Research Article

JOURNAL OF INTERNATIONAL HEALTH SCIENCES AND MANAGEMENT

ANXIETY CAUSED BY THE COVID-19 PANDEMIC IN THE INDIVIDUAL AND ESCAPE FROM THE HOSPITAL

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ABSTRACT

In the epidemic period, other health services can be interrupted by allocating resources to epidemic-causing cases. It has been reported that anxiety and depression levels of individuals increase during these periods. Some studies report a decrease in the number of patients using health services during the SARS epidemic.

With this study, it is aimed to give an idea about the health problems that may arise by identifying the tendency of the COVID-19 pandemic to negatively affect the mental health of individuals and to avoid using health services, apart from the effect of making people sick and killing them.

Beck anxiety and beck depression scales were used in the study. In addition, a scale was developed to measure the intention of individuals to go to hospital. The validity and reliability of the scales were tested and approved. Data were collected from one thousand seven people with the easy sampling method with the digitally created questionnaire form.

During the pandemic process, it was found that approximately one third (34.5%) of the individuals had symptoms of anxiety and nearly half (48%) of them had depression symptoms. Individuals stated that they could go to the hospital only when they had a serious illness (3.49) or emergencies (3.6).

It has been suggested that the COVID-19 pandemic should be evaluated holistically with other health problems, and pandemic hospitals should be identified and separated from other hospitals, and other patient groups should benefit from uninterrupted health services and practices to reduce the social stress associated with the pandemic.

Keyword: COVID-19, Anxiety, Depression, Intention to Go to Hospital, in Turkey

INTRODUCTION

The history of the disease is as old as human history. Diseases affect the patient first, then the relatives of the patients, and then the whole social environment (Bostan et al., 2020). Looking at the history of the diseases, it is seen that a disease is not only a health problem, but it also deeply affect the economy, politics and social life.

There are some diseases that have caused great disasters in the past and are still effective today. It is known that epidemic diseases such as Cholera (Parıldar, 2020), Malaria (Akpınar & Özcan, 2018; Global Malaria Program: WHO Global, 2019), Spanish Flu (Eşidir & Bak, 2020), Black Plague (Akın, 2018) take more lives from wars and cause social changes.

In the last two decades, it has been observed that some infectious diseases have turned into epidemics. Examples of this are infectious diseases originating from the severe acute respiratory syndrome coronavirus (SARS virus) and the Middle East respiratory syndrome coronavirus (MERS virus), as well as re-emerging infectious diseases caused by swine and avian influenza and Ebola viruses (Grubaugh et al., 2019; Wu et al., 2020).

The new coronavirus disease (COVID-19), the newest member of the infectious diseases group that causes endemia and pandemics, emerged in December 2019 as a new coronavirus pneumonia epidemic in Wuhan, China, in the Hubei region. (Cheng et al., 2020) COVID-19 spread first across China in 2020 and then across the world rapidly.

The World Health Organization (WHO) declared the new type of coronavirus disease as a pandemic on March 11, 2020. Globally, as of September 9, 2020, 27,417,497 people were reported to have contracted COVID-19 and 894,241 died from the infection, according to the official WHO website (WHO, 2020).

First COVID-19 case was detected in Turkey on 10 March 2020 and the first virus-related death was reported on March 17, 2020 (T. C. Ministry of Health, 2020). Total number of COVID-19 cases in Turkey reached to 283,270 cases by September 9th 2020. It is known that 23,243 of these cases are active cases and there are 6,782 deaths (Worldometer, 2020). Europe in general, and some countries in particular, such as Spain and Italy, have been strongly affected by the transmission and deaths caused by the pandemic (Rossi et al., 2020).

All countries, both developed and developing, had to take a series of protective measures in order to control the rapidly spreading virus. These strict measures, ranging from the prohibition of travel to the closure of workplaces, social isolation and curfew, deeply affected social life, brought most sectors of the economy to a standstill, and even caused a halt in some (Duran & Acar, 2020).

The Covid-19 pandemic creates important mental health problems in society such as stress, anxiety and depression (Liu S. et al., 2020). In societies with epidemic diseases, acute stress reactions occur during the mandatory quarantine process. Disruption of the usual routine, inadequate use of health services, exposure to incomplete or wrong information, uncertainty of the quarantine period, the fear of being infected or transmitting the disease causes some mental disorders in individuals (CSTS, 2020; Kaya, 2020).

