

Evaluation of social anxiety and health anxiety in health workers in the Covid 19 pandemic period in selected hospitals of Shahid Beheshti University in Tehran in 2021

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ABSTRACT:

Social anxiety and health anxiety are characterized by persistent and severe health concerns. People with anxiety have misconceptions and misinterpretations of health and are also hypersensitive to their physical symptoms. It is associated with disability and high costs for the medical community.

This study aimed to investigate social anxiety and health anxiety in health workers in the Covid 19 pandemic period.

This descriptive study was performed on 124 health workers in the Covid 19 pandemic period in selected hospitals of Shahid Beheshti University in Tehran, 2021. Sampling was done by stratified method. Data were collected using Demographic Questionnaire, Leibovitz Social Anxiety Questionnaire and Salkowski and Warwick Health Anxiety Questionnaire and analyzed in SPSS software version 26.0. The results showed a high level. Also, the mean and standard deviation of health anxiety is 36.06 ± 3.60 . This result indicates that the study sample is suffering from health anxiety disorder.

CONCLUSION: It seems that health workers are more prone to anxiety due to facing a stressful environment and having some personality traits. Therefore, it is necessary to provide the necessary ground for reducing nurses' anxiety by formulating, planning and presenting appropriate policies.

KEYWORDS: Health Anxiety, Social Anxiety, Health workers, Covid 19.

INTRODUCTION

Covid-19 has persisted as a serious issue posing a threat to public health since the report of the first case of the infection. The initial reports predicted the spread of the virus much larger than one (from 2.24 to 3.58). However, the number of people infected with Covid-19, and also the numbers of deaths caused by the virus have been rapidly increasing across the world such that it led to an emergency situation over a few months threatening people's health throughout the world (Abbasi Asl R, 2016). Not only this issue has raised concerns about public health, but also it has created psychological symptoms including phobia, depression, and anxiety in different social classes (Abdi H, 2018). These

types of anxiety are dangerous and damaging to health like the spread of dangerous infectious diseases is called health anxiety. Health anxiety is a disorder diagnosed by excessive anxiety and phobia about a serious disease. Therefore, this disorder may persist if it is not cured, and it can impose considerable costs on healthcare, quality of life, and work capability (Abramowitz JS, 2008). On the other hand, anxiety is also considered one of the symptoms of Covid-19. Thus, under the stressful and agitating conditions caused by the spread of Covid-19, people may accuse themselves of being infected with this virus without being really infected with the virus (Asmundson GJ, 2020). This state of mind may lead to a vicious cycle of increasing anxiety symptoms such that the beliefs held by the people with health anxiety change into a threat to their health under the influence of internal and external stimuli (Baptista CA, 2012). By focusing on pathogenesis and human physiology, more potential treatments can be identified (Bazrafshan MR, 2021). Thus, this study aimed at examining social anxiety and health anxiety in health care workers during the prevalence of the Covid-19 pandemic Tehran, Iran (Bella TT, 2009).

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METHOD

This research was a descriptive study, and the population consisted of the workers (nurses, paramedics, and paramedic assistants) of the selected hospitals (Modaress, Taleghani, Shohada-e-Tajrish, Imam Hossein, Masih Daneshvari) of Shahid Beheshti University in Teheran, Iran, working at some wards with Covid-19 patients in 2021. The sample size was measured as 124. The inclusion criteria were: Working in Covid-19 wards and having at least one year of work experience (Eilenberg T, 2016).

The required information was collected using three questionnaires (demographic characteristics, Liebowitz Social Anxiety Scale (LSAS), and Health Anxiety Inventory (Ganji T, 2010). The demographic characteristics included age, gender, job, employment status, marital status, type of work shift, number of children, education, being infected with Covid-19, having family members with Covid-19, underlying diseases, overtime, the ward where they work, work experience, experience of working in Covid-19 wards, average working hours per week, satisfaction with personal equipment, quarantine conditions, and personal protection (Ghadimi Karahroodi S, 2020). The social anxiety scale was developed in and it includes situations where situations are related to social interactions and situations are related to performance anxiety in front of others. Individuals should determine the severity of anxiety and avoidance from a certain situation based on the four-option Likert scale graded from zero to three according to what happened to them over the last week (Ghezlbash S, 2015). The maximum performance anxiety score was and the maximum anxiety score about social situations was the maximum general score was considering the sum of these two subscales, the severity of social anxiety of individual can be measured (Hadisi N, 2022).

The scores of performance avoidance and avoidance of social situations dimensions were obtained by summing up the scores provided in the avoidance column, and the scores of performance anxiety and fear of social situations were obtained by summing up the scores in the anxiety or phobia column including Mild social anxiety (55-65); moderate social anxiety (65-80); severe social anxiety (80-95); very severe social anxiety (higher than 95) (Hosseini Ghomi, T J, 2014). In the study conducted by the validity of LSSAS-SR retest and its subscales were in the range of $r=0.76-0.84$ and their internal consistency (Cronbach's alpha) were in the range 0.73-0.93. The convergent validity of LSAS-SR was at an acceptable level in relation to other anxiety scales ($r=0.46-0.94$). In this study, the reliability of Liebowitz Social Anxiety Scale (LSAS) scale was obtained through internal consistency using Cronbach's alpha $0.8(92)$ 0.7 (scores by Inven

Table 2.

