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Students Anxiety during the times of Covid-19

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Abstract:

This study aims at investigating the existence of mental health issues related to the recent Covid-19 pandemic, specifically anxiety issues among university students. We used an online questionnaire to investigate this phenomenon among students of Batna and Oum el Bouaghi universities. The significance of the study is shedding light on anxiety and finding potential solutions for it. We found that students suffer from anxiety mainly due to these factors: students' uncertainty about their future study and career, social distancing, the economic state, and the fear of catching corona virus. Furthermore, we reached promising solutions that both the government and individuals can apply. We concluded that there is a need to raise awareness about the importance of mental health in Algeria, especially during and after the pandemic times.

Keywords: Corona; Virus; Anxiety; Pandemic

1. Introduction

In the year of 2020, the viral virus known as corona virus (COVID-19) has spread worldwide causing not only death and casualties, but also an unprecedented swift change to daily life as we know it. While it is true that there were infectious diseases and epidemics throughout human history, the globalization nowadays has made the spread of this pathological agent way easier. According to the World Health Organization (2020), there were more than 294,110 infected people and 12944 deaths caused by the virus by the 23rd of March 2020. Evidently, the death toll kept escalating; the government issued strict measures to prevent the spread of Covid19, and there were drastic change to people's lives. Consequently, these events had an impact not only on economy and politics, but also on people's mental health. Doctors are busy treating patients and advocating preventive methods for the virus, while the mental aspect is underestimated. According to Xiang et al (2020), the mental health care of people suffering from the impact of this pandemic is relatively neglected. Balaratnasingam and Janca (2006) state that this neglecting is surprising given the fact that mass tragedies that involved infectious diseases before have triggered waves of extreme anxiety that lead to massive disruptive behaviours and psychological issues that last even after the pandemic.

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Liu et al (2020) conducted a large survey on Chinese medical workers to check on their mental health. The findings were that 73.4% suffered from traumatic stress, 50,7% from depression, 44,7% anxiety, and 36,1% had insomnia. This finding did not come as a surprise as previous pieces of research have shown an evident link between pandemic-related anxiety and elevated levels of stress, anxiety, postsuicidality, and traumatic stress, contamination concerns (Chong et al., 2004; Wheaton et al., 2012; Wu et al., 2009; Yip et al., 2010). Therefore, the purpose of this study is to shed light, specifically, on the anxiety that the Algerian students suffer from, to check its factors and potential solutions regarding the issue at hand. Anxiety is not a medical condition but a naturally-needed emotion for survival when facing danger, but it becomes alarming when it is exaggerated and out of the healthy proportion. The study comprises of an online survey that interrogated 102 university students, who are affiliated with Batna 2 University and Oum el Bouaghi University. It was done to check their anxiety levels, the causes of this anxiety and the suggested solutions on how to manage it. There has been little research done on the relevant factors associated with anxiety levels in the context of virus outbreak, especially in Algeria. This study aims at shedding light on the matter by exploring the previously mentioned issues. Based on our aim, the following questions need to be addressed: What are the levels of anxiety of University students during the pandemic? What are the factors causing higher levels of anxiety than normal? What are the suggested

solutions to minimize the harm of anxiety disorder?

2. Review of Related Literature

2.1. What is Anxiety?

Anxiety is a healthy and normal emotion if it is within a reasonable level. However if it exceeds the normal level where the individual suffers from it regularly, it becomes a medical disorder that causes excessive fear, apprehension, worry, and nervousness. According to the American Psychological Association (2020) anxiety is an emotion that is characterized by worried thoughts, feeling of tension, and experiencing physical change, such as higher blood pressure. Those who suffer from anxiety disorder get reoccurring symptoms that are: restlessness, the feeling of being on-edge, uncontrollable feelings of worry, concentration difficulties, increased irritability, and having hard time sleeping or staying asleep.

While most of these symptoms can happen to everyone, individuals who have anxiety disorder them experience persistently and to extreme levels. Consequently, they affect their daily lives and disrupt their behaviours and rational thinking. According to the American Psychological Association (2020), this disorder happens due to the following causes:

- Environmental stressors, such as relationship problems, family issues, difficulties at work, unsafe living place.
- Genetic factors or medical reasons. For instance, symptoms of some diseases or side effects of specific

medications manifest as anxiety or high levels of stress.