During epidemic periods, other health services may be interrupted by allocating resources to epidemic-causing cases. In this period, health authorities reduce the admission of non-epidemic

patients to the hospital or patients do not apply for treatment with anxiety, causing negative effects on health (Sayılı et al., 2020).

Some reports have shown the impact of infectious disease outbreaks on hospital admissions. During the SARS epidemic in Hong Kong, it was observed that there was a significant decrease in general emergency room attendance, trauma cases and minor cases (Man et al., 2003). In another study conducted in Taiwan, it was found that the number of applications to the emergency room decreased by 40% during the SARS epidemic (Chen et al., 2004). During the SARS outbreaks in Toronto, there has been a decrease in hospital admissions (Heiber & Lou, 2006). In addition, during the epidemic period information is also available that, cancer patients disrupted their treatment (Chen et al., 2004); the first medical intervention was delayed in emergencies (Tam et al., 2020); people applied wrong interventions due to panic (https://tr.euronews.com, 10.09.2020) and that increased anxiety can lead people to suicide (Sahoo et al., 2020).

In Turkey, during the COVID-19 pandemic process, calls for "do not go to the hospital unless it is necessary" are made very strongly by the health authorities (https://www.takvim.com.tr, 18.3.2020). In addition, health authorities try to control going to the hospital by warning citizens not to go to the hospital without an appointment, with appointment restrictions (https://www.cnnturk.com/, 2.6.2020; http://www.orduolay.com/, 4.9.2020). Adverse results of individuals to hesitate to go to the hospital again, is reflected in the media (https://www.cnnturk.com/, 20.5.2020).

This information indicates that during epidemic periods, health authorities call for "do not go to hospital unless it is necessary" or patients in need of health service avoid going to the hospital "for fear of contamination risk". In this case, the epidemic becomes responsible not only for those who are sick, but also for the health risks of individuals whom it prevents from receiving health services.

In the literature reviews, it was seen that various aspects of the COVID-19 pandemic were investigated very intensely and rapidly. However, no study has been found on how the pandemic affects the tendency of normal individuals to use health services.

This study mainly aims to get an idea about;

What effect does the COVID-19 pandemic have on individuals' anxiety and depression levels;

How the contagion anxiety created in individuals by the COVID-19 pandemic and the health authorities 'call to "do not go to hospital unless it is necessary" affect individuals' "intention to go to hospital";

It seeks answers to the questions of how the change in anxiety and depression levels of individuals interacts with the "intention to go to the hospital".

Thus, with this study, it is aimed to gain an idea about the negative effects of the COVID-19 pandemic, apart from the effect of making sick and killing individuals, negatively affecting the mental health of individuals and avoiding using health services.

METHOD

In the process that COVID-19 pandemic has continued in Turkey and in the world, the pandemic has had different effects on the entire healthcare sector and on patients. This study aims to investigate how individuals are affected by the pandemic process. The research is a descriptive study and the data were collected by quantitative method.

Universe and Sample

The study aimed to measure individuals' levels of being affected by the pandemic using the intention to go to hospital, anxiety, and depression scales. 1007 people were included in the study using the easy sampling method and the random sampling technique. The data were collected through a questionnaire prepared in digital environment on 28-29-30 April 2020 under pandemic conditions. A team of around fifty people located in different places of Turkey has enabled people over the age of 20 to participate in the survey by directing the questionnaire through WhatsUp program.

Data Collection Scales, Process and Scale Analysis

In the study, a questionnaire consisting of socio-demographic characteristics, beck anxiety (Beck at all; 1988), beck depression (Beck et al., 1960) scales and intention to go to hospital scale was used as data collection tool. For the implementation of the questionnaire, permissions were obtained from the Ethics Committee of Ordu University and the Ministry of Health Covid Pandemic Scientific Research Permit Committee.

