



## Influencing Factors of Covid-19 Anxiety and its Effect on Emotional Well-Being

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**Abstract** — The study's goal was to assess how worrying about contracting COVID-19 affected the participants' emotional well-being. During the 2020 COVID-19 pandemic, residents of the Rajshahi division were surveyed online about their demographic characteristics like gender, level of education, relationship status, occupation, family composition, neighborhood, frequency of socialization, health, and possible exposure to the virus. There were 641 participants in the cross-sectional research; 51.3% were female and 48.7% were male. Information was gathered using a personal information form, the FCV-19 scale, and the GHQ-12 scale. The t-test, the analysis of variance, and the Pearson's correlation were used to examine the data in SPSS. The mean scores of respondents' COVID-19 anxieties varied significantly by gender, marital status, going out during a COVID-19 circumstance, and socioeconomic position. This research indicated that worrying about contracting COVID-19 has a detrimental impact on participants' psychological well-being. Providers of health care must prioritize those most in need.

**Keywords:** COVID-19, Mental health.

### Introduction

As of 2020, the World Health Organization has classified COVID-19 as a worldwide epidemic. COVID-19 is spreading because of issues with people's minds. Moreover, a wide range of psychological problems is experienced by the general population (Bao et al., 2020). Lockdown-related issues have been believed to be related to mental distress alongside the fear of becoming infected to the offer extremely contagious virus, fear of losing loved ones, the COVID-19 related misinformation spreading, the limitation of medical support, and therefore the shortage of properly equipped units to treat the patients. Social isolation strategies, including lockdowns and curfews, were used by several countries throughout the globe to stop the rapid spread of the COVID-19 virus.<sup>1-4</sup> Recent events' unpredictability has led to a worldwide spike in stress levels.<sup>5,6</sup> The mental health of the general population may be negatively affected by large infection crises, as shown by previous studies of epidemics and pandemics. Approximately one-third of HCWs exhibited mental distress, and the majority were at risk for developing depression and PTSD, according to some research. The rate of suicide attempts among adults over the age of 65 rose by 30% during the 2003 SARS pandemic. Post-traumatic stress disorder (PTSD) rates rose from 4% to 41% throughout the COVID-19 pandemic, while major depressive disorder rates rose by 7% following the epidemic. Lower levels of hardiness and social support, being female, having a lower socioeconomic

standing, and engaging in frequent interpersonal conflict while using social media are all characteristics that may increase the likelihood of developing one of these mental illnesses. Mental health professionals are equally vulnerable to the effects of secondary stress from their job in the community. According to research done in Switzerland, people's stated anxieties are most strongly associated with confinement tactics like isolation and loneliness, both during and after a lockdown. During lockdowns, people's main concern was losing their jobs. However, "hopelessness" was more widespread when the lockdown was lifted. Fear of death and illness was more common among young individuals than among the elderly.<sup>13</sup> It's important to remember that the economic crisis was the single biggest contributor to the rise in suicide risk that occurred during the COVID-19 epidemic.<sup>14</sup>

Health care workers (HCWs) from five different nations in the Asia-Pacific area were surveyed as part of a research, and the results showed that HCWs were susceptible to psychological distress and burnout due to the COVID-19 epidemic regardless of the number of cases or fatalities in their respective countries.<sup>15,16</sup> Indian COVID-19 frontline physicians indicated a prevalence of depression and stress symptoms of 63.5% and 45.0%, respectively.<sup>17</sup> During the 2009 COVID-19 pandemic, pediatric HCWs were reported by Kirk et al. to have a somewhat high incidence of depression, anxiety, and stress. The predominant psychiatric

problems identified among surgical practitioners during COVID-19 were depression (32.8%), anxiety (30.8%), stress (26.0%), and post-traumatic stress disorder (24.0%).<sup>19</sup> In the midst of the COVID-19 pandemic, health care workers reported high rates of both physical and mental discomfort.<sup>20</sup> After the 2015 epidemic of MERS in Korea, health care personnel who had direct contact with patients exhibited PTSD symptoms.