 Brain chemistry, many hormonal imbalances and misaligned electrical signals in the brain can cause anxiety disorder.

It is worth noting that the pandemic is an example of an environmental stressor.

2.2 Underlying reasons for anxiety

May (1950) defines anxiety as the apprehension triggered by a threat to a value that the person holds crucial to his existence as a personality. This threat could be physical or psychological such as losing freedom or death, as well as a threat to a value that the person identifies with his existence such as success, patriotism, the love for another individual and so on. For instance, a father can think "If I can't support my family financially, I would jump off a cliff". According to this father, if he can't preserve his self-respecting position of being the bread-winner, his whole life crumbles and lose meaning that he would want to not exist. Anxiety varies from one to another since different individuals hold different values essential to their existence and consequently to the security of their personality.

Another source of anxiety is what Karen Horney work talks about in her speculations of the roots of anxiety. Horney (1950) claims that human beings begin their life with potential for a healthy development. However, that development requires favourable conditions for growth like any other living organism. These conditions can face various adversities that affect them negatively. For instance, if parents are not able or unwilling to love the child properly due to their neurotic needs, they may dominate, neglect, overindulge, overprotect, or reject the child. Consequently, the child's needs for satisfaction and safety are not met which may lead to basic hostility towards his parents and in his future interactions. The following figure shows how neurotic behaviours occur according to the book entitled Karen Horney : psychoanalytic social theory (Carley, 2015, p.171):



Nowadays, people who suffer to an extreme degree from anxiety can be diagnosed for having "Generalized Anxiety Disorder". Anxiety and Depression Association of America (2021) defines generalized anxiety disorder (GAD) as the persistent and excessive worry about a number of different things. Both people with normal anxiety and those with GAD suffer from overly worrying and expecting disaster. However, people with GAD suffer it chronically; they feel anxiety way more commonly than people with normal anxiety. Generally, the person is diagnosed for having GAD if he suffers from it for at least six months with three or more GAD symptoms.

In terms of treating anxiety, May (1950) suggests ways of dealing with it that go in

line with our research. He states that there are two common processes adapted by schools of psychotherapy for treating anxiety. The first is expansion of awareness, where the person sees what goal (value) is threatened, while making him aware of the conflicts between his value and how did the conflict develop. The second is Re-education, where the person restructures his goals, by making conscious choice of values, and then proceeds responsibly and realistically towards attaining these values.

When it comes to dealing with anxiety, May (1950) says that there are mainly two common ways adapted by schools of psychology for treating anxiety. The first one involves expansion of awareness, where the individual sees what value (goal) he holds is threatened, and trying to get him to be aware of the conflict between this goal and how the threat developed. The second way is Re-education, and it involves restructuring the individual's goals, through making conscious choices of values, then proceeding realistically and responsibly towards achieving those values.

2. 3. The Pandemic Anxiety

During the pandemic, there are a lot of occurring phenomena that are unusual and disturbing to the public. For instance, mosques schools and closed, are companies and businesses suffer damages if not complete shutdown, and changes in the individuals' daily routine making them feel more isolation and loneliness. Thus, the fear of death isn't the only fear that comes along with the pandemic, but also insecurity about the economic state

especially for poor families. There could be some technical reasons why the online teaching is not as wide spread in Algeria as in first world countries. When it comes to E-learning, teachers have no training on teaching online, and a lot of them are not used to dealing with computers and internet especially old teachers who did not deal with computers in their teaching The unusual circumstances before. mentioned above gets individuals to suffer more negative emotions such as fear and anger. According to Garcia (2017), the rise of such emotions until they reach disproportionate or chronic degree leads to harm and could develop to various psychiatric disorders. Shigemura et al (2020) adds that fear and anxiety stress levels have increased in healthy individuals while people with pre-existing psychiatric disorders suffer from intensified symptoms. Reardon (2015) states that during pandemics, people who suffer mental health issues are greater in number than those who are infected. The past tragedy of Ebola outbreak have shown high number of the population suffering from psychiatric symptoms, which, according to Shultz et al (2016), added more to the death rate. The pandemic anxiety can happen to everyone, but it is mostly vulnerable groups, such as older adults, patients with previous psychiatric and clinical conditions, family members of the infected patients, social rejects and people, who are discriminated against.

