

Communication

# The Subjective Well-Being of the Staff at a Teaching Dental Center in a COVID-19 Epidemiological Surveillance System between the Years 2020 and 2022

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**Abstract:** Subjective well-being (SW) is understood as the personal judgment that an individual has about their value, perception, and level of satisfaction with respect to his or her life and existence. The present study had the purpose of understanding how pandemics have affected subjective well-being; therefore, the objective was to determine the subjective well-being of the staff at a teaching dental center in a COVID-19 epidemiological surveillance system between the years 2020 and 2022. A cross-sectional design was applied and was based on data from two records of the Centro Dental Docente of the Universidad Peruana Cayetano Heredia, Lima, Peru, between the years 2021 and 2022. The results show that the mean SW did not significantly vary ( $p = 0.114$ ) between 2021 (69.32; SD = 19.92) and 2022 (63.16; SD = 29.87). At a bivariate level, significant associations were also observed between SW and multiple variables such as the diagnosis and type of COVID-19, vaccination, contact with COVID-19 patients, systemic conditions, body mass index, educational level, gender, and age. Meanwhile, according to the regression analysis, not having COVID-19 was positively associated with higher levels of subjective well-being. This study highlights the impact of the COVID-19 pandemic on the mental and emotional states of dental healthcare personnel, emphasizing the need for strategies to mitigate stress and anxiety in such critical work environments.

**Keywords:** subjective well-being; epidemiological surveillance system; COVID-19; dental center



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## 1. Introduction

COVID-19 is an infectious and highly contagious disease caused by the SARS-CoV-2 virus, which causes a series of respiratory complications [1]. It was declared a Public Health Emergency of International Importance (PHEIC) by the World Health Organization (WHO) in January 2020 [2]. Faced with this problem, all work sectors were affected, especially dental services, which involve the proximity of professionals to the patient's oral cavity. This biological niche can harbor microorganisms and pathogens, which pose a risk of cross-contamination and systemic infections [3].

Among the preventive measures taken in the face of this situation, epidemiological surveillance systems were developed, which involve the systematic and continuous collection, analysis, interpretation, and dissemination of data related to the event and which serve to take public health measures, considering essential indicators such as transmissibility, severity, and impact [4]. When using this preventive measure, it is essential to consider subjective well-being (SW), a cognitive component that corresponds to the value, concept, and degree of satisfaction of an individual based on his or her life and existence [5] since it plays a crucial role, directly influencing the performance of workers in their personal lives and in the workplace, as well as in the relationships they maintain with those around them and in their commitment to an organization [6].

During the isolation measure decreed by the Peruvian state, a negative relationship was observed between the SW of dentists and their compliance with the preventive measures against COVID-19, which led to high levels of stress, anxiety, and tension in these professionals [7]. At the Centro Dental Docente de la Universidad Peruana Cayetano Heredia (CDD-UPCH), which provides general and specialized dental care and follows a model of care with an in-service teaching approach [8], it was also necessary to adopt an epidemiological surveillance plan for COVID-19 to reduce the risk of contagion among students, teaching staff, non-teaching staff, and patients [9].

It could be observed that social distancing, compliance with biosafety standards, and abrupt changes in working conditions in the pandemic had a negative impact on people's living conditions, especially those of health workers, affecting their mental well-being, which has led to depression, anxiety, and stress. The generalized mental surveillance of health workers is crucial to protect them from psychological problems and improve the health service provided to patients [10]. For this reason, this study sought, through a surveillance plan, to measure the subjective well-being of that population that, as the evidence says, saw their mental health impaired and aimed to determine the subjective well-being of the staff of the Centro Dental Docente in a COVID-19 epidemiological surveillance system between the years 2020 and 2022. This study also contributes to existing knowledge by highlighting the significant impact of the COVID-19 pandemic on the mental and emotional states of healthcare personnel, emphasizing the need for effective strategies to mitigate stress and anxiety in dental care settings.

## 2. Materials and Methods

This research employed a cross-sectional design based on data from two CDD-UPCH registries from the years 2021 and 2022. The CDD-UPCH COVID-19 Surveillance Plan-19 (SP-COVID-19-UPCH) was conducted and distributed to students, faculty, and administrative staff. The Public Health Research and Stomatology Management Unit initially coordinated this plan with 755 records in 2021 and 648 in 2022. They used the WHO-5 Well-Being Index, a unidimensional scale instrument that measures subjective well-being through 5 non-invasive questions about how the person has felt over the past 2 weeks. This instrument includes five statements—'I have felt cheerful and in good spirits', 'I have felt calm and relaxed', 'I have felt active and vigorous', 'I woke up feeling fresh and rested', and 'My daily life has been filled with things that interest me'—rated on a Likert scale from 0 to 5, where 0 = never, 1 = occasionally, 2 = less than half of the time, 3 = more than half of the time, 4 = most of the time, and 5 = all the time. Scores are then summed to obtain a total value, which is multiplied by 4, resulting in a figure between 0 and 100, where a higher score indicates greater well-being [11].

The operationalization of variables focused on the SW variable, which represents the degree of satisfaction a person experiences with his or her life and is evaluated on a continuous scale from 1 to 100. This allowed us to contrast the results with other variables related to COVID-19, which were measured on a dichotomous scale (yes/no) for a positive diagnosis of COVID-19, a polytomous scale for weight (underweight, healthy weight, overweight, or obesity), a dichotomous scale for sex (female/male), a polytomous scale for age (youth, adult, or senior), a dichotomous scale for the educational level (undergraduate/postgraduate), a dichotomous scale for the survey year (2021/2022), and a dichotomous scale for the site (San Isidro/San Martin de Porres).

The study sample included students, faculty members, and administrative staff of the CDD-UPCH. Permission was arranged with the Faculty of Stomatology of the UPCH to access information from the SP-CDD-UPCH. Data were collected and stored in a database, from which 755 records were extracted in 2021 and 648 records in 2022. The inclusion criteria were based on the records of all personnel participating in the SP-COVID-19-UPCH during the years 2021 and 2022, while exclusion criteria were applied to records that presented incomplete information on the study variables.

The method of analysis consisted of a detailed study of qualitative and quantitative variables through a descriptive analysis. For qualitative variables, a bivariate analysis was performed using the chi-square test. The Mann–Whitney U and Kruskal–Wallis tests were used for the SW variable since the Kolmogorov–Smirnov test showed that the data did not follow a normal distribution.

Regarding ethical aspects, we proceeded to process the information with the Administrative Direction of the CDD-FE-UPCH, under number SIDISI 211576, followed by obtaining approval from the Faculty of Stomatology and the Institutional Ethics Committee of the Universidad Peruana Cayetano Heredia (IEC-UPCH) to carry out this research. This approval was granted on 23 August 2023, at 13:14 h. In addition, the anonymity of the participants was preserved by coding the data, and approval was requested from the CIE and SIDISI.

### 3. Results

In Table 1, it is observed that the mean SW in the year 2021 was 69.32 (SD = 19.92), while in the year 2022, it was 63.16 (SD = 29.87), with no statistically significant difference detected between the two years ( $p = 0.114$ ). Regarding the year, either 2021 or 2022, significant associations were observed with COVID-19 diagnosis ( $p < 0.001$ ), the type of COVID-19 diagnosis ( $p < 0.001$ ), COVID-19 vaccination ( $p < 0.001$ ), contact with COVID-19 patients ( $p = 0.002$ ), systemic conditions ( $p = 0.036$ ), body mass index ( $p < 0.001$ ), educational level ( $p < 0.001$ ), role ( $p < 0.001$ ), headquarters ( $p < 0.001$ ), origin ( $p < 0.001$ ), sex ( $p < 0.001$ ), and age ( $p < 0.001$ ).

In Table 2, it is observed that for the year 2021, SW showed significant statistical differences concerning the COVID-19 diagnosis type ( $p < 0.001$ ), the COVID-19 picture type ( $p = 0.003$ ), systemic conditions ( $p = 0.002$ ), body mass index ( $p = 0.001$ ), role ( $p = 0.001$ ), headquarters ( $p = 0.001$ ), provenance ( $p = 0.032$ ), and age ( $p = 0.001$ ). Meanwhile, for 2022, SW also showed significant statistical differences for COVID-19 diagnosis ( $p < 0.001$ ), contact with COVID-19 patients ( $p < 0.001$ ), systemic conditions ( $p = 0.002$ ), body mass index ( $p < 0.001$ ), role ( $p = 0.014$ ), sex ( $p = 0.006$ ), and age ( $p < 0.001$ ). As shown in Table 3, in the multivariate analysis, Model 4 presented a coefficient of determination of 0.06 with a constant of 52.183 and a  $p$ -value = 0.545; however, only a positive association was found between COVID-19 diagnosis and SW (unstandardized regression coefficient: 9.144; CI 95%: 4.884–13.404;  $p < 0.001$ ), with no other association with the other variables.

**Table 1.** The characteristics of the population at a dental teaching center in a COVID-19 epidemiological surveillance system between 2020 and 2022.

Variable	Year				p
	2021		2022		
	n	%	n	%	
Subjective well-being	69.32	19.92	63.16	29.87	0.114
COVID-19 diagnosis					
Yes	155	20.56	197	30.12	<0.001
No	599	79.44	457	69.88	
Type of COVID-19 diagnosis					
Clinical suspicion	23	14.84	39	19.80	<0.001
By serological test (rapid test)	55	35.48	32	16.24	
By antigenic test	23	14.84	45	22.84	
By molecular test	54	34.84	81	41.12	

Table 1. Cont.

Variable	Year				p
	2021		2022		
	n	%	n	%	
Type of COVID-19 clinical spectrum					
Asymptomatic	55	35.48	52	26.40	0.182
Mild clinical picture	54	34.84	89	45.18	
Moderate clinical picture	45	29.03	54	27.41	
Severe clinical picture	1	0.65	2	1.02	
COVID-19 vaccination					
Yes	355	47.08	618	94.50	<0.001
No	399	52.92	36	5.50	
Contact with COVID-19 patients					
Yes	210	27.85	233	35.63	0.002
No	544	72.15	421	64.37	
Systemic conditions					
Yes	195	25.86	138	21.10	0.036
No	559	74.14	516	78.90	
Body mass index condition					
Underweight	6	0.80	24	3.67	<0.001
Healthy weight	363	48.14	398	60.86	
Overweight	281	37.27	191	29.20	
Obese	104	13.79	41	6.27	
Educational level					
Undergraduate	24	9.72	115	23.09	<0.001
Postgraduate	194	78.54	361	72.49	
Undergraduate and graduate	29	11.74	22	4.42	
Role					
Administrative and auxiliary staff	179	67.24	156	23.85	<0.001
Student	481	20.29	432	66.06	
Professor	94	12.47	66	10.09	
Location					
San Isidro	58	7.69	29	4.43	<0.001
SMP	585	77.59	386	59.02	
San Isidro and SMP	111	14.72	239	36.54	
Provenance					
Lima	652	86.47	616	94.19	<0.001
Provinces	102	13.53	38	5.81	
Sex					
Male	410	54.38	211	32.26	<0.001
Female	344	45.62	443	67.74	
Age					
Young (18 to 29 years)	X = 41.78	SD = 10.95	X = 34.31	SD = 12.28	<0.001
Adult (30 to 59 years)	151	20.03	280	42.81	
Elderly (60 years and above)	576	76.39	339	51.83	
Total	27	3.58	35	5.35	
	754	53.55	654	46.45	

**Table 2.** The subjective well-being of the population at a dental teaching center in a COVID-19 epidemiological surveillance system between 2020 and 2022.

Variable	Subjective Well-Being					
	2021			2022		
	X	SD	p	X	SD	p
COVID-19 diagnosis						
Yes	65.50	24.43	0.512	57.81	29.03	<0.001
No	70.30	18.47		65.46	29.96	
Type of COVID-19 diagnosis						
Clinical suspicion	72.52	14.29	<0.001	57.44	25.36	0.212
By serological test (rapid test)	69.38	22.10		64.75	30.32	
By antigenic test	38.09	28.28		53.78	24.32	
By molecular test	70.22	20.83		57.48	32.38	
Type of COVID-19 clinical spectrum						
Asymptomatic	69.60	21.42	0.003	58.77	26.61	0.854
Mild clinical picture	57.19	27.65		59.10	28.51	
Moderate clinical picture	71.38	20.59		54.74	32.21	
Severe clinical picture	24.00	-		58.00	42.43	
COVID-19 vaccination						
Yes	71.44	17.03	0.267	63.37	29.92	0.295
No	67.43	22.02		59.44	29.19	
Contact with COVID-19 patients						
Yes	66.78	22.06	0.232	58.03	30.05	<0.001
No	70.29	18.95		66.00	29.42	
Systemic conditions						
Yes	62.30	25.87	0.002	56.17	28.15	0.002
No	71.76	16.72		65.02	30.07	
Body mass index condition						
Underweight	64.67	23.24	<0.001	95.00	16.94	<0.001
Healthy weight	66.66	21.70		58.41	27.64	
Overweight	73.69	14.58		70.07	32.23	
Obese	67.04	23.61		58.34	28.30	
Educational level						
Undergraduate	73.33	15.54	0.057	62.78	31.39	0.072
Postgraduate	66.56	20.66		65.52	29.42	
Undergraduate and graduate	73.66	13.59		50.91	31.74	
Role						
Administrative and auxiliary staff	69.93	20.03	<0.001	59.69	29.01	0.014
Student	65.41	20.98		65.34	29.88	
Professor	72.34	16.53		57.03	30.65	
Location						
San Isidro	69.10	19.96	<0.001	61.79	32.06	0.958
SMP	69.98	19.95		63.55	30.47	
San Isidro y SMP	65.95	19.54		62.68	28.72	
Provenance						
Lima	69.15	20.36	0.032	63.18	29.69	0.924
Provinces	70.35	16.83		62.74	33.14	
Sex						
Male	70.61	18.86	0.099	67.55	29.97	0.006
Female	67.77	21.03		61.07	29.63	
Age						
Young (18 to 29 years)	66.94	19.73	0.001	58.19	27.62	<0.001
Adult (30 to 59 years)	69.91	19.97		68.24	31.08	
Elderly (60 years and above)	69.93	19.48		53.71	26.84	

**Table 3.** The factors associated with the subjective well-being of the population at a dental teaching center in a COVID-19 epidemiological surveillance system between 2020 and 2022.

Variable		Determination Coefficient % (R2%)	Change in R2%	p-Value Change in R2%	Constant	Non-Standardized Regression Coefficient	Standardized Regression Coefficient	Confidence Interval 95%	p-Value	p-Value Model
Model 1	Year 2021–2022	<0.01	0.00	0.887	60.353	0.623	0.010	–8.000–9.246	0.887	0.887
Model 2	Year 2021–2022					–2.055	–0.033	–11.402–7.291	0.665	
	COVID-19 diagnosis	0.02	0.02	0.346	73.586	7.601	0.13	3.399–11.803	<0.001	0.480
	Type of COVID-19 diagnosis					–0.708	–0.033	–3.899–2.483	0.662	
	Type of COVID-19 clinical spectrum					4.232	0.113	–1.316–9.780	0.134	
	COVID-19 vaccination					–9.624	–0.068	–30.826–11.579	0.372	
	Contact with COVID-19 patients					–3.803	–0.064	–12.422–4.815	0.385	
Model 3	Year 2021–2022					–2.457	–0.040	–11.865–6.951	0.607	
	COVID-19 diagnosis					4.542	0.129	3.337–11.746	<0.001	
	Type of COVID-19 diagnosis					–0.811	–0.038	–4.031–2.409	0.620	
	Type of COVID-19 clinical spectrum	0.03	0.01	0.529	65.183	4.668	0.124	–0.945–10.282	0.103	0.567
	COVID-19 vaccination					–11.623	–0.082	–33.275–10.028	0.291	
	Contact with COVID-19 patients					–4.298	–0.072	–13.003–4.406	0.331	
	Systemic condition					0.863	0.013	–8.793–10.519	0.860	
	Body mass index condition					4.102	0.086	–3.162–11.366	0.267	
Model 4	Year 2021–2022					0.150	0.002	–9.882–10.183	0.976	
	COVID-19 diagnosis					9.144	0.156	4.884–13.404	<0.001	
	Type of COVID-19 diagnosis					–0.568	–0.026	–4.089–2.952	0.750	
	Type of COVID-19 clinical spectrum					5.224	0.139	–0.580–11.027	0.077	
	COVID-19 vaccination					–7.534	–0.053	–29.776–14.709	0.505	
	Contact with COVID-19 patients					–2.205	–0.037	–11.245–6.835	0.631	
	Systemic condition	0.06	0.03	0.422	52.183	1.347	0.021	–8.675–11.369	0.791	0.545
	Body mass index condition					5.501	0.116	–2.591–13.592	0.182	
	Sociodemographic characteristics									
	Educational level					2.496	0.051	–6.524–11.517	0.586	
	Role					5.651	0.082	–6.976–18.277	0.378	
	Location					–1.348	–0.030	–8.105–5.409	0.694	
	Provenance					–15.271	–0.133	–32.559–2.016	0.083	
	Sex					4.394	0.074	–5.163–13.950	0.366	
	Age					–6.258	–0.135	–16.139–3.624	0.213	

#### 4. Discussion

The pandemic had a negative impact on the mental health of the general population, and the uncertainty related to the disease, together with social distancing, isolation, and quarantine, worsened people's mental health [12]. Healthcare workers were constantly feeling stressed, as they faced fear, sadness, frustration, guilt, exhaustion, and anxiety due to increased working hours and the overwhelming demand for care [13]. Some authors highlight that the crisis brought significant challenges to the emotional stability of healthcare personnel due to the intense stress experienced in direct care centers [14].

The measures implemented by governments worldwide to contain the spread of COVID-19 have had significant and far-reaching impacts on people's lifestyles, employment situations, ways of working, environmental surroundings, and methods of interaction and communication. Most current studies have focused on the effects of lockdown measures on various aspects of mental health, such as anxiety, boredom, and loneliness, completely overlooking how these mental health issues can affect individuals' well-being and the potential positive benefits of lockdown measures [15].

This study revealed a positive association between SW and a negative diagnosis of COVID-19, which coincided with what was observed by Flores [16], who established that SW, conceptualized as the relationship between cognitive and affective elements, shows congruence with the presence of significant relationships in the concept of happiness. A person's emotional and psychological well-being was related to his or her reaction to the result of a COVID-19 diagnostic test. This finding suggests that a positive diagnosis may generate high levels of anxiety, stress, and depression in a patient due to concern for his or her health, the search for effective treatment, and the prevention of contagion to vulnerable people in his or her environment. The fear of losing one's life as a consequence of the disease emerges as the main factor that associates SW with a positive diagnosis of COVID-19.

During the COVID-19 pandemic, dentists in Peru experienced significant impacts on their everyday activities. The suspension of multiple non-urgent procedures and the reduction in patients resulted in decreased monthly income, generating high stress levels as they faced economic hardship during this period. The closure of several dental clinics, the possibility of contagion through direct contact with patients infected with COVID-19, the administration of vaccines with non-guaranteed efficacy, the systemic health status of patients with chronic diseases or immunodeficiency, the gradual resumption of dental care provision to the public, the scarcity of vaccines, and the fear of survival once diagnosed with COVID-19 have had a significant influence and establish a connection between subjective well-being (SW) and the overall systemic conditions assessed and observed in this study [17].

During the year 2021, vaccination was limited due to the poor dissemination of information and a lack of confidence among the population, which caused concern, fear, disorder, and a considerable number of deaths. Both primary care centers and hospitals lacked the necessary equipment. They were unprepared to deal with a health crisis of such magnitude, making it difficult to care for a large number of critically ill patients. Difficulty in accessing diagnostic tests also contributed to a negative impact on the subjective well-being of the general population.

At the beginning of the year 2022, an increase in COVID-19-positive cases was observed compared with previous years [18]. However, two years after the onset of the health crisis, it was announced that the country was transitioning from a pandemic to an endemic phase thanks to a massive vaccination campaign. This markedly decreased confirmed cases, critically ill patients, and deaths nationwide [19]. In this context, work activities were resumed, including the usual operations of the CDD-UPCH. This resumption was gradual, implementing more protective measures and strict biosecurity norms to prevent the spread of the virus. In the specific case of CDD-UPCH, a COVID-19 surveillance plan was implemented.

This study had some limitations, the most notable being the source of information used, which was mainly of secondary origin and based on self-reports. In addition, a loss of data between the two years studied was identified since completing the surveillance plan forms was voluntary. To improve this study's reliability and validity, a longitudinal design with a larger, more diverse sample would be beneficial. Controlling for confounding variables, ensuring detailed participant information, and conducting pilot testing of survey instruments can also improve this study's robustness and generalizability. According to the regression analysis, this study determined that not having COVID-19 was positively associated with higher levels of subjective well-being.

This research offers insight into a crucial moment in the COVID-19 pandemic, which globally impacted dental personnel specifically. These studies are of utmost importance as they characterize the health conditions of professionals, such as dentists, who were among the groups most exposed to contagion, which generated significant stress levels both during and after the COVID-19 pandemic. It is vitally important to understand that SW reflects the state of our mental health, identifying risk factors for emotional stability; therefore, it is crucial to implement strategies to mitigate and reduce stress, anxiety, and depression.

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**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** Restrictions apply to the availability of these data. Data were obtained from the Academic Department of Social Dentistry of the Facultad de Estomatología at UPCH and are available from the authors with the permission of the Academic Department of Social Dentistry of the Facultad de Estomatología at UPCH.

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