

Health Anxiety among Adults Attending Selected Health Centre, At UAE

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Abstract

Introduction: As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of us are making huge changes to our daily routines. The new realities of working from home, temporary unemployment, home schooling of children, and lack of physical contact with other family members, friends and colleagues take time to get used to strated to develop anxiety among people. Considering the current trend conducted a study to assess health anxiety among adults attending selected hospitals in UAE. Objectives were to assess health anxiety among the adults and to associate level of health anxiety with selected demographic variables

Materials and Methods: A Quantitative Research approach with a Cross sectional descriptive survey was used to assess the health anxiety among adults. Data were obtained from the adults using a structured questionnaire to elicit demographic profile of the adults along with a standardized questionnaire to assess level of health anxiety among the adults. Sample participation was voluntary, complying with the consent procedure in force, ensuring confidentiality and anonymity and the right to withdraw from the study at any given point during the study. A total of 100 valid responses were received. Descriptive statistics was used to analyse the frequency and percentage distribution of socio-demographic variables. Inferential statistics like chi square and Fishersexact test of association was used to associate anxiety with selected demographic variable of adults.

Conclusion and Major Findings of the Study: The result relieved that Majority (56%) of the adults were between 31 to 40 years. Only (1%) of the adults were above 50 years. Majority (59%) of the adults were male and (41%) were females. Most of the adults (33%) were completed high school. Majority (62) of the adults were working in ministry job and few (22%) were unemployed

and only (12%) were private company. Most of the adults (74%) were married. Few (19%) were unmarried and only (1%) were divorced. Majority (88%) were sleeping (6-10 hrs). Few (10%) were sleeping Less than 5hrs and only (2%) were sleeping more than 10hrs. Most of the adults (86%) were having history of chronic illness. Majority (69%) of the adults had mild level of anxiety and only (6%) had severe level of health anxiety.

Keyword: Covid 19; Anxiety; Adults.

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INTRODUCTION

The COVID-19 pandemic has had a major effect on our lives. Many of us are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown.^{6,7} So, it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic.

As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of us are making huge changes to our daily routines. The new realities of working from home, temporary unemployment, home schooling of children, and lack of physical contact with her family members, friends and colleagues take time to get used to. Adapting to lifestyle changes such as these and managing the fear of contracting the virus and worry about people close to us who are particularly vulnerable, are challenging for all of us. They can be particularly difficult for people with mental health conditions.¹

Online survey explored generalized anxiety and depression symptoms in a community sample of adults (N = 1,039) in the United Arab Emirates (UAE) between April 18th and April 22nd, 2020. Respondents completed symptom measures of depression (PHQ8) and generalized anxiety (GAD7), along with psychosocial and demographic variables that might potentially influence such symptoms.² Levels of anxiety and depression were not any higher than those reported in previous (pre-pandemic) national studies.

METHODOLOGY

A Quantitative approach with cross sectional descriptive survey design was used to assess the level of health anxiety among adults attending health center. The study was conducted in selected hospitals at UAE. Adults in the age group of 20 and above were included in the study. Objectives of the study were (1) To assess the health anxiety among adults attending selected hospitals in UAE and (2) To determine the association of health anxiety with selected baseline variables. Inclusion Criteria included the age Above 20 years of age and both female and male. Sample size was 100. Convenience sampling technique was used. The research tool consisted of two sections, Section A: Base line variables like age, gender, occupation,

marital status, health status and Section B: Tool to assess the health anxiety. Pilot study was carried out on 10% of the sample. Permission from IRU and respective hospital and PHC was obtained. Consent was obtained from the samples. Data was collected by interview technique using a baseline proforma, and health anxiety assessment tool. Each subject took around 15-20 minutes to answer the questionnaire. Collected data were analyzed by using descriptive statistics to describe profile of the adults and levels of anxiety. Inferential statistics like Chi square and Fischer's exact test was used to find the association between the level of anxiety and selected demographic variables.

DATA ANALYSIS AND INTERPRETATION

Study findings are organized and presented under following sections

Section A: Demographic characteristics of adults attended health center.

Section B: Assessment of health anxiety among the adults.

Section C: Association of health anxiety with selected demographic variables.