With this in mind, it is extremely necessary to implement mental health policies and support during and after the pandemic to minimize this kind of anxiety. Furthermore, we will draw attention to other potential factors for anxiety that happen during the pandemic in the Algerian context.

3. Research Design and Data Collection Procedures

This study was conducted using an online questionnaire that was delivered to the participants using Google forms. We used Facebook university groups to get the students willing to participate. After their consent, the link to the questionnaire was sent to them through their emails, or other social media. During this online study, we made sure that participants are university students and are able to understand English. The Data was collected from 20 March until 20 April. The online selfreported questionnaire contained sections to answer directly to our study questions. The first section used a screener to identify people with anxiety called Corona Anxiety Scale (CAS). The second part was directed to asking them about potential factors that lead to anxiety and stress. The third part was to raise their awareness about the mental health importance and to ask them for potential solutions for the issue.

3.1. Population of the Study

The target population of the study comprised of university students from the universities of Oum el Bouaghi and Batna. We assessed the anxiety levels and other mental health issues of these students during the Coronavirus outbreak through anonymous questionnaire to ensure reliability and confidentiality. 150 students showed interest in participating however, only 102 students responded and completed the questionnaires. Therefore, we included in the final analysis 68% of the population that answered.

3. 2. Data Analysis Procedures

The data will be qualitative in nature, through a thematic method. The approach of the thematic method is utilized to analyze, identify, and report patterns or themes among the data collected from the interview in order to answer the questions of the research (Braun & Clarke, 2006, p.97). First of all, we will display the screener results, the factors causing anxiety, and potential solutions.

4. Results and Discussion

4.1. Anxiety Scale

The first column in the following table represents the questions of the screener, while the second column represents the percentage of students who answered "yes" to the question.

Question	%
1.Do you often think about the Novel Corona Virus?	92
2.Do you often feel paranoid about contacting the novel Corona Virus infection?	55
3.Do you often avoid social contact?	39
4.Do you often avoid large meetings and gatherings?	74
5.Have you talked to your friends about the corona Pandemic recently?	96
6.Do you often find it hard to sleep due to being worried about the Corona Virus pandemic?	16
7.Do you often feel affected by the posts on social media about corona Virus infection?	68
8.Do you often feel affected by the talks about Novel Corona Virus Pandemic on the newspaper and news channels?	42
9.Do you often feel the need to buy and stock all essentials at home?	36
10. Do you often get afraid if anyone in your social circle reports of being sick?	46
11. Do you often feel the need to use the sanitizer/gloves?	20
12. Do you often feel the need to constantly wash your hands?	23
13. Do you often feel worried about yourself and close ones regarding the spread of Novel COVID19 Viral Infection?	84
14. Do you often use a mask without any apparent signs and symptoms of the infection?	53
15. Does fear of catching the virus lead you to any inappropriate behaviors with others? (For example : being rude)	31

Table 1. Anxiety related to COVID-19 pandemic

4.2. Anxiety Factors

The students were asked about the factors that lead to their anxiety. A lot of answers were provided. Ranking their answers according to what is mentioned; more often we get these five factors in order:

- Worries about study and future employment.
- Economic state and family's financial issues.

- Fear of getting infected or close ones catching the virus.
- Social distancing.
- Inability to have a normal daily life-like it used to be.

The next pie chart illustrates the frequency of these answers:



Figure 2: Some anxiety Factors pie chart

4.3. Mental Health Scale

To investigate students' perception of the importance of mental health, the

following screener was answered. The second column represents the percentage of students that answered with "yes".

Table 2: Perceived mental healthcare needs among participants during COVID-19
pandemic

Question		%
1.	Do you think it would be nice to talk to someone about your worries for the COVID 19 viral epidemic?	91
2.	Do you think it is necessary to get mental health help if one panics during the Pandemic situation?	86
3.	Do you think it would be beneficial if mental health professionals help people in dealing with the current COVID19 pandemic situation?	82
4.	Will you suggest mental health professionals to people that are highly affected by the COVID19 pandemic?	14

4.4. Potential Solutions

Students provided the following solutions:

4.4.1. For the Government

- Provide training in stress management, depression, trauma and risk behavior protocols for interested individuals.
- Provide official channels for updated information about the pandemic and to raise awareness about mental health issues and how to deal with them.
- Encourage scientific research on the mental health aspect
- Provide mental health care awareness to normalize it more among individuals.
- Monitor and rebut fake news and respect cultural factors when implementing public policies due to the Algerians not getting used to following the law strictly.
- Upgrade the internet providing services and provide courses for both teachers and students on how to use online education platforms.

