# IMPACT OF COVID-19 ON MENTAL HEALTH AMONG HOSPITALIZED PATIENTS

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## ABSTRACT

During Corona virus pandemic, many people suffer from worry, anxiety, despair, dread, loneliness, and other symptoms. Anxiety is marked by muscle tenseness and avoidance behavior in the expectation of a future worry. According to Pollack et al. (2004), "Anxiety disordered persons display reduced resilience". Long term anxiety can cause brain to release stress related hormones and affects an individual well-being. This study looks into the impact of anxiety on resilience and well-being, as well as the demographics of the factors under question. The researcher employed a descriptive research design. The purpose of the study was to determine how anxiety influenced the resilience and well-being of patients while they were in the hospital. The Kanchipuram Govt. Head Quarters Hospital was used as a screening site to collect the data. There were 118 hospitalized patients in this study, ranging in age from 18 to above 60 years old. The researchers have chosen a total of 118 patients. "Purposive Sample" was the sampling strategy used in the study. Anxiety and stress to viral epidemics, the short resilience scale, and the WHO well-being scale were utilized to collect data. The SPSS 23 version was used to examine the data. Regression analysis, independent t-tests, and one-way ANOVA were utilized as statistical approaches. The findings indicate that anxiety had no significant effect on resilience and well-being. Furthermore, Middle adults have high anxiety than adolescents, young adults, and late adults. Late adults had higher resilience and well-being than adolescents, young adults, and middle adults.

*Key words:* Anxiety, Resilience, Well-being, Hospitalized patients

## BACKGROUND OF THE STUDY:

As the Corona virus rapidly increasing across the world, many people were affected by both physically and psychologically. Some of the elements, such as stress, despair, depression, social isolation, social disengagement, anxiety, severe depression, low mood, tiredness, pessimism, poor sleep, and appetite, feeling helpless, guilty, and hopeless and grief might impact an individual during a pandemic. COVID-19 has a variety of effects on various persons. The majority of infected people will experience mild to moderate symptoms and recover with and without the need for hospitalization. Anxiety, characterized as feelings of worry and fear is one of the detrimental factors of psychological health. Individuals with anxiety are more likely to possess negative or maladaptive cognitions about self and others. Pollack et al. (2004) found that, "compared with the general population, individuals with anxiety disorders exhibit less resilience." Malone, Wachholtz, (2018) found that, "Both anxiety and depression were found to be strong negative predictors of subjective well-being."

Thus the present study aims to study the determinants of mental health among hospitalized patients. Taken into consideration of the current study, researcher examines how much anxiety contributes to resilience and well-being. Researcher pays attention to examine how anxiety in all age group people affects resilience and well-being during a pandemic and also examines the demographic variables.

## METHODOLOGY:

## RESEARCH PROBLEM:

The present study aims to investigate the significant influence of mental health among hospitalized patients

## VARIABLES:

Anxiety is considered to be independent variable. Resilience and well-being are considered to be dependent variable. Gender and age groups are considered to be demographic variables

## HYPOTHESES:

In tune with the objectives of the study, the following hypotheses were formulated.

- H1 There would be significant influences of anxiety on resilience and well-among hospitalized patients
- H2 There would be significant differences in anxiety, resilience and well-being with regards to gender
- H3 There would be significant differences in anxiety, resilience and well-being with regards to age groups

## RESEARCH DESIGN

The descriptive research design was used by the researcher. The study's goal was to see how stress affected patients' resilience and well-being while they were in the hospital. This was a randomized survey that used Kanchipuram Govt. Head Quarters Hospital as a screening site. This study included 118 hospitalized patients ranging in age from 18 to 60 years old. A total of 120 patients have been chosen by the researchers. Because the researcher knows the population of interest and meets the purposes and objectives of systematic investigation, the sampling technique utilized in the study is "Purposive Sampling." Anxiety and stress to viral epidemics, short resilience scale, and WHO well-being index were employed in the study. The data was analyzed using the SPSS 23 version.

## TOOLS USED:

### 1) Stress and Anxiety to Viral Epidemics

Stress and Anxiety to Viral Epidemics-6 items (The SAVE-6) scale was developed by Chung et al., 2020. It was a six-item self-administered questionnaire that was used to assess the general public's anxiety response to the viral outbreak. The items are scored on a five-point Likert scale: 0 (never), 1 (rarely), 2 (sometimes), 3 (often), and 4 (always) (always). The SAVE-6 scale has a total score range of 0 to 12, with higher values indicating a higher anxiety response to the viral outbreak. McDonald's = 0.818 and Cronbach's = 0.815 revealed that the SAVE-6 scale has strong internal consistency reliability. With the GAD-7 (Spearman's = 0.42, P 0.001) and PHQ-9 (= 0.38, P 0.001), the SAVE-6 scale had strong convergent validity.

### 2) Brief Resilience Scale (BRS)

Brief Resilience Scale was developed by Smith, Dalen et al., (2008). It was used to test the ability to recover or bounce back from stress. There are six items in the BRS. The scale, which includes both positively and negatively worded items, was created to examine a unitary construct of resilience. Positively worded items 1, 3, and 5 are contrasted with negatively worded things 2, 4, and 6. The BRS is scored by reversing the codes for items 2, 4, and 6, and calculating the average of the six elements. The scale is administered using the procedures below: "Please rate your agreement with each of the following statements on a scale of 1 to 5: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree." The BRS score ranges from 1 (low resilience) to 5 (high resilience). For each of the six items, add the value (1-5) of your responses to get a range of 6-30. To get your final score, divide the sum by the (6) total number of questions answered. According to Smith et al., 2013, Scores of 1.00-2.99 is interpreted as low resilience, 3.00-4.30 is interpreted as normal resilience and 4.32-5.00 is interpreted as high resilience. Cronbach's alpha ranged from.80 to.91, while test-retest reliability (intra-class correlation coefficient) ranged from.61 to.69. Convergent and discriminant predictive validity were found to be adequate.

