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DETERMINATION OF ANXIETY STATUS IN WOMEN WITH CHRONIC DISEASE DURING THE COVID-19 PANDEMIC

KOVİD-19 Pandemisi Sürecinde Kronik Hastalığı Olan Kadınların Kaygı Durumlarının Belirlenmesi

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ABSTRACT

This study was conducted to determine the anxiety status of women with chronic diseases during the coronavirus disease pandemic. This descriptive study was conducted in February-August 2021 within the internal medicine outpatient clinic of a training and research hospital located in the Southeastern Anatolia Region of Turkey. Individual Descriptive Questionnaire and Spielberger State-Trait Anxiety Inventory forms were used to collect data. The mean state anxiety score of the participants was 46.40±10.46, and the mean trait anxiety score was 49.56±9.33. The trait anxiety mean scores of the participants who have a good relationship with the family and whose health status was not affected during the pandemic was found to lower statistically significant ($p<0.05$). The trait anxiety mean scores of the participants who have poor economic status was found to higher statistically significant ($p<0.05$). It was determined that women with chronic diseases had moderate anxiety and were negatively affected by the pandemic process. In line with this information, it comes to the fore that women with chronic diseases need more psychosocial support due to their increased anxiety and they are a group that should be handled with care. It is recommended that more descriptive studies be carried out on this subject.

Keywords: Anxiety, Chronic disease, COVID-19, Pandemic, Woman.

ÖZ

Bu araştırma, koronavirüs hastalığı pandemi sürecinde kronik hastalığı olan kadınların kaygı durumlarını belirlemek amacıyla yapıldı. Tanımlayıcı tipteki bu çalışma, Türkiye'nin güneydoğusunda bulunan bir eğitim ve araştırma hastanesinin dahiliye polikliniğinde, Şubat-Ağustos 2021 tarihleri arasında yapıldı. Verilerin toplanmasında Birey Tanıtıcı Anketi ve Spielberger Durumluk- Sürekli Kaygı Ölçeği formları kullanıldı. Katılımcıların durumluluk kaygı puan ortalaması 46.40±10.46 ve sürekli kaygı puan ortalaması 49.56±9.33'tür. Pandemi sürecinde aile ile ilişkisi iyi olan ve sağlık durumu etkilenmeyen katılımcıların sürekli kaygı puan ortalamaları istatistiksel olarak anlamlı derecede düşük bulundu ($p<0.05$). Ekonomik durumu kötü olan katılımcıların sürekli kaygı puan ortalamaları istatistiksel olarak daha yüksek bulundu ($p<0.05$). Kronik hastalığı olan kadınların orta düzeyde kaygı yaşadıkları ve pandemi sürecinden olumsuz etkilendikleri belirlendi. Bu bilgiler doğrultusunda kronik hastalığı olan kadınların artan kaygıları nedeniyle psikososyal desteğe daha fazla ihtiyaç duydukları ve önemle ele alınması gereken bir grup oldukları öne çıkmaktadır. Bu konuda daha fazla tanımlayıcı çalışmaların yapılması önerilmektedir.

Anahtar kelimeler: Kaygı, Kronik hastalık, KOVİD-19, Pandemi, Kadın.

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INTRODUCTION

The World Health Organization declared the coronavirus disease (COVID-19) a pandemic on March 11, 2020 (World Health Organization (WHO), 2021). Since there has not been a definitive treatment for this pandemic so far, it causes a rapid increase in morbidity and mortality rates. More than 213 million cases stemming from the COVID-19 pandemic have been confirmed so far. The COVID-19 pandemic has caused death of approximately 4.44 million people and this number is still increasing (WHO, 2021). The COVID-19 pandemic, which has affected the world, has a high rate of transmission and has no effective treatment, has become a public health crisis (Y. Çölgeçen & H. Çölgeçen, 2020). The COVID-19 pandemic is a social, demographic and economic crisis and has a negative psychosocial impact on everyone, including women (Doğan & Düzel, 2020). Moreover, it is an important risk factor in terms of catching COVID-19 disease for people who have chronic diseases. Because chronic diseases usually have a complicated course and cause a negative impact on the quality of life of the person. Therefore, chronic diseases are one of the leading causes of death all over the world, increasing mortality rates in the COVID-19 pandemic (Sandalci, Uyaroğlu, & Güven, 2020).

