

Evaluation of Anxiety Levels of Health Science Students in the Period of Pandemic According to the State-Trait Anxiety Inventory

Pandemi Döneminde Sağlık Bilimleri Öğrencilerinin Kaygı Düzeylerinin Durumluk-Sürekli Kaygı Ölçeğine Göre Değerlendirilmesi

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Abstract

Objective: Aim of the study is to reveal the state of anxiety that health sciences students who will work in the health sector in the future may face as a result of pandemics and other natural disasters.

Material and Methods: This is a descriptive and prospective study. It was conducted among 767 volunteer students studying at an university's faculties and colleges affiliated with health sciences. In the study, their responses to the Turkish version of the State-Trait Anxiety Inventory were evaluated with online survey.

Results: The mean scale score was 40.73 ± 5.3 for the State Anxiety Scale and 44.5 ± 4.3 for the Trait Anxiety Scale. The mean age of the participants was 20.5 and 77.1% (n=591) consists of women. 565 of the participants (73.7%) declared that they were afraid of Covid 19 transmission, 93.6% (n=714) followed the news about the pandemic. No significant difference was observed between the anxiety levels of the participants under the age of 20 and over. Participants who expressed fear of the Corona had higher anxiety levels. Those whose frequency of following the news does not change has low anxiety levels. The anxiety levels of the participants who took the warnings about staying home were found to be high.

Discussion: Health science students are likely to encounter many epidemics and disasters throughout their professional lives. In these situations, dealing with anxiety is important not only for their own health but also for the health of the community.

Key words: Curfew, health science students, pandemic, STAI scale

Özet

Amaç: Bu çalışmanın amacı, gelecekte sağlık sektöründe çalışacak sağlık bilimleri öğrencilerinin pandemiler ve diğer doğal afetler sonucu karşılaşabilecekleri kaygı durumlarını ortaya koymaktır.

Gereç ve Yöntem: Çalışma, tanımlayıcı ve prospektif bir çalışmadır. Üniversitemizin sağlık bilimleri ile ilgili fakülte ve yüksekokullarında öğrenim gören 767 gönüllü öğrenci arasında gerçekleştirilmiştir. Araştırmada, Durumluk-Sürekli Kaygı Ölçeğinin Türkçe'ye uyarlanmış haline verdikleri yanıtlar çevrimiçi anket ile değerlendirilmiştir.

Bulgular: Araştırmanın ortalama ölçek puanı Durumluk Kaygı Ölçeği için 40.73 ± 5.3 ve Sürekli Kaygı Ölçeği için 44.5 ± 4.3 'tür. Katılımcılarımızın yaş ortalaması 20,5 olup, %77,1'i (n=591) kadınlardan oluşmaktadır. Katılımcıların 565'i (%73,7) Covid 19 bulaşından korktuğunu belirtirken, %93,6'sı (n=714) pandemi ile ilgili haberleri takip etmiştir. 20 yaş ve üstü katılımcıların kaygı düzeyleri arasında anlamlı bir fark gözlenmemiştir. Korona enfeksiyonundan korkusunu ifade eden katılımcılar daha yüksek kaygı düzeylerine sahipti. Haberleri takip etme sıklığı değişmeyenlerin kaygı düzeyleri düşüktür. Evde kalma ile ilgili uyarıları alan katılımcıların kaygı düzeyleri yüksek bulunmuştur.

Tartışma: Sağlık bilimi öğrencilerinin profesyonel yaşamları boyunca birçok salgın hastalık ve afetle karşılaşma olasılığı yüksektir. Bu durumlarda, anksiyeteye baş etmek sadece kendi sağlıkları için değil aynı zamanda toplumun sağlığı için de önemlidir.

Anahtar Kelimeler: Sokağa çıkma yasağı, sağlık bilimi öğrencileri, pandemi, STAI ölçeği

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Introduction

With the Covid 19 pandemic, the whole world has faced with a real threat lethal risks. The pandemic has sparked global fear and anxiety. Not only physical health but also mental health and many aspects of social life were affected by this situation (1).