### 3) *WHO-5 Well-being Index*

The World Health Organization Well-Being Index (WHO-5) is a five-item questionnaire that is commonly used to assess subjective psychological well-being. The WHO-5 is a brief self-reported assessment of current mental health. The WHO-5 is a self-administered, two-week self-assessment of well-being (15, 16). It consists of five positively phrased items that are scored on a six-point Likert scale ranging from 0 (no response) to 5 (complete response) (all of the time). The final score is calculated by multiplying the total raw score (which ranges from 0 to 25) by 4, with lower scores indicating worse well-being. A score of 50 indicates a low level of happiness and advises additional examination into suspected depression symptoms. Depression is indicated by a score of 28 or lower. With a Cronbach's alpha of 0.91 and test-retest reliability ($r = 0.713$), the WHO-5 demonstrated strong internal consistency, and this value did not increase when an item was removed from the scale. The construct validity of a scale is determined by examining if each item adds unique information about the dimension. The validity of convergent, divergent, and predictive validity has also been explored.

## RESULTS & DISCUSSION

**Table 1 showing an influence of anxiety on resilience and well-being among hospitalized patients**

| Independent Variable | Dependent Variable | US coeff | | SD coeff | 't' value | 'p-value | 'f' value |
|---|---|---|---|---|---|---|---|
| | | B | Std E | Beta | | | |
| **Anxiety** | Resilience | .024 | .076 | .030 | .319 | .750 | .102 |
| | Well-being | -.040 | .082 | -.046 | -.493 | .623 | .243 |

Table 1 shows the regression analysis of the effect of anxiety on resilience and well-being indicated that anxiety did not significant influence on resilience and well-being. Hence hypothesis 1 is not accepted.

**Table 2 showing the gender difference on anxiety, resilience and well being**

| Variables | Male | | Female | | "t" value | Level of significance |
|---|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | | |
| Anxiety | 7.77 | 3.673 | 8.55 | 4.460 | -1.031 | .305 |
| Resilience | 18.30 | 3.400 | 17.82 | 3.356 | .773 | .441 |
| Well-being | 9.71 | 2.934 | 10.24 | 4.179 | -.786 | .434 |

Table 2 shows the Independent t-test of Gender differences in anxiety, resilience and well-being indicates that there is statistically no significant gender differences in anxiety (p= .305 > .05), resilience (p= .441 and well-being (p= .441 > .05) and. Thus, the hypothesis 2 is not verified. Moreover it shows that females have slightly high level of anxiety and well-being than males but males have slightly high resilience than females.

**Table 3 showing age groups differences in anxiety, resilience and well-being**

| Variables | Age groups | Mean | Std. Deviation | F-value | Level of significance |
|---|---|---|---|---|---|
| Anxiety | Adolescents | 7.73 | 5.293 | 4.839 | .003 |
| | Young adulthood | 7.08 | 3.574 | | |
| | Middle adulthood | 10.27 | 4.362 | | |
| | Late adulthood | 9.15 | 3.078 | | |
| Resilience | Adolescents | 16.73 | 1.618 | 4.523 | .005 |
| | Young adulthood | 17.92 | 3.134 | | |
| | Middle adulthood | 17.53 | 3.421 | | |
| | Late adulthood | 21.00 | 4.123 | | |
| Well-being | Adolescents | 8.09 | 4.679 | 3.105 | .029 |
| | Young adulthood | 10.14 | 2.618 | | |
| | Middle adulthood | 9.40 | 3.539 | | |
| | Late adulthood | 12.23 | 5.890 | | |

Table 3 shows the one way ANOVA (f-test) indicates that there are significant age group differences in anxiety, resilience and well-being. Hence hypothesis 3is verified. Moreover, this also shows that middle adulthood age patients have high anxiety than adolescents, young adults and late adults. Late adulthood age patients have high resilience and well-being than adolescents, young adults and middle adults.

**CONCLUSION**

The main objective of the study is to explore significant influence of mental health among hospitalized patients. There is no significant effect of anxiety on resilience and well-being among hospitalized patients. Hence hypothesis 1 is not verified. There is significant gender difference in resilience and there are no significant gender difference in anxiety and well-being and. Thus, the hypothesis 2 is partially verified with regards to resilience and partially not verified with regards to anxiety and well-being. Moreover it shows that females have slightly high level of anxiety and well-being than males but males have slightly high resilience than females. There are significant age group differences in anxiety, resilience and well-being. Hence hypothesis 3 is verified. Moreover, this also shows that middle adulthood age

patients have high anxiety than adolescents, young adults and late adults. Late adulthood age patients have high resilience and well-being than adolescents, young adults and middle adults.

## LIMITATION

- Samples population was only taken in Kanchipuram district
- Only one hospital was included in the study and it was limited to 118 samples.

## SCOPE FOR FUTURE STUDY

- Hospitalized patients were asked to report their anxiety about the corona virus, resilience, and well-being in the current study. As a result, future research should look into depression, stress, and quality of life, among other things.
- Future study may focus on interventional studies to see how laughter therapy affects anxiety reduction.
- This research may be carried out on people of all ages, and its varied affects can be investigated.

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