

The Relationship between Anxiety Symptoms and Demographic Characteristics of Administrative Staff during Covid-19 Pandemic: a Cross-Sectional Study

Sara Tabanfar¹ Seyvan Sobhani²

¹ Department of Occupational Health Engineering, School of Public health, Qazvin University of Medical Science, Qazvin, Iran • ² Department of Occupational Health Engineering, School of Public health, Qazvin University of Medical Science, Qazvin, Iran • *Corresponding Author: Seyvan Sobhani, Email: seyvan.sobhani21@gmail.com

ABSTRACT

Background: Due to the Covid-19 pandemic and the increase in anxiety in the community, this study aims to investigate the relationship between anxiety symptoms and demographic characteristics of administrative staff during the Covid-19 pandemic. **Methods:** We selected 193 Administrative staff in Qazvin to participate in a cross-sectional descriptive study, using a multi-stage sampling method. Data collection tools included a demographic information questionnaire and the Corona Disease Anxiety Scale (CDAS). Data were analyzed using SPSS software, independent t-test, ANOVA, and Pearson correlation coefficient. The significance level was considered to be 0.05. **Results:** The mean age of participants was 33.61 ± 8.3 . 62.6% were female and 75.2% were married. Anxiety score with a mean and standard deviation of 24.88 ± 7.52 was evaluated to be moderate. There was a significant positive correlation between anxiety score and age ($P = 0.007$ and $r = 0.267$), and work experience ($P = 0.003$ and $r = 0.313$). Participants with a family member over the age of 65, or a member with a chronic illness, had significantly higher mean anxiety scores than other participants. **Conclusion:** Employees' anxiety in this study was assessed as moderate. To bring anxiety to a low level and increase the general health of individuals, it is suggested that managers and heads of departments consider programs to reduce the anxiety of employees. By reducing anxiety scores, they can increase the productivity of these people.

Keywords: Anxiety; Demographic; Covid-19; Employee; Pandemics

Introduction

In December 2019, a new virus called Covid-19 spread from Wuhan, China. Due to its high transmission rate, in a short time spread around the world¹. In March 2020, the World Health Organization (WHO) declared Covid-19 as a pandemic². Limited information, unknown treatment, rapid prevalence and high mortality rate of this disease led to severe panic and anxiety in the community³⁻⁵. More than 340 million people have been infected, and more than 5.5 million have died

worldwide, since the emergence of Covid-19 in January 21, 2022. In Iran, by January 21, 2022, the number of patients reached over 6.2 million, and the number of deaths reached over 132 thousand⁶. This contagious respiratory disease is a global health crisis and the greatest challenge facing mankind since World War II⁷. It impacted the economy, companies and employees, and endangered the lives and livelihoods of individuals^{7,8}.

Citation: Tabanfar S, Sobhani S. The Relationship between Anxiety Symptoms and Demographic Characteristics of Administrative Staff during Covid-19 Pandemic: A Cross-Sectional Study. Archives of Occupational Health. 2022; 6(2): 1224-9.

Article History: Received: 26 January 2022; Revised: 20 April 2022; Accepted: 30 April 2022

Copyright: ©2022 The Author(s); Published by Shahid Sadoughi University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

During Covid-19 pandemic, employees spend most of their time behind desks, holding online meetings, and doing their work remotely in some cases. This can increase people's anxiety along with limitations such as creating social distance, changing people's daily routine abruptly, worrying about the health of themselves and their loved ones, being isolated and trapped at home, loss of personal freedom and uncertainty in future plans^{7, 9, 10}. According to previous studies, anxiety can weaken a person's immune system, and put a person at risk for the disease³.

The most important asset of any country is its manpower, and special attention should be paid to their health^{11, 12}. There are several factors affecting a person's health, one of which is anxiety¹³. One of the most important anxieties today is the anxiety over covid-19 pandemic^{14, 15}. The focus of media and health system is generally on the prevalence of epidemics, and mental health problems such as anxiety are largely ignored¹⁶. Research on employee's anxiety during Covid-19 pandemic is also limited, and published studies focus mainly on the condition of health care workers. Therefore, in order to bridge this gap and respond to the increasing levels of anxiety before the next peak of the pandemic, it is necessary to examine and understand the anxiety experienced by employees during the Covid-19 pandemic. Thus, this study aims to investigate the relationship between anxiety symptoms and demographic characteristics of the administrative staff during the Covid-19 pandemic.