Beck anxiety and beck depression scales are widely used scales in healthcare. The validity of these scales was tested by confirmatory factor analysis; the validity of the "intention to go to hospital scale" developed by Bostan was tested with exploratory factor analysis. Validity is the degree to which a test or scale measures what is intended to be measured (Coşkun et al., 2017). In addition, reliability analyzes of all scales were made. Analysis results of the scales are given in Table 1.

Table 1: Validity and Reliability Analysis of the Scales

Factor Analysis		Beck Anxiety	Beck Depression	Intention of Going to Hospital
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,932	0,950	0,841
Bartlett's Test of Sphericity	Approx. Chi-Square	11079,583	10198,005	3967,075
	Df	210	210	45
	Sig.	0,000	0,000	0,000
Factor loading range		500-753	371-756	505-771
Total variance explained	%	42,237	43,124	43,205
Cronbach's Alpha		0,927	0,931	0,845

When Table 1 is examined, it is seen that the KMO sampling coefficient is above 0.80 in all three scales. It is accepted that the sample size used in the study reaches perfect as the KMO value approaches 1, and when this value is 0.80 it is very good and when it is 0.90 it is excellent (Karagöz, 2017). The results of the Barlett sphericity test, which was used to evaluate the appropriateness of the scale to factor analysis, were found to be significant (p = 0.000). Accordingly, scales are found suitable for factor analysis. It was understood that the factor loads of all three scales were generally high and their power to explain the total variance was above 0.40 and was sufficient. Since the reliability analysis Cronbach's Alpha coefficients of the scales are above 0.80, it has been determined that they are highly reliable.

SPSS statistics software was used to test the aims of the study. Analyzes were carried out at 95% (p = 0.05) confidence interval. Descriptive statistical methods and correlation analysis were used in the study.

RESULTS

The demographic characteristics of the participants are given in Table 2. When the table is examined; 29.9% of individuals are university, 27.4% high school and 21.1% primary or secondary school graduates; 64.8% are women; 60% of them are in the 20-39 age range; 60.4% are single; 94.7% of them live with their family; 20.5% of them have chronic diseases.

Table 2: Distribution of Demographic Data

Variables	N	%
1.Educational Status		
Primary school	212	21,1
High school	276	27,4
Associate degree	168	16,7
Undergraduate	301	29,9
Graduate	50	5,0
2.Gander		
Female	653	64,8
Male	354	35,2
3.Age		
Between 20-39	604	60,0
Between 40-59	370	36,7
60 ≥	33	3,3
4.Marital Status		
Married	361	35,8
Single	608	60,4
Widow	38	3,8
5. Who do you live with?		
Family	948	94,7
Alone	53	5,3
6. Do you have a chronic illness?		
Yes	206	20,5
No	801	79,5
7. Have you ever encountered with COVID-19 patients?		
Yes	105	10,4
No	902	89,6
8. Has your any relative suffered from COVID-19?		
Yes	132	13,1
No	875	86,9
9. Have you ever been tested for COVID 19?		
Yes	63	6,3
No	944	93,7
10. If so, what is the result?		
Positive	8	12,1
Negative	58	87,9

10.4% of the participants encountered a patient with COVID-19; a relative of 13.1% suffered from COVID-19; 63 of them had a COVID-19 test; 8 of them stated that the test result was positive.

Data on the anxiety levels of individuals are given in Table 3. It was found that 34.5% of the individuals had different levels of anxiety symptoms. It was found that 21% of the individuals had mild anxiety, 8.6% had moderate anxiety and 4.9% had severe anxiety.

Table 3: Beck Anxiety Level of the Participants

	N	%
Minimal Anxiety (0-7)	616	65,5
Mild Anxiety (8-15)	210	21
Moderate Anxiety (16-25)	86	8.6
Severe Anxiety (26-63)	95	4,9

Data on the depression levels of the participants are given in Table 4. It has been found that 48% of the individuals have different levels of depression symptoms. It was found that 24.1% of individuals had mild depression, 16.4% had moderate depression and 7.5% had severe depression.

Table 4: Beck Depression Level of Participants

	N	%
Minimal depression (0-9)	524	52
Mild depression (10-16)	242	24,1
Moderate depression (17-29)	165	16,4
Severe depression (30-63)	76	7,5

During the Covid-19 pandemic process, it was observed that individuals' efforts to protect themselves from the pandemic were reflected in their intentions and behaviors to benefit from health services and to go to the hospital. The findings of the individuals regarding their intention to go to the hospital under pandemic conditions are given in Table 5.