Due to the COVID-19 pandemic in the world and in our country, women experience extraordinary situations at home, at work, and in society. It is seen that women who are among the disadvantaged groups is society carry the socio-economic burden of the virus more. It is seen that women have to undertake a large part of the burden of home and family care, hygiene and responsibilities during the pandemic period as well as before the pandemic. When all these factors are taken into consideration, the pandemic causes intense anxiety in women who have chronic diseases in this process where many uncertainties are experienced (Y. Çölgeçen & H. Çölgeçen, 2020). As experienced in previous pandemics and seen in studies, anxiety, post-traumatic stress symptoms, suicide, and health anxiety are among the psychological effects of the pandemic (Kępińska et al., 2020; Wheaton, Abramowitz, Berman, Fabricant, & Olatunji, 2012). In many studies conducted during the pandemic process, it has been stated that the most psychologically affected group due to the COVID-19 pandemic is women (Karaçin, Bilgetekin, Basal, & Oksuzoglu, 2020; Özdin & Bayrak Özdin, 2020; Sigorski et al., 2020). Knowing the anxiety and stress perception that may arise during the pandemic is important for the spread and control of the pandemic (Sandalci et al., 2020). For this reason, it is important to evaluate anxiety states due to risky situations that may occur in

women with chronic diseases. Within this context, this study has been planned to determine the anxiety states of women, who have chronic diseases, during the COVID-19 pandemic.

Research Questions

What are the anxiety states of women who have chronic diseases during the COVID-19 pandemic?

What are the factors affecting the anxiety states of women who have chronic diseases during the COVID-19 pandemic?

MATERIAL AND METHOD

Type of the Study

It is a descriptive study conducted to determine the anxiety states of women, who have chronic diseases, during the COVID-19 pandemic process.

Place and Time of the Study

The study was carried out between February-August 2021 in the internal medicine outpatient clinic of a training and research hospital in the southeast region of Turkey. This hospital is the only training and research hospital in the city center where the study was conducted. This hospital is the only state hospital serving an average of 169,615 individuals living here under the Ministry of Health during the pandemic period. In this context, the number of patient beds in the services is 194 and in intensive care units is 19. According to the information obtained from the hospital administration, the annual average patient admissions was 25000000, and this number was 1000000 in 2021.

Population and Sample of the Study

The population of the study consisted of adults over the age of 18 and women with chronic diseases who visited the internal medicine outpatient clinic of a training and research hospital in the southeast region of Turkey. All the individuals who agreed to participate in the study were included in the study. Samples were taken using the convenience sampling method. The criteria for being included in the study were specified as being a woman, being aged at least 18 years old, being literate, having at least a chronic disease (identified by ICD-10 codes), and voluntarily agreeing to participate in the study. The exclusion criterion was determined as having any problems with the ability to understand and communicate. A total of 164 participants took part in the study. A total of 10 individuals (6%) refused to answer the questionnaire.

Data Collection Tools

Individual Introductory Questionnaire and Spielberger State Trait Anxiety Inventory forms were used to collect data. Participants filled the data collection forms themselves in an environment where they could fill in and ensure confidentiality, and then handed them over to the researchers. Participants stated that the average time for filling out data collection forms was 10-15 minutes.

Individual Introductory Questionnaire: This questionnaire, which has been prepared by the researchers in line with the literature (Özmete & Pak, 2020; Saqib et al., 2020) consists of a total of 13 questions regarding the participants' age, marital status, education level, occupation, economic status, place of residence, chronic illness, duration of illness, order of health checks, COVID-19 status, relationship with their family during the pandemic process, from whom they received support and their health status.