People experienced devastating feelings of uncertainty and intense anxiety due to fear of contamination. There were those who misinterpreted their minor ailments as symptoms of serious illness and panicked. It has been shown that the frequency of unnecessary visits to hospitals and clinics increased during this period (2,3,4). Again, there are studies showing that anxiety disorder and suicidal tendencies arise due to pandemic (5,6). However, fear of contamination is not the only reason for anxiety experienced during this period. It is possible to say that strict preventive policies applied to prevent the spread of the infection affect the mental health of people. Curfews that lasted for days were imposed in many countries. People were isolated in their homes. Freedom of travel has been restricted. Face-to-face education was suspended in schools. It is known that such measures that restrict social life and isolate the person have anxiety-enhancing effects (7). Also, schools and universities were closed in Turkey to combat the pandemic. Transportation is restricted. Public places such as restaurants, cafes, bars, libraries, and places of worship were closed. Initially, a curfew was imposed on people over the age of 65 and people with chronic diseases. Later, people under the age of 20 were banned from going out. Finally, a general curfew was declared for the weekends on April 11, 2020 (8). In this process, most of the university students were isolated at home. This study was conducted on the days of curfew.

In this study, the anxiety levels of health science students who were isolated at home during the pandemic period were investigated. Besides, the relationship of anxiety with various variables was also examined. In this context, the study aims to reveal the anxiety situation that health sciences students who will work in the health sector in the future may face as a result of pandemic and other natural disasters. Thus, counter measures can be developed by

knowing the possible disorders in advance.

Material and Methods

This research is a descriptive and prospective study conducted between June 19 - August 19, 2020; with the ethics committee permissions (University ethics committee. 18.6.2020/043). The participants read all consent form and give permission for study. 767 volunteers among 1058 students enrolled from Faculty of Health Sciences (Nursing, Nutrition-Dietetics, Physical Therapy and Rehabilitation Departments) and Vocational School (Anesthesia, Dialysis, First and Emergency Departments) in the study. Participants who didn't have a known psychiatric illness and had no corona infection were included in the study. Students who were studying outside of health sciences and students with a known psychiatric illness were excluded from the study. Students who had Covid 19 infection were excluded too.

Participants participated in the study by filling out the Google Information Collection Form (<https://forms.gle/nUBHkByuFxzS65sR8>). The information-gathering forms are arranged in such a way that the participants give a single answer to each question and the questions are answered completely. Before the study, the instructions and items were evaluated in terms of language and clarity by taking the opinions of three different experts (Psychologist, educational scientist and emergency medicine specialist). Necessary changes have been made in the language, questions, and answers. Connection links have been sent to students' whatsapp groups via their smartphones.

Information forms consist of two separate parts. The first part includes 15 questions asking the participants' sociodemographic characteristics, chronic disease status, and general information about the pandemic and the ways to obtain this information. In the second part, the State-Trait Anxiety Inventory (STAI) form consisting of 40 questions is included. This scale was developed by Spielberger et al (9). On the scale; there are

total of 40 Likert-type questions consisting of 20 questions on state anxiety (STAI-I) and 20 questions on trait anxiety (STAI-II). The scale was adapted to Turkish by Öner and Le Comte. In the study, Cronbach's α value was measured as 0.936 for STAI-I and 0.862 for STAI-II and the results obtained are consistent with these studies (10,11). In the study, the cut-off value was calculated as 41 for STAI-I and 44 for STAI-II and these values were accepted as the optimal value in another study (12).

Statistically, STAI scales were reduced to a categorical level using cut points. The relationships between scales and variables were examined using Exact and Pearson Chi-square analysis. Cronbach alpha coefficients

were calculated in order to test the validity and reliability. Descriptive statistics were summarized as mean±standard deviation for numerical data. The median (min-max) for number and % values were given. The statistical program for social sciences (SPSS) 24.00 was used for statistical analyses and a p value less than 0.05 was considered statistically significant.

Results

Scale mean score was calculated as 40.73±5.3 (28-64) for STAI-I and 44.49±4.31 (31-58) for STAI-II (Table-1). The average age of the participants is 20.5±2 and 77.1% (n=591) are women (Table-2).

Table 1. Scale information

Scale Type	Average	Cronbach α Value
STAI-I	40.73±5.3 (28-64)	0.936
STAI-II	44.49±4.3 (31-58)	0.862

Table 2. Socio demographic distribution

Variable	Number (n)	Rate (%)	
Age distribution	Under 20 years old	246	32.1
	Over 20 years old	521	67.9
Gender	Male	176	22.9
	Female	591	77.1
Department	Anesthesia	142	18.5
	Nutrition and Dietetics	73	9.5
	Dialysis	87	11.3
	PM&R	152	19.8
	Nursing	171	22.3
	First and Emergency Aid	142	18.5
Class	1	382	49.8
	2	187	24.4
	3	116	15.1
	4	82	10.7
Employment status in a health institution	Employed	29	3.8
	Unemployed	738	96.2
Are there any health workers home?	Yes	116	15.1
	No	651	84.9
Total	767	100	