When the table is examined, it is seen that the individuals' intention to go to the hospital in the seventh statement in case of "continuing health problems" (2.37) was found to be low. Individuals' intention to go to the hospital "when their illness becomes serious" (3.43) rises to a moderate level. Individuals were found to have a high level of intention to go to hospital when their health problems were "urgent" (3.66). Individuals state that they do not want to "go to the hospital in any way" (2.46).

Table 5: Scale of Intention of Going to Hospital

Scale of Intention of Going to Hospital	$\bar{x}$	SS
Factor means	2,1	1,14
1. In these days when the coronavirus epidemic continues, I go to the hospital because I am curious about the condition of the patients.	1,2929	,77394
2. In these days when the coronavirus epidemic continues, I go to the hospital to visit my relatives or friends.	1,3793	,80326
3. In these days when the coronavirus epidemic continues, I go to the hospital to have prescribe my medicine	1,7418	1,10433
4. In these days when the coronavirus epidemic continues, I go to the hospital to have the tests in my mind.	1,5819	1,02697
5. In these days when the coronavirus epidemic continues, I go to the hospital for the appointment my physician has given me for a routine check.	1,8471	1,22290
6. In these days when the coronavirus epidemic continues, if I feel mild discomfort, I go to the hospital.	1,5343	1,03352
7. In these days when the coronavirus epidemic continues, If my current disease increases a little more, I go to the hospital.	2,3714	1,31330
8. In these days when the coronavirus epidemic continues, I go to the hospital when my current illness becomes serious. .	3,4399	1,48689
9. In these days when the coronavirus epidemic continues, if I have trouble that I think is urgent, I go to the hospital.	3,6683	1,46028
10. I would never go to the hospital nowadays as the coronavirus epidemic continues.	2,4608	1,30765

The relationship between the participants' anxiety, depression levels and their intention to go to the hospital was investigated with correlation analysis and the findings are given in Table 6.

Table 6: The Relationship Between Anxiety and Depression Levels of Individuals and Their Intention of Going to Hospital

	Anxiety	Depression
Anxiety	1	
Depression	,712[**]	1
Intention of going to hospital	,116[**]	,104[**]
[**]. Correlation is significant at the 0.01 level (2-tailed).		

When the table is examined, it was found that there is a strong linear relationship between the anxiety levels of individuals (0.712) and the level of depression increases as the level of anxiety increases. Similarly, a weak linear relationship was found between the anxiety (0.116) and depression (0.104) levels of the individuals and their intention to go to the hospital. Increases in the anxiety and depression levels of individuals weakly increase the intention to go to the hospital.

The effects of demographic characteristics of the participants on anxiety, depression, and their intention to go to hospital were examined by t and ANOVA tests. Anxiety and depression levels of females were higher than males (p = 0.000); it was found that males' intention to go to hospital was higher than females (p = 0.005). It was determined that the anxiety (p = 0.033) and depression

(p = 0.000) levels of the single participants were higher than the married ones, and the intention of going to the hospital was higher in the married (p = 0.005). Among the participants, it was observed that the depression level (p = 0.000) of the graduates of associate degree and university was higher than those with primary, secondary and high school graduates. Anxiety (p = 0.00) and depression (p = 0.000) levels of the participants aged 20-39 were higher than those aged 40-59; it was calculated that those aged 40-59 years had a higher intention to go to hospital (p = 0.01) than those aged 20-39.

Anxiety (P = 0.006) and depression (P = 0.02) levels were found to be higher in participants who were single. It was calculated that the anxiety levels (P = 0.001) and intention to go to the hospital (P = 0.000) of the participants with chronic diseases were higher than those without chronic diseases.

Anxiety (p = 0.006) and depression (p = 0.02) levels were found to be higher in participants who were single. It was calculated that the anxiety levels (p = 0.001) and intention to go to the hospital (p = 0.000) of the participants with chronic diseases were higher than those without chronic diseases.