Distribution social anxiety scores of healthcare workers.

Levels of social anxiety	Number	Percentage of frequency
Mild social anxiety (55-65)	0	0
Moderate social anxiety (66-80)	10	8.1
Severe social anxiety (81-95)	30	24.2
Very severe social anxiety (96 and above)	84	67.7

Table 3.

Descriptive statistics of social anxiety variable and its dimensions in healthcare workers.

Variable	Social anxiety	Performance anxiety	Fear of social situations	Anxiety	Avoidance
Number	124	124	124	124	124
Mean	99	53.37	45.63	47.68	51.32
Standard deviation	11.7	8.63	7.45	7.87	8.05
Variance	136.94	74.56	55.5	62.01	64.84
Coefficient of skewness	-0.14	-0.03	-0.2	-0.06	0.19
Coefficient of kurtosis	0.12	-0.26	-0.05	0.29	0.35
Minimum	66	34	26	26	30
Maximum	126	72	66	68	74

Table 4.

Distribution of health anxiety in healthcare workers.

Health anxiety levels	Number	Percentage of frequency
Low anxiety (less than 18)	0	0
Suffering from anxiety (18-36)	81	65.3
Health anxiety disorder (higher than 37)	43	34.7

Table 5.

Descriptive statistics of health anxiety variable and its dimensions in healthcare workers.

Variable	Health anxiety	General concerns about one's health	Illness-related concerns	Consequences of an illness
Number	124	124	124	124
Mean	36/06	13.99	12.07	9.99
Standard deviation	Mar-60	2.33	1.99	1.88
Variance	12.96	5.42	3.97	3.54
Coefficient of skewness	0.15	0.22	0.12	0.06
Coefficient of kurtosis	-0.63	-0.19	-0.67	-0.12
Minimum	29	9	7	5
Maximum	44	21	16	15

of social phobia in students studying at Kerman University of Medical Sciences as 40.6% . In the study by Bella et al. conducted in Nigeria, the social phobia in all students was reported as 8.5% . Showed that 11.6% of the students in

Sepehriyanazar showed the components of the disease the consequences of the disease and general health concerns are significant. The dimensions of health anxiety in nurses working in healthcare centers in Tehran and showed that they experienced greater negative feelings than ordinary people. Nonetheless, no significant difference was found between them in terms of positive feelings. The results of the study by Mohammadfam et al. showed that the risk of being infected with Covid-19 in people working at a hospital was measured as 50 to 100. It is necessary to consider appropriate training programs to reduce nurses' anxiety so that nurses can provide better services to patients. It is suggested to compare the health anxiety and social anxiety of health workers with ordinary people.

CONCLUSION

This study showed that most participants suffered from severe social anxiety and the lowest number of participants suffered from moderate social anxiety. Furthermore, the samples showed some degrees of health anxiety such that the healthcare workers showed the highest score on general concerns about one's health subscale, and the lowest score on consequences of an illness scale. Therefore, concerning the fact that the nurses face stressful factors at the workplace that could impact their general health status, the nurses' managers can have an effective role in managing nurses' well-being to provide better care to the patients by training the nurses, providing periodical counseling to the nurses, and taking some measures like changing the wards where the nurses work. Therefore, in order to improve nurses, nursing managers can provide training to nurses in this field and periodic consultations for nurses and creating measures such as changing the department will be able to play an effective role in managing the well-being of nurses in providing patient care.

REFERENCES

- Abbasi Asl, R., Naderi, H., Akbari, A (2016). Predicting the level of social anxiety of female students based on personality traits. *J Prin of Men Hea*.18 (6): 343-9.
- Abdi, H., Eissazadegan, A., Michaeli Manee, F (2018). Comparison of health anxiety, sensory processing sensitivity and harm avoidance among nurses of critical and public care unit. *7(7):189-206*.
- Abramowitz, JS., Braddock, A (2008). Psychological treatment of health anxiety and hypochondriasis: A biopsychosocial approach.
- Asmundson, GJ., Taylor, S (2020). Coronaphobia: Fear and the 2019-nCoV outbreak. *J Anxiety Disord* .70:102196.
- Baptista, CA., Loureiro, SR., de Lima Osório, F (2012). Social phobia in Brazilian university students: prevalence, under-recognition and academic impairment in women. *J Afect Disord* .136(3):857-61.

Bazrafshan, MR., Delam, H., Elahi, M., Akbarpoor, S., Faramarzian, Z (2021). Factors Influencing Anxiety of Healthcare Workers during the Outbreak of 2019 Novel Coronavirus Disease (COVID-19): A Cross-Sectional Study. *J Health Sci Surveillance Sys* .9(1):26-31.

Bella, TT., Omigbodun, OO (2009). Social phobia in Nigerian