The highest participation was provided by the nursing department students with 171 (22.3%) people, while the least participation was from

the department of nutrition and dietetics with 73 (9.5%). Mostly, first-year students participated in the study (n:382, 49.8%). 3.8%

(n:29) of the volunteers also work in a health institution. The rate of people sharing the same house with a healthcare worker is 15.1% (n:116). Other sociodemographic features are shown in Table 2. 8.7% (n:67) of the participants have a chronic disease and 565 (73.7%) stated that they are afraid of Covid 19 transmission. 93.1% (n:714) of the participants followed the news about the pandemic. On the other hand, in line with the recommendations of the World Health

Organization (WHO), the number of participants complying with the 14 protection rules established by the Ministry of Health was 619 (80.7%). 626 (81.6%) people followed the rule of staying at home (Table 3). In the comparison made in terms of age groups, no significant difference was observed between the state and trait anxiety levels of the participants under 20 years of age (Table 4, Table 5).

Table 3. Personal information of the participants about the pandemic

		Number (n)	Rate (%)
Chronic Illness	Yes	67	8.7
	No	700	91.3
Is he/she afraid of the corona?	Yes	565	73.7
	No	202	26.3
Does he/she follow news related to corona?	Yes	714	93.1
	No	53	6.9
News program follow-up level	There is no difference	235	30.6
	Ifollow more	485	63.2
	I follow less	47	6.1
Compliance with the 14 rules	Yes	619	80.7
	Partially	148	19.3
How much does he/she take into consideration of home stay alerts?	Yes	626	81.6
	Partially	141	18.4
Total		767	100

Table 4. STAI-I comparative variables

Scale		STAI-I						
		<41			>41			
Cut-off value		N	%	P	n	%	p	
Age distribution (years)	Under 20	117	29.8		129	34.4		
	Over 20	275	70.2		246	65.6		
Gender	Female	312	79.6		279	74.4		
	Male	80	20.4		96	25.6		
Chronic illness	Yes	36	9.2		31	8.3		
	No	356	90.8		344	91.7		
Fear of corona	Yes	271	69		291	78.1		0.005
	No	122	21.9		83	30.9		
Does he/she follow news related to corona?	Yes	372	94.9		342	91.2		0.044
	No	20	5.1		33	8.8		
News program follow-up status	There is no change	131	33.4		104	27.7		0.042
	I follow up more	244	62.2		241	64.3		
	I follow up less	17	4.3	30	8.0			
Does he/she take into consideration of home stay alerts?	Yes	314	80.1	312	83.2			
	Partially	78	19.9	63	16.8			

STAI; State-Trait Anxiety Inventory

Considering the faculties and colleges where the students are registered; statistically, significant relationships were observed between the STAI-I scale scores ($p=0.027$). Accordingly, the STAI-I scale scores of those studying in the dialysis, nursing, and PTR departments were observed to be higher than the cut-off point (Table 4). However, the state anxiety improvements of the participants who stated that they were afraid of the corona were statistically significant compared to those who did not [$p=0.021$] (Table 4). The anxiety levels of the people who followed the news during the pandemic increased significantly [$p=0.044$] (Table-4). Again,

the ratio of STAI scale scores of people whose level of follow-up to news programs increased was statistically significantly higher ($p=0.042$).

When anxiety levels are compared in terms of gender, STAI-I results are similar in men and women. Statistically significant relationships were observed between the gender groups of STAI-II results in terms of scale scores. Considering the STAI-II scale, the score rates above the cut-off value of women are statistically significantly higher ($p=0.026$) (Table 5).

Table 5. STAI-II comparative variables

Scale		Trait Anxiety STAI-II				
Cut-off value		<44		>44		
		n	%	n	%	p
Gender	Female	443	79.1	148	71.5	0.026
	Male	117	20.9	59	28.5	
Department	Anesthesia	120	21.4	22	10.6	0.001
	Nutrition and Dietetics	60	10.7	13	6.3	
	Dialysis	63	11.3	24	11.6	
	PM&R	98	17.5	54	26.1	
	Nursing	124	22.1	47	22.7	
	First and Emergency Aid	95	17.0	47	22.7	
Fear of corona?	Yes	425	75.9	140	67.6	0.021
	No	135	24.1	67	32.4	

