MAJOR CAUSES OF STRESS AND ANXIETY CAUSED BY QUARANTINE DURING THE GLOBAL PANDEMIC OF COVID-19

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Abstract
Stress is a feeling of physical or emotional tension. It can be separated into two main types which are acute stress and chronic stress. Acute stress is short-term stress that is temporarily, happens during your day. It comes and goes quickly, for instance, an argument with your friends, criticism from your boss or a regular traffic jam. On the other hand, chronic stress is far worse because this type of stress developed from bigger problems, for example, money problems, unhappy marriage or trouble at work. It also last longer than acute stress and a thing about this type of stress is the person who suffer from it might not know that they are suffering. During this global pandemic, there are a lot of people suffer from stress due to the lockdown or quarantine. COVID-19 or the global pandemic right now is preventing people from going to work and accessing services that they used to access before the pandemic. Furthermore, there are variety of reasons that develop stress for each person because they are from different backgrounds. A survey of 102 participants that experienced the stress and anxiety during global pandemic has revealed that 31.4% are worry about getting infected. In addition, 38.3% are extremely panicking about getting infected during this time. The major problems which are the main causes of stress and anxiety are financial problems, work suspension, sleep problems, losing focus and family issues. 23.5% of the participants state that they are very concern about their financial status. However, 16.7% are not really care about financial status at all. Although 26.5% are worrying about the job and the suspension 29.4% are completely fine with their current career. Moreover, 39.9% which are the majority of the participants are not suffer from anxiety. In contrast, the minority which are 18.4% of the participants are having a rough time dealing with their anxiety and mental issues.

Keyword: stress, anxiety, global pandemic, quarantine

Introduction
Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is be well informed about the COVID-19, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it’s important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

The COVID-19 pandemic and resulting economic downturn have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders. As the pandemic wears
on, it is likely the mental health burden will increase as measures taken to slow the spread of the virus, such as social distancing, business and school closures, and shelter-in-place orders, lead to greater isolation and potential financial distress. Though necessary to prevent loss of life due to COVID-19, these public health measures expose many people to experiencing situations that are linked to poor mental health outcomes, such as isolation and job loss. Additionally, feelings of anxiety are increasingly common, as people are fearful of themselves or loved ones falling ill and are uncertain of the repercussions of the pandemic.

In Thailand, the effect of outbreak of COVID-19 made the government announce an emergency decree, lockdown, closing the country, terminate all the domestic airlines and also all the foreign airline, apply the curfew, limited the travelling distance, many form of businesses, for example restaurant, hotel, cinema, barber shop, salon, gym etc.

Much evidence validates the link between onset of a major depressive episode (MDE) and prior stressful life events, particularly major undesirable events. [1–3] However, the predominant research focus is on episodic (acute) life events, and commonly ignores the co-occurring effects of chronic, ongoing stressful conditions on depression. Examining episodic events that have relatively discreet beginnings and endings may tell only part of the story of the stress–depression association, as stressful life events occur within the ongoing conditions of a person’s life. For many, daily life experiences include continuing negative environmental circumstances (chronic stress) such as poor working conditions; financial difficulties; absent, intermittently or chronically unfulfilling or conflictual intimate relationships with romantic partners, parents, children, or friends; continuing health problems; and other ongoing burdens. Failure to assess and evaluate chronic stress in the stressor–depression relationship may mean that an important source of variability in the nature and strength of the association has been neglected.[4]

In 1967, psychiatrists Thomas Holmes and Richard Rahe examined over 5000 patient’s medical records to determine whether stressful events cause illnesses. Patients ranked a list of 43 life events based on a relative score. Each event, called a Life Change Unit (LCU), had a different ‘weight’ for stress. More events mean a higher score. The higher the score, and the larger the weight of each event, the more likely the patient would become ill. Their results were published as the Social Readjustment Rating Scale (SRRS) [5], now commonly known as the Holmes and Rahe Stress Scale. Subsequent validation supported the links between stress and illness [6].

There are a lot of stress factors from COVID-19 pandemic but there are 6 factors chosen according to SRRS (Social Readjustment Rating Scale) or Holmes and Rahe Stress Scale is a scale of infectious anxiety from COVID-19, stress from financial status, work suspension or poor education, frustration, sleep quality, family issues which affect our daily life. The survey was conducted with over a hundred participants who are experiencing lockdowns and quarantine during the pandemic.

The purpose of the research is to observe types of stress which affect people during quarantine due to COVID-19 pandemic.

Methodology

The question is based on stress inventory from American Institute of Stress (AIS) or Holmes and Rahe Stress Scale. Conducted by randomly select 102 participants who are currently in quarantine due to the global pandemic COVID-19. The survey was designed into 6 rating levels which 0 is the least and 5 is the most. Furthermore, the survey is contained 6 questions which are the factors of stress. Ultimately, survey was made to observe the major causes of stress during this global pandemic for further studies.

The survey contains 6 questions which are the stressors during this global pandemic including, infectious anxiety, financial status, work suspension or poor education, frustration, sleep quality and family issues. The scales are from 0 to 5 which 0 is the lowest and 5 is the highest. The survey conducted by 102 participants during quarantine. Most of the participants are from Phitsanulok which is in the north part of Thailand.
Result

Infectious anxiety from COVID-19

Financial status

Work suspension or poor education

Sleep quality
Conclusion

The graph above show the level of stress causes factors during quarantine consist of 6 factors which are anxiety from COVID-19, financial problems, work suspension, sleep quality, losing focus and family issues. First of all, the anxiety from the pandemic is one of the effective factors. The majority of the participants have the anxiety at a medium rate. Next is the financial problems which is not of problem for most of the people. For work suspension, the majority rated at a moderate level. Furthermore, most of the people has been having good sleep during quarantine. The majority rated losing focus as high in the stress scale which is the top rated out of all the factors. Lastly, family issues is the lowest rated factor which is none.

Reference