

An analysis of the ideological response and psychological adjustment of China's anti-epidemic community

Sisi Wang¹, Qiang Lan^{*,2}, Youtian Yang³

¹School of Marxism, South China Normal University, Guangzhou 510631, China;

²Institute of Socialism with Chinese Characteristics, Party School of Guangdong Provincial Committee of the CPC, Guangzhou 510053, China;

³Zhongshan Technician College, Zhongshan 528400, China

Abstract. This paper investigated and analyzed 2,482 people from severe epidemic areas (Hubei Province) and non-severe epidemic areas (except Hubei Province) with a self-designed questionnaire. It was found that the social psychological behaviors caused by the epidemic included worry, tension, anxiety, etc. The severity of the symptoms in severe epidemic areas was more severe. Finally, according to the needs of social psychological and ideological changes in different stages of the anti-epidemic community in China, feasible social mentality adjustment strategies were put forward to promote the realization of long-term social stability.

Keywords. The novel coronavirus pneumonia epidemic, China's anti-epidemic community, thought coping, psychological adjustment.

1. Introduction

Since the second half of 2019, there has been a global outbreak of novel coronavirus pneumonia, which is the most serious infectious disease in a century. In the life-and-death battle against the pandemic, the Chinese people, with their fearless spirit of daring to fight and win, have forged a great anti-epidemic spirit of putting life first, uniting the nation, risking life and death, respecting science and sharing a common destiny. Due to the relatively serious infection of the novel coronavirus pneumonia, it may lead to a long-term psychosocial crisis. Man is a unity of natural, social and psychological activities, and any of its activities are accompanied by psychological activities, and many thoughts and questions are closely connected with psychological factors. [1] From the perspective of historical and practical materialism, "no one can do anything unless at the same time he does something for his own needs and for the organs that are needed." [2] (P286) Social psychology influences people's practice to a great extent. Therefore, it is particularly important to attach great importance to and try to use social mentality adjustment strategies.

2. The definition of the COVID-19 community in China

Community generally refers to all social relations that function within certain boundaries, regions, or domains. It can refer to the actual geographical area or the social relations that occur in a certain area, or it can refer to the more abstract and ideological relations that exist, with a stable group structure and a more consistent group consciousness, norms of behavior, and continuous interaction.

Compared with traditional communities, the biggest feature of China's anti-epidemic community is that the social relations, social behaviors and social activities among members are carried out based on the anti-epidemic. Therefore, different from traditional communities, which take geographical relations and blood relations as the basis for their formation, China's anti-epidemic community is based on the novel coronavirus epidemic. A specific group formed by the Chinese national community to voluntarily carry out anti-epidemic actions according to the status of social subject to which it belongs. The members of the group carry out social activities in accordance with certain established rules that are recognized by the majority of the members of the group to achieve the anti-epidemic goal and promote the realization of a healthy China.

3. Investigation of social psychological behavior in severe epidemic areas and non-severe epidemic areas

In order to understand the psychological reaction and behavior changes of the public during the novel coronavirus pneumonia epidemic period, help the public make positive mental adjustment, and provide the psychological basis for the scientific decision-making of the emergency warning system for the country, we have launched a psychosocial behavior survey on novel coronavirus pneumonitis in severely affected areas and non-severely affected areas.

3.1. Survey time and subject

From February 13 to 20, 2020, a random sample of severely affected areas and non-severely affected areas was selected to conduct an online questionnaire survey, including name, age, occupation, educational level, economic status, environmental factors, and family factors. The sampling range covers Hubei Province, Beijing, Guangdong, Sichuan and other places. The total number of respondents was about 2482, and 2482 valid questionnaires were collected, of which 1000 were in severe epidemic areas and 1482 were in non-severe epidemic areas, with a ratio of 1:1.5. Among them, there were 962 males and 1520 females, including 224 primary school students, 356 middle school students, 882 junior college

students, 435 undergraduate students, and 585 graduate students. It involved 110 rural residents, 1,536 office workers, 80 medical workers and 756 college students. The age distribution was 108 under 18 years old, 581 from 18 to 25 years old, 342 from 26 to 30 years old, 559 from 31 to 40 years old, 592 from 41 to 50 years old, 300 from 51 to 60 years old, and 0 over 60 years old. The distribution of physical conditions is 2475 people in good health, 6 people have close contact with sensitive people, and 1 person is suspected of novel coronavirus pneumonia.

3.2. Investigation method

This study adopts the network questionnaire survey method, and the questionnaire content is mainly divided into two dimensions: first, the psychological state of the public during the novel coronavirus pneumonia epidemic; Second, people's behavior changes after experiencing the novel coronavirus pneumonia epidemic.