STAI; State-Trait Anxiety Inventory

Discussion

During the struggle against the pandemic, the sociocultural living spaces of university students are clearly limited. During this period, face-to-face education was suspended at universities. Social areas such as cafes, restaurants, cinemas, and theaters were closed. It is expected that these limitations affect the anxiety levels of young people. It is known that health anxiety and a sense of loneliness increase in people whose social life is restricted and isolation is applied at home (13). These people experience distress, anxiety, and social relationship problems. However, in the study, high anxiety levels were not found in health sciences students isolated at home. On the other hand, curfew rules are applied more strictly for young people under the age of 20 in Turkey. People

in this age group were isolated more. Despite this, no significant difference was found between the anxiety levels of the participants aged 20 or below and those more than 20 years' old who were isolated at home during the pandemic. In the literature, many studies are showing that the anxiety levels of university students increased during the pandemic period, as well as many studies showing that they were not affected (14,15,16). The fact that the research population knowing that Covid-19 infection is milder in young people may be an anxiety-reducing factor (17). Another factor that reduces anxiety is the fact that participants had an average age of 20.5 ± 2 ; have fewer responsibilities than adults working full-time (18). However; these results may also be related to the flexible policies implemented in Turkey in combating the pandemic.

A study conducted in Saudi Arabia reports the prevalence of psychological distress in the context of a strict curfew. In this country, the curfews were strictly lasted for 30 days, as in some European Union countries (7). In Turkey, curfews were mostly applied on weekends. During this period, people were free to go to markets near their homes and businesses selling food. Although there were travel restrictions, travels in necessary cases could only be made with the permissions obtained from the central administration. People over the age of 65 and under the age of 20, where curfews were imposed for a longer period, were allowed to go out at certain times of the day. It can be thought that all this flexibility in combating the pandemic has an anxiety-reducing effect on the participants. Also, anxiety levels have increased in countries where curfews are loosely enforced, such as Iran (19) and Australia (20). However, many socio-cultural, political, and economic differences should be taken into account in the comparison between countries. The development in the health services of the countries and the ease of accessing the health services can directly affect the general anxiety levels. It should also be noted that the number of Covid-19 cases and deaths vary from country to country and directly affects people's mental health.

In studies comparing anxiety levels with gender, it was shown that women have higher anxiety levels than men (21,22). This situation is consistent with the results of the study.

It is clear that the pandemic is causing global fear. In the study, a significant portion of the participants stated that they had a fear of Covid-19. Fear increases anxiety and stress levels in healthy individuals and intensifies the symptoms of those with previous psychiatric disorders (3,23). Studies show that many people during the pandemic process fear contact with contaminated objects or people with the fear of getting infected. Studies are showing that increased general anxiety levels due to this fear are associated with depression and obsessive-compulsive

disorders (24). In the study, the state anxiety levels of the participants who stated that they were afraid of Covid 19 transmission were found to be statistically significantly higher.

Internet usage, social media followings, and television watching frequency of people isolated at home due to pandemic measures increased. During this period, the growing interest in the news regarding the epidemic seems quite understandable. Studies show that health science students watch the information about the pandemic from the media and social media (17,25,26,27,28). In the study, it was observed that the frequency of following news programs or news sites on the internet increased significantly. It was thought that the news about the pandemic increases the anxiety levels of the people. The fact that unscientific content can be found easily on social media also contributes to this situation. During this period; non-experts in print and visual media were able to provide false information. As the virus spread to other countries, there were claims in the media that it would not come to Turkey, even if it did, it would not be transmitted for genetic reasons (8). During the epidemic, it has been shown that increasing the use of media and watching stressful content and information that does not reflect the truth causes an increase in depression and anxiety (29). During such extraordinary times, clear and transparent information should be regularly provided to individuals from official sources.

Risk communication in Turkey was carried out by the Ministry of health during the pandemic period. Initially, a scientific committee consisting of academicians was created. The decisions taken here were shared with the public regularly. People were able to monitor the number of daily tests, the number of cases, and even the intensive care unit occupancy rates. Such correct communication models play a very important role in shaping the psychological reaction and breaking false beliefs, especially in countries where curfews are imposed (30).

In Turkey, the Ministry of Health has announced 14 protective rules within the scope of combating the pandemic (31).

Similarly, other countries developed global protective policies in line with WHO recommendations. Studies have revealed that especially health sciences students adopt these measures at a high rate. In the study, health science students highly complied with home isolation and protection rules (17,18,32,33).

The exclusion of non-health sciences participants from the study eliminated our comparison possibilities. The accuracy of the participants' medical information on Covid 19 was also not questioned considering the duration of the survey. These were the limitations of the study.

Conclusion

It has been shown that health sciences students, who are future health professionals, have a fear of contamination due to the pandemic. Especially female students are at high risk of anxiety. It is important not only for their health but also for the health of society that these people develop correct behavioral models and cope with anxiety. Special counseling services should be provided especially to health science students with high trait anxiety levels. The curriculum should include correct information and avoidance of stress in times of disaster as well as ways to cope with anxiety.

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