4.4.2. For the Individual

- Keep in touch with friends online and family and plan leisure activities.
- Limit exposure to Corona-related news.
- Avoid confusing the social isolation or confinement with rejection, abandonment or helplessness
- Maintain good exercising pattern, healthy diet and adequate sleep; Meditation can help as well.

- Pay attention to your needs, thoughts and feelings. Do not hesitate asking help from trusted professionals.
- Monitor your behaviors and reactions and avoid negative ones like being irritable and aggressive.

4.4.3. For Health Care Centers and Hospitals

- Normalize seeking psychiatric aid, as the majority of Algerians believe only insane people should seek psychologists.
- Establish a relationship of trust and transparency between mental health professionals and people.
- Treating patients with utmost care and refraining from negativity in the workplace.
- Raise awareness about the value of medical teamwork showing how they risk their lives for the social good in order to build trust and respect with people.
- Inform individuals that those feelings, like anxiety, sadness and fear are normal in such times, and advise them to seek professional help in case they suffer from these emotions regularly.

4.5. Discussion of the Findings

Going through the Anxiety scale in Table 1, we notice that 92% of the participants confirmed thinking often about the virus. Thinking about the current situation is normal; however, if it is very often that it becomes the norm; it could be a sign of anxiety disorder. The same can be said about most of the items of Table 1. That is to say, if sleeplessness is common due to overthinking, that's a sign for anxiety. Moving on Table 1, we notice that only 39% of the participants reported that they are actively avoiding social contact despite the fact that social contact is strictly advised to be avoided. This phenomenon is common in Algeria and especially in small towns where disobeying the curfew has no consequences. Fortunately, 74% reported avoiding large meetings and gatherings. However, we should take into account that the population of the study are the educated individuals, and that the percentage could be different with people that are less aware of the dangers of the virus. As we notice, most of the people still attend weddings and sneak into beaches. In question number 7 and 8, we notice percentages of 68% and 42% respectively. This shows that the population is more affected by social media and the internet rather than newspaper and TV channels. Regardless of the platform, consuming much news about the novel virus could lead to anxiety, and the consumption should be moderated. One third of the population reported that they felt the need to buy and stock supplies at home, and this is an indicator of fear that comes with the pandemic. Pandemics trigger survival instincts and in this case they are demonstrated through buying more than the needed supply in fear of it running out. Only 20% reported feeling the need to use gloves or hand sanitizers, and this could be due to the cultural background. That is to say, in Algeria people aren't used to using sanitizers or gloves unlike other cultures, such as, Asians who are used to wearing masks, even before the pandemic, in fear of air pollution. 31% reported that they conducted misbehaviors due to the panic that comes with the pandemic. This behavior could be due to the restlessness, anger, and worry that come with the pandemic. These negative emotions may lead to reckless activities to kill time, like going out in curfew hours and posting about it on social media.

Moving to figure 2, it is pretty selfexplanatory. As we notice, the first reason for anxiety is worrying about studies and future employment. This could be due to the population of the study being university students that are confused about how their study will go and the validity of their diplomat after succeeding despite not completing the scholar year. The second reason was the economic state, because individuals can associate their financial state to their survival. For instance, in the case of families that relied on the father bringing food to the table daily, closing his shop due to corona would be a direct hit to their financial state. Such families have suffered devastating blow to their economy and their survival desirability could lead to dysfunctional anxiety and fear. Next is the fear of getting infected, and it is a factor that all individuals of the society share, regardless of their economic status. Another reason is social distancing, since people are used to meeting each other, especially college students that are used to being with people on a daily basis. The last mentioned reason was the inability to have a normal daily life since we notice striking differences between what life used to be and what it is now.

In table 2, we notice high percentages for questions related to the benefit of talking to others and to professional mental healthcare about their worries about the pandemic. However, only 14% of the population reported that they would suggest to affected people to see a professional; this is due to the lack of mental health culture in Algeria. Not many people know a psychiatrist or went to one before in Algeria. According to the World Health Organization (2011).neuropsychiatric disorders in Algeria form 13.1% of the global burden of disease. Despite the existence of several mental health plans that aren't revised well or implemented yet (Zoubir B, 2017), there is a need for awareness about mental health and psychiatrists available to help people with mental conditions.