Spielberger State Trait Anxiety Inventory: The scale was developed by Spielberger et al. (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). The Turkish validity and reliability study of the scale was conducted by Öner and Lecompte (Öner & Lecompte, 1985). It is a 4-point Likert-type scale. The State Anxiety Scale is scored as (1) Not at all, (2) somewhat, (3) Moderately so, and (4) Very much so while the Trait Anxiety Scale is scored as (1) Almost never, (2) Sometimes, (3) Often and (4) Almost always. There are two kinds of expressions in the scales. These are 1 direct or straight and 2 reversed statements. Direct expressions indicate negative emotions while reversed expressions indicate positive emotions. In the state anxiety scale, there are ten reversed statements which are items 1, 2, 5, 8, 10, 11, 15, 16, 19, and 20 while there are seven reversed statements in the trait anxiety scale which are items 21, 26, 27, 30, 33, 36, and 39. The total score obtained from both scales varies between 20 and 80. High scores indicate high anxiety levels while low scores indicate low anxiety levels. While the Cronbach's Alpha value of the scale was 0.94 for the state anxiety scale, it was 0.83 for the trait anxiety scale (Öner & Lecompte, 1985). In this study, the Cronbach Alpha value was found to be 0.87 for the state anxiety scale while the Cronbach Alpha value was found to be 0.85 for the trait anxiety scale.

Ethical Approval of Study

The present study was designed based on the Helsinki Principles. Before starting the study, written permission from the hospital where the study was conducted and ethics committee approval with date: 27.01.2021 and number: 762 were obtained from X University

Non-Interventional Clinical Research Ethics Committee. In addition, written and verbal consents were obtained from the participants for the study.

Data Analysis

Data analysis was carried out through Statistical Package for the Social Sciences (SPSS 25.0) statistical package program. Normal distribution was evaluated with the Shapiro Wilk test of normality. Data were evaluated with descriptive statistics (mean, standard deviation, numbers and percentages), independent groups t-test, Kruskal-Wallis, One-Way Variance (ANOVA), Tukey's-HSD tests, and Mann–Whitney U test with Bonferroni correction. The level of significance was accepted as $p<0.05$.

RESULT

In the study, it was determined that the average age of the participants was 44.99±13.75; 79.9% of them were married, 25.0% of them had Bachelors' degree or higher education level, 54.3% of them were housewives and 59.1% of them had medium economic status, and 83.5% of them lived in the city center. In addition, it was determined that 31.7% of the participants had hypertension, 38.4% had a disease duration of 1-5 years, 69.5% had regular health checks, 31.7% had COVID-19, 47.6% had a good relationship with their family during the pandemic process, 41.5% of them were supported by their spouses during the pandemic process, and 81% of them were negatively affected during the pandemic process (Table 1).

Table 1. Distribution of Participants' Socio-Demographic Data (n:164)

Characteristics of the participants	n	%
Marital status		
Married	131	79.9
Single	33	20.1
Educational status		
Illiterate	36	22.0
Literate	28	17.1
Primary school	33	20.1
High school	26	15.9
Bachelors' degree and higher	41	25.0
Occupation		
Teacher	13	7.9
Officer	39	23.8
Housewife	89	54.3
Others	23	14.0
Economic situation		
Good	33	20.1
Medium	97	59.1
Bad	34	20.7
Place of residence		
City center	137	83.5
District	19	11.6

Village	8	4.9
Chronic disease status		
Hypertension	52	31.7
Diabetes	35	21.3
Asthma	30	18.3
Chronic renal failure	8	4.9
Cancer	15	9.1
Heart failure	10	6.1
Other	14	8.5
Duration of the disease		
1-5 years	63	38.4
6-10 years	51	31.1
11-15 years	27	16.5
16 -20 years	10	6.1
21 years and over	13	7.9
Regular health check-ups		
Yes	114	69.5
No	50	30.5
COVID-19 transmission status		
Yes	52	31.7
No	112	68.3
Relationship status with family during the pandemic process		
Good	78	47.6
Moderate	47	28.7
Bad	39	23.8
Support receiving status during the pandemic process		
Spouse	68	41.5
Child	47	28.7
Sibling	22	13.4
Parents	20	12.2
Nobody	7	4.3
Health status in the pandemic process		
Positive	4	2.4
Not Affected	27	16.5
Negative	133	81.1
Age	**X̄±SD**	
	44.99±13.75	

X̄= Mean; SD: Standard deviation

In the study, the mean state anxiety score of the participants was 46.40±10.46, and the mean trait anxiety score was 49.56±9.33 (Table 2).