Section A: Demographic distribution of the adults attended Hayawa covid Health Centre health in UAE Majority (56%) of the adults were between 31 to 40 years. Only (1%) of the adults were above 50 years. Most (59%) of the adults were male and (41%) were females. Most of the adults (33%) were completed high school. Few (13% & 14%) had completed diploma and post-graduation respectively. Majority (62) of the adults were working in ministry job and few (22%) were unemployed and only (12%) were private company. Most of the adults (74%) were married. Few (19%) were unmarried and only (1%) were divorced. Majority (88%) were sleeping (6-10hrs). Few (10%) were sleeping Less than 5 hrs and only (2%) were sleeping More than 10 hrs. Most of the adults (86%) were having history of chronic illness. Few (14%) had no history of chronic illness.

Section B: Frequency and Percentage Distribution of level of health anxiety among adults

Frequency and Percentage Distribution of level of health anxiety among adults

(n =100)		
Health Anxiety Level	Frequency (F)	Percentage (%)
Mild (1-27)	69	69
Moderate (28-41)	25	25
Severe (41-54)	06	06

As per the table two, majority (69%) of the adults had mild level of anxiety and only (6%) had severe level of health anxiety.

Level of Health Anxiety among Adults

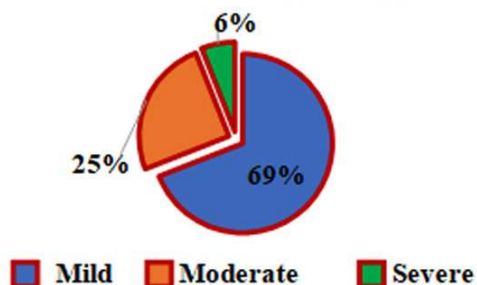


Fig. 1: Frequency and Percentage Distribution of level of health anxiety among adults.

Section C: Association of health anxiety with selected demographic variables.

As per the above table there is statistically significant association between gender and educational status with health anxiety $p < 0.05$. Hence the Hypothesis, H_0 : There is no significant association between health anxiety and selected demographic variables is rejected.

DISCUSSION

Objective 1: To assess the health anxiety among people at tending selected hospitals in UAE.

The results showed that out of 100 samples, (69%) of the adults had mild level of anxiety, (25%) of the adults had mild level of anxiety and only (6%) had severe level of health anxiety. similar study was conducted in European island country, about 41% reported symptoms associated with mild anxiety; 23.1% reported moderate severe anxiety symptoms.

The study findings were supported by the study conducted on *Jehan S. Al - Rahimi et, al* regarding Levels and predictors of fear and health anxiety during the current outbreak of COVID-19 descriptive data on health anxiety, reveals that 33.8% of the sample reported moderate symptomatology, while 8.1% reached severe levels associated with a higher probability of meeting DSM-IV criteria for hypochondrias is. COVID-19 not only causes physical health concerns but also results in a number of psychological disorders. The spread of the new corona virus can impact the mental health of people indifferent communities.

Objective 2: Determine the association of health anxiety with selected base line variables among.

In the present study there is statistically significant association between gender and educational status with health anxiety $p < 0.05$. Hence the Hypothesis, H_0 : The reiso no significant association between health anxiety and selected demographic variables is rejected.

The study findings were supported by a study conducted Out of 1215 subjects that completed the survey, 20.2% ($n = 245$) exhibited significant anxiety symptoms. Several factors, such as age (AOR = 0.933 CI 95% = 0.907-0.96), sex (AOR = 1.612 CI 95% = 1.097-2.369), medical workers (AOR = 0.209 CI 95% = 0.061-0.721), suspected case of COVID-19 (AOR = 1.786 CI 95% = 1.001-3.186), satisfaction level of family support (AOR = 3.052 CI 95% = 1.883-4.946), and satisfaction level of co-workers (AOR = 2.523 CI 95% = 1.395-4.562), were associated with anxiety.

Another study conducted by Unni Ringberget. Alshowed an exponential distribution among the participants with a median score of 2 points out of 24 points. In total, 75% had a total score of 5 points or less, whereas 1% had a score >14 points. Education, household income, quality of friendship and participation in organized activity were significantly associated with HA. The variable quality of friendship demonstrated the strongest association with HA.

CONCLUSION

COVID-19 not only causes physical health concerns but also results in a number of psychological disorders. The spread of the new corona virus can impact the mental health of people in different communities. Thus, it is essential to preserve the mental health of individuals and to develop psychological interventions that can improve the mental health of vulnerable groups during the COVID-19 pandemic.

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