The last part of the questionnaire shows the participants' suggestions for potential solutions that the government, hospitals and individuals can start implementing to reduce or eliminate such anxiety. They are solutions that can be conducted during or after the pandemic.

Overall, the link between the study and our aims is that questions asked in the first part of the study show how students' lives are highly affected by pandemic and the high percentages in the table prove that. As for the second part, it aided with the aim of figuring out what are the major factors causing the anxiety. Finally, the last part of the study gathered potential feasible solutions that could be applied in the real world to minimize not only anxiety and mental problems but also general improvements for the Algerian society.

5. Conclusion

To sum up, most of the population is aware of the infection and the possible prevention methods. However, what is worrying is the negligence of the mental aspect, especially in Algeria. We conclude that the majority of the population suffers from pandemic related anxiety that can be demonstrated through over thinking the issue, sleeplessness, overly talking about it, misbehaving and aggressive conducts. This is due to several factors that have to do with uncertainty about the fate of their study and career future, economic state, social distancing, and fear of the virus itself. Thus, urgent solutions should be provided by the government and hospitals with the help of individuals themselves. After all, it takes all of them to surpass this pandemic and its mental effects on individuals.

2. References:

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. 5th edition. ADAA, A. (2020). Anxiety disorders and depression research & treatment. ADAA CONFERENCE, Georgia, America. https://adaa.org/

Balaratnasingam, S., & Janca, A. (2006). Mass hysteria revis-ited.

Current Opinion in Psychiatry, 19, 171–174.

Benmebarek, Z. (2017).Mental healthlegislationinAlgeria. *JPsych.*International, 14(1), 12-15.

https://doi.org/10.1192/S205647400000 1604 EFL Teachers' Involvement in Designing Higher Education Syllabi: Reality and Expectations

Braun, V., & clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology. *Taylor* & *Fransic Online*, *3*(2), 77-101. https://doi.org/ DOI: 10.1191/1478088706qp063oa

Carley, S. G. (2015). *Psychoanalytic social theory*. Brockton ,MA: SGC Production.171.

Dillon , B. (2020). Medical news today.

https://www.medicalnewstoday.com/a rticles/323454#takeaway

Garcia, R. (2017). Neurobiology of fear and specific phobias. *Learning & Memory*, *24*(9), 462-471.

Horney, K. (1950). *Neurosis and Human Growth: The Struggle towards Self-Realization*. New York: W.W.Norton & Co., Inc. Liu, S., Yang, L., Zhang, C., Xiang, Y., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. The Lancet Psychiatry, 7(4), e17–e18. https://doi.org/10.1016/S2215-

0366(20)30077-8

May, R. (2015). *The meaning of anxiety* . (Unabridged). Tantor Media, Inc.

Reardon, s. (2015). Ebola's mental-health wounds linger in Africa: health-care workers struggle to help people who have been traumatized by the epidemic . *Nature*, *13*(15), 519-7541.

Shigemura, J., Ursano, R., Morganstein, J., Kurosawa, M., & Benedek, D. (2020). Public responses to the novel 2019 coronavirus

(2019-nCoV) in Japan: Mental health consequences and target populations

. *Psychiatry and Clinical Neurosciences, 74*(4), 281-.

Shin LM, Liberzon I. (2010). The neurocircuitry of fear, stress, and anxiety disorders. *Neuropsychopharmacology*, *35*(1), 169-191.

Shultz JM, Cooper JL, Baingana F, Oquendo MA, Espinel Z, Althouse BM, et al. (2016). The role of fear-related behaviors in the 2013-2016 West Africa ebola virus disease outbreak. Curr Psychiatry Rep.

World Health Organization (WHO). (2020b, March 23). Coronavirus disease (COVID-19) outbreak situation. Retrieved from

https://www.who.int/emergencies/disease s/novel-coronavirus2019

Xiang, Y., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. Lancet, 7, 228–229.

https://doi.org/10.1016/S2215-0366(20)30046-8

Yalden, J. (1987). Syllabus design: an overview of theoretical issues and practical implications. Annual Review of Applied Linguistics, 8, 30–47.

Young, J. H. (1988). Teacher Participation in Curriculum Development: What Status Does It Have?. Journal of Curriculum and Supervision, 3(2), 109–121.