Five-point Likert scale was used to score the questionnaire. The reliability of the questionnaire was tested, and the reliability coefficient value was 0.869, greater than 0.6, indicating that the reliability quality of the research data was acceptable. The survey results were analyzed using SPSS17.0.

4. Investigation results and analysis of social psychological behavior in severe epidemic areas and non-severe epidemic areas

4.1. The psychological state of the public during the novel coronavirus pneumonia epidemic

The T-test conducted on independent samples of psychological status in areas with severe epidemic severity (see Table 1) found that there were significant differences in the item "insomnia due to worry", that is, people in severe areas were more likely to have sleep problems due to negative emotions such as worry, tension and anxiety than people in non-severe areas ($t=2.292$, $p < 0.05$), while there were no significant differences in other items.

Table 1. Survey results of people's mental state during the novel coronavirus pneumonia epidemic

Mental state	Severity of the epidemic	M	SD	t	Sig(double side)
Happy	severe	3.52	0.979	-0.632	0.528
	slight	3.59	0.923		
Depressed	severe	2.33	0.829	-0.079	0.937
	slight	2.34	0.878		
Positive	severe	3.40	1.073	-1.909	0.058
	slight	3.62	0.902		
Stressful	severe	2.62	1.023	1.072	0.284
	slight	2.50	0.99		
Focused	severe	3.69	0.94	0.629	0.530
	slight	3.63	0.856		
Decisive	severe	1.97	0.843	-0.460	0.645
	slight	2.02	0.896		
insomnia	severe	2.02	0.864	2.292	0.022
	slight	1.80	0.86		

Note: The values of state frequency 1-5 respectively represent different degrees such as "never - always", and the average value of state frequency is taken in the table.

4.2. Changes in people's behavior during the novel coronavirus pneumonia epidemic

As can be seen from the results of Table 2, there are significant differences between severe areas and non-severe areas in the projects of "reducing contact with others" and "helping people to master the knowledge and methods of novel coronavirus pneumonia", that is, severe areas reduce contact with people more than non-severe areas, and better understand the knowledge and methods of epidemic prevention ($t=2.214$, $p < 0.05$; $t=2.245$, $p < 0.05$).

Table 2. Impact of the novel coronavirus pneumonia epidemic on behavior changes

Behavior changes	Severity of the epidemic	M	SD	t	Sig(double side)
Do things you normally don't have time to do	severe	3.45	1.086	0.043	0.966
	slight	3.45	1.017		
Reduce contact with others	severe	4.38	0.814	2.214	0.027
	slight	4.16	0.904		
Eat lots of food to ease mood	severe	2.14	0.91	1.057	0.291
	slight	2.03	0.916		
Increase in smoking and drinking	severe	1.27	0.633	-0.169	0.866
	slight	1.28	0.679		
Disseminate knowledge of the coronavirus	severe	3.87	0.917	2.245	0.025
	slight	3.63	0.982		
More prone to anger	severe	2.01	1.105	0.615	0.539
	slight	1.94	0.943		

The further analysis shows that : (1) The results of the survey on the subjects of different occupations show that the scores of students in the project of "reducing contact with others" are significantly higher than those of teachers and business owners ($F=2.068, p < 0.05$), which may be because the control of students at home is relatively strict and students also minimize going out. (2) The analysis of the data of subjects of different genders found that: in the items of "doing things that are usually busy" and "starting to eat a lot to relieve emotions", the scores of women were significantly higher than those of men ($t=-2.705, p < 0.01$; $t=-2.507, p < 0.05$; $t=-1.983, p < 0.05$); In the category of "smoking and drinking more than usual", the score of men was higher than that of women ($t=4.693, p < 0.01$), which showed that men and women had different coping styles in the face of stress and difficulties.

5. Social mindset adjustment strategies in major outbreaks

The above study found that people with different regions, affected degree, age, gender, education background and occupation in the novel coronavirus pneumonia epidemic also showed different psychosocial behaviors. In order to ensure long-term social stability during the epidemic period, this study proposed the following practical social mentality adjustment strategies according to the social psychological changes and needs of different regional groups at different stages.

5.1. The community people's mass level

First, the less educated people should carefully explain the transmission of the disease and the correct disinfection methods to ensure that they will not be infected. They can be guided to correctly understand the severity of the epidemic through electronic screens, loudspeakers, drone broadcasts, mobile APP, TV news, WeChat public accounts, and hanging leaflets, and enhance the awareness that home protection is responsible for themselves and contribute to the country. Second, timely attention to nervous and anxious people, guide them to communicate and interact with family and friends through multiple channels, encourage them to take the initiative to talk about their inner troubles, reduce the inner sense of helplessness, and alleviate negative emotions. Third, in the prevention and control of the epidemic, in addition to ensuring the supply of medical supplies and daily necessities, adhere to the mass line, do everything for the people, rely on the people, adhere to the people-centered, closely rely on the people, mobilize the whole society and mobilize all resources. The Communist Party of China takes the grassroots as the upper level and the following as the top, mobilizing the masses to conduct community autonomy, mobilizing the communities (village committees) to organize neighborhood support and mobilizing social forces to increase the care and care of the people in the disaffected areas, and launching targeted assistance and psychological counseling to fill the gaps in the government. It is also important to note that men, as the breadwinners of the family, are under greater pressure than women during the pandemic and need more attention.