Methods

Type of study, participants and sampling method

This was a cross-sectional study. The target population in this study was employees of Qazvin University of Medical Sciences. Using a multi-stage random sampling, and based on the inclusion criteria, 193 people were selected. The questionnaires were completed in person and individually for approximately 20 minutes. During the time of completing the questionnaire, one member of the

research team was present to clear the ambiguity, and answer possible questions, ensuring accurate and complete answers to all questions. Inclusion criteria: having at least one year of work experience, not taking sedatives, not having more than one month off due to illness in the past year, not having a physical disability, not having a history of depression and other chronic diseases. Exclusion criteria were inappropriate completion of questionnaires¹⁷.

Data were collected through the self-report method using demographic information questionnaires and the Covid-19 anxiety scale.

The demographic information questionnaire included gender, marital status, age, work experience (year), BMI (Body Mass Index), level of education, smoking, and exercise. Also, because Covid-19 is more dangerous for the elderly and people with systemic diseases, two questions were asked: 1. Do you have a person over 65 in the family? 2. Do you have a family member with a chronic illness?

Corona Disease Anxiety Scale

To measure anxiety, the Corona Disease Anxiety Scale (CDAS), an 18-item questionnaire which has been validated by Alipour et al. in Iran, was used (20). Questions 1 to 9 measured psychological symptoms, and questions 10 to 18 measured physical symptoms. The instrument was scored on a 4-point Likert scale (never = 0, sometimes = 1, most of the time = 2, and always = 3). As a result, the total anxiety intensity score range was from 0 to 54. Higher scores indicated higher levels of anxiety in individuals. The cut off-point of this questionnaire was determined in Iran, and divided into 3 domains of non-anxiety or mild (0-16), moderate (17-29) and severe (30-54). Cronbach's alpha coefficient of this questionnaire was 0.91¹⁸.

SPSS software version 24 was used for statistical analysis of the data. Descriptive statistics such as mean and standard deviation were used to describe variables. Then, independent t-test was used to

compare the mean of quantitative variables in two independent groups, and one-way analysis of variance (ANOVA) was used to compare the mean of quantitative variables in three independent groups. Moreover, Pearson correlation test was used to examine the relationship between quantitative variables. The significance level in the present study was considered less than 0.05.

Results

In this study, 193 employees participated, of which 121 (62.6%) were women and 72 (37.4%) were men, with mean and standard deviation of age

and work experience being 33.61 ± 8.3 and 8.09 ± 6.2 respectively. Other data related to the contextual and demographic variables of the participants are listed in Table 1.

According to the results, the mean and standard deviation of the employees' CDAS score was 24.88 ± 7.52 . The CDAS psychological symptoms score of the employees was 15.17 ± 4.73 , and the physical symptoms score was 9.71 ± 5.05 . There was no statistically significant difference between employees' anxiety scores and education levels according to the results of ANOVA test ($P = 0.671$), in Figure 1.

Table 1. Demographic Information of Participants (n= 193)

Variable	Classification	Mean±Standard deviation	Frequency (%)
Age (year)		33.61 ± 8.3	-
Work experience (year)		8.09 ± 6.2	-
BMI* (kg/m ²)		22.38 ± 3.25	-
Gender	Female		121 (62.6)
	Man	-	72 (37.4)
Marital status	Single		48 (24.8)
	Married	-	145 (75.2)
Smoking	Yes		22 (11.4)
	No	-	171 (88.6)
Exercise	Yes		94 (48.7)
	No	-	99 (51.3)
Education levels	Diploma		27 (14)
	Bachelor		103 (53.4)
	Master	-	40 (20.7)
	PhD		23 (11.9)
Is there a person over 65 in the family?	Yes		76 (39.3)
	No	-	117 (60.7)
Do you have a family member with a chronic illness?	Yes		42 (21.7)
	No	-	151 (78.3)