The incidence of symptoms during the COVID-19 pandemic rose dramatically once home quarantine was lifted. The mental health team's contribution was crucial from the start and continued throughout the epidemic, as they administered psychiatric therapies to assist people deal with the situation. Long hours, discrimination, family isolation, negative patients' emotions, and exhaustion were just a few of the difficulties faced by Wuhan's health care workers. The increased risk of COVID-19 infection and lack of adequate protection from infection were also major factors. These mental health issues ultimately hinder health care providers in their capacity to focus, comprehend, and make sound decisions in the fight against COVID-19. Furthermore, these elements may have long-lasting effects on their health as a whole.<sup>24</sup> Half, 45%, 34%, and 72%, respectively, of over a thousand Chinese healthcare personnel who treated COVID-19 patients reported experiencing symptoms of depression, anxiety, sleeplessness, and distress. Workers in high-risk regions, people with underlying medical conditions, COVID-19 patients and their caretakers, and those in direct touch with these people are at increased risk for mental health issues.

We hypothesized that HCWs on the front lines would feel the psychological effects of coming into close contact with COVID-19. As a result, we thought it was vital to assess the levels of worry, stress, and depression felt by HCWs in the course of their work throughout the epidemic, taking into account their individual demographics, fields of expertise, and levels of responsibility. If health care authorities are aware of the issues affecting HCWs and the community at large, they may work to find solutions. There were several firsts during this epidemic, including a nationwide lockdown, a separation of society, the cremation of loved ones under administrative supervision, and the elimination of all funeral rites. For the first time in history, the whole planet was at sea over claustrophobic PPEs, long quarantines, a lack of knowledge about therapy, and a lack of knowledge about a protective vaccination.

It's hardly surprising that a lot of doctors and nurses have trouble sleeping or get poor quality sleep. Anxiety, tension, and a person's belief in their own abilities all had a role in how well they slept and how much social support they received. The quality of sleep suffered as a result of elevated levels of anxiety.

Depression and anxiety are two of the many co-occurring mental diseases associated with insomnia. Chronic

sleeplessness has been linked to an increased chance of developing mood, anxiety, and personality problems. The likelihood that an individual who is not already depressed will become depressed is twofold in those who suffer from sleeplessness. On the other hand, mental health issues including sadness and anxiety may increase your chance of experiencing insomnia. Anxiety sensitivity and intolerance of uncertainty (IU) are two additional factors in the vicious cycle that includes depression, anxiety, and sleeplessness. The idea of anxiety sensitivity describes an individual's susceptibility to the amplifying effects of stressful situations.

For those who suffer from it, uncertainty aversion (IU) is "a psychological characteristic resulting from a set of unfavorable opinions about uncertainty and its consequences and involves an inclination to react negatively on a psychological, cognitive, or behavioural level toward uncertain situations and events."

The "Generalised Anxiety Disorder (GAD) scale," "Center for Epidemiologic Investigations Depression scale," and "Insomnia Severity Index (ISI) scale" were the screening instruments employed in this research. Since the DSM-IV criteria for insomnia disorders are so strict (the primary complaint is trouble starting or sustaining sleep, or nonrestorative sleep, for at least 1 month), the ISI can only evaluate the severity of symptoms but not the frequency or quality of sleep disruptions. It was suggested that future research should concentrate on direct assessments of the interaction between anxiety and depression, since therapeutic interactions may be crucial in explaining the early effect revealed.

According to cognitive models of psychopathology, those who are more susceptible to anxiety and depression also have a greater likelihood of experiencing The prevalence of IU amongst HCWs was much greater than expected, with the greatest effect shown on sleep disruption, followed by sadness and anxiety.

Insomnia was affected by IU via its association with anxiety sensitivity and sadness and anxiety. However, worry and despair may also play a role in the intensity of your sleeplessness. Using a mediation model, the author of one of the recent studies shows how prospective anxiety and inhibitory anxiety, both of which reflect IU, and depression anxiety and stress, both of which reflect anxiety sensitivity, influence the relationship between fear of COVID-19 and optimism. The conclusion is that IU, sadness, anxiety, and stress all had a mediation role in the connection between COVID-19 anxiety and optimism.<sup>12</sup> Previous research on women's mental health and the discovery that the coronavirus pandemic has higher psychological impacts on females both lend credence to the gender gap in anxiety of COVID-19.<sup>14</sup> A person's health and illness risk factors are heavily influenced by their gender.