Table 2. State and Trait Anxiety Mean Scores of the Participants (n=164)

Scale and sub-dimensions	Number of items	Min.-Max. scores obtained	X̄±SD
State Anxiety	20	21.00-73.00	46.40±10.46
Trait Anxiety	20	24.00-74.00	49.56±9.33

X̄= Mean; SD: Standard deviation; Min: Minimum; Max: Maximum

Many factors that are thought to affect the anxiety of the participants during the pandemic process were examined. In the study, the difference between the trait anxiety mean scores of the participants according to their economic status was found to be statistically significant. In further analysis, anxiety levels of those with poor economic status were found

to be significantly higher than those with moderate economic status ($p<0.05$). The difference between the mean scores of state and trait anxiety was found to be statistically significant according to the participants' relationship with the family and health status during the pandemic process. In–further analysis, the state and trait anxiety levels of those with good family relations were found to be significantly lower than the others ($p<0.001$). Moreover, the state and trait anxiety levels of participants whose health status was affected negatively in the pandemic process were found to be significantly higher than the not affected ($p<0.001$) (Table 3).

Table 3. Descriptive Characteristics of the Participants and Comparison of Their State and Trait Anxiety Scores (n=164)

Characteristics of the participants	**State-Trait Anxiety Scale total (X+SD)**	
	State (X+SD)	**Trait (X+SD)**
Marital status		
Married	46.45±10.39	49.78±9.28
Single	46.21±10.92	48.69±9.63
Statistical testing and significance	t=0.12 p=0.90	t=0.59 p=0.55
Educational status		
Illiterate	47.86±9.92	52.77±10.22
Literate	43.82±10.09	48.17±8.79
Primary School	46.00±12.32	49.87±10.18
High School	49.73±7.21	50.03±5.47
Bachelors' degree and higher	45.12±11.02	47.14±9.63
Statistical testing and significance	KW=6.39 p=0.17	KW=8.17 p=0.85
Occupation		
Teacher	47.61±16.10	49.69±13.06
Officer	45.84±11.66	47.12±9.13
Housewife	46.20±9.62	50.71±9.33
Others	47.47±7.86	49.17±6.65
Statistical testing and significance	KW=0.95 p=0.81	KW=4.38 p=0.22
Economic situation		
Good[a]	47.42±11.08	49.12±9.64
Medium[a]	45.06±10.48	48.45±9.43
Bad[b]	49.26±9.34	53.17±8.02
Statistical testing and significance	F=2.25 p=0.10	F=3.36 **p<0.05** ***b>a**
Place of residence		
City center	46.69±10.22	49.63±9.29
District	45.21±13.10	49.73±11.46
Village	44.37±8.08	48.00±3.38
Statistical testing and significance	KW=0.81 p=0.66	KW=0.38 p=0.82
Chronic disease status		
Hypertension	47.61±10.16	49.46±10.78
Diabetes	46.85±9.77	51.20±7.69
Asthma	45.96±8.03	48.23±6.10
Chronic renal failure	43.50±17.90	48.87±17.09
Cancer	45.73±12.32	47.20±8.05
Heart failure	48.10±12.67	52.60±10.36
Other	42.92±9.93	49.50±8.51
Statistical testing and significance	KW=3.85 p=0.69	KW=4.93 p=0.55
Duration of the disease		

1-5 years	46.52±10.44	48.82±8.30
6-10 years	45.23±10.57	48.54±9.40
11-15 years	47.62±9.91	51.00±10.23
16 -20 years	45.80±12.40	53.30±11.83
21 years and over	48.38±10.77	51.30±10.00
Statistical testing and significance	KW=1.21 p=0.87	KW=2.91 p=0.57
Regular health check-ups		
Yes	46.13±11.32	49.42±10.39
No	47.04±8.25	49.90±6.38
Statistical testing and significance	t=-0.57 p=0.56	t=-0.36 p=0.71
COVID-19 transmission status		
Yes	48.63±10.63	51.46±9.38
No	45.37±10.27	48.68±9.22
Statistical testing and significance	t=0.-93 p=0.35	t=0.-93 p=0.35
Relationship status with family during the pandemic process		
Good[a]	42.10±9.88	47.08±9.08
Moderate[b]	49.10±8.60	49.74±7.75
Bad[c]	51.76±10.27	54.30±9.91
Statistical testing and significance	F=15.67 **p<0.001** ***b>a, c>a**	F=8.49 **p<0.001** ***c>a**
Support receiving status during the pandemic process		
Spouse	45.02±9.64	47.79±8.33
Child	45.36±10.33	50.08±9.83
Sibling	48.59±8.31	50.90±10.16
Parents	47.90±13.57	50.30±9.93
Nobody	55.71±11.64	57.00±8.16
Statistical testing and significance	KW=2.48 p=0.47	KW=2.33 p=0.50
Health status in the pandemic process		
Positive	52.75±10.21	53.50±7.14
Not Affected[a]	37.92±10.84	43.55±9.53
Negative[b]	47.93±9.56	50.66±8.91
Statistical testing and significance	KW=17.19 **p<0.001** ****b>a**	KW=13.34 **p<0.001** ****b>a**