* BMI: Body Mass Index

Table 2. Comparison of CDAS Scores of Participants in Different Groups (n= 193)

Variable	Classification	Number	Mean	Standard deviation	standard error Mean	P
Gender	Female	121	25.61	8.3	1.43	0.043
	Man	72	23.60	7.1	0.96	
Marital status	Single	48	24.02	7.8	1.85	0.141
	Married	145	25.13	6.4	1.10	
Smoking	Yes	22	25.34	9.2	1.26	0.098
	No	171	24.19	7.6	1.66	
Exercise	Yes	94	23.71	5.1	1.09	0.012
	No	99	25.99	7.4	0.96	
Is there a person over 65 years in the family?	Yes	76	26.07	8.5	2.13	0.030
	No	117	24.12	8.2	1.81	
Do you have a family member with a chronic illness?	Yes	42	26.23	9.1	1.74	0.035
	No	151	24.51	7.3	2.08	

CDAS; Corona Disease Anxiety Scale, P; P-value, * $p < 0.05$, ** $p < 0.01$

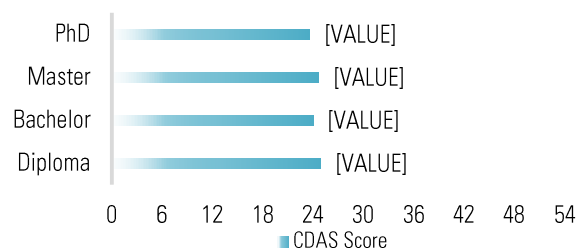


Figure 1. Mean of CDAS Score of Employees with Education Levels (n = 193)

Table 3. Pearson Correlation between CDAS Score and Employee's Demographic Information (n= 193)

CDAS	Age	Work experience	BMI
Total score	0.267**	0.313**	0.171
Psychological symptoms	0.231*	0.293**	0.142
Physical symptoms	0.205*	0.279**	0.159

CDAS: Corona Disease Anxiety Scale; *p<0.05; **p<0.01

Moreover, to evaluate the anxiety score caused by Covid-19 in employees with different demographic characteristics, independent t-test was used for the variables in two groups (Table 2). According to the results of Table 2, there was a statistically significant difference in CDAS score in gender ($P= 0.043$), exercise ($P= 0.012$), having a person over 65 years in the family ($P= 0.030$), and having a chronic disease in one family member ($P= 0.035$) was observed. However, it was found that the difference in CDAS scores between married and non-smokers was not statistically significant.

Pearson correlation test was used to examine the relationship between age, work experience and BMI, and the employees' CDAS score. Based on the results, it was found that there was a statistically significant positive correlation between employees' CDAS score and its dimensions regarding age and work experience ($P<0.05$). However, there was no significant relationship between CDAS score and its dimensions, and BMI ($P> 0.05$). Other information is presented in Table 3.

Discussion

During the Covid-19 pandemic, most of the studies focused on health care. Less attention has

been paid to employees, who make up a large percentage of each country's population. Therefore, this study aimed to investigate the relationship between anxiety symptoms and demographic characteristics of employees during the pandemic. One of the differences between the present study and other studies in this field was two questions: 1. Do you have a person with a chronic illness in your family? 2. Do you have a person over 65 in your family? Because people with chronic diseases and the elderly are more prone to the harm caused by Covid-19 virus, by asking these two questions, we tried to identify the difference between anxiety scores of these two groups of people. Accordingly, those who answered these questions positively and those who answered negatively showed a significant difference in their anxiety scores. Thus, people with a positive response had a higher anxiety score. This result was in line with the results of the study by Vitorino et al. conducted in Brazil on adults in the community, as well as the study by Sobhani et al. conducted on the community of workers and employees ¹³. People having a person with a chronic disease in the family had a higher anxiety score ¹⁹. Because people with chronic illness are more vulnerable to Covid-19, the fear of getting infected and losing them can affect other family members and increase their anxiety about others.

