines the importance of addressing the psychological impact of the pandemic for patients and their families, as well as in the general population. Ideally, follow-up should be arranged after discharge in patients' home communities with primary care physicians who are knowledgeable about mental health.

Stress can come from within an individual, such as the patient's personal anxieties and fears about the disease. Stress can also come from outside an individual, such as the social stigma placed on individuals with the disease. Our study highlights the impact of both internal and external stressors on COVID-19 patients.

It is worrisome that 28% of our patients had scores high enough to have severe PTSS. Post-traumatic stress greatly affects the life of individuals, and some studies indicate that it may lead to a depressed immune function. If the stress response is high enough, the effect on the immune system may last for at least ten years [22].

Our study was the first effort to research the mental health impact of COVID-19 patients in

Jordan. With such a large percentage of patients reporting post-traumatic symptoms, the emotional impact of the disease is clearly evident. Furthermore, the high percentage of patients reporting stigmatization by those around them reveals the societal impact of the disease.

While much research has been conducted on mental health in chronic disease patients, more research is needed regarding mental health treatment and emotional support of COVID-19 patients specifically. Understanding the effect of COVID-19 on mental health will help inform intervention strategies to enhance resilience, mitigate stress reactions, and promote the well-being of patients.

There are limitations to this study. One is a lack of information about the mental health history of patients. Patients with previous mental health problems may report higher PTSS than the general population, which has been observed in a recent study evaluating the impact of lockdown and social distancing measures on psychiatric patients [23]. When our study was completed, there were still a relatively small number of COVID-19 cases within Jordan, so we were confined to a cross-sectional study with a small sample size. Another study could also include COVID-19 patients ranging from asymptomatic to severe disease. Also, since this was a single assessment, we were unable to follow patients longitudinally. Future studies could follow patients over time in order to have a greater perspective on the long-term psychological effects. While our study was an important first step for assessing stigma in COVID-19

patients, an in-depth qualitative study is still needed to better understand the types and degrees of stigma affecting COVID-19 patients.

CONCLUSION

Patients infected with SARS-CoV-2 are at high risk of developing PTSS, which can lead to PTSD. These individuals are also at high risk of being stigmatized by those around them. There is a need for qualitative research to better understand the acute stress ramifications associated with a COVID-19 diagnosis to provide evidence for designing effective prevention and mitigation interventions.

KEY POINTS:

- Patients with COVID-19 are at high risk of acute post-traumatic stress symptoms and stigmatization.

- Further studies should be performed on the mental health impact and stigmatization of patients with COVID-19 to help inform intervention strategies to reduce the acute stress reaction and promote the holistic well-being of patients.

Ethical approval obtained from: Hashemite University Research Ethics Committee (IRB)

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REFERENCES

1. Wang, C. A novel coronavirus outbreak of global health concern. *Lancet*. 2020;395:470–473.
2. Mahase, E. China coronavirus: WHO declares international emergency as death toll exceeds 200. *Br Med J (Clin Res Ed)* 2020; 368:408.
3. World Health Organization (WHO). Coronavirus disease 2019 (COVID-19) Situation Report – 43. 2020 Mar 3. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200303-sitrep-43-covid-19.pdf?sfvrsn=2c21c09c_2. Accessed April 1, 2020.
4. Government intent on continuing curfew to halt spread of COVID-19. *The Jordan Times*. <https://www.jordantimes.com/news/local/govt-intent-continuing-curfew-halt-spread-covid-19-%E2%80%9494-razzaz>. Accessed March 30, 2020.
5. Worldometers online report. Jordan Covid-19 statistics, 14 August 2021. <https://www.worldometers.info/coronavirus/country/jordan/>. Accessed on 14 August 2021.
6. World Health Organization (WHO). Mental health and psychological resilience during the COVID-19 pandemic. 2020 Mar 27. <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic>. Accessed April 1, 2020.
7. Interagency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Addressing mental health and psychosocial aspects of COVID-19 outbreak. Geneva. 2020 Mar 17.
8. Interagency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks: A Guide for Public Health Programme Planners. Geneva; 2015.
9. Kessler, R.C., Sonnega, A., Bromet, E., Nelson, C.B. Posttraumatic stress disorder in the National Comorbidity Survey. *Arch. Gen. Psychiatry*. 1995 Dec;52(12):1048-60. PubMed PMID 7492257. doi: 10.1001/archpsyc.1995.03950240066012.
10. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). Washington DC; 2000.
11. Mak et. al. Risk factors for chronic post-traumatic stress disorder (PTSD) in SARS survivors. *Gen Hosp Psychiatry*. 2010 Nov-Dec;32(6):590-8.
12. Carmassi et al. PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic. *Psychiatry Research*. 2020 Oct;292:113312. doi:10.1016/j.psychres.2020.113312.
13. Dutheil, F., Mondillon, L., & Navel, V. PTSD as the second tsunami of the SARS-Cov-2 pandemic. *Psychological Medicine*. 2020;1-2. doi:10.1017/S0033291720001336.
14. Frans, Ö., Rimmö, P.A., Åberg, L., Fredrikson, M. Trauma exposure and posttraumatic stress disorder in the general population. *Acta Psychiatr. Scand*. 2005 Apr;111(4):291-9. PubMed PMID 15740465. doi: 10.1111/j.1600-0447.2004.00463.x.
15. Weiss, D.S. The Impact of Event Scale-Revised. Assessing psychological trauma and PTSD: A practitioner's handbook, 2nd edition. New York: Guilford Press; 2007.
16. Sundin EC, Horowitz MJ. Impact of Event Scale: psycho-metric properties. *Brit J Psychiatry*. 2002;180:205-9.
17. Asukai, N, Kato, H. et al. Reliability and validity of the Japanese-language version of the Impact of event scale-revised (IES-R-J). *Journal of Nervous and Mental Disease*. 2002;190(3):175-182.