SD: Standard deviation; $\bar{X}$= Means; F: ANOVA test; t: Independent Samples t-test; KW: Kruskal-Wallis test; Statistical significance was identified if the P-value was lower than 0.05 (p<0.05).
*Tukey's-HSD test was applied. ** Mann–Whitney U test with Bonferroni correction.
a, b,c superscripts represent intra-group differences in each group, and the measurements in which the same letters appear are similar.

DISCUSSION

This study was carried out to reveal the effect of some personal, socio-economic and demographic characteristics of women with chronic diseases on their anxiety levels during the pandemic process. Women, who have a chronic disease, are a group that should be emphasized during the pandemic process because they are more at risk in terms of negative consequences of COVID-19 and is more exposed to social inequalities (Erdoğdu, Koçoğlu, & Sevim, 2020).

It was determined that the women, who participated in the study, mostly had hypertension or diabetes, the diagnosis period covered a long period, and they did not get COVID-19 infection. Studies have found that COVID-19 infection is more common and has a

more severe course in individuals with chronic diseases (Goyal et al., 2020; Saqib et al., 2020). Thus, the importance of close follow-up and control of individuals with chronic diseases has emerged. However, studies have shown that individuals with chronic diseases have not had regular health check-ups due to both the fear of disease transmission and the overcrowding of health institutions (Aktaş & Sertel-Berk, 2019; Saqib et al., 2020). Similarly, in our study, 1 out of every 3 participants stated that they did not have regular health checks during the pandemic process, which shows the seriousness of the situation. It is very important for nurses to conduct studies on the causes of this situation and to provide counseling to individuals that need regular health checks.

It was determined that the anxiety levels of the women, who participated in the study, were moderate. Since no study using a similar sample group and scales were found in the literature review, studies conducted with different sample groups were evaluated. In the study conducted by Bigalke et al. (2020) which evaluated anxiety caused by COVID-19, state and trait anxiety mean scores of women were found to be moderate, as 41 ± 1 and 38 ± 1, respectively (Bigalke, Greenlund, & Carter, 2020). Similarly, in the study conducted by Kızılkurt et al. (2021) which evaluated anxiety caused by COVID-19, state and trait anxiety mean scores of women were found to be moderate, as 47±10 42±7, respectively (Kızılkurt, Güz, Özyildiz, & Dilbaz, 2021). In the study conducted by Al-Rahimi et al. (2021) which examined the psychological states of individuals with chronic diseases, it was determined that being women was a significant predictor in terms of increasing anxiety during the pandemic process (Al-Rahimi, Nass, Hassoubah, Wazqar, & Alamoudi, 2021). In addition, studies have reported that women experienced more psychological problems than men during the pandemic process (Dörttepe, Hoşgör, & Sağcan, 2021; Kızılkurt et al., 2021). In this context, the fact that our study was conducted only with women makes a contribution to the literature. On the other hand, it is thought that the anxiety of the women could be stemming not only from being in the risk group for COVID-19, but also difficulties they experienced in the management of their chronic diseases and the problems they experienced due to gender inequality. In the light of these findings, it is important to consider women with chronic diseases as a special group in psychosocial support studies both during and after the pandemic.

Socio-economic characteristics are important determinants in coping with the anxiety arising from the pandemic process (Akalu, Ayelign, & Molla, 2020). In our study it was determined that the women who participated in the study were mostly married, middle-aged, unemployed, had a low education level and medium economic level. From these

characteristics, it was determined that those with poor economic status had a higher level of anxiety. Similarly, in the study conducted by Altundağ (2021), it was found that those with poor economic status had more fear of COVID-19 compared to those with good and moderate economic status (Altundağ, 2021). During the pandemic process, both the loss of life, the risk of being positive or being in contact with someone who has COVID-19, and the restrictions made have a negative impact on the economy (Birinci & Bulut, 2020). This result is important in terms of showing that economically disadvantaged women are more psychologically affected by the pandemic process.