Anxiety scores in women were higher than men. The study by Mattila et al. as well as the study by Liu et al. reported similar results ^{20, 21}. In a study regarding anxiety score among married people, the authors found that there was no statistically significant difference between the scores of married and single people. This result was the same for the group of people who smoked. Unlike the study by Gasteiger et al. ,conducted in New Zealand, the anxiety scores in smokers and non-smokers were not statistically significant ²². However, in a study on people who exercised regularly, the authors demonstrated that the anxiety score of people who

[Downloaded from aoh.ssu.ac.ir on 2024-05-20]
[DOR: 20.1001.1.25883070.2022.6.2.6.9]
[DOI: 10.18502/aoh.v6i2.9472]

exercised, in line with other studies, was significantly lower than the score of other people^{23, 24}. This can be due to the concentration and relaxation that comes with exercising.

The anxiety score was moderate due to a qualitative classification. According to the results of the correlation test, there was a positive and significant correlation between anxiety score and its dimensions in employees with age and work experience. These results were consistent with the results of other studies^{21, 25}. One of the reasons for this can be the increase in the problems of life and the increase of diseases in individuals or their families with age.

Conclusion

Employees are a large part of human resources in any country. In the case of Covid-19 pandemic, due to the enclosed environments such as multi-person rooms, communication with the client and the use of shared office equipment in the workplace, employees are anxious about getting Covid-19. Employees' anxiety in this study was moderate. To reduce the anxiety score and bring it to a low level, authors suggest that managers and heads of departments make plans to reduce the amount of stress in the workforce to increase their productivity. One of the limitations of this study was non-cooperation of some employees in the research.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgement

We would like to thank all the employees who participated in the study and contributed to the realization of this research. The present study has been approved by the Ethics Committee of Qazvin University of Medical Sciences (IR.QUMS.REC.1399.374).

Authors Contribution

All authors contributed equally to the study.

References

1. Lu W, Wang H, Lin Y, Li L. Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry research*. 2020;288:112936.
2. Liu C-Y, Yang Y-z, Zhang X-M, Xu X, Dou Q-L, Zhang W-W, et al. The prevalence and influencing factors in anxiety in medical workers fighting COVID-19 in China: a cross-sectional survey. *Epidemiology & Infection*. 2020;148.
3. Alipour A, Ghadami A, Farsham A, Dorri N. A new self-reported assessment measure for COVID-19 anxiety scale (CDAS) in Iran: A Web-Based Study. *Iranian Journal of Public Health*. 2020;49(7):1316.
4. Choi EPH, Hui BPH, Wan EYF. Depression and anxiety in Hong Kong during COVID-19. *International journal of environmental research and public health*. 2020;17(10):3740.
5. Elbay RY, Kurtulmuş A, Arpacioğlu S, Karadere E. Depression, anxiety, stress levels of physicians and associated factors in Covid-19 pandemics. *Psychiatry research*. 2020;290:113130.
6. World Health Organization. WHO Coronavirus Disease (COVID-19) Dashboard <https://covid19.who.int/2022> [Available from: <https://covid19.who.int/>]. Accessed January 21, 2022. 2022.
7. Hu J, He W, Zhou K. The mind, the heart, and the leader in times of crisis: How and when COVID-19-triggered mortality salience relates to state anxiety, job engagement, and prosocial behavior. *Journal of Applied Psychology*. 2020.
8. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian journal of psychiatry*. 2020;51:102083.
9. Savolainen I, Oksa R, Savela N, Celuch M, Oksanen A. Covid-19 anxiety—a longitudinal survey study of psychological and situational risks among Finnish workers. *International journal of environmental research and public health*. 2021;18(2):794.
10. Ortiz MA, Bluysen PM. Profiling office workers based on their self-reported preferences of indoor environmental quality and psychosocial comfort at their workplace during COVID-19. *Building and Environment*. 2022:108742.
11. Tabanfar S, Pourbabaki R. Relationship between Dimensions of Safety Climate and Unsafe Behaviors of the Construction Industry Workers. *Archives of Occupational Health*. 2021;5(3):1068-74.
12. Pourbabaki R, Beigzadeh Z, Haghshenas B, Karimi A, Alaei Z, Yazdanirad S. Modeling of the Safety Climate and the Cultural Attitudes to Predict Unsafe Behaviors Using the Neuro-Fuzzy Inference System (ANFIS). *Archives of Occupational Health*. 2020;4(2):548-56.
13. Sobhani S, Hosseini Ms, koroozhdeh B, Tabanfar S. The Impact of Covid-19 Anxiety on the Quality of Life (QOL) of People Working in an Industry in 2021: a Case Study. *Archives of Occupational Health*. 2022;6(1):1156-63.
14. Melo-Oliveira ME, Sá-Caputo D, Bachur JA, Paineiras-Domingos LL, Sonza A, Lacerda AC, et al. Reported quality of life in countries with cases of COVID19: A systematic review. *Expert Review of Respiratory Medicine*. 2021;15(2):213-20.