18. Creamer, M. Bell, R. & Falilla, S. Psychometric properties of the Impact of Event Scale-Revised. *Behaviour Research and Therapy*. 2002;41:1489-1496.
19. Orsillo, S. Measures for acute stress disorder and posttraumatic stress disorder. In: Practitioner's guide to empirically based measures of anxiety. New York; 2001. p. 255-307.
20. Zhang, Y. Impact of the COVID-19 Pandemic on Mental Health and Quality of Life among Local Residents in Liaoning Province, China: A Cross-Sectional Study. *Int. J. Environ. Res. Public Health* 2020 Mar 31;17(7):2381. doi:10.3390/ijerph17072381.
21. Lau, J et. Al. Positive Mental Health-Related Impacts of the SARS Epidemic on the General Public in Hong Kong and their Associations with other Negative Impacts. *J. Infect.* 2006 Aug;53(2):114–24.
22. Kawamura, N. Yoshiharu, K. & Nozomu, A. Suppression of Cellular Immunity in Men with a Past History of Post-Traumatic Stress Disorder. *American Journal of Psychiatry*. 2001;158:484-486.
23. Carmassi, C et. Al. Tele-Psychiatry Assessment of Post-traumatic Stress Symptoms in 100 Patients with Bipolar Disorder During the COVID-19 Pandemic Social-Distancing Measures in Italy. *Frontiers in Psychiatry*. 2020 Dec 03. doi:10.3389/fpsy.2020.580736.

تقييم إنتشار أعراض اضطراب الكرب ما بعد الصدمة والشعور بوصمة العار لدى مرضى كورونا "كوفيد 19" في الأردن

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الملخص

الخلفية: يهدف هذا البحث إلى تقييم معدل ظهور أعراض الكرب ما بعد الصدمة (PTSS) في مرضى كورونا "كوفيد 19" والوصمة الاجتماعية المرتبطة بالإصابة بالمرض.

منهجية الدراسة: دراسة مقطعية أجريت في مستشفى الأمير حمزة، الأردن. حيث أجاب تسعة وتسعون من مرضى كوفيد 19 ذاتياً على استبيان يشمل البيانات الديموغرافية، وتأثير مقياس الأحداث المنقح (IES-R)، ووصمة العار وتأثيرات كوفيد 19 على حياة المريض بعد الشفاء. تم إجراء التحليل الوصفي ومتعدد المتغيرات بواسطة البرنامج الإحصائي SPSS 24.

النتائج: المشاركون في هذه الدراسة: 52% ذكور و 48% إناث وحوالي 61% منهم تتراوح أعمارهم بين 20-50 سنة. أظهرت النتائج أن 45.5% منهم كان هناك قلق سريري كبير يتعلق بإصابتهم بأعراض كرب ما بعد الصدمة، و 31.3% كان تشخيصهم محتمل لاضطراب كرب ما بعد الصدمة، و 28.3% كان لديهم أعراض إجهاد حادة شديدة. فيما يتعلق بالوصمة الاجتماعية، توقع 64% من المشاركين أن يعاملهم الناس بشكل مختلف ودرجات متفاوتة نتيجة لإصابتهم بكوفيد 19.

الاستنتاجات: ما يقرب من نصف المرضى أبلغوا عن درجة معينة من أعراض الإجهاد الحاد بالإضافة إلى وصمة العار. وهذا يؤكد التأثير النفسي لكوفيد 19 على المرضى وأهمية تقديم الدعم النفسي والاجتماعي والعقلي لهم.

الكلمات الدالة: جائحة كوفيد19، كرب ما بعد الصدمة، الصحة النفسية، وصمة العار.