It was observed that almost half of the women participating in the study perceived their family relations as good during the pandemic process, and this was effective in reducing their anxiety level. When the literature is examined, similar studies show that the psychological problems caused by COVID-19 are reduced thanks to strong family ties (Mousavi, 2020; Tanoue et al., 2020). In the study conducted by Şengün and Toptaş (2020) with university students, 40.1% of the participants stated that family relations had a positive effect during the pandemic process. In addition, the reason for the low level of this negative effect was explained by the strong family ties stemming from the cultural structure of the sample group in which the study was conducted (Şengün & Toptaş, 2020). In the study conducted with parents by Sarkadi and Vintilă (2021), it was stated that positive family relationships have positive results in coping with anxiety and fear caused by the pandemic (Sarkadi & Vintilă, 2021). However, the pandemic process can lead to differences in family relationships. While intimacy and solidarity increase in some families, it may be difficult for some families to keep up with this crisis, and conflicts and tensions may occur more frequently (Lebow, 2020). When the literature is examined, it was shown that violence against women, incompatibility between couples, and divorces increased as a result of the deterioration of family relations during the pandemic process (Sopi, 2020). In our study, the fact that 1 out of every 5 participants had bad family relations during the pandemic period supports this situation. Thus, it is inevitable for those whose family relationships are negatively affected to have a high level of anxiety. This result obtained from the study shows that during the COVID-19 period, studies on improving communication skills within the family should be taken into account.

When events that increase anxiety levels in pandemics occur, getting support from someone makes the situation less dangerous, and the potential to cope with it becomes stronger (Uddin, 2021). In our study, spouses were determined as the source of support during the pandemic process, but no significant correlation was found between this variable and the level of anxiety. However, in some studies, a significant correlation was found between the

perceived source of support and the level of anxiety (Matvienko-Sikar, Meedya, & Ravaldi, 2020; Özmete & Pak, 2020). This difference between the study results may be due to the difference in cultural structure, as well as the fact that it was conducted on sample groups with different demographic characteristics.

The majority of women participating in the study stated that their health was adversely affected during the pandemic process. In the study conducted by Saqip et al. (2020) the rate of women with chronic diseases who stated that their health was adversely affected was 46% (Saqib et al., 2020). In addition, it is one of the striking findings in this study that those who stated that their health was negatively affected during the pandemic process had higher levels of anxiety. This result obtained from the study is coincide with the statement " those who stated their health status as bad showed more negative emotional reactions", which is one of the results of the study conducted by Skapinakis et al. (2002) in which they examined emotional reactions originating from COVID-19 (Skapinakis et al., 2020). This situation may be explained by the similarities in the sample groups of the studies, and may be due to the tendency of the women participating in our study to perceive their health negatively in the pandemic process. In this context, it would not be wrong to conclude that the problem of anxiety will not be resolved and will enter a vicious circle. This result shows that the fact of the pandemic anxiety of women with chronic diseases should not be ignored.

Limitations

This study has some limitations. First, regarding sampling, only women with chronic diseases living in the study area were included in the study. Therefore, it cannot be generalized to the whole population. Second, women's anxiety states are limited to the measurements obtained using the State and Trait Anxiety Inventory developed by Öner & Lecompte (1998).

CONCLUSION AND RECOMMENDATIONS

In this study, it was determined that women with chronic diseases had moderate anxiety and were negatively affected by the pandemic process. The findings indicated higher anxiety levels among the participants who had poor economic status, bad family relations, and negative health status during the pandemic process. It may be recommended to develop appropriate follow-up and treatment strategies for women with chronic diseases during the pandemic process. It can be thought that women with chronic diseases, who are one of the risk groups for COVID-19 pandemic anxiety, should be prioritized for providing psychosocial

support, and that nurses should take an active role in this regard, will yield positive results. In addition, it is recommended to conduct in-depth qualitative studies that examine the factors that negatively affect the mental health of women in this group during the pandemic process, where having a chronic disease is a risk.

Financial resource

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Conflict of interest

None of the authors had any conflict of interest in this study.

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