The following are some broad guidelines that might assist health care workers, particularly young physicians working on the front lines, gain more composure under pressure:

The data that is represented via social networking sites may be inaccurate.

If you don't have all the answers to your questions right now, it's best to go forward based on what you do know.

Don't take information at face value; instead, verify claims directly with the organization that first made them.

Discussing issues in the workplace with those who have a stake in the outcome might help come up with creative ways to fix them.

The pragmatic mindset is crucial for problem-solving under challenging circumstances.

Frequent screening using certain predefined questions followed by good counseling and reassurance from qualified psychologists is ideal for preventing such stress illnesses among HCWs. One approach is to rotate healthcare workers through their shifts more often, although this is unrealistic owing to the high demand for their services.

Long shifts need not be worked. One way to lessen the overall contact time of HCWs is to have them work shorter shifts that are separated by suitable breaks. The morale of HCWs might be boosted on occasion by occasional acknowledgement and encouragement from hospital management. They will always perform better with more incentives. Good supply of amusement facilities should be made in the quarantine area to prevent boredom and loneliness. The morale of HCWs may be improved by providing them with their preferred food and drink after hours and in the quarantine area. After all, the best way to prevent these mental health issues among HCWs is to foster a positive culture and strong team spirit via open lines of communication and positive connections with supervisors and coworkers.

Sleeplessness, depressive disorders, and anxiety have all been reported among healthcare workers (HCWs), and the present paper implies that COVID-19 is to blame. The HCWs involved here need to learn to cope with uncertainty rather than let it control their life. It's best to stop thinking about the future and start enjoying the here and now. Expectations, even the absence of expectations, are preferable to the unknown.

**Factors Contributing to Fear of COVID-19 and its consequence in Mental Health**

Outing from home	District Area	56	8.7
	City/Metropolitan Area	102	15.9
	Decreased Greatly	546	85.2
	Hardly Changed	52	8.1
	Increased greatly	11	1.7
Income	Don't know	32	5
	Decreased	333	52
	No Change/don't know	294	45.9
	Increased	14	2.2
Health Condition	Good/normal	611	95.3
	Illness	30	4.7
Contamination history	Affected with family members	13	2
	only family members affected	38	5.9
	Neighbor affected	142	22.2
	No familiar person affected	448	69.9

## Conclusion

The current investigation highlighted the significance of mental health. The mental health of people has been negatively affected by the continuing pandemic scenario. And the individual who has dealt with mental health will benefit from our research. Providers of mental health services need to think about who could be most at risk based on factors including gender, marital status, socioeconomic status, likelihood of going outside during an outbreak, and previous exposure to the virus. People who are divorced or separated may have a greater sense of vulnerability than their single and married counterparts. A substantial correlation between fear of COVID-19 and vulnerability was also discovered by Fitzpatrick et al., (2020). In the end, they were filled with dread. Similarly, financial concerns arose as a major factor. Whose wealth had grown throughout the

epidemic and hence had less need to worry about contracting COVID-19. Contrarily, those who are unable to leave the home tend to have worse mental health than those who do. Being cooped up at home bored people out. The history of pollution is the most concerning factor. Whose loved ones were being targeted, and who faced more danger from the pandemic? The panic around COVID-19 was ratcheted up by this development. Which mental health factors were strongly correlated with their opposites. More psychological care is needed for all of these groups, but particularly for women, who historically have been the worst hit by any threatening circumstance. Furthermore, these research may investigate the potential for altering one's lifestyle and other risk factors or behaviors to mitigate anxiety about COVID-19 and mental health difficulties. However, in order to better understand the dangers associated with mental health, extensive

psychosocial research is required, ideally including samples from throughout the country.

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