15. Fathi A, Sadeghi S, Maleki Rad AA, Rostami H, Abdolmohammadi K. Effect of Health-promoting Lifestyle and Psychological Well-being on Anxiety Induced by Coronavirus Disease 2019 in Non-medical Students. *Journal of Arak University of Medical Sciences*. 2020;23(5):698-709.
16. Moghanibashi-Mansourieh A. Assessing the anxiety level of Iranian general population during COVID-19 outbreak. *Asian journal of psychiatry*. 2020;51:102076.
17. Sadeghi SE, Mehramiz NJ, Rahmanian E, Esmaealpour N, Jahromi FH, Foroughian M, et al. Evaluation of Anxiety in the Non-Medical Workforce Under Exposure and Non-Exposure to the COVID-19 Virus. *International Journal of Psychosocial Rehabilitation*. 2020;24(10).
18. Alipour A, Ghadami A, Alipour Z, Abdollahzadeh H. Preliminary validation of the Corona Disease Anxiety Scale (CDAS) in the Iranian sample. *Quarterly Journal of Health Psychology*. 2020;8(32):163-75.
19. Vitorino LM, Júnior GHY, Gonzaga G, Dias IF, Pereira JPL, Ribeiro IMG, et al. Factors associated with mental health and quality of life during the COVID-19 pandemic in Brazil. *BJPsych open*. 2021;7(3).
20. Mattila E, Peltokoski J, Neva MH, Kaunonen M, Helminen M, Parkkila A-K. COVID-19: anxiety among hospital staff and associated factors. *Annals of Medicine*. 2021;53(1):237-46.
21. Liu C, Lee YC, Lin YL, Yang SY. Factors associated with anxiety and quality of life of the Wuhan populace during the COVID-19 pandemic. *Stress and Health*. 2021.
22. Gasteiger N, Vedhara K, Massey A, Jia R, Ayling K, Chalder T, et al. Depression, anxiety and stress during the COVID-19 pandemic: results from a New Zealand cohort study on mental well-being. *BMJ open*. 2021;11(5):e045325.
23. Malian HM, Smith PJ, Hoffman B, Jiang W, Ammerman K, Kraus WE, et al. Effects of Acute Exercise on Anxiety Ratings in Patients With Coronary Heart Disease and Elevated Anxiety. *Journal of cardiopulmonary rehabilitation and prevention*. 2021;41(4):277-81.
24. De Sousa RAL, Improtá-Caria AC, Aras-Júnior R, de Oliveira EM, Soci ÚPR, Cassilhas RC. Physical exercise effects on the brain during COVID-19 pandemic: links between mental and cardiovascular health. *Neurological Sciences*. 2021:1-10.
25. Fazeli S, Zeidi IM, Lin C-Y, Namdar P, Griffiths MD, Ahorsu DK, et al. Depression, anxiety, and stress mediate the associations between internet gaming disorder, insomnia, and quality of life during the COVID-19 outbreak. *Addictive Behaviors Reports*. 2020;12:100307.