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Asthenia and coping strategies of Russian medical workers during the first wave of the novel coronavirus pandemic

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Introduction: During the first wave of the COVID-19 pandemic in Russia, medical workers were forced to work much harder, quickly learn new skills, and endure constant emotional stress. These factors could have triggered the emergence of a specific psychopathological syndrome — asthenia, which is characterised by general and mental weakness, increased exhaustion, irritability, decreased mental productivity, decreased motivation, sleep disorders, and other psychosomatic disorders. To reduce asthenia, healthcare workers resorted to various coping strategies.
Objectives: The study aimed to investigate the relationships between different types of asthenia and coping strategies among healthcare workers during the first wave of the COVID-19 pandemic in Russia.
Methods: Data were collected between May and July 2020 using a Google Form developed by the authors. The sample comprised 45 healthcare workers residing in Russia. Levels of asthenia were assessed with the MFI-20 inventory, and coping strategies were identified using the COPE-60 inventory. Both instruments had been previously adapted for use in the Russian context.
Results: We found that general asthenia had negative correlations with the coping strategies 'behavioural avoidance' (r_s = -0.407, $p < 0.05$) and 'restraint' (r_s = -0.396, $p < 0.05$); reduced activity — with the coping strategy 'focusing on emotions and their active expression' (r_s = -0.405, $p < 0.05$); physical asthenia — with 'behavioural avoidance' (r_s = -0.376, $p < 0.05$) and 'acceptance' (r_s = -0.390, $p < 0.05$); mental asthenia — with 'focusing on emotions and their active expression' (r_s = -0.493, $p < 0.01$) and 'use of "sedatives"' (r_s = -0.478, $p < 0.01$). Decreased motivation had no statistically significant correlations with any coping strategy.
Conclusions: During the first wave of the pandemic, Russian medical professionals exhibited the following pattern. As they increasingly abandoned active attempts to change the situation and adopted a wait-and-see attitude, as well as accepting what had happened rather than repressing it, their levels of fatigue and physical asthenia decreased. The pace of work among medical workers was negatively associated with the degree to which they demonstrated their emotions vividly. As mental asthenia increased, medical workers showed their emotions less vividly and resorted to psychoactive substances less often. It is necessary to train medical workers in practical ways to combat asthenia.

Disclosure of Interest: None Declared

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Self-Regulation Behaviour Styles and Levels of Asthenia in Humanities Students and People living with HIV in Russia during the COVID-19 Second Wave

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Introduction: The COVID-19 pandemic required widespread adaptation to new environmental stressors, affecting the mental and physical health of diverse populations. A critical factor in this adaptation process is self-regulation. Self-regulation behaviour styles are stable patterns of voluntary action control that vary by individual and can influence responses to stress and adaptation challenges. In a pandemic context, these styles may influence the manifestation of asthenia.
Objectives: This study investigates self-regulation behaviour styles and levels of asthenia in two distinct groups within the Russian population during the second wave of the COVID-19 pandemic: humanities students and HIV-positive patients. The study further examines relationships between self-regulation styles and asthenia within each group.
Methods: Data collection was conducted from January to July 2021 through a specially developed Google form. The sample included 35 students from Russian universities specializing in the humanities and 59 HIV-positive patients. The study employed the "Behavioural Self-Regulation Style" questionnaire by V.I. Morosanova to measure self-regulation styles and profiles. To assess asthenia levels, the study used the MFI-20.
Results: Self-Regulation Levels: Among students, 20% displayed low levels of self-regulation, while 37% showed high levels. In the HIV-positive group, 10% exhibited low self-regulation, and 37% exhibited high self-regulation. The self-regulation behaviour styles between the two groups did not show statistically significant differences. Analysis of asthenia revealed no significant differences between the groups in general asthenia (students: $M = 11.71 \pm 1.69$; patients: $M = 12.00 \pm 1.87$; $p > 0.05$), reduced activity ($M = 11.94 \pm 1.71$ vs. $M = 12.00 \pm 2.12$; $p > 0.05$), decreased motivation ($M = 11.31 \pm 2.23$ vs. $M = 12.80 \pm 3.19$; $p > 0.05$), physical asthenia ($M = 13.31 \pm 1.51$ vs. $M = 13.00 \pm 1.22$; $p > 0.05$), and mental asthenia ($M = 11.66 \pm 1.71$ vs. $M = 10.80 \pm 1.92$; $p > 0.05$). Among students, general asthenia correlated positively with programming ($rs = 0.336$, $p < 0.05$).Within HIV-positive group, general asthenia was negatively correlated with performance appraisal ($rs = -0.889$, $p < 0.05$). Additionally, reduced activity was correlated with performance appraisal ($rs = -0.889$, $p < 0.05$). Physical asthenia were negatively associated with autonomy ($rs = -0.949$, $p < 0.05$) and overall self-regulation ($rs = -1.000$, $p < 0.01$).
Conclusions: Students and patients with HIV did not differ in self-regulatory behaviour styles and levels of asthenia during the pandemic. Among students, general asthenia appears linked to an increase in behavioural programming, which may serve as a compensatory mechanism for resource mobilisation in the face of fatigue. Within the HIV-positive group, asthenia is strongly associated with reductions in self-regulation.

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