Anxiety level (p = 0.000), depression level (p = 0.001) and intention to go to hospital (p = 0.000) of the participants who encountered COVID-19 patients were found to be higher than those who did not encounter COVID-19 patients. It was observed that those with a relative of COVID-19 patients had higher levels of anxiety (p = 0.000) and depression (p = 0.001) than those who did not have a relative of COVID-19. It was understood from the participants that the anxiety level (p = 0.002) and the intention to go to the hospital (p = 0.002) of those who had the COVID-19 test were higher than those who did not have the COVID-19 test. There are eight people among the participants who has a positive COVID-19 test. It was found that these people had higher anxiety, depression and intention to go to the hospital (p = 0,000) compared to the other 57 people who had a negative COVID-19 test.

DISCUSSION

It is stated that, on average, 60% of physically healthy individuals experience health anxiety in any period of their lives and 45% of them are neurotic and the rest are completely normal (Şendağ, 1989). The prevalence of anxiety disorder in the general population is around 5% and it increases up to 10% with old age (Eroğlu et al, 2012). On the other hand, the rate of depression in the general population has been determined to be between 3.6-8.5% (Kaya and Kaya., 2007). In the literature, it has been stated that the rate of coexistence of these two diseases is high, one triggers the other and generally develops due to common causes.

In this study, the level of anxiety in individuals was found to be mild 21%, moderate 8.6%, severe 4.9%, and 34.5% in total. As can be seen, the pandemic increased the anxiety level in individuals 4-7 times. In this study, the level of depression in individuals was found to be mild 24.1%, moderate 16.4%, severe 7.5% and total 48%. Pandemic increased the level of depression in individuals approximately 6-12 times. In this study, it was seen that anxiety and depression were seen together in individuals and they were consistent with the literature.

In a study investigating the effect of the COVID-19 pandemic on individuals in Turkey in 62% of respondents stated that their worry on health-related concerns has increased and, 53.5% stated increased doubts about the symptoms of the disease (Karataş, 2020).

In a study conducted in Bangladesh during the pandemic period, it was observed that 59.7% of the participants suffered from stress symptoms. (Banna et al., 2020) In other studies conducted in China and Europe, the levels of stress, anxiety and depression seen in individuals have increased since the COVID-19 outbreak. (Ozamiz-Etxebarria et al., 2020; Altena et al., 2020; Asmundson and Taylor, 2020; Qiu et al., 2020)

In this study, the data of similar studies given above are supported by the fact that 34.5% of the individuals had mild, moderate and severe anxiety symptoms, and 48% had depression symptoms.

In the studies conducted by Man et al. (2003) in Hong-Kong, Chen et al. (2004) in Taiwan, and Heiber and Lou (2006) in Toronto, the finding that the number of hospital admissions decreased during the SARS epidemic, the intention of this study to go to hospital coincides with the findings of this study. Individuals do not want to go to the hospital during the COVID-19 outbreak. It can be said that this attitude will reduce the number of hospital admissions.

CONCLUSION AND RECOMMENDATIONS

In this study, it was found that approximately one third (34.5%) of the individuals had symptoms of anxiety and nearly half (48%) of them had depression symptoms during the pandemic process. Individuals stated that they could go to the hospital only when they had a serious illness (3.49) or emergencies (3.6).

It is understood that there is a strong linear relationship between anxiety and depression. However, it was understood that the increase in the anxiety and depression levels of the individuals affects the "intention to go to the hospital" linearly at a very small level.

In order to prevent acute health problems and chronic patients from being harmed, individuals should be provided to benefit from health services when needed. Otherwise, while trying to be protected from COVID-19, it will be possible to suffer from postponed health problems. Disrupting the control and treatment of chronic patients will cause their disease to progress. Individuals and the health system will bear serious health risks. When tackling COVID-19, other health problems and patients should not be forgotten.

The COVID-19 pandemic must be assessed holistically with other health problems and the power of the health system. For this, pandemic hospitals should be determined, announced to the public, and pandemic patients should be looked after in these determined centers, taking into account the number of hospitals in residential areas and their bed conditions. Uninterrupted service of other hospitals and health facilities to other patient groups should be protected. In addition, practices should be made to reduce the social stress associated with the pandemic in order to control the level of anxiety and depression in individuals.

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