5.2. Government level

First, the government should establish emergency psychological early warning and psychological intervention centers, analyze the causes of negative emotions, and give play to the role of technologies and platforms such as psychological assistance hotlines and network psychological services to prevent and alleviate people's sense of social psychological crisis and its harm to the public. At the same time, it is necessary to flexibly apply psychological knowledge and use suggestion to reduce people's fear and depression and promote confidence. Second, uphold the vision of a community with a shared future for mankind, strengthen international exchanges and cooperation, support the WHO in playing a leading role, share prevention and control practices with other countries, and carry out joint research and development of drugs and vaccines, so as to fully demonstrate its responsibility as a major responsible country. Third, to strengthen positive publicity and guidance of public opinion, we must carry out in-depth publicity and education on socialism with Chinese characteristics, and unite and rally the people of all ethnic groups in China under the great banner of socialism with Chinese characteristics.

It is necessary to give full play to the inspiring role of moral forces in China's institutional advantages, vigorously promote the touching stories of these heroic groups in the fight against the epidemic, inspire the people to build up the confidence of victory and the courage to actively participate in the fight against the epidemic, and promote the moral concept of all the people to be closely united.

5.3. Hospital level

First, adhere to the centralized and unified leadership of the Party, increase the efforts of local higher-level managers to find problems and implement supervision and training, and optimize the efficiency of time and resources allocation. Time is people's time, time efficiency is the efficiency of people's life, the efficiency of human social development, emphasizing the allocation of time resources, is to emphasize the people-oriented efficiency values. Thought is the guide to action, and it comes from practice and guides' practice. These important instructions and speeches are powerful ideological weapons for us to defeat the COVID-19 epidemic. We should give full play to the guiding role of thought in China's institutional advantages. Second, it is important to strengthen the coordination and interaction between hospitals and various departments in hospitals, higher level disease control agencies and community health service centers in different cities, establish infectious disease prevention and control mechanism, strengthen the management of disinfection and isolation in hospitals, and improve the diagnostic ability to prevent and control infectious diseases in hospitals. At the

same time, reasonable integration of local resources, small cities merged into large cities, unified deployment of medical resources.

5.4. School level

Among the samples in this study, the general familiarity of medical staff with the novel coronavirus pneumonia is the highest, while that of students and teachers is not high, so the epidemic prevention publicity work for students and teachers should be strengthened. It takes some time for students to adapt to the new situation and the new environment, and parents, teachers and students should have this psychological preparation and adjust their mentality. First, students' class meetings, campus publicity boards, radio broadcasts, hand-copied newspapers, student unions, faculty meetings and other means are used to popularize knowledge of epidemic prevention and control and publicize heroic deeds against the epidemic, so that teachers and students of all schools can get familiar with the situation of the novel coronavirus pneumonia as soon as possible and take good prevention and control measures. At the same time, we will educate teachers and students to inherit traditional Chinese virtues, actively practice core socialist values, strengthen the "four consciousness", "four self-confidence", and "two safeguards", and carry forward the great spirit of fighting against the epidemic. Second, establish an epidemic reporting system. When teachers and students are found to be suffering from epidemics or suspected epidemics, they should be quarantined and observed promptly. After being confirmed by the school doctor, they should immediately notify their superiors and send medical personnel for treatment. Third, prepare for the school psychological consultation room, hire psychologists, establish psychological tracking records of teachers and students, check files, find mental disorders, and give psychological counseling in time.

6. Conclusion

In the fight against COVID-19, China has adhered to the concept of the community of the Chinese nation, starting from different regional groups such as communities, governments, hospitals and schools, and exerted the main initiative of the Chinese community to protect the lives and safety of all people, and made top-level design. The single subject of social management in China will be transformed into a multi-subject co-governance pattern of "Party committee leadership, government responsibility, social coordination, public participation, and legal protection", and the modernization of national governance capacity will be promoted. We will establish emergency psychological early warning and intervention centers as well as unified information sharing platforms, improve our emergency response capacity, adjust the social mentality of the Chinese community, enhance social cohesion, carry forward the great spirit of fighting the epidemic, and realize the great rejuvenation of the